



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA ITEM: 2.2

BOARD MEETING

Date of Meeting:
24 May 2023

| | |
|---|---|
| Subject: | Integrated Plan 2023/24 – Supplementary Submission |
| Approved and Presented by: | Chief Executive |
| Prepared by: | Director of Finance, Information and IT Director of Corporate Governance Director of Therapies & Health Sciences Director of Performance & Commissioning |
| Other Committees and meetings considered at: | Executive Committee 17 May 2023 Board Development Session 18 May 2023 |

PURPOSE:

The Health Board is required to submit a three year Integrated Medium Term Plan (IMTP) to Welsh Government (WG) as part of its statutory duty under the NHS Finance (Wales) Act 2014.

The Health Board is unable to achieve a balanced 3 year plan and submitted a 'working draft' supported by the Board on 30th March and submitted to the WG on 31 March. Given the scale of delivery and financial challenge, the year end forecast deficit position for 2023/2024 is £33.5 million inclusive of a £7.5 million savings target. Despite the challenging context, the plan commits to achieving the 16 ministerial priorities as a provider. Further work will be undertaken to review and assess our confidence assessment for commissioned providers in June once we are in receipt of the additional information submitted to WG.

All Health Boards have received feedback on their plan from Welsh Government and have been asked to review components of the plan submitted. The Health Board has reviewed the submission returned at the end of March based on the feedback received by WG at a scrutiny meeting held on 2 May and during the Joint Executive Team on 9th May. The Health Board has considered and discounted a range of options to achieve balance in year because action of this nature would slow down recovery and result in negative service access impact. The health has set an ambitious savings target of £7.5 million and will be making minor adjustments to the plan. This report provides the Board with updated information in relation to the Integrated Plan for 2023 – 2026, for approval, ahead of submission to Welsh Government by 31 May 2023.

A supporting presentation is included at Appendix 1 that summarises the considerations and changes made in arriving at an updated position being presented to the Board.

RECOMMENDATION(S):

The Board is asked to:

- **NOTE** the requirements for resubmission of elements of the Plan to Welsh Government by 31 May.
- **APPROVE** the updated supplementary information for inclusion in a revised submission noting the plan remains a Working Plan, for submission to the Welsh Government, recognising that further work will be required, to achieve a fully compliant Integrated Medium Term Plan in relation to the financial breakeven duty over a longer planning period.
- **RECOGNISE** that further work will continue, both locally and nationally, on options to improve the financial plan position
- **ENDORSE** an approach that outlines further consideration to take place at the Board in terms of modification of the current Plan, considering options to further progress compliance with the financial duty.

| Approval | Discussion | Information |
|----------|------------|-------------|
| ✓ | ✓ | x |

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

| | | |
|----------------------------|--|---|
| Strategic Objectives: | 1. Provide Early Help and Support | x |
| | 2. Tackle the Big Four | x |
| | 3. Enable Joined up Care | x |
| | 4. Develop Workforce Futures | ✓ |
| | 5. Promote Innovative Environments | x |
| | 6. Put Digital First | x |
| | 7. Transforming in Partnership | x |
| Health and Care Standards: | 1. Staying Healthy | x |
| | 2. Safe Care | x |
| | 3. Effective Care | x |
| | 4. Dignified Care | x |
| | 5. Timely Care | x |
| | 6. Individual Care | x |
| | 7. Staff and Resources | x |
| | 8. Governance, Leadership & Accountability | ✓ |

EXECUTIVE SUMMARY:

As part of the all Wales annual planning process, once organisations annual plans have been submitted, Welsh Government reviews the plans and provides feedback.

Given the financial and operational challenges faced by the NHS, a number of expected Welsh Government planning parameters have not been met as part of the formal submissions sent in by NHS organisations on the 31 March 2023.

Correspondence sent out by Welsh Government to all Health Boards during April and May 2023 requested a review by Health Boards in the following areas:-

1. Finance

2. Ministerial Priority Measures Delivery

3. Overall risk within submitted plan

In preparation for the 31 May resubmission, the Health Board has also met with Welsh Government colleagues on two occasions. The first meeting being a review of plans submitted and a reiteration of the purpose of the revised submission due on the 31 May and a meeting during a previously scheduled Joint Executive Team meeting. These meetings were held on the 2 May and 9 May respectively.

The Health Board has reviewed the requirements of the correspondence received.

DETAILED BACKGROUND AND ASSESSMENT:

Introduction and Context

In March 2023, the PTHB Board approved the working draft of the Integrated Plan for 2023/24 to 2025/26. The context in which PTHB and the wider NHS in Wales operates continues to be extremely challenging both economically and financially, this has been recognised in the NHS Wales Planning Framework for 2023-26. A letter has been submitted by the Health Board to Welsh Government in advance of submission of this plan, setting out the challenging financial position of the Health Board at this period in time.

Following the submission, correspondence sent out by Welsh Government to all Health Boards during late April and early May 2023 requested a review by Health Boards in the following areas:-

1. Finance

- i. That those organisations submitting deficit plans review the drivers of the deficit and amend financial planning accordingly with the aim of improving the financial position.
- ii. That the level of in year savings plans inherent within the overall financial plan be reviewed against to improve delivery confidence, if not 100%, and the extent by which overall savings could be increased (to improve reduce the deficit) .

2. Ministerial Priority Measures Delivery – that those organisations returning submissions that do not deliver the requirement, review and improve their submission to compliance. Although originally a narrative submission, the review submission requires activity and delivery milestones profiled across they year.

3. Overall risk within submitted plan – for organisations to review the overall risk within their plans across the broad domains of finance, activity, workforce, performance quality and safety.

The Health Board has reviewed the original submission and has also been able to reflect on overall delivery and risk as part of the preparation of the Annual Delivery Plan. The Annual Delivery Plan also part of the Board agenda pack being presented today.

In addition to the external review meetings with Welsh Government, the Executive Team has reviewed the plan in total and the whole Board also reviewing the plan at a Board Development session held on the 18th May 2023.

A summary pack of the issues discussed is included within a powerpoint presentation to accompany this paper.

In summary, the output of the review and submission to Welsh Government on the 31 May 2023 is summarised as:-

| Review Area | Original Submission 31st March | Revised Submission Due 31st May |
|---|---|--|
| Finance – deficit review | £33.5m deficit | £33.5m deficit |
| Finance – size of savings plan | £7.5m savings programme | £7.5m savings programme with a greater proportion designated as deliverable |
| Ministerial Priority Measures Delivery | Provider services - 2 areas of low delivery confidence Commissioned services – 10 areas of low delivery confidence | Provider services - zero areas of low delivery confidence Commissioned services – no change in to original submission |
| Overall Risk | As described | Reduced risk to delivery of savings plan, revised provider delivery risk but overall risk not eradicated. |

Although some amendments have been made, the plan is still not without risk.

Given the minor adjustment being proposed the full suite of planning documents that form part of an IMTP submission will not required to be submitted. The submission to Welsh Government will comprise of the following:-

- a. An Accountable Officer letter setting out the process the Health Board has worked through in response the annual plan feedback received.
- b. A summary of the changes made.
- c. A supplementary activity submission to support the delivery of the Ministerial Measures and minor changes to the deliverable confidence ratings of the savings plan. The latter will require a resubmission of the Minimum Data Set.

NEXT STEPS:

Subject to Board approval:

- **Revise the Operational and Finance Plan for 2023/24**
- **Monitor delivery progression on a monthly basis.**

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT

Equality Act 2010, Protected Characteristics:

| | No impact | Adverse | Differential | Positive | Statement |
|-------------------------|-----------|---------|--------------|----------|---|
| Age | X | | | | <i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i> |
| Disability | X | | | | |
| Gender reassignment | X | | | | |
| Pregnancy and maternity | X | | | | |
| Race | X | | | | |
| Religion/ Belief | X | | | | |
| Sex | X | | | | |

| | | | | | | | | | |
|---------------------------------------|--|-----------------|-------------|--|-------------|------------|-----------------|-------------|---|
| Sexual Orientation | X | | | | | | | | |
| Marriage and civil partnership | X | | | | | | | | |
| Welsh Language | X | | | | | | | | |
| Risk Assessment: | | | | | | | | | |
| | Level of risk identified <table border="1"> <tr> <td>None</td> <td>Low</td> <td>Moderate</td> <td>High</td> </tr> </table> | | | | None | Low | Moderate | High | Statement <i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i> |
| None | Low | Moderate | High | | | | | | |
| Clinical | X | | | | | | | | |
| Financial | X | | | | | | | | |
| Corporate | X | | | | | | | | |
| Operational | X | | | | | | | | |
| Reputational | X | | | | | | | | |



Powys Teaching Health Board – IMTP Financial & Performance Plan 2023/24 Supporting Presentation

Board 24 May 2024 Item 2.2a

Patterson, Liz
23/05/2023 11:25:01

Financial Plan – request to revisit

Financial Plan submitted to WG on 31 March 2023 with deficit of £33.5m

All Health Boards asked to revisit the Financial Plan to reassess the underpinning assumptions and actions with an aim of reducing the forecast financial deficits

Feedback received from Financial Planning and Delivery team (former FDU) on 16 May 2023

Submission of supplementary papers and associated Minimum Data Set by 31 May 2023

| Financial Plan | (£m) |
|--|-------------|
| Underlying deficit | 18.6 |
| Inflationary pressures | 8.9 |
| Demand/ service growth | 7.4 |
| Net effect of allocation adjustments and COVID | 6.1 |
| Mitigating actions | (7.5) |
| TOTAL DEFICIT | 33.5 |

The 2023/24 Financial Plan is deficit of £33.5m

Range of significant risks to be managed

Re-assessment

| Financial Plan | (£m) | FPDD Feedback | Review |
|--|-------------|--|---|
| Underlying deficit | 18.6 | Be clear on drivers and how plan to mitigate. | Commissioning and CHC, included in areas of mitigation. Lower 2022/23 deficit (£7.0m v £7.5m forecast) not considered to translate to lower underlying deficit. |
| Inflationary pressures | 8.9 | Be clear on planning assumptions and mechanism for monitoring inflationary pressures during year. | Non-pay inflation of 4.9% v latest ONS 10.1% - £1.2m risk. Intra NHS Wales trading protections (5% tolerance) - £0.7m potential pressure. |
| Demand/ service growth | 7.4 | Further review alongside identification of mitigating actions – agency, non-pay and CHC highlighted | Potential to reduce CHC growth assessment - £1.0m reduction. |
| Net effect of allocation adjustments and COVID | 6.1 | Be clear on service and workforce drivers, benefits gained How plan to accelerate further actions to mitigate costs | Expenditure funded from local COVID monies is key component of mitigating actions Part year effect from October, reviewing whether could be accelerated earlier in the year. |
| Mitigating actions | (7.5) | Provide assurance on achievement | Green £2.2m and Amber £4.7m |
| TOTAL DEFICIT | 33.5 | | |

Summary

- Assumptions revisited and assessed as reasonable in overall terms – reduce financial provision for Continuing Health Care growth and increase amount for non-pay expenditure
- £7.5m savings programme recognised by WG as ambitious.
- Financial plan to remain at £33.5m deficit, but will monitor closely during the year and seek opportunities to reduce the in-year position through one-off items and any actions, which reduce the underlying deficit further
- Range of risks to be managed, e.g. intra NHS Wales trading arrangements contains an element of protection re performance of providers

Patterson, Liz
23/05/2023 11:25:01

Performance – request to revisit

Ministerial Priority Measures submitted 31st March 2023 as part of the overall submission

All Health Boards asked to revisit expected deliverables and confidence of delivery

Feedback received from Welsh Government colleagues at Annual Plan Scrutiny session on the 2nd May & Joint Executive Team on the 9th May

Submission of supplementary papers and associated Minimum Data Set by 31 May 2023

❖ Ministerial Priorities assessed for confidence delivery (note – **draft** as not all trajectories for providers seen/reviewed). We have revised our assessment as per the table below. Some of the improvement in Powys Provider performance reliant upon receipt of the Planned Care Funding (£2.8m against the £50m)

| Provider | Number of Ministerial priorities assessed | Low delivery confidence | Medium delivery confidence | High delivery confidence |
|---|---|-------------------------|----------------------------|--------------------------|
| Powys (Direct) | 24 | Was 2, Now 0 | Was 12 , Now 9 | Was 10, Now 15 |
| Commissioned services (Wales and England) | 20 | 10 | 9 | 1 |

The following slide reports an updated position for provider services. The final planned position for commissioned services will not be confirmed until the after the 31st May, following HB resubmissions. English providers will deliver to the English NHS targets

Delivery Assessment Against Ministerial Priorities Provider - REVISED

| Ministerial Priority - Delivery Confidence Assessment As At March 23 (Prior to detailed performance forecasts from commissioned providers) | | | | | Health board delivered services (provider) | |
|--|--|---|--|---|---|---------------------------|
| | | | | | March 2023 outturn position | March 2024 forecast |
| Reference | Domain | Type | Priority and linked measures | National Target | Delivery Confidence/Actual R.A.G | Delivery Confidence R.A.G |
| 1 | Delayed transfers of care | Priority | Regular monthly reporting of 'Pathways of Care' (DIOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination | | Low | Medium |
| 2 | | Priority | Improved access to GP and Community Services | | Medium | Medium |
| 3 | Primary care access to services | Priority | Increased access to dental services | | Medium - Improved new patient access but reduced access by existing patients | Medium |
| 4 | | Priority | Improved use of community pharmacy | | Medium | Medium |
| 5 | | Priority | Improved use of optometry services | | Medium | Medium |
| 6 | | Priority | Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability | | Low | Medium |
| 7 | Urgent & Emergency care | Priority | Implementation of Same Day Emergency Care services that complies with the following: | | Low | Medium |
| | | Measure | Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge | Improvement trajectory towards a national target of zero by March 2024 | Delivered - no breaches 22/23 | High |
| 8 | | Priority | Health boards must honour commitments that have been made to reduce handover waits | | High | High |
| | Measure | Number of ambulance patient handovers over 1 hour | Improvement trajectory towards a national target of zero by March 2024 | Delivered - none in Provider 22/23 | High | |
| 9 | Planned Care, Recovery, Diagnostics and Pathways of Care | Priority | 52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024 | | N/A | High |
| | | Measure | Number of patients waiting more than 52 weeks for a new outpatient appointment | Improvement trajectory towards a national target of zero by June 2023 | Medium - 1 breach Mar-23 | High |
| | | Measure | Number of patients waiting more than 36 weeks for a new outpatient appointment | Improvement trajectory towards a national target of zero by March 2024 | Low - 32 pathways stage 1 +36 wks | High |
| | | Measure | Number of patients waiting more than 104 weeks for referral to treatment | Improvement trajectory towards a national target of zero by June 2023 | Delivered - no patients breach 104wks | High |
| | | Measure | Number of patients waiting more than 52 weeks for referral to treatment | Improvement trajectory towards a national target of zero by March 2025 | Medium - 7 breaches reported Mar-23 | High |
| | | 10 | Priority | Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025 | | N/A |
| 10 | | Measure | Number of patients waiting over 14 weeks for a specified therapy | Improvement trajectory towards a national target of zero by March 2024 | Low - 190 breaches of target Mar-23 | High |
| 10 | | Measure | Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% | Improvement trajectory towards a national target of reduction by March 2024 | Low - Risk DQ no position available | High |
| 11 | | Priority | Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024 | | N/A | Medium |
| | | Measure | Number of patients waiting over 8 weeks for a specified diagnostic | Improvement trajectory towards a national target of zero by March 2024 | Low - 161 breaches of target Mar-23 | Medium |
| 12 | | Priority | Implement pathway redesign – adopting 'straight to test model' and onward referral as necessary | | N/A | High |
| 14 | Cancer recovery | Priority | Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026 | | N/A | High |
| 15 | Mental health and CAMHS | Priority | Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS. | | Low - end of year position not available (24/04/23), Adult interventions will not meet target (projected) but other adult mental health measures maintain robust performance inc CAMHS. | High |
| 16 | | Priority | Implement 111 press 2 on a 24/7 basis for urgent mental health issue | | High | High |

6/8

542/1024

Delivery Assessment Against Ministerial Priorities Commissioned – No Change from submission (at this stage)

| Ministerial Priority - Delivery Confidence Assessment As At March 23 (Prior to detailed performance forecasts from commissioned providers) | | | | | Commissioned Services (Wales & Eng) | |
|--|---|-----------------|--|---|-------------------------------------|---------------------------|
| | | | | | March 2023 outturn position | March 2024 forecast |
| Reference | Domain | Type | Priority and linked measures | National Target | Delivery Confidence/Actual R.A.G | Delivery Confidence R.A.G |
| 1 | Delayed transfers of care | Priority | Regular monthly reporting of 'Pathways of Care' (DTCOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination | | Low | Low |
| 6 | Urgent & Emergency care | Priority | Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability | | Medium | Medium |
| 7 | | Priority | Implementation of Same Day Emergency Care services that complies with the following: | | Medium | High |
| | | Measure | Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge | Improvement trajectory towards a national target of zero by March 2024 | Low | Low |
| | | Priority | Health boards must honour commitments that have been made to reduce handover waits | | Low | Medium |
| 8 | | Measure | Number of ambulance patient handovers over 1 hour | Improvement trajectory towards a national target of zero by March 2024 | Low | Medium |
| 9 | Planned Care, Recovery, Diagnostics and Pathways of Care | Priority | 52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024 | | N/A | Low |
| | | Measure | Number of patients waiting more than 52 weeks for a new outpatient appointment | Improvement trajectory towards a national target of zero by June 2023 | Low | Medium |
| | | Measure | Number of patients waiting more than 36 weeks for a new outpatient appointment | Improvement trajectory towards a national target of zero by March 2024 | Low | Low |
| | | Measure | Number of patients waiting more than 104 weeks for referral to treatment | Improvement trajectory towards a national target of zero by June 2023 | Low | Medium |
| | | Measure | Number of patients waiting more than 52 weeks for referral to treatment | Improvement trajectory towards a national target of zero by March 2025 | Low | Low |
| 10 | | Priority | Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025 | | N/A | Medium |
| 10 | | Measure | Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% | Improvement trajectory towards a national target of reduction by March 2024 | Low | Low |
| 11 | | Priority | Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024 | | N/A | Medium |
| | | Measure | Number of patients waiting over 8 weeks for a specified diagnostic | Improvement trajectory towards a national target of zero by March 2024 | Low | Low |
| 12 | | Cancer recovery | Priority | Implement pathway redesign – adopting 'straight to test model' and onward referral as necessary | | N/A |
| Priority | Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion. | | | Low | Low | |
| 13 | Measure | | Number of patients waiting more than 62 days for their first definitive cancer treatment from point of suspicion (regardless of the referral route) | Improvement trajectory towards a national target of reduction by March 2024 | Low | Low |
| Measure | Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route) | | Improvement trajectory towards a national target of 80% by March 2026 | Low | Low | |
| 14 | Priority | | Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026 | | Low | Medium |

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543/102

Performance Trajectories Submitted 21st April – Provider Only

PERFORMANCE TRAJECTORIES SUBMISSION FOR 2023-24

SUBMITTING ORGANISATION

Powys Teaching HB

Actual data for Mar-23

| MEASURE | TARGET | FORECAST | PERFORMANCE TRAJECTORY | | | | | | | | | | | |
|---|---|----------|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 |
| Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services | Improvement trajectory towards a national target of reduction by March 2024 | 166 | 135 | 135 | 135 | 135 | 135 | 135 | 128 | 120 | 113 | 105 | 98 | 90 |
| Number of patients waiting more than 52 weeks for a new outpatient appointment | Improvement trajectory towards a national target of zero by June 2023 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of patients waiting more than 36 weeks for a new outpatient appointment | Improvement trajectory towards a national target of zero by March 2024 | 32 | 35 | 35 | 35 | 30 | 30 | 25 | 20 | 15 | 10 | 5 | 5 | 0 |
| Number of patients waiting more than 104 weeks for referral to treatment | Improvement trajectory towards a national target of zero by June 2023 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of patients waiting more than 52 weeks for referral to treatment | Improvement trajectory towards a national target of zero by March 2025 | 7 | 20 | 15 | 10 | 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of patients waiting over 8 weeks for a specified diagnostic | Improvement trajectory towards a national target of zero by March 2024 | 161 | 160 | 160 | 150 | 130 | 120 | 110 | 100 | 80 | 50 | 30 | 15 | 0 |
| Number of patients waiting over 14 weeks for a specified therapy | Improvement trajectory towards a national target of zero by March 2024 | 190 | 190 | 190 | 180 | 170 | 120 | 70 | 20 | 0 | 0 | 0 | 0 | 0 |
| Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% ¹ | Improvement trajectory towards a national target of reduction by March 2024 | 4,642 | 4,600 | 2,500 | 2,000 | 1,700 | 1,400 | 900 | 400 | 0 | 0 | 0 | 0 | 0 |
| Number of patients waiting more than 62 days for their first definitive cancer treatment from point of suspicion (regardless of the referral route) | Improvement trajectory towards a national target of reduction by March 2024 | N/A | | | | | | | | | | | | |
| Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route) | Improvement trajectory towards a national target of 80% by March 2026 | N/A | | | | | | | | | | | | |
| Number of ambulance patient handovers over 1 hour | Improvement trajectory towards a national target of zero by March 2024 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of patients who spend 12 hours or more in all major and/or emergency care facilities from arrival until admission, transfer or | Improvement trajectory towards a national target of zero by March 2024 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

¹ This trajectory should be based on the total of all treatment function codes as per the NHS Data Dictionary <https://www.datadictionary.wales.nhs.uk/#!/wordDocuments/treatmentfunctioncode.htm> (excluding those listed under 'Other Services') and as per the new Outpatient Follow Up Delay pro forma for 2023/24

- Performance will be maintained or improved across the year. All measures planned to be delivered
- Additional performance regime implemented to ensure delivery of outcomes.
- Excludes commissioned performance – trajectories awaited



AGENDA ITEM: 2.3

BOARD MEETING

Date of Meeting:
24 May 2023

Subject:

2023/24 Annual Delivery Plan

**Approved and
Presented by:**

Chief Executive

Prepared by:

Director of Performance & Commissioning
Director of Therapies & Health Sciences
Director of Corporate Governance

**Other Committees
and meetings
considered at:**

Executive Committee 17 May 2023
Board Development Session 18 May 2023

PURPOSE:

This report presents to the Board a 2023/24 Delivery Plan which details the actions to be taken during the year. The Delivery Plan is a key planning and operational delivery plan for the Health Board and part of the overall suite of planning documents required as part of the NHS Wales annual planning framework. This Annual Delivery Plan 2023-24 provides the detailed annual priorities that underpin the strategic priorities set out in the Integrated Plan 2023-26. The collective ambition for 'A Healthy Caring Powys' which is shared across key partners in Powys remains strong and sits at the heart of this plan.

A progress report will be submitted to the Health Board and Welsh Government on a quarterly basis to track progress against the deliverables as set out in the 2023/4 Annual Delivery Plan.

RECOMMENDATION(S):

The Board is asked to:-

- **DISCUSS** and **APPROVE** the Annual Delivery Plan
- **NOTE** the delivery risks associated with the Plan.

| Approval | Discussion | Information |
|----------|------------|-------------|
| ✓ | ✓ | x |

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

| | | |
|----------------------------|--|---|
| Strategic Objectives: | 1. Provide Early Help and Support | x |
| | 2. Tackle the Big Four | x |
| | 3. Enable Joined up Care | x |
| | 4. Develop Workforce Futures | ✓ |
| | 5. Promote Innovative Environments | x |
| | 6. Put Digital First | x |
| | 7. Transforming in Partnership | x |
| Health and Care Standards: | 1. Staying Healthy | x |
| | 2. Safe Care | x |
| | 3. Effective Care | x |
| | 4. Dignified Care | x |
| | 5. Timely Care | x |
| | 6. Individual Care | x |
| | 7. Staff and Resources | x |
| | 8. Governance, Leadership & Accountability | ✓ |

EXECUTIVE SUMMARY:

This report provides the Board with a Delivery Plan 2023/24 based on the Health Board's Integrated Medium Term Plan 2023/26. This report is provided for consideration by the Board and will then be submitted to Welsh Government as a formal report.

The delivery plan focuses on a combination of deliverables driven from current demands based on both new schemes and programmes of work rolled over following a review of The Integrated Medium-Term Plan (IMTP) 2022/23. This review forms some key actions and milestones which follow on from last year and also a number which are superseded by other deliverables.

The plan includes the updated plan on a page and is split out by each Wellbeing Objective as well as In Year Strategic Priorities. Each Executive Lead has also been asked to indicate which relevant quarter each key milestone will be achieved.

DETAILED BACKGROUND AND ASSESSMENT:

Introduction and Context

This Annual Delivery Plan 2023-24 provides the detailed annual priorities that underpin the strategic priorities set out in the Integrated Plan 2023-26. The collective ambition for 'A Healthy Caring Powys' which is shared across key partners in Powys remains strong and sits at the heart of this plan and the wider Area Plan.

Our plans are built on the foundation of the shared Health and Care Strategy which set out an approach to Wellbeing for the population of Powys, now and in future. This has been reviewed in the past year as part of the development of the Regional Partnership Board's Area Plan. The ambition is still very much relevant today and continues to form the basis of the Health Board's plan.

The plans in the Powys region have always been closely aligned to the ambition set out in 'A Healthier Wales: Our Plan for Health and Social Care' (Welsh Government, 2018) and the National Clinical Framework. All are seeking to bring health and care together into a seamless whole system approach, designed and delivered around the needs and preferences of individuals, with a greater emphasis on well-being. This included a community-based model with a stronger public health approach and transformation of primary, planned and urgent care. The diagram below provides an overview of our planning approach in the national, regional and Powys context:

National Strategy and Plans

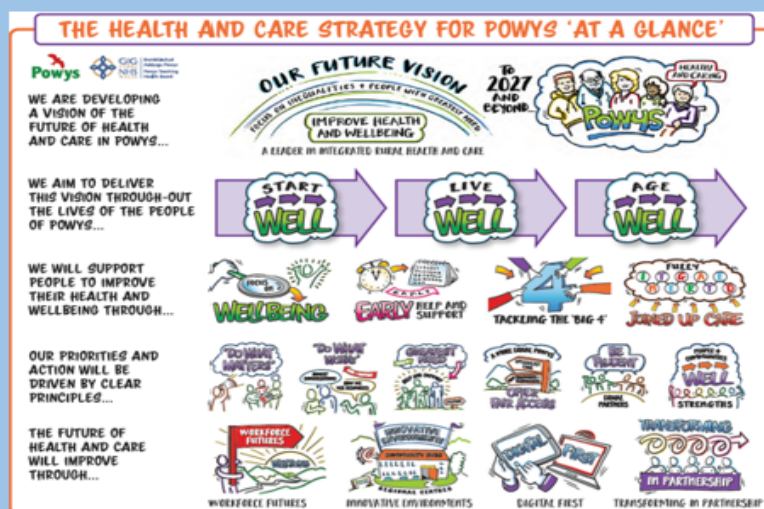
A Healthier Wales; Ministerial Priorities; NHS Wales Planning Framework
Six Goals for Urgent and Emergency Care; Five Goals for Planned Care; Six Models of Care linked to Regional Investment Fund, Accelerated Cluster Development and Strategic Programme for Primary Care

Regional Strategy and Plans

NHS Wales Collaborative and Regional Planning Groups
Mid Wales Health and Care Committee Strategic Intent and Plan

Powys Region and Local Plans

Powys Regional Partnership Board (RPB) Area Plan
Powys Public Services Board (PSB) Wellbeing Plan
Partner Plans – including PCC Corporate Plan and PTHB Integrated Medium Term Plan



In March 2023, the PTHB Board approved the working draft of the Integrated Medium Term Plan for 2023/24 to 2025/26. The context in which PTHB and the wider NHS in Wales operates continues to be extremely challenging both economically and financially, this has been recognised in the NHS Wales Planning Framework for 2023-26. A letter has been submitted by the Health Board to Welsh Government in advance of submission of this plan, setting out the challenging financial position of the Health Board at this period in time.

Given the complexities and constraints noted above, the Health Board has been unable to submit a financially balanced plan. Nonetheless, we continue to operate within the context of our Integrated Plan with both a one-year focus

to address immediate challenges and risks, and a very clear view to the medium and longer term.

We continue to work with Welsh Government, in partnership with the wider NHS in Wales and other strategic and local partners to build a sustainable model of healthcare that will span across the three-year period covered by our Integrated Plan for 2023/24 to 2025/26, to provide the greatest value for the population of Powys going forward.

Governance, Risk and Accountability

Governance and assurance arrangements are well established, with a strong track record of positive Structured Assessments from Audit Wales, in the 2022 report Audit Wales noted that “the Health Board has generally good governance arrangements in place”. The Health Board is continually improving its approach and there is learning from the agility and pace achieved during the pandemic that continues to be implemented.

The organisation will continue to require robust corporate and partnership governance to be able to optimise delivery and support transformation in the year ahead, given significant and complex system pressures. Effective engagement and communication support the Health Board to deliver its strategic priorities on behalf of patients and communities, and to manage principal risks will also be key.

A corporate risk register, underpinned by Directorate and programme based risk registers, will continue to form a key tool in our governance framework to assist the Health Board to identify, manage and monitor the principal risks to the delivery of our plans.

This Annual Delivery Plan will form part of the Health Board’s Integrated Performance Framework, it will be monitored, and reported to our Executive Committee, to the Delivery and Performance Board Committee for performance scrutiny and assurance reported to the Board), and to the PTHB Board.

Conclusion

The plan has been constructed in the context of a number of challenges facing the NHS in its 75th year of existence and the requirements of the NHS Wales Planning Framework 2023-2026. Our annual plan directly underpins the objectives set out in Integrated Plan 2023-26.

Year 1 is a focussed year of delivery with the plan designed to improve quality and safety of care, access, equity, experience, performance and finance. Where Ministerial Priority delivery is aligned to services Powys provides, the plan provides a high level of confidence these will be achieved.

Whilst we look to the medium term to deliver the ambition of a Healthier Wales, in this planning round, particularly Year 1, our plan focusses on improving:-

- Workforce – retaining and developing a sustainable workforce.
- Access – improving access and service response times to healthcare for both urgent and non-urgent need.
- Flow – ensuring plans are in place to improve urgent care and onward community flows. Reduce delays across the whole pathways, work with regional and system partners to improve community infrastructure to facilitate the change required.
- Finance – reducing our expenditure run rate, seeking best value and a return to financial balance in an extended recovery period of 3 to 5 years.

The plan is not without risk and does see the organisation remain in deficit across the 3-year planning period.

NEXT STEPS:

Subject to Board approval:

- Implement the Delivery Plan within the Health Board
- Submit to Welsh Government as a formal submission
- Monitor delivery in line with the Health Board's Improving Performance Framework.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

| IMPACT ASSESSMENT | | | | |
|---|--------------------------|---------|--------------|----------|
| Equality Act 2010, Protected Characteristics: | | | | |
| | No impact | Adverse | Differential | Positive |
| | | | | |
| Age | X | | | |
| Disability | X | | | |
| Gender reassignment | X | | | |
| Pregnancy and maternity | X | | | |
| Race | X | | | |
| Religion/ Belief | X | | | |
| Sex | X | | | |
| Sexual Orientation | X | | | |
| Marriage and civil partnership | X | | | |
| Welsh Language | X | | | |
| Statement | | | | |
| Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken | | | | |
| Risk Assessment: | | | | |
| | Level of risk identified | | | |
| | None | Low | Moderate | High |
| Clinical | X | | | |
| Financial | | | | X |
| Corporate | X | | | |
| Operational | X | | | |
| Reputational | X | | | |
| Statement | | | | |
| Please provide supporting narrative for any risks identified that may occur if a decision is taken | | | | |
| The Annual Delivery Plan does not deliver a balanced in year financial position and the health board will not meet its statutory duty to breakeven. | | | | |

Integrated Plan 2023 – 2026

Year One Delivery Plan 2023 – 2024

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Powys Teaching
Health Board

Plan on a page 2023 > 26



1. Population health improvement including health inequalities
2. Health Protection including vaccination



3. Primary Care
**Ministerial Priority*
4. Diagnostics
**Ministerial Priority*
5. Ambulatory Care
**Ministerial Priority*
6. Planned Care
**Ministerial Priority*



7. Cancer
**Ministerial Priority*
8. Circulatory
9. Respiratory
10. Mental Health
**Ministerial Priority*



11. Frailty and Community Model
**Ministerial Priority in relation to DTOC*
12. Urgent and Emergency Care
**Ministerial Priority*
13. Specialised Care

Wellbeing Objectives:
providing the bridge to the medium term and longer term ambition

In Year Strategic Priorities:
(incorporating Ministerial Priorities)

Enabling Objectives supporting delivery of Strategic Priorities



WORKFORCE FUTURES



DIGITAL FIRST



INNOVATIVE ENVIRONMENTS



TRANSFORMING IN PARTNERSHIP

- Transformation & sustainability of our workforce
 - A great place to work
- Employee health and wellbeing
- Joint workforce futures programme

- Digital strategic framework
- Implement clinical digital systems
- Resilient, cyber secure infrastructure
- Electronic document management and digitalisation
- Modernise data architecture and business intelligence

- Capital and estates programme
- Environmental management and decarbonisation

- Governance
- Engagement and communication
- Strategic commissioning, partnerships, performance & planning
- Innovation and improvement
- Strategic equalities and Welsh language

Enabling Priorities 2023-2026

Quality and Value (Patient Safety, Outcomes and Experience) are fundamental across the whole plan

Summary Of Actions Contained Within The Annual Delivery Plan Including Expected Delivery Profile Across The 23/24 Financial Year

| Annual Delivery Plan Focus Area | Number of Actions Currently Identified to Deliver Plan | Planned Delivery Profile Of The Action | | | |
|----------------------------------|--|--|-----------|-----------|-----------|
| | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| | | | | | |
| Strategic Priority | | | | | |
| Focus on wellbeing | 51 | 12 | 10 | 14 | 15 |
| Early help & support | 165 | 34 | 38 | 49 | 44 |
| Joined up care | 66 | 17 | 17 | 18 | 14 |
| Tackling the big four | 82 | 17 | 21 | 20 | 24 |
| Total Strategic Priority Actions | 364 | 80 | 86 | 101 | 97 |
| Enabling Objectives | | | | | |
| Workforce futures | 71 | 11 | 15 | 13 | 32 |
| Digital first | 38 | 7 | 13 | 10 | 8 |
| Innovative environments | 28 | 6 | 8 | 8 | 6 |
| Transforming in partnership | 138 | 38 | 40 | 32 | 28 |
| Total Strategic Priority Actions | 275 | 62 | 76 | 63 | 74 |
| | | | | | |
| Total | 639 | 142 | 162 | 164 | 171 |
| % Phasing of Actions Per Quarter | 100% | 22% | 25% | 26% | 27% |

Note - the table above includes actions carried forward from 22/23 if the actions were still relevant to the delivery of the 23/24 Annual Delivery Plan

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Focus on Wellbeing

Strategic Priority and Key Actions

Key Milestones

1 – Population health improvement including health inequalities

Executive Lead – Director of Public Health / Director of Nursing and Midwifery/Director of Community and Mental Health

Delivery of health-board-led population level health improvement programmes (including recovery of delivery following pandemic):

Annual Delivery:

- Healthy Child Wales Programme
- Designed to Smile
- Expand the offer of the Just B smoking prevention programme to targeted secondary schools in conjunction with Public Health Wales
- Continue to work in partnership to improve awareness of and access to NHS Stop Smoking Service
- Delivery of Pathfinder Early Years Integration programme (Regional Partnership Board Start Well Programme)
- Delivery of NYTH/NEST programme (Regional Partnership Board Start Well Programme)
- Delivery of Whole System Approach to Healthy Weights programme

Continue to work in partnership with key stakeholders to develop a Whole System Approach to Healthy Weights programme by:

- Planning and delivering stakeholder engagement workshops
- Undertaking mapping and analysis at sub-system level to identify specific system areas for action
- Developing an action plan

2a – Health protection including vaccination

Executive Lead – Director of Public Health

Delivery of revised model of Mass Vaccination including local implementation of National Immunisation Framework

- Implement revised mass vaccination model in line with agreed OCP Implementation Plan
- Deliver covid-19 booster campaigns in line with WG directives
- Develop a vaccine equity plan to reduce variation in uptake
- Promote uptake of immunisation for all ages
- Commence implementation to changes to immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars
- Promote uptake of national cancer screening programmes in partnership with Public Health Wales

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| Delivery of local component of Health Protection response aligned with National Health Protection Review including communicable disease, community outbreaks of infectious diseases, public health emergencies, testing, tracing, Monkeypox, refugees in line with national health protection guidance | <ul style="list-style-type: none"> • Support Public Health Wales to refresh the Communicable Disease Outbreak Plan for Wales • Annual review of civil contingency response plans, participation in training and exercises • Work with partners to develop a joint recovery plan for Hepatitis B and C • Work with Public Health Wales and Local Authority to continue to evolve a transitional health protection service to response to public health threats within allocated funding |
| 2a – Health protection – Infection Prevention and Control <i>Executive Lead – Director of Nursing and Midwifery</i> | |
| Deliver improvements in Infection Prevention and Control, building on and strengthening learning from the Covid-19 pandemic and beyond | <ul style="list-style-type: none"> • Diagnostic phase: Undertake a gap analysis of Infection Prevention and Control in the Health Board, informed by the Code of Practice for the Prevention and Control of Healthcare Associated Infections (<i>which sets out the minimum necessary infection prevention and control (IPC) arrangements for NHS healthcare providers in Wales</i>), National Nosocomial COVID-19 Programme (NNCP), including the interim learning report and incidental learning that has been identified and collated as part of PTHB case reviews required under the requirements of the NNCP • Commence organisational implementation of the Health Board's Infection Prevention and Control Improvement Programme, "Journey to Excellence" informed by the diagnostic assessment above, to include objective setting for year 1 |
| Early Help and Support | |
| Strategic Priority and Key Actions | Key Milestones |
| 3 – Primary Care <i>*Ministerial priority</i> <i>Executive Lead – Director of Finance and IT</i> | |
| Increased access to GP and Community Services | <ul style="list-style-type: none"> • GP Practice Sustainability and contract reform <ul style="list-style-type: none"> ◦ Data analysis and review, including review of additional investment ◦ Analysis of feedback and lessons learnt ◦ Quality Improvement Data Activity Project will conclude • Engagement with patients and stakeholders on the perception and experience of access • Maturing Clusters and GP Collaboratives in line with Cluster plans |
| Improved use of Community Pharmacy | <ul style="list-style-type: none"> • Development of a workforce model including out of hours model • All 23 Community Pharmacies committed to Community Pharmacy Service - contract implementation to be monitored throughout year • Systematic tracking of access and compliance with contractors (including emergency medicine service and prescribing) |

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| | <ul style="list-style-type: none"> • Work with contractors to identify barriers, service gaps and opportunities including Out of Hours • Scoping, viability assessment, business case and skill development for identified opportunities • Rollout Community Pharmacy Collaborative Leads in Mid and South Powys Clusters • Evaluate patient use of rota services and consider improvements • Refine and develop promotional opportunities • Ambition to implement, promote and monitor 56 day prescribing subject to resolution of operational challenges • Support increased take up of non-medical prescribers |
| Improved use of Optometry | <ul style="list-style-type: none"> • Contract reform including the Independent Prescribing Optometric Services (IPOS) Pathway launched • Medical retina referral refinement and data capture • Legislative change implementation • Glaucoma referral refinement and data capture with virtual review • Pre-registration optometrist working between primary and secondary care in Mid Powys Cluster ; implementation • Establish systematic tracking of access in relation to Independent Prescribing Optometric Services hours of operation • Establish inter-practice referral for urgent cases • One optometrist qualified as prescriber in North Powys cluster; inter-practice referral in this area ; second role with inter practice referral • School vision and eyecare access improvements • Scope and develop health board led domiciliary service • Agree and implement 'The Eyes Open' communication campaign |
| Increased use of Dental | <ul style="list-style-type: none"> • Implementation of new Llandrindod Wells contract with full operational capacity up to contract value • Rural enhancement offer for Foundation Dentists – two posts in place • Transfer 200 waiting list patients per quarter to salaried General Dental Practitioner (GDP) • Procure dental service in Newtown (North Powys Cluster) • Recruit additional dental officer for sedation • Recruit dental therapist in Mid Powys Cluster • Rescoped mobile dental services operational in areas with limited or no access • South Powys Cluster dental provider fully operational • Maintain urgent access in General and Community Dental Service to achieve balance of capacity with slots meeting need by year end • Develop undergraduate dental therapy placement programme with Cardiff Dental School |

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| 4 – Diagnostics *Ministerial priority <i>Executive Lead – Director of Community and Mental Health</i> | |
| Access to additional regional diagnostics capacity | <ul style="list-style-type: none"> • Identify potential to repatriate low complexity activity and clarify basis of access • Undertake demand and capacity analysis including Non-Emergency Patient Transport (NEPTs) • Issue commissioning intentions, Agree Long Term Agreements • Adjust in year Long Term Agreements where solutions can be expedited |
| Implementation of Transnasal Endoscopy | <ul style="list-style-type: none"> • Readiness assessment, capital installed, pilot initiated in Mid and South Powys (throughput achieved), review, Plan for North Powys developed |
| Implementation of Community Cardiology | <ul style="list-style-type: none"> • Implementation of plan for the first phase of the Community Cardiology and transition to business as usual in North Powys tracking activity, patient outcomes and experience (subject to successful recruitment) • Commence roll out the next phase of the Community Cardiology service to Mid and South Powys (subject to resource and funding) • Work to improve equity of access to cardiac rehabilitation |
| Implementation of Dermatology | <ul style="list-style-type: none"> • Phase 2 (South Powys) recruitment, implementation, Phase 3 (North Powys), Phase 4 (Mid Powys) |
| Complete access to Rapid Diagnostic Clinics | <ul style="list-style-type: none"> • Interim access for Mid Powys • Review research for potentiality of rural model • Agree longer term model |
| Straight to Test Model | <ul style="list-style-type: none"> • Work with commissioned services on straight to test models • Review impact on outpatient delivery and further business case development, implementation |
| Implementation of Regional Image Sharing Platform and capital review of diagnostic equipment | <ul style="list-style-type: none"> • Regional Image Sharing Platform implementation plan • Capital bid complete |
| 5 – Admission avoidance <i>Executive Lead – Director of Community and Mental Health</i> | |

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| Develop and implement a phased plan for admission avoidance in Powys. <i>Detail to be determined as part of the Accelerated Sustainable Model Design phase</i> | <ul style="list-style-type: none"> • Contribute to the Design Phase of the Accelerated Sustainable Model by exploring the potential for admission avoidance in Powys • Develop a business case, together with a phased and costed implementation plan, including capital, Digital, workforce, demand and capacity modelling, engagement and consultation implications and impact assessment • Secure approval for business case and implements Phase 1 • Implement Phase 2 |
| 6 a) – Planned care (Transformation / Accelerated Sustainable Model) <i>Executive Lead – Director of Community and Mental Health</i> | |
| Strengthen existing infrastructure and governance to realise our ambition to expand our planned care offer | <ul style="list-style-type: none"> • Undertake gap assessment of Planned Care infrastructure to ensure that Operational Management structures are sufficient, supported by Clinical Leadership and supervision and quality and safety governance |
| Deliver improvements in line with Getting It Right First Time reviews | <ul style="list-style-type: none"> • Commence delivery of Theatre Efficiencies Plan • Complete the implementation of Getting It Right First Time recommendations for orthopaedics, general surgery and gynaecology including repatriation of low complexity day cases • Detailed exploration of Insourcing to provide additional capacity extended |
| Deliver benefits of Outpatient Transformation | <ul style="list-style-type: none"> • Appoint Planned Care Clinical Director • Implement agreed plan (virtual appointments, access to advice and guidance, modernisation of follow ups including see on symptoms) |
| Access to additional regional planned care capacity | <ul style="list-style-type: none"> • Identify potential locations across five regions for PTHB flow; equality impact assessment and identify related engagement and consultation requirements • Identify potential to repatriate low complexity activity and clarify basis of access e.g., second offer • Undertake demand and capacity analysis including Non-Emergency Patient Transport (NEPTs) • Issue commissioning intentions, Agree Long Term Agreements, Adjust in year Long Term Agreements where solutions can be expedited |
| Improve Value in key specialties | <ul style="list-style-type: none"> • Wet Age-Related Macular Degeneration (AMD) and Cataracts – action plan and improvement, commissioning intentions, Long Term Agreements / Service Level Agreements • Musculoskeletal - Develop Action Plan |

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6 b) – Planned care (Women and Children)

Executive Lead – Director of Community and Mental Health

Delivery of the Maternity Assurance and Safety Improvements

- Implementation of the national solution (Digital Maternity Cymru) with Powys Project Board; recruitment of Senior Lead Maternity Clinical Informaticist (Digital Midwife); Implement project plan
- Implementation of the PTHB Maternity Continuous Improvement Plan, and the all Wales Maternity and Neonatal Safety Support Programme
- Implement recommendations of All Wales Maternity Neonatal Report
- Review establishment against Birth Rate Plus Recommendations and develop response accordingly
- Deliver the transfer from South Powys Maternity Pathways from ABUHB to CTM
- Implement HIW recommendations including birth centre environments; (including CAD designs and programme of works for Llanidloes/Knighton)

Delivery of the Women's and Sexual Health Improvement Plans

- Implementation of an All Wales case management system
- Implementation of the All Wales HIV Plan
- Develop sustainable model for Gender Identity Service
- Delivery of All Wales Women's Health Implementation Group (WHIG) Priorities with alignment with Getting it Right First Time (GIRFT) Gynaecology recommendations
- Delivery of recommendations of the demand and capacity exercise
- Scale up Endometriosis & Menopause pilots, based on evaluation outcomes

Implementation of Paediatric Remodel including Paediatric Therapies

- Improve outcomes for children and families through earlier, targeted interventions, integrated multidisciplinary team working and enhanced case management across the pathway including cross border

Tackling the Big Four

Strategic Priority and Key Actions

Key Milestones

7 – Cancer *Ministerial priority

Executive Lead – Medical Director

Deliver Cancer Improvement (in line with NHS Wales Cancer Improvement Plan)

- Map, benchmark and agree actions for nine themes; implementation, Review and plan next year
- Single Cancer plan for Powys agreed

Rapid Diagnostic Clinics

- Review solution in place for access for Mid Powys patients

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| <p>Delivery of Key Initiatives to improve access: Cancer tracking</p> <p>Quality Statement and Pathways</p> | <ul style="list-style-type: none"> • Scoping Rapid Diagnostic Clinic service in PTHB (Cancer Research Wales funded project), recommendations due June 2023 • Consideration of research project and identification of access for mid Powys patients in partnership with Wales Cancer Network and providers • Transnasal Endoscopy pilot • Pilot the use of Cytosponge • Set up Cancer tracking pilot approach within PTHB as a provider • Evaluation and approval for the way forward • Work with the Wales Cancer Network on optimal pathways and quality statement |
| <p>8 – Circulatory <i>Executive Lead - Director of Public Health</i></p> | |
| <p>Quality Statements and Pathways</p> <p>Cardiac</p> <p>Diabetes</p> <p>Stroke</p> | <ul style="list-style-type: none"> • In partnership with the All Wales Strategic Clinical Networks work towards compliance with the Quality Statements for Stroke, Diabetes and Cardiac • Implementation of plan for the first phase of the Community Cardiology and transition to business as usual in North Powys tracking activity, patient outcomes and experience (subject to successful recruitment) • Commence roll out the next phase of the Community Cardiology service to Mid and South Powys (subject to resource and funding) • Work to improve equity of access to cardiac rehabilitation • Commence work with primary care to use of N-terminal pro B-type natriuretic peptide (NT-proBNP) blood test and associated clinical guidance in relation to referral • Commence review of National Prescribing indicators in primary care for Atrial Fibrillation; explore improvements • Review National Institute for Health and Care Excellence (NICE) Care Processes and Treatment targets for Diabetes; explore improvements • Participation in All Wales and Herefordshire and Worcestershire Strategic Change programme |
| <p>9 – Respiratory <i>Executive Lead – Director of Therapies</i></p> | |

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| The implementation of the Respiratory Quality Statement | <ul style="list-style-type: none"> • Asthma Specialist Post and Primary Care roles recruitment; operational by year end • Compliance to be achieved • Review of medical model |
| The use of asthma plans for children and young people | <ul style="list-style-type: none"> • Continued Promotion of Institute of Clinical Science and Technology All-Wales App • Implementation of plan for use of asthma plans for children and young people to be progressed as part of new roles (as noted above) |
| 10 – Mental Health *Ministerial priority <i>Executive Lead – Director of Community and Mental Health</i> | |
| Mental Health Service Transformation | <ul style="list-style-type: none"> • Design stage of the accelerated sustainable model to confirm scope of mental health transformation. • Interim sustainability improvements • National peer and clinical pathway review • 111 press 2 implementation • Demand and capacity review |
| Pathway design and development | <ul style="list-style-type: none"> • Sanctuary Service specification and tender • Contract award • Perinatal Mental Health improvements • Training, service user focus groups and outcome measures, online platform • Peer review • Update of operational policy in line with All Wales pathways |
| CAMHS (Child and Adolescent Mental Health Services) | <ul style="list-style-type: none"> • Update Part 1 Scheme; No Wrong Door Panel • Update operational policy with Primary Child and Adolescent Mental Health Service (PCAMHS) and Specialist child and Adolescent Mental Health Service (SCAMHS) • Improve accessibility of Home Treatment / Intensive Support including potential for 16+ Crisis Resolution and Home Treatment Teams (CRHTT) • Develop as a Trauma informed service (incorporating TSW, ACE (Adverse Childhood Events) Hub, NEST/NYTH) • Develop CAMHS Eye Movement Desensitisation Reprogramming service • Improve training for practitioners in Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT) and create a DBT service • Improve physical health monitoring for young people being prescribed medication • Increase service user involvement especially with recruitment and service development |

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Joined Up Care

Strategic Priority and Key Actions

Key Milestones

11 – Frailty and Community Model *Ministerial priority in relation to DTOC

Executive Lead – Director of Community and Mental Health

Design and Delivery of an Accelerated Sustainable Model

- Work on Design will be through the Accelerated Sustainable Model and the first phase of implementation scheduling will be determined through the design stage, scope will include:
 - Prevention, screening, case finding and co-ordination, crisis and rapid response
 - Health/ care demand and capacity analysis
 - Integrated Communities and Care Services aligned with Regional Partnership Board and Cluster Plans
 - Community hospital model and ward design including East Radnorshire and Out of County bed use
 - Detailed action and scheduling will be determined through the Design stage
 - Work with the care sector to improve resilience in domiciliary and residential / nursing care and processes

Improve key pathways and interventions

- Define Powys approach to Frailty Scoring, Rollout in North Cluster, review and rollout Mid and South Clusters - (reflected in all Cluster Plans)
- Deliver revised Falls Pathway including Single Point of Access aligned with Shropdoc and 111, implementation of multi-factorial assessment, online self-referral, PROMS (Patient Reported Outcome Measures) and PREMS (Patient Reported Experience Measures), complete implementation
- Embed complex geriatric assessment
- Reduce use of out of county community hospital beds through escalation and tracking
- Prevent deconditioning with agreed approach to identification, tracking and reporting including length of stay
- Improve co-ordination in the last year of life and the support available at home and in the community at the end of life.

12 – Urgent and Emergency Care *Ministerial priority

Executive Lead – Director of Community and Mental Health

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| <p>Deliver alternatives to urgent and emergency care including</p> <p>Delivery of Joint Integrated Commissioning Action Plan with Welsh Ambulance Services and Rapid Escalation Plan:</p> | <ul style="list-style-type: none"> • Expanding community based urgent care this will be driven through work on the Accelerated Sustainable Model of Care (in Design Stage, scope to be set out) • Refine Virtual Ward and Virtual Hospital models and scope Community Assessment Triage model in line with Accelerated Model of Care • Swift transaction of out of county repatriation requests • Cluster led risk stratification, care co-ordination • Phone First approach embedded in Minor Injury Units (MIUs) • Embed improved whole system approach to Delayed Transfer of Care (DTC) • Assessment and discharge including Discharge to Recover and Assess (D2RA) and home first • Business case - additional Discharge Liaison Officers • Roll out Trusted Assessor • Explore and complete benefits analysis of an Integrated Brokerage Process development • Integrated Brokerage Process development • Patient level pathway assignment and tracking • Rehabilitation and reablement bridging team; expansion of home first community rehabilitation • Scoping of in-house reablement focused domiciliary provision and work with the care sector to improve resilience and processes • Implementation of 111 Press 2 • Red to Green days and SAFER to be embedded into daily practice and audit, refine processes • Implementation of guidance to prevent deconditioning • Unscheduled Care dashboard to drive improvements in bed utilisation and capacity review / allocation |
| <p>13 – Specialised Care <i>Executive Lead - Director of Performance and Commissioning</i></p> | |
| <p>Work with the Welsh Health Specialised Services Committee to improve value through a focus on improved outcomes, experience and cost</p> <p>Patterson, Liz 23/05/2023 11:25:01</p> | <ul style="list-style-type: none"> • Equitable access and reducing unwarranted variation for the Powys population including improving information about Powys patient experience and data specific to the Powys population • Reviewing Parenteral Nutrition pathways • Improving the performance of Welsh Child and Adolescent Mental Health Services and medium secure services through better utilisation and reduced out of area placements • Reviewing specialised psychology services • Reviewing efficiency and performance of Welsh specialist services provision including comparative cost and contracting mechanisms • Evaluating investments from the last 3 years to test and map delivery benefits and to re-target as appropriate • Appoint to specialised pathway lead |

Workforce Futures

Strategic Priority and Key Actions

Key Milestones

14 - Transformation and Sustainability of our Workforce

Executive Lead – Director of Workforce and Organisational Development

| | |
|--------------------------------|--|
| Workforce Planning | <ul style="list-style-type: none"> • All prioritised service areas to have a workforce plan • Draft Workforce Resource Plan (incorporating North Powys Wellbeing Programme as appropriate) • Organisational Change approach to support Accelerated Sustainable Model |
| Recruitment Redesign | <ul style="list-style-type: none"> • Direct Sourcing Model in place • All appropriate marketing material bilingual • 4 Overseas Nurses fully onboarded • Scaling up plan for overseas recruitment and working with partners as part of the All Wales activity on international recruitment |
| Variable Pay Reduction | <ul style="list-style-type: none"> • Reduce on and off contract agency spend by increasing Bank shift take up rates as well as successful recruitment and retention activities to increase those on the Bank • Incentivise Bank take up with more flexible arrangements for accessing wages |
| Education and Role Development | <ul style="list-style-type: none"> • Develop Aspiring Nurse Programme with Health Education and Improvement Wales and Bangor University by year end (improving access for Powys based pre-registered students to Dispersed Learning Nurse Degree Programme) • Recruit 20 reservists (NHS Wales pilot), to be evaluated end of year |

15 - A Great Place to Work

Executive Lead – Director of Workforce and Organisational Development

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| Temperature Checks and Analytics Capability | <ul style="list-style-type: none"> • Promotion of engagement/ completion and utilisation of outputs of National Staff Survey • Conduct Team Climate Survey (targeting one service area per quarter) • Develop team health metrics; apply by year end • Review and launch refreshed Chat 2 Change |
| Leadership Development | <ul style="list-style-type: none"> • Design and deliver a two-tiered Clinical Leadership Programme • Evaluate benefit of Intensive Learning Academy (ILA); Final Business Plan for Powys Intensive Learning Academy |
| Professional Development | <ul style="list-style-type: none"> • Promote and increase self-sufficient use of simulation space in Health and Care Academy |

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| Employee Support | <ul style="list-style-type: none"> • Achieve Employers for Carers accreditation, identifying and offering signposting • Adopt All Wales approach to 'Speaking Up Safely' about concerns or issues by end of year • Develop online Staff Retention guide, to include the developing work by Health Education Improvement Wales on 'stay' interviews • Workforce Policies Caseload review and working in social partnership with focus on avoidable harm and timely, proportionate management practices, checks and balances, supported by workshops |
| 16 - Employee Health and Wellbeing <i>Executive Lead – Director of Workforce and Organisational Development</i> | |
| Gold Corporate Health Standard | <ul style="list-style-type: none"> • Regain Gold Corporate Health Standard • Create development plan from the feedback received from the reassessment |
| Wellbeing Roadshows & Other Events | <ul style="list-style-type: none"> • Undertake a wellbeing roadshow at each hospital site • Revisit each site by year end • 2 Outdoor Events per month for up to 20 participants |
| Occupational Health | <ul style="list-style-type: none"> • Implement the new all-Wales Occupational Health Management System |
| Employee Assistance Programme (EAP) | <ul style="list-style-type: none"> • Increase usage of the Employee Assistance Programme platform by 40% |
| Anti-Racist Action Plan | <ul style="list-style-type: none"> • Establish staff networks • Implement PTHB Anti Racist Plan • Ensure Equality Impact Assessment for all policy revision or renewal |
| Mentoring | <ul style="list-style-type: none"> • Set out mentoring and reverse mentoring plan, with each Executive and Deputy matched with staff / volunteers |
| 17 - Joint Workforce Futures Programme <i>Executive Lead – Director of Workforce and Organisational Development</i> | |
| Designing, Planning and Attracting the Workforce | <ul style="list-style-type: none"> • Roll out Powys Health and Care Academy Careers and Education Enterprise Scheme (ACEEs) for young people • Upscale the Health and Social Care Schools training programme to two further schools • Identify degree level qualifications available to the Health and Social Care Academy delivered by a range of providers |
| Leading the Workforce | <ul style="list-style-type: none"> • Compassionate Leadership Programme trial • Rollout 4 a month (12 per cohort) |
| Engagement and Wellbeing | <ul style="list-style-type: none"> • Understand the lived experience of the workforce |

| | |
|------------------------------------|---|
| Education Training and Development | <ul style="list-style-type: none"> • RPB action plan to improve wellbeing and engagement across the sector |
| Partnership and Citizenship | <ul style="list-style-type: none"> • After an initial pilot, deliver one joint induction programme per month by year end • Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream • Carers strategic framework by year end to increase support to paid and unpaid carers • Increased volunteering opportunities across the sector |

Digital First

Strategic Priority and Key Actions

Key Milestones

18 - Digital Strategic Framework

Executive Lead – Director of Finance and IT

Why What When and How we deliver Digital services for the workforce, to improve outcomes for staff and patients, clinically led and patient centric

- Develop and agree the Digital Strategic Framework to prioritise delivery

19 - Implement clinical digital systems

Executive Lead – Director of Therapies

Development of systems to enable improved care, including cross border clinical records sharing, developments in clinical service priority areas-across multidisciplinary teams and explore opportunities in telecare

- Map out functional requirements for clinical service areas
- Assessment, review and gap analysis of all clinical applications to rationalise and avoid duplication
- Support secondary care information flow into commissioned NHS Trusts in England to support safer and timelier care
- Implement standardised processes using policy, SOPS and staff training and support
- Support national digital system implementations e.g. Regional Imaging Sharing Platform, Electronic Prescribing and Medicines Administration
- Health Pathways implementation - initial scoping
- Health Pathways implementation - recruiting, implementing

20 - Resilient, cybersecure infrastructure

Executive Lead – Director of Finance and IT

| | |
|--|---|
| Deliver a resilient, cyber secure infrastructure within the PTHB buildings | <ul style="list-style-type: none"> • Upgrade Network/Cabling/Wi-Fi for improved bandwidth for data and voice connectivity for front line staff and patients. Pace of delivery subject to availability of additional funding • Full Telephony upgrade to allow integration with social media tools, chat functionality, automation, and call recording The pace of delivery will be subject to availability of additional funding • Improved resilience and capacity for business continuity and faster access and system performance through implementation of network redesign plans |
| 21 - Electronic Document Management and Digitisation <i>Executive Lead – Director of Finance and IT</i> | |
| Develop and implement electronic document management policies and processes, digitalisation of paper records | <ul style="list-style-type: none"> • Pace of delivery will be subject to availability of additional funding |
| 22 – Modernise Data Architecture and Business Intelligence <i>Executive Lead – Director of Finance and IT/ Director of Performance and Commissioning</i> | |
| Provide a modern data architecture and improved business intelligence and knowledge for informed decision making | <ul style="list-style-type: none"> • Creation of Health & Care Data Platform – to enable timelier & robust data sharing between Health and recognised aligned partners • Explore opportunities Robotic Automation (RPA) to release administrative time • Workforce collaboration to make the best use of the workforce resource data available • Explore and develop the platforms to support PROMS, PREMS and the Integrated Performance Framework |
| Innovative Environments | |
| Strategic Priority and Key Actions | Key Milestones |
| 23 – Capital and Estates Programme <i>Executive Lead – Associate Director of Estates, Capital and Property</i> | |
| Delivery of major capital programmes including: <div>Patterson.Liz 23/05/2023 11:25:01</div> | <ul style="list-style-type: none"> • Phase 2 of Llandrindod Wells Regional Rural Centre and Spa Road Development – Business Justification Case to be submitted and work commence • Operationalisation of Bro Dyfi Community Hospital site developments at Machynlleth • Further Stages of work relating to the North Powys Multi Agency Campus with submission of infrastructure Business Justification Case • Llanfair Caereinion; Third Party Primary Care development works scheduled for 14 month construction phase, commence work • Develop and agree an Estates Strategy to prioritise delivery |

| | |
|--|---|
| Delivery of Innovative Environments Strategic Framework including: | <ul style="list-style-type: none"> • Delivery of urgent compliance capital projects including EFAB (Estates Funding Advisory Board) schemes, focussing on essential improvements to infrastructure, fire safety and decarbonisation • Delivery of RPB Innovative Environments Capital Plan in support of the RPB Area Plan (in development at time of producing this plan) • Year three of the programme to strengthen maintenance contracts will include the remainder of the significant specialist services |
| Implementation of 'Soft' Facilities Management | <ul style="list-style-type: none"> • Cleaning Standards review |

24 - Environmental management and decarbonisation

Executive Lead – Associate Director of Estates, Capital and Property

| | |
|---|---|
| Biodiversity enhancement and protection in line with Section 6 of Environment (Wales) Act | <ul style="list-style-type: none"> • Delivery of energy efficiency improvements including : <ul style="list-style-type: none"> • Proceed through tendering phases to selection of Re:fit Framework Supply Partner • Develop Investment Grade Proposal in conjunction with Supply Chain Partner • Commence Re:fit programme of works activity |
| Decarbonisation including ambition for Net Zero by 2030 across public sector including | <ul style="list-style-type: none"> • Rollout of Carbon Literacy throughout organisation; Support development of and collate department delivery plans enabled through knowledge gained from training • Quarterly tracking and internal reporting to Environment & Sustainability Group against 46 Initiatives listed within Welsh Government's Decarbonisation Strategic Delivery Plan • Agile Working and optimisation of space utilisation with delivery of Bronllys pilot and agreement of Agile Working Principles |

Transforming in Partnership

Strategic Priority and Key Actions

Key Milestones

25a - Governance

Executive Lead – Director of Corporate Governance

| | |
|--|--|
| Delivery of the Annual Programme of Governance and Corporate Business Plan Patterson.Liz 23/05/2023 11:25:01 | Further improve the effectiveness of the Board and its committees by: <ul style="list-style-type: none"> • Reviewing and recreating a revised Board Assurance Framework (design, delivery) • Strengthening the Board and Committee work planning approach and clearly aligning the work programmes to the Board Assurance Framework and Corporate Risk Register • Further improving the quality of information to the Board and its Committees • Design and Delivery of a Board Development programme that underpins the High Performing Board programme • Reviewing the Board's Advisory Structure and implementing relevant changes |
|--|--|

25b - Quality Governance

Executive Lead – Director of Nursing and Midwifery

Implement the Duty of Quality and Duty of candour in line with the Quality and Engagement Act (Wales)

- Continue implementation of PTHB's Duty of quality and Duty of Candour Implementation Plan
- Monitoring of the actions aligned to the implementation plan, ensuring PTHB Integrated Performance Framework (IPF) aligned to the principles of the Duty of Quality, Quality Management System.
- PTHB governance framework aligned to Duty of Quality, completion of the Implementation plan.
- Production of annual report aligned to Duty of Candour. Continued monitoring of the Quality Management System.

26 - Engagement and Communication

Executive Lead – Director of Corporate Governance

Design and delivery of a programme of marketing and communications

Design and delivery of a programme of continuous and/or targeted engagement to support strategic insight, gather community voice and co-produce solutions that make best use of community skills and assets

- Design and deliver annual programme focusing on areas where communication activity can offer the most significant strategic benefit and management of principal risks
- Design and deliver compliant programmes of engagement and/or consultation reflecting new national guidance on service change including the development of partnership approach with new Citizen Voice Body from April 2023

27a - Strategic Commissioning and Performance

Executive Lead – Director of Performance and Commissioning

Strategic Commissioning

- Develop commissioning intentions and manage any in year adjustments to support the Accelerated Model of Care (Develop and issue to providers)
- Implementation of Getting It Right First Time (GIRFT) recommendations
- Refinement of baseline activity against contract and targets
- Develop external and internal commissioner / provider relationship
- Review sustainability of secondary care in-reach provision
- Improve processes for Individual Patient Funding Review and High Cost Panels and Interventions Not Normally Undertaken
- Deliver commissioned services financial savings plan
- Review of Service level Agreements (SLAs) with third sector organisations
- Leading the cycle of annual Performance reporting including Integrated Quality, Planning and Delivery (IQPD) and Joint Executive Team (JET)

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Integrated Performance

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| | <ul style="list-style-type: none"> • Preparation and delivery and production of annual report • Integration of performance approach with Contract Quality Performance Review (CQPR) process with commissioned providers (Ongoing via monthly meeting cycle with providers) • Robust monitoring of commissioned service through Contract Quality Performance Review (CQPR) process (Ongoing via monthly meeting cycle with providers) • Support PTHB Demand and capacity and activity planning (Commence with Therapies with remaining services phased) • Implement and rollout the Integrated Performance Framework from both a governance and system oversight perspective. The framework will cover all provided and commissioned services. (As per Implementation plan) • Develop Demand & Capacity Model for use in Powys • Roll out use of Demand & Capacity Model • Develop Performance Escalation and Exception reporting • Implement Remedial Action Plan regime for services failing targets |
| 27b - Strategic Planning <i>Executive Lead – Director of Therapies (interim)</i> | |
| Strategic Planning | <ul style="list-style-type: none"> • Development of the Integrated Plan for the organisation including co-ordinating internal and external processes and providing support and guidance to teams and Directorates on contributions to the planning process throughout the year • Delivery of Integrated Plan products including Delivery Plan, Everyday version, Plain Text, Welsh • Management of monitoring and progress against plan • Leading Strategic Change horizon scanning, surveillance, tracking and production of management information • Leading health board participation in key Partnership Plans including the Regional Partnership Board Area Plan & Public Services Board Wellbeing Plan • Delivery of Planning module of PTHB Managers Training • Providing planning expertise for corporate products including Annual Report, external and internal reports and programmes |
| 28 - Innovation and Improvement <i>Executive Lead – Medical Director</i> | |
| Innovation and Improvement | <ul style="list-style-type: none"> • Implement findings of the Powys Innovation Challenge with Community Engagement; delivery to support the Accelerated Sustainable Model • Provide Quality Improvement support to the Safer Patients Care collaborative with Welsh Ambulance Service NHS Trust (WAST) |

| | |
|---|---|
| | <ul style="list-style-type: none"> • Develop School of Research Innovation and Improvement activity, launch of Fund, suite of tools and training, embed community of practice • Embed Quality Improvement approach • Delivery of Clinical Audit and Assessment with review of learning by Learning from Experience Group to inform next cycle • Develop research participation and Powys led studies with academic and industry engagement; Cascade learning |
| 29 - Strategic Equalities and Welsh Language <i>Executive Lead – Director of Workforce and Organisational Development</i> | |
| Delivery of Strategic Equality Plan and Welsh Language Standards: | <ul style="list-style-type: none"> • Meeting PTHB responsibilities under the Anti-Racist Wales Action Plan • Roll out Trans Awareness training for Staff • Deliver Patient Stories project • Consultation, draft and approval of Strategic Equality Plan for 2025-29 • Welsh Language Standards Audit response • Consultation, draft and approval of Clinical Consultations Plan 2024-28 and More than Just Words Plan • Approve Welsh Language Policy (Standard 79) • Welsh Language Service Leads Group to drive improvements • Design of Welsh Language Managers' training and incorporation into Management Training Program |

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Agenda item: 2.4

| Board | | Date of Meeting: 24 May 2023 |
|---|--|---|
| Subject: | Anti-Racist Wales: Local PTHB Action Plan | |
| Approved and presented by: | Debra Wood-Lawson, Director of Workforce and Organisational Development | |
| Prepared by: | Adam Pearce, Service Improvement Manager for Equality and Welsh Language | |
| Other Committees and meetings considered at: | Executive Committee – 26 April 2023 | |

PURPOSE:

To present a draft for a local PTHB action plan as per our objective under the Welsh Government's Anti-Racist Wales Action Plan.

RECOMMENDATION:

The Board is asked to:

- **APPROVE** the Anti-Racist Wales Action Plan for the Health Board.

| Approval/Ratification/Decision¹ | Discussion | Information |
|---|-------------------|--------------------|
| ✓ | ✓ | ✓ |

Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level – N/A

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

| | | |
|----------------------------|--|---|
| Strategic Objectives: | 1. Focus on Wellbeing | ✓ |
| | 2. Provide Early Help and Support | ✗ |
| | 3. Tackle the Big Four | ✗ |
| | 4. Enable Joined up Care | ✗ |
| | 5. Develop Workforce Futures | ✓ |
| | 6. Promote Innovative Environments | ✓ |
| | 7. Put Digital First | ✗ |
| | 8. Transforming in Partnership | ✓ |
| Health and Care Standards: | 1. Staying Healthy | ✗ |
| | 2. Safe Care | ✗ |
| | 3. Effective Care | ✓ |
| | 4. Dignified Care | ✓ |
| | 5. Timely Care | ✓ |
| | 6. Individual Care | ✓ |
| | 7. Staff and Resources | ✓ |
| | 8. Governance, Leadership & Accountability | ✓ |

EXECUTIVE SUMMARY:

The Welsh Government's [Anti Racist Wales Action plan](#), published in June 2022, sets out how the government intends to ensure its own services and workforce practices, and those of the organisations it funds (including Health Boards), will demonstrate anti-racist principles.

Several of the actions identified in the Welsh Government (WG) plan include objectives for Health Boards/NHS organisations and these objectives have been identified and included in this plan (the creation of which is one of the actions in and of itself). Against each of these objectives, specific actions have been identified for PTHB.

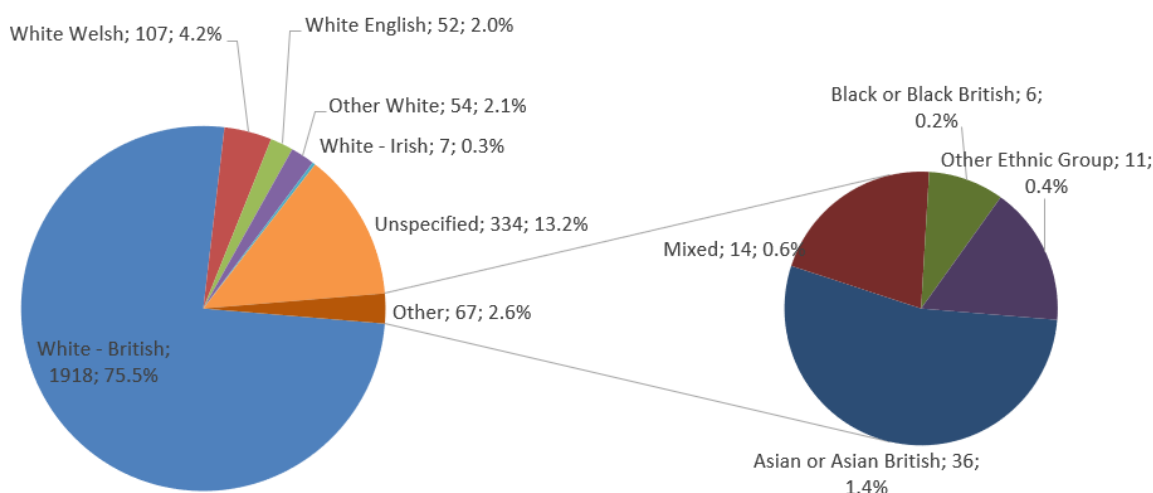
BACKGROUND AND ASSESSMENT:

According to Welsh Government population estimates, of a population of 129,700 (June 2022) Powys had approximately 1,900 residents (1.5%) of Black, Asian, Mixed, or 'Other' non-white ethnicities, significantly lower than the Wales average of 5.1%.

As of 31st March 2023, ESR reports a total of 67 individual members of PTHB staff (2.6% of the total) identifying as Black, Asian, mixed-race, or other non-white ethnic Minorities, or specified their ethnic group as 'other'. A further 54 staff identified as White but of non-UK or Irish ethnicity.

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Ethnic Origin



Whilst this number is higher than the local population, it is significantly lower than other Welsh health boards. It is clear that PTHB struggles to attract staff from these groups, and whilst this may be due to the nature of Powys as a region (lacking large urban areas) and healthcare provider (with a smaller proportion of medical staff and less history of overseas recruitment) rather than factors within the health board's control, we cannot currently be certain of this and it is important that the small numbers of individuals is not taken as a reason for inaction or deprioritisation.

Indeed, it is possible that individuals from minoritized groups are **more** vulnerable to racism and discrimination in contexts where they represent a smaller proportion of the population, making anti-racism particularly pertinent in a context like Powys.

Following an actively anti-racist approach, the actions outlined in the plan commit PTHB to seeking out and identifying any evidence of discrimination and will ensure that PTHB is able to actively work to improve outcomes for its Black, Asian and Minority Ethnic staff and service users.

It has been necessary to delay the approval of this plan which has had a knock-on effect of some of the individual timescales for the targets in the plan. Where there is a discrepancy between the target date in this local plan and the date(s) identified in the overarching WG plan, this is noted.

There is a lack of detail around some of the actions in the WG plan, and many are contingent on further guidance from WG (for example, a need for the board to appoint a 'Cultural Ambassador' has been identified, but no detail has been provided yet on what this role is or does; we are therefore awaiting further instruction on this point and others). As this guidance comes out it will be likely necessary to further modify the PTHB local plan.

The attached draft plan has taken into account the likely need to modify the plan as more specific guidance emerges.

As the proposed Education/Training programs described in the plan have not yet been created (and no specification has been shared) it is proposed to offer the Board existing PTHB Equality

training programs in the interim; these have already been updated to incorporate Anti-Racist principles.

NEXT STEPS:

Teams/individuals associated with actions identified in the plan have already been consulted as part of the process of forming the plan and have agreed with the proposed actions.

Some of the individual actions identified in the plan are awaiting further guidance / detail from Welsh government, and it will be necessary to update the plan to reflect this as and when it arrives. It is anticipated that the plan will therefore be a 'living' document which evolves over the coming months and years; the PTHB Strategic Equality Plan 2025-2029 begins consultation and development during 2023-24 and may also overlap to some degree with this plan (the extent to which it does will depend on the priorities identified as part of the consultation process).

Progress on the plan will be reported to both Board and Welsh Government via the existing Equality Annual Report process, as per Welsh Government guidance/request. The Equality Annual Report for 2022-23 will be the first to record progress on the Anti-Racist Action Plan.

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The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board’s Equality Impact Assessment Policy (HR075):

| IMPACT ASSESSMENT | | | | | |
|---|--------------------------|---------|-------------|----------|-------------------------------------|
| Equality Act 2010, Protected Characteristics: | | | | | |
| | No impact | Adverse | Differentia | Positive | |
| Age | X | | | | <div>Statement</div> <div>N/A</div> |
| Disability | X | | | | |
| Gender reassignment | X | | | | |
| Pregnancy and maternity | X | | | | |
| Race | | | | X | |
| Religion/ Belief | | | | X | |
| Sex | X | | | | |
| Sexual Orientation | X | | | | |
| Marriage and civil partnership | X | | | | |
| Welsh Language | X | | | | |
| Risk Assessment: | | | | | |
| | Level of risk identified | | | | <div>Statement</div> <div>N/A</div> |
| | None | Low | Moderat | High | |
| Clinical | X | | | | |
| Financial | | X | | | |
| Corporate | X | | | | |
| Operational | X | | | | |
| Reputational | X | | | | |

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Powys Teaching Health Board

Anti-Racist Action Plan 2022-24

Summary

In June 2022, the Welsh Government published its [Anti-Racist Wales Action Plan](#), setting out Wales-wide objectives to incorporate anti-racist principles into the public sector's services and employment practices.

Under the plan, public sector organisations like Powys Teaching Health Board are required to develop local Action Plans showing how they will work to achieve the various Wales-wide objectives locally over the timescales identified in the plan.

1. What is anti-racism?

"Anti-racism is about changing the systems, policies and processes which for so long have embedded a negative view of ethnic minority people."

These negative biases can only be tackled through an anti-racist approach. 'Fixing' ethnic minority people, either as individuals or as a group, is not the answer.

Often it is the systems for progression, and for selecting who will be mentored, coached or sponsored, that fail people. In service provision, it is often the 'colour-blind' approach that works against ethnic minority people.

Frequently, the assumption is made that 'providing the same for everyone' will be the most appropriate service. Whereas in fact, taking people's differences (e.g. language, dietary needs, dress, etc.) leads to a more sensitive, accessible and effective service. Often the consequence of the colour-blind approach is that ethnic minority people struggle to enter jobs, or to progress, or to receive services appropriate to their needs.

For us, anti-racism involves actively identifying and getting rid of policies, systems, structures and processes that produce radically different outcomes for ethnic minority groups. It requires us to acknowledge that even if we do not see ourselves as 'racist' we can, by turning our eye away, be complicit in allowing racism to continue."

Welsh Government, [An Introduction to an Anti-Racist Wales](#)

2. What is the purpose of this plan?

The purpose of this plan is to create an organisational culture in which all members of staff are able to enjoy working free from discrimination, regardless of their ethnic background. The plan attempts to ensure that anyone who works for our organisation or who uses its services can be confident that they will be treated without any form of discrimination related to their race or ethnic background.

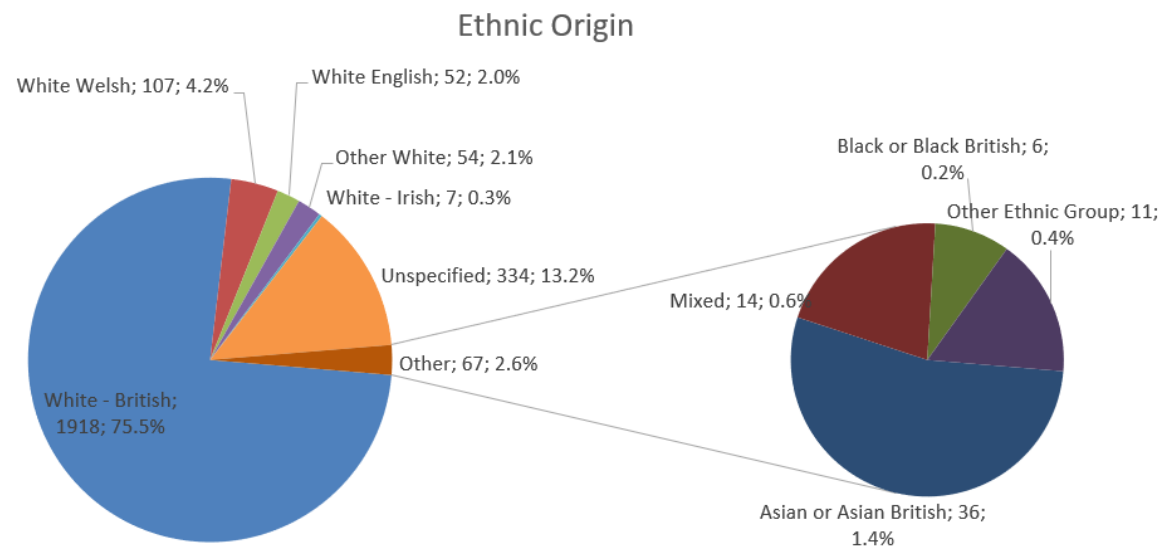
The objectives in this local PTHB plan are based on the objectives and 'Priority Actions' identified in the health section of the overarching Anti-Racist Wales Action Plan; the wording in the first two columns of the local plan below reflects the wording in the original Welsh Government document, as do the timelines in the final column. All identified objectives in the All-Wales plan with NHS Organisations and/or Health Boards listed as responsible have been included. Against each of these relevant priority actions/objectives, proportionate and reasonable local actions have been identified for PTHB.

Additional health objectives feature in the overarching plan for which PTHB are not accountable, and these are not reflected in this local PTHB plan.

3. What is the situation in Powys Teaching Health Board at present?

According to Welsh Government population estimates, of a population of 129,700 (June 2022) Powys had approximately 1,900 residents (1.5%) of Black, Asian, Mixed, or 'Other' non-white ethnicities, significantly lower than the Wales average of 5.1%.

As of 31st March 2023, ESR reports a total of 67 individual members of PTHB staff (2.6% of the total) identifying as Black, Asian, mixed-race, or other non-white ethnic Minorities, or specified their ethnic group as 'other'. A further 54 staff identified as White but of non-UK or Irish ethnicity.



Whilst this number is higher than the local population, it is significantly lower than other Welsh health boards. It is clear that PTHB struggles to attract staff from these groups, and this may be due to the nature of Powys as a region (lacking large urban areas) and healthcare provider (with a smaller proportion of medical staff and less history of overseas recruitment) rather than factors within the health board's control. Whilst we cannot currently be certain of this, it is important that the small numbers of individuals are not taken as a reason for inaction or deprioritisation.

Indeed, it is possible that individual Black or Asian people are in fact *more* vulnerable to racism in contexts where they represent a smaller proportion of the population.

Following an actively anti-racist approach, the actions outlined in the plan commit PTHB to seeking out and identifying any evidence of discrimination, ensuring that PTHB is able to actively work to improve outcomes for Black, Asian and Minority Ethnic staff and service users.

4. How will the delivery of this plan be ensured, and progress be recorded and reported?

This local Powys Anti-Racist Action Plan is owned by the Equality Team within the Workforce & Organisational Development Directorate.

- The **Equality Team** are responsible operationally for producing resources etc. to facilitate the aims of this policy. They are responsible for many of the specific actions in the plan, as well as for holding other departments accountable for their own actions. The team provide assistance to the organisation and are the authors and controllers of this policy and accountable to the wider health board via:
- The **Director of Workforce and Organisational Development**, who is the executive lead for this plan.
- The **Executive Committee** approve the policy on behalf of the wider health board.
- **All Staff** need to understand the implications of the plan and their personal responsibility within this area.

The plan will be published internally on the Equality pages of the health board intranet.

As per the guidance received from Welsh government, progress against this plan will be reported publicly as a part of the health board's existing Equality reporting frameworks (Specifically, the Equality Annual Report, published each financial year).

Note on timescales:

PTHB has not been able to meet the original timescales noted in the Welsh Government plan for some of the actions and this has been noted below. Some actions as part of the plan have now been completed, which is also noted.

| National Priority Actions from Anti-Racist Wales Action Plan | | Powys Teaching Health Board Actions to Support National Priority Actions | Responsible Department(s) | Date |
|--|--|--|---------------------------|--|
| Priority Action 2 - Leadership | Require anti-racist leadership at all levels by direction. All NHS Boards, Trusts and Special Authorities to report demonstrable progress in driving anti-racism at all levels by: | <ul style="list-style-type: none"> Board to appoint Executive Equality Champion. Pending provision of this role profile to Boards by Welsh Government. | Corporate Governance | Complete |
| | <ul style="list-style-type: none"> Appointing 'Executive Equality Champions' and 'Cultural Ambassadors'; | <ul style="list-style-type: none"> Board to appoint Cultural Ambassador(s), pending provision of the role profile by Welsh Government. [If the above role profiles have not been provided by the target dates, PTHB will develop its own] | Corporate Governance | September 2023 (ARWAP) |
| | <ul style="list-style-type: none"> Implementing a leadership and progression pipeline plan for Black, Asian and Minority Ethnic staff; | <ul style="list-style-type: none"> Build and rollout a specific survey of our Black, Asian & Minority Ethnic staff, asking about their employee and career progression experience. | Equality Team / Workforce | July 2023 |
| | | <ul style="list-style-type: none"> Using the results of the survey, ESR workforce training and trac recruitment data, produce a workforce report on our Black, Asian & Minority Ethnic staff; this report will inform possible actions in subsequent versions of this plan. | Equality Team / Workforce | December 2023 |
| | <ul style="list-style-type: none"> Providing Ethnic Minority Networks appropriate levels of resource and access to the Board | <ul style="list-style-type: none"> Ensure all options are exhausted for establishing Black and Asian Minority Ethnic staff consultation group/network within PTHB. If necessary, this group could be online only, and be a 'consultation group' rather than a network, providing opportunities for consultation on e.g. EIAs and other policies. [Complete – PTHB Black, Asian and Minority Ethnic Staff Yammer group created January 2023] | Equality Team | Complete |
| | | <ul style="list-style-type: none"> Provide an ongoing program of events providing staff with opportunities to hear about the lived experience of individuals from Black, Asian and Minority Ethnic backgrounds. | Equality Team | Ongoing – First events scheduled in Equality Week 15-19 May 2023 |

| | | | | |
|---------------------------------------|--|---|--------------------------------------|---|
| Patterson, Liz 23/05/2023 11:25:01 | | <ul style="list-style-type: none"> • Invite Black, Asian & Minority Ethnic staff to produce staff stories and present at least one to Board during 2023-24. | Equality Team / BAME Network | April 2024 |
| | Use existing legislative frameworks to require NHS organisations to develop anti-racism action plans; for both employment and service delivery as a specific part of their wider approach to equality, inclusion and diversity. Progress will be monitored and reported Via IMTP and Annual Plans, and the Joint Executive Team process. | <ul style="list-style-type: none"> • Draft Anti-Racist Action Plan (this document) ready for consultation amongst health board staff, and for subsequent approval by board. | Equality Team | June 2023 [originally December 2022 (ARWAP)] |
| | | <ul style="list-style-type: none"> • Plan will be monitored and reported on to both the board and Welsh government as part of the Equality Annual Reports for 2022-23 and 2022-24, as per Welsh Government guidance. | Equality Team | Beginning in Equality Annual Report due June 2023 |
| | | <ul style="list-style-type: none"> • Plan will also be integrated into the IMTP process. [Complete for 2023-2026 IMTP] | Performance / Workforce | Complete/Ongoing |
| | | <ul style="list-style-type: none"> • Ethnicity Pay Gap Reporting to be included in 2022-23 Annual Report and onwards. | Equality Team | Beginning in Equality Annual Report due June 2023 |
| | All NHS Board members will undertake an anti-racist education programme and implement and report progress against personal objectives (for all Board members) to meet vision of an anti-racist Wales. | <ul style="list-style-type: none"> • Establish personal objective in support of an anti-racist Wales for each Board member | Corporate Governance / Chair | May 2023 [Originally March 2023 ARWAP] |
| | | <ul style="list-style-type: none"> • Deliver Board development programme during 2023 commissioned by Public Bodies Unit, Welsh Government, when ready. | Corporate Governance | During 2023 / Once commissioned by Welsh Government |
| | | <ul style="list-style-type: none"> • Board members will role model anti-racist practices by challenging discrimination, listening to lived experiences and considering racial perspectives when making decisions. | Board | Ongoing |
| | | <ul style="list-style-type: none"> • Board members to undertake PTHB Equality for Managers and Equality Impact Assessment training as part of their Board development. | Corporate Governance / Equality Team | September 2023 |

| | | | | |
|-------------------------------|--|---|---|---|
| Priority Action 2 - Workforce | Commission an independent audit of all existing workforce policies and procedures through an anti-racist lens, and expect Black, Asian and Minority Ethnic representation within forums or groups established to design the audit/and oversee and support their effective implementation and application | <ul style="list-style-type: none"> PTHB will collaborate with the Welsh Government-commissioned Audit of All-Wales policies, as required. PTHB are hosting two focus groups as part of the audit and staff have been invited to participate in these and the online ones by the commissioned body (Diverse Cymru). | Workforce; Corporate Governance | Ongoing |
| | | <ul style="list-style-type: none"> Once the audit is complete, the recommendations will be shared, and PTHB will incorporate these into local Workforce Policies, training programs (EIA Training) and elsewhere as required. | Workforce; Equality | Once All-Wales audit is published / complete. Ongoing |
| | Higher Education Institutions (HEIs) and NHS Organisations will co-design anti-racist education programmes with Black, Asian and Minority Ethnic people. Set a requirement for all NHS Staff, NHS Volunteers and students to complete redesigned anti-racist education programmes. | <ul style="list-style-type: none"> Once the training package (Welsh Government are co-designing with HEIW) is complete, PTHB will roll this out to all staff across the organisation as part of its existing Mandatory Training procedures. | All teams; Workforce to monitor Mandatory Training Compliance | Once Training package is available |
| | | <ul style="list-style-type: none"> Equality Team to ensure existing training programs (EIA Training, Equality for Managers) incorporate anti-racist principles. | Equality Team | Complete (Sessions updated during February 2023) |
| | Each NHS organisation will commit to their involvement in the Aspiring Board Members Programme, ensuring education, mentoring and support to participants who will be from a Black, Asian and minority ethnic background. Academi Wales, to work in partnership with NHS Wales and other appropriate organisations to develop and run an Aspiring Board Members Programme. | <ul style="list-style-type: none"> PTHB will commit to the Aspiring Board Members program, and provide any participants assigned to PTHB as part of the program with the full range of existing corporate development opportunities. | Corporate Governance | Ongoing |

| | | | | |
|--------------------------|---|---|--|---------------------------------------|
| Priority action 3 - Data | Improve workforce data quality and introduce a Workforce Race Equality Standard (WRES) to provide an evidence base to make and measure targeted structural change. Underpinned by cultural change, through targeted interventions at both local and national level, developed through social partnership. | <ul style="list-style-type: none"> Request all staff to update their demographic information on ESR, aiming to achieve 90% completion (up from 86.6% in March 2023) by year end. | Equality Team/ Communications/ Workforce | During 2023-24, target by April 2024. |
| | | <ul style="list-style-type: none"> PTHB Service Improvement Manager for Equality and Welsh Language to collaborate with NHS colleagues in designing and adopting the WRES. PTHB to collaborate as required in ensuring ESR can produce the relevant reports. | Equality Team Workforce Information | Ongoing |
| | | <ul style="list-style-type: none"> Once WRES is published, ensure all relevant information is collected and appropriately reported. | Workforce Information | September 2023 (ARWAP) |
| | | <ul style="list-style-type: none"> Following implementation of the WRES, ensure PTHB reporting procedures such as the Equality Annual Report incorporate it's | Equality Team | May 2024 |
| | | <ul style="list-style-type: none"> Update the PTHB Action plan (this document) to take into account any issues identified as a result of analysing the data provided by the WRES. | Equality Team | September 2023 (ARWAP) |
| | | <ul style="list-style-type: none"> Incorporate the WRES as appropriate into the PTHB Strategic Equality Plan 2025-29. | Equality Team | During 2024 |

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|--|---|--|---|---|
| Priority Action 4 – Access to Services | The Maternity and Neonatal Safety Support Programme, co-designed and developed with Black, Asian and Minority Ethnic people and stakeholders, will detail and implement specific changes to maternity services that will improve outcomes and experiences of Black, Asian and Minority Ethnic women and families who experience health inequalities who experience health inequalities. | <ul style="list-style-type: none"> Following the publication of the programme, implement any recommendations or actions identified that are relevant to Maternity services in Powys. | Womens' & Children's | Ongoing, subject to publication of programme and any associated recommendations. January 2023 (ARWAP) |
| Priority Action 5 – Tackling Health Inequalities | Ensure our COVID-19 recovery plans are fully inclusive and targeted to address known health inequalities in access to care and service provision. | <ul style="list-style-type: none"> Project Managers involved in Covid-19 Recovery schemes to undertake training on PTHB Equality Impact Assessment Progress, delivered by PTHB Equality Team. | Project Managers involved in Covid recovery / Equality Team | By September 2023(ARWAP) |
| | | <ul style="list-style-type: none"> Apply Equality Impact Assessment to COVID 19 recovery plans and link to known health inequalities. | Covid Recovery Managers | By September 2023(ARWAP) |
| | "Time to Change Wales" will develop and deliver an anti-racist mental health anti-stigma programme which is co-designed with people with lived experiences and from Black, Asian and Minority Ethnic people. | <ul style="list-style-type: none"> Following the publication of the programme, implement any recommendations or actions identified that are relevant to Mental Health services in Powys. | Mental Health | Ongoing, subject to publication of programme and any associated recommendations. March 2023 (ARWAP) |

| Board Meeting | | Date of Meeting: 24 May 2023 |
|---|---|---|
| Subject: | DIRECTOR OF CORPORATE GOVERNANCE REPORT | |
| Approved and Presented by: | Director of Corporate Governance / Board Secretary | |
| Prepared by: | Director of Corporate Governance and Board Secretary Interim Corporate Governance Manager Associate Director Corporate Business | |
| Other Committees and meetings considered at: | N/A | |

PURPOSE:

The purpose of this paper is to provide the Board with a series of updates and request approval of various decisions in relation to Board related corporate governance.

RECOMMENDATION(S):

It is recommended that the Board:

- APPROVE the temporary change to the Model Standing Orders regards section 3.1;
- APPROVE the revised Scheme of Delegation (in relation to Executive Directors, Other Directors and Officers);
- APPROVE the Committee work programmes for 2023/24 for the following Board Committees:
 - Audit and Risk Assurance
 - Delivery and Performance
 - Patient Experience, Quality and Safety
 - Planning, Partnerships and Population Health
 - Workforce and Culture

- NOTE that work programmes for the following groups will be presented to the Board in July 2023:
 - Charitable Funds Committee
 - Executive Committee
 - Remuneration and Terms of Service
 - The Board
- NOTE the terms of reference for all Board Committees, together with a review of Committee membership, will be presented to the Board in July 2023 for review;
- NOTE that the frequency of Delivery and Performance Committee meetings has been increased from quarterly to bi-monthly.

| Approval/Ratification/Decision | Discussion | Information |
|--------------------------------|------------|-------------|
| ✓ | x | x |

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

| | | |
|----------------------------|--|---|
| Strategic Objectives: | 1. Focus on Wellbeing | ✓ |
| | 2. Provide Early Help and Support | ✓ |
| | 3. Tackle the Big Four | ✓ |
| | 4. Enable Joined up Care | ✓ |
| | 5. Develop Workforce Futures | ✓ |
| | 6. Promote Innovative Environments | ✓ |
| | 7. Put Digital First | ✓ |
| | 8. Transforming in Partnership | ✓ |
| Health and Care Standards: | 1. Staying Healthy | |
| | 2. Safe Care | |
| | 3. Effective Care | |
| | 4. Dignified Care | |
| | 5. Timely Care | |
| | 6. Individual Care | |
| | 7. Staff and Resources | |
| | 8. Governance, Leadership & Accountability | ✓ |

BACKGROUND AND ASSESSMENT:

Temporary Change to the Standing Orders

Following previous updates to the Audit and Risk Assurance Committee and the Board, there is a temporary change to the timetable for the Annual Reports and Accounts as set out by Welsh Government and Audit Wales for the year ending 31 March 2023. Powys Teaching Health Board will therefore not be able to comply with the usual timetable to hold our Annual General Meeting by the 30 July.

The Board is therefore asked to agree the following temporary change to the Model Standing Orders:

Public Meeting

- 3.1 A public meeting must be held no later than 28 *September 2023*, at which the Annual Report and audited accounts are presented.

Scheme of Delegation (Executive Directors, Other Directors and Officers)

The Scheme of delegation (for Executive Directors, Other Directors and Officers) forms schedule 1 of the Health Boards Standing Orders. The full document can be seen here - [Microsoft Word - C. Board Approved July 2021 Amended May 2022 Schedule 1 Scheme of Delegation and Reservation of Powers \(nhs.wales\)](#)

As per the Model Standing Orders, the Board is required to make appropriate arrangements for certain functions to be carried out on its behalf so that the day-to-day business of the LHB may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. This includes the Board making relevant delegations to the Executive.

The Scheme of Delegation was last updated in May 2022 and following executive team changes in April and the secondment of the substantive CEO and other director portfolio changes in May 2023, now requires further updates to be made. **Appendix 1** provides a copy of the relevant extract of schedule 2.

The changes are summarised as follows:

| Title | Summary of Changes |
|--|--|
| Director of Operations (Community Care, and Mental Health) | <ul style="list-style-type: none">• New post with effect from 1 April so the post, and its responsibilities, are new addition to the scheme of delegation |
| *Director of Finance, Information and IT | <ul style="list-style-type: none">• Primary Care responsibilities added• Financial delegations in relation to Continuing healthcare and capital and estates added |
| Director of Performance and Commissioning | <ul style="list-style-type: none">• New post with effect from 1 April so the post, and its responsibilities, are new addition to the scheme of delegation |
| *Director of Therapies and Health Science | <ul style="list-style-type: none">• Planning, facilities and health and safety responsibilities added |
| Director of Workforce and Organisational Development | <ul style="list-style-type: none">• Volunteering, Equality, Diversity and Welsh language responsibilities added |

| | |
|--|--|
| Director of Corporate Governance / Board Secretary | <ul style="list-style-type: none"> Compliance with national guidance on service delivery change - engagement and consultation added |
| *Associate Director of Capital, Estates and Property (overseen by the Chief Executive Officer) | <ul style="list-style-type: none"> Estates, capital, climate change and decarbonisation and North Powys programme added |

**Denotes a change as a result of interim changes following the secondment of the substantive CEO from May 2023.*

The Board is asked to note the schedule 2 outlines other aspects of delegation, including the matters reserved for the full Board and delegations to Board Committees. No changes have been made to these aspects of the schedule, the only changes made are in relation to the executive team responsibilities as outlined in the table above and highlighted in appendix 1.

The Board is asked to approve the revised Scheme of Delegation (in relation to Executive Directors, Other Directors and Officers).

Board Committee Work Programmes 2023/24

It is both good practice as well as a requirement of the Scheme of Delegation, that the Board receives and approves work programmes for its committees. Over recent months, work has been undertaken to develop new work programmes for Board Committees for the 2023/24 year. In developing these, the following actions have been taken:

- Review of 2022/23 work programmes
- Review of Committee terms of reference taking into Committee responsibilities and delegations
- Discussion with Committee members and the Committee Chair
- Consideration of the Integrated Plan for 2023/24 and the corporate risk register

In considering the Committee work programmes, the Board is asked to note that work programmes will continue to be reviewed at each Committee meeting throughout the year in recognition of the changing, complex environment in which the organisation continues to operate.

The Board is asked to approve the Committee work programmes for 2023/24 for the following Board Committees:

- Audit and Risk Assurance
- Delivery and Performance
- Patient Experience, Quality and Safety
- Planning, Partnerships and Population Health

- Workforce and Culture.

The work programmes are contained as **appendix 2**.

The work programmes for the following groups will be presented to the Board in July 2023:

- Charitable Funds Committee
- Executive Committee
- Remuneration and Terms of Service
- The Board.

Delivery and Performance Committee – meeting frequency

Following discussions over recent weeks with the Committee, the Chair of the Board, Executive lead Directors and the CEO, the frequency of the Delivery and Performance Committee will increase from quarterly to bi-monthly. This will provide the Committee with more time and focus to provide the Board with assurance in relation to relevant performance and finance matters.

NEXT STEPS:

The Board is asked to note that the remaining work programmes together with all Committee terms of reference will be presented to the Board in July.

SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS*

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

| Executive Director | Delegated Matter |
|---|--|
| <p>Director of Operations (Community Care, and Mental Health)</p> | <p>Delivery of Powys Teaching Health Board primary and community services (as a provider) in line with related strategies. Services to include:</p> <ul style="list-style-type: none"> ▪ Women and Children's Services ▪ Planned care and specialties ▪ Learning Disability Services ▪ Mental Health Services (including CAMHS) ▪ Palliative Care Services ▪ Rehabilitation Services ▪ Intermediate Care Services ▪ Diabetes Services ▪ Respiratory Conditions Services ▪ Older Peoples Services ▪ Unscheduled Care ▪ Diagnostic Services ▪ Powys Live Well Service |
| | <p>Integration Agenda with Powys County Council in relation to operational delivery:</p> <ul style="list-style-type: none"> ▪ Older People ▪ Mental Health ▪ Learning Disabilities ▪ Children |
| | <p>Meeting of Access Targets / Referral to Treatment Times – Powys provider services</p> |
| | <p>Oversight of the performance of Ambulance Services</p> |

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|------------------|---|
| | Delayed Transfers of Care |
| | Medicines Management <i>[in conjunction with the Medical Director – professional]</i> |
| | Continuing Healthcare and Funded Nursing Care – operational application (in conjunction with Director of Nursing and Midwifery – strategy) |
| Medical Director | Caldicott Guardian |
| | Medical Legislation and National Policy |
| | Clinical Leadership and Engagement |
| | Admission to the performers list |
| | Blood Safety and Quality |
| | Human Tissue issues |
| | Executive lead for Organ Donation |
| | Research and Development – including clinical trials |
| | Innovation and Service Improvement |
| | Clinical Audit |
| | Resuscitation |
| | Mortality Review |
| | Professional lead for Medicines Management including Patient Group Directions - written instructions to help supply or administer medicines to patients, usually in planned circumstances |
| | Development of and Engagement with Clinical Networks |
| | Individual Patient Commissioning |
| | Implementation and compliance with Medical Royal College Standards |
| | Implementation and compliance with National Institute for Clinical Excellence (NICE) guidelines. |
| | Library Services |
| | Professional Medical and Dental Workforce: <ul style="list-style-type: none"> ▪ Standards; ▪ Education; ▪ Regulation; and ▪ Revalidation |
| | Professional leadership of Nursing and Midwifery |

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|-----------------------------------|--|
| Director of Nursing and Midwifery | Lead Executive for implementation of the Quality and Engagement Act, quality of Health and Care Services, Patient Experience and Satisfaction, including raising Concerns – patients and public (Putting Things Right, NHS Redress), review and addressing of clinical incidents |
| | Infection Prevention and Control |
| | Decontamination |
| | Implementation and compliance with Patient Safety Alerts |
| | Carers |
| | Funded Nursing Care and Continuing Health Care – strategy |
| | Executive lead for children and young people services |
| | Safeguarding Adults and Children (CYSUR & CWMPAS – the Regional Safeguarding Boards) <i>Safeguarding, protecting and promoting the health and well-being of children, young people, vulnerable adults and victims of domestic abuse</i> |
| | PTHB actively contribute locally, regionally and nationally on a number of Safeguarding agendas including: Child Protection, Adult Protection, Looked After Children, VAWDASV and Gender Based Violence, Community Safety Partnership, Youth Offending Board, Deprivation of Liberty Safeguards, MAPPA, Female Genital Mutilation, Modern Day Slavery and Trafficking and Child Sexual Exploitation. |
| | Deprivation of Liberty Safeguards |
| | Nutrition and Hydration |
| | Dementia |
| | Professional Nursing and Midwifery Workforce: <ul style="list-style-type: none"> ▪ Standards; ▪ Education; ▪ Regulation; ▪ Supervision of Midwives; and ▪ NMC Revalidation |
| | NHS Wales Statutory Financial Duties and requirements set out in Standing Financial Instructions (<i>see Schedule 1e</i>) |
| | Professional leadership of Finance staff |

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| <p>Director of Finance, Information and Information Technology</p> <p><i>*Interim Deputy Chief Executive with effect from 3 May during period substantive CEO is on secondment</i></p> | Financial Planning (Revenue and Capital) |
| | Financial Management, Monitoring and Reporting |
| | Financial Systems and Controls |
| | Provision of Financial Services to Directorates |
| | Procurement including tenders and post tender negotiations. Liaison with Shared Services to enable delivery of robust procurement services |
| | Counter Fraud including PPV |
| | Liaison with External Financial Auditors |
| | Charitable Funds Accounting |
| | Health and Care Research Wales financial arrangements including accounts |
| | Asset Accounting |
| | Preparation of Annual Accounts |
| | Business Intelligence |
| | Data quality and clinical coding |
| | Delivery of Information management and Technology Strategy and Services |
| | Provision of Clinical Information Systems - hosting and enabling connectivity. This does not include system administration or management. |
| | Provision of ICT management systems |
| | Provision of ICT infrastructure and telephony |
| | Information Governance |
| | Records Management Framework |
| | Intellectual Property Rights and Commercialisation |
| | Primary Care Out of Hours arrangements, including 111 |
| | Primary care development including Clusters (with support from CEO) |
| | Primary Care contractor performance management, including accreditation of enhanced services (with support from Medical Director) |
| | Continuing Healthcare and Funded Nursing Care – financial authorisation up to £75k |
| | Removal of violent patients from GMS Services |
| | Operational Capital Estates – financial authorisation to to £50k to ensure segregation of duties for CEO |

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| Director of Performance and Commissioning | Commissioning development, monitoring and performance monitoring across the organisation |
| | Performance management across the organisation, including the development and implementation of the Improving Performance Framework and integrated reporting |
| | Meeting of Access Targets/ Referral to Treatment Times – commissioned services |
| | Commissioning development and governance of Long-Term Agreements and Service Level Agreements for NHS health care |
| | Executive lead for commissioning relationship with WHSCC and EASC |
| | Executive lead for liaison and engagement with third sector – Steve |
| Director of Public Health | Health Improvement Strategy (as part of overarching health and care strategy) |
| | Health Needs Assessment |
| | Public Health Planning |
| | Public Health Initiatives linked to the NHS Wales Delivery Framework: <ul style="list-style-type: none"> ▪ Stop Smoking ▪ Vaccination and Immunisation ▪ Flu ▪ Obesity |
| | Screening |
| | Professional Public Health Workforce: <ul style="list-style-type: none"> ▪ Standards; ▪ Education; and ▪ Regulation |
| | Outbreak Control |
| | Public Health Monitoring and Surveillance |
| | Provision of Public Health Advice |
| | Production of Director of Public Health Annual Report |
| | Executive lead for Armed Forces and Veterans |
| | Civil Contingency, Emergency Planning, Business Continuity |
| | Executive lead for Prudent Health and Care |
| | Executive lead for the Well-being of Future Generations Act |
| | Executive lead for Armed Forces and Veterans |

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| Director of Therapies and Health Science | Planning (strategic and operational), including strategic planning with key partners and partnership working |
| | Continuous engagement and consultation and liaison with the CVB on those matters relating to service change (supported by Director of Corporate Governance) |
| | Chief Clinical Informatics Officer |
| | Medical Devices |
| | Professional Therapies and Health Sciences: <ul style="list-style-type: none"> ▪ Leadership ▪ Standards; ▪ Education; and ▪ Regulation |
| | Stroke and Neurological Services |
| | Facilities and Support Services |
| | Site Coordination |
| | Logistics |
| | Fire Safety |
| | Health and Safety |
| | Pain Management Services / Powys Living Well service |
| Director of Workforce and Organisational Development | Professional Workforce and Organisational Development Workforce: <ul style="list-style-type: none"> ▪ Standards; ▪ Education; and ▪ Regulation |
| | Employment and staff relations |
| | Workforce Planning |
| | Workforce Policies and Practices |
| | Employee Health and Well-being including the provision of Occupational Health Services |
| | Employee Engagement |
| | Trade Union partnership arrangements |
| | Employee Record Management |
| | Workforce Information Management Systems |

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| | Values and Standards of Behaviour Framework |
| | Raising Concerns |
| | Barring and Disclosure Arrangements |
| | Human Rights |
| | Equality and Diversity |
| | Welsh Language provision |
| | Hosting arrangements – Health and Care Research Wales |
| | Volunteering |
| | Executive Lead for Violence & Aggression |
| Director of Corporate Governance / Board Secretary | Risk and Assurance Framework |
| | Board and Committee Arrangements and Annual Work Programme |
| | Board Development Programme |
| | Production of the Annual Governance Statement and Coordination of the Annual General Meeting |
| | Compliance with Standing Orders incl delivery of the Board governance structure |
| | Legislation and Legal Services |
| | Use of the Common Seal |
| | Register of Interests and Gifts and Hospitality |
| | Policies Management |
| | Internal and External Audit Liaison |
| | Board level lead for Communications and Engagement |
| | Compliance with national guidance on service delivery change - engagement and consultation |
| | Continuous engagement and consultation and liaison with the CVB on those matters relating to service change |
| | Public inquiries, including COVID-19 |
| | Board level lead for the Health Board's Charity |
| Associate Director of Capital, Estates and Property* (overseen by the Chief Executive Officer) | Estates including environmental sustainability |
| | Development and delivery of the Capital Programme |

| | |
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| | Climate Change and Decarbonisation |
| | Operational Capital and Estates |
| | Senior Responsible Officer for the North Powys Programme |

*The Associate Director of Capital, Estates and Property will be responsible for these areas of work, overseen by the Chief Executive during the period the substantive CEO is on secondment (starting 3 May 2023).

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in Standing Financial Instructions.

Each Executive Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

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Audit, Risk and Assurance

| Theme | Item | Purpose | 16.05.23 | 11/07/23 (accounts) | 11.07.23 | 10.10.23 | 09.01.24 | 12.03.24 |
|-----------------|--|--------------|----------|------------------------|----------|----------|----------|----------|
| Governance | Minutes of previous meeting | Approval | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Declaration of Interests | Governance | ✓ | ✓ | | | | |
| | Action Log | Approval | ✓ | | ✓ | ✓ | ✓ | ✓ |
| | Annual Work Programme | Approval | ✓ | | | | | |
| | Work Programme | Governance | | | ✓ | ✓ | ✓ | ✓ |
| | Annual Assessment of Committee Effectiveness | Assurance | ✓ | | | | | |
| | Committee Annual Report | Rec to Board | ✓ | | | | | |
| | Annual Governance Programme | Assurance | | | | ✓ | | ✓ |
| | Audit Recommendation Tracker | Assurance | ✓ | | ✓ | ✓ | ✓ | ✓ |
| | WHC Tracker | Assurance | ✓ | | | ✓ | | ✓ |
| | Register of Interests | Assurance | | | ✓ | | ✓ | |
| | Register of Gifts and Hospitality | Assurance | | | ✓ | | | |
| | Fraud | Assurance | | | ✓ | | | |
| | Whistleblowing Report | Assurance | | | | ✓ | | |
| | Review of Terms of Reference | Rec to Board | | | | | ✓ | |
| | Review of standing orders | Rec to Board | | | | | | ✓ |
| | Confirmation clinical audit programme in place | Assurance | | | ✓ | | | |
| Annual Accounts | Approach to the Annual Accounts | Assurance | | | | | | ✓ |
| | PTHB Draft Accountability Report and Financial Accounts (Invite D&P Members) | Assurance | | ✓ | | | | |
| | PTHB Final Accountability Report and Financial Accounts and Letter of Representation | Assurance | ✓ | ✓ | | | | |

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|-------------------------|---|-----------|---|---|---|---|---|---|
| | Charitable Funds annual accounts | Assurance | | | | | ✓ | |
| | | | | | | | | |
| Internal Audit | Head of Internal Audit Opinion Draft | Assurance | | ✓ | | | | |
| | Head of Internal Audit Opinion Final | Assurance | ✓ | | | | | |
| | Internal Audit Annual Plan | Approval | | | | | | ✓ |
| | Internal Audit Progress Report | Assurance | ✓ | | ✓ | ✓ | ✓ | |
| | Internal Audit Reports (as required) | Assurance | ✓ | | ✓ | ✓ | ✓ | ✓ |
| | | | | | | | | |
| External Audit | Enquiries of Management and Those Charged with Governance | Assurance | | ✓ | | | | |
| | External Audit Annual Plan | Approval | | | | | | ✓ |
| | External Audit Progress Report | Assurance | ✓ | | ✓ | ✓ | ✓ | |
| | External Audit Reports (as required) | Assurance | ✓ | | ✓ | ✓ | ✓ | ✓ |
| | Structured Assessment | Assurance | | | | | ✓ | |
| | | | | | | | | |
| Counter Fraud | Counter Fraud Annual Plan | Approval | ✓ | | | | | |
| | Counter Fraud Update | Assurance | | | ✓ | ✓ | ✓ | ✓ |
| | Counter Fraud Reports (as required) | Assurance | ✓ | | ✓ | ✓ | ✓ | ✓ |
| | | | | | | | | |
| Finance and Procurement | Single Tender Waivers Annual Report | Assurance | ✓ | | | | | |
| | Single Tender Waivers | Assurance | ✓ | | ✓ | ✓ | ✓ | ✓ |
| | Losses and Special Payments Annual Report | Assurance | ✓ | | | | | |
| | Losses and Special Payments | Assurance | | | | ✓ | | ✓ |

| | | | | | | | | |
|---------------|--|--------------------------|--|--|--|---|---|---|
| | Post payment Verification Workplan | Assurance | | | | | | ✓ |
| | Post payment Verification update | Assurance | | | | ✓ | | |
| | | | | | | | | |
| Risk | Review of Risk Management Framework | Assurance | | | | | ✓ | |
| | Review of Risk Management arrangements | Assurance / Rec to Board | | | | ✓ | | |
| | | | | | | | | |
| Hosted Bodies | Hosted Body annual report (HCRW) | Assurance | | | | | | ✓ |

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Delivery and Performance

| Theme | Item | Purpose | 02.05.23 | 27.06.23 | 31.08.23 | 17.10.23 | 19.12.23 | 29.02.24 |
|---------------------------------|---|--------------|----------|----------|----------|----------|----------|----------|
| Governance | Minutes of Previous meeting | Approval | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Declaration of Interests | Governance | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Action Log | Approval | | | | | | |
| | Committee Risk Register | Assurance | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Annual Work Programme | Governance | ✓ | | | | | |
| | Work Programme | Governance | | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Annual Assessment of Committee Effectiveness | Assurance | ✓ | | | | | |
| | Committee Annual Report | Rec to Board | ✓ | | | | | |
| | Review of Terms of Reference | Rec to Board | | | | | ✓ | |
| | | | | | | | | |
| Performance | Integrated Performance Report | Assurance | ✓ | | ✓ | ✓ | ✓ | ✓ |
| | | | | | | | | |
| Finance | Finance Report | Assurance | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Financial savings report | | | ✓ | | ✓ | | ✓ |
| | Strategic Resource Planning including efficiencies (Financial Sustainability) | Assurance | ✓ | | ✓ | | ✓ | ✓ |
| | Six monthly report on Continuing Health Care costs | Assurance | | | ✓ | | | ✓ |
| | | | | | | | | |
| Annual Reporting | Draft Performance Report (invite ARAC Members) | Assurance | ✓ | | | | | |
| Health and Safety & Fire Safety | Compliance with regulations and standards | Assurance | | | | | | ✓ |
| | | | | | | | | |
| Information Governance | Annual Report | Assurance | ✓ | | | | | |
| | Monitoring Report | Assurance | | | | | ✓ | |
| | IG Toolkit (national audit replaces Caldicott principles) | Assurance | | | | | ✓ | |
| | | | | | | | | |

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|---|--|-----------|-----|--|---|--|---|---|
| Records Management | Records Management Improvement Plan (escalated issue) | Assurance | ✓ | | | | | |
| | Records Management update | Assurance | | | | | ✓ | |
| Innovative Environments | Capital Programme Delivery | Assurance | | | | | ✓ | |
| | Capital and Estates Compliance Report | Assurance | | | | | | ✓ |
| | Capital Pipeline Overview | Assurance | | | ✓ | | | |
| Primary Care Services | GMS | Assurance | | | | | | ✓ |
| | GDS | Assurance | | | ✓ | | | |
| | Out of Hours | Assurance | | | ✓ | | | |
| | Community Pharmacy | Assurance | | | | | ✓ | |
| Digital First | Annual Plan | Assurance | ✓ | | | | | |
| | Monitoring Report | Assurance | | | | | ✓ | |
| | IT Infrastructure and Asset Management (<i>update against audit report and progress</i>) | Assurance | N/A | | ✓ | | ✓ | ✓ |
| Renewal Portfolio Highlight Reports/ASM | Renewal Overview Report to include healthcare and portfolio risks | Assurance | ✓ | | | | ✓ | |
| | Diagnostics, Planned and Ambulatory Care | Assurance | ✓ | | | | | |
| | Cancer Programme | Assurance | | | | | ✓ | |
| | Children and Young People | Assurance | | | ✓ | | | |
| | Circulatory Programme | Assurance | | | | | | |
| | Mental Health | Assurance | | | ✓ | | | ✓ |
| | Urgent and Emergency Care including Frailty and Community Model update | Assurance | | | | | ✓ | |
| Audit Rec Monitoring | IT Infrastructure and cyber security | Assurance | ✓ | | ✓ | | ✓ | ✓ |

Patient Experience, Quality and Safety

| | | Purpose | 25.04.23 | 04.07.23 | 24.10.23 | 11.01.24 |
|---------------|---|----------------|-----------------|-----------------|-----------------|-----------------|
| Governance | Minutes of Previous meeting | Approval | ✓ | ✓ | ✓ | ✓ |
| | Declaration of Interests | Governance | ✓ | ✓ | ✓ | ✓ |
| | Action Log | Approval | ✓ | ✓ | ✓ | ✓ |
| | Committee Risk Register | Assurance | ✓ | ✓ | ✓ | ✓ |
| | Annual Work Programme | Governance | ✓ | | | |
| | Work Programme | Governance | | ✓ | ✓ | ✓ |
| | Annual Assessment of Committee Effectiveness | Assurance | ✓ | | | |
| | Committee Annual Report | Rec to Board | ✓ | | | |
| | Review of Terms of Reference | Rec to Board | | | ✓ | |
| | | | | | | |
| Performance | Integrated Quality Report to include: <ul style="list-style-type: none"> • Implementation of Q&E Act • Once for Wales (Datix) • Supporting learning and improvement • National Nosocomial Framework • Putting Things Right • PSOW concerns • Incident Management • Early Warning Notifications • Nationally Reportable Incidents • Patient Experience (Plan and monitoring) • Mortality Reviews • Claims and Redress • Inquests • Health Inspectorate Wales Inspections • Health and Social Care Reports • Community Health Council visits • WHSSC QPSC Chair's Report | Assurance | ✓ | ✓ | ✓ | ✓ |
| | Maternity and Midwifery | Assurance | | | ✓ | |
| | | | | | | |
| MH Compliance | Mental Health Power of Discharge Annual Report including Mental Health compliance with legislation | Assurance | | ✓ | | ✓ |
| | | | | | | |

| | | | | | | |
|-------------------------------------|--|-----------|---|---|---|---|
| Clinical Audit | Annual Programme | Assurance | | | | ✓ |
| | Progress Report | Assurance | | ✓ | | |
| | | | | | | |
| Audit | Potential report giving sight of IA and EA reports/actions/management response (ARAC retain responsibility for monitoring) | Assurance | | | | |
| | | | | | | |
| Clinical Quality | Clinical Quality Framework | Assurance | ? | ? | ? | ? |
| | | | | | | |
| Medicines Management | Annual Report of Accountable Officer for Controlled Drugs | Assurance | | | | ✓ |
| | Medicines Management Annual Report | Assurance | | ✓ | | |
| | | | | | | |
| Safeguarding | Safeguarding Annual Report | Assurance | | | ✓ | |
| | Children's services | Assurance | | | | |
| | | | | | | |
| Improvement and Innovation | <ul style="list-style-type: none"> an overview of the research and development activity within the organisation; alignment with the national objectives published by Health and Care Research Wales (HCRW); an overview of the quality improvement activity within the organisation. <p><i>More on learning organisation work</i></p> | Assurance | ? | ? | ? | ? |
| | | | | | | |
| Infection Prevention and Control | Infection Prevention and Control Assurance Report | Assurance | | ✓ | | |
| | Infection Prevention and Control progress / focus | | | | | ✓ |
| | | | | | | |
| Patient Experience | Patient Experience approach / outline – within IQR | Assurance | | ✓ | | |
| | Patient story and voice – how do we hear stories from patients? How can we link in visits? | Assurance | | | | |
| Other reports / Action Log Requests | Presentation on Mental Health Services in public session (PEQS/22/51) | Assurance | | ✓ | | |
| | Report on National Commissioning Functions Review | Assurance | | | | |

Appendix 2 – Committee work programmes 2023/24

| | | | | | | |
|--|--|-----------|--|---|--|--|
| | 111press2 – 12-week review | Assurance | | ✓ | | |
| | Child Practice Review outcome (when ready) | Assurance | | | | |
| | Individual Patient Funding Requests | Assurance | | | | |

Patterson, Liz
23/05/2023 11:25:01

Planning, Partnerships and Population Health

| Theme | Item | Purpose | 11.05.23 | 24.08.23 | 16.11.23 | 20.02.24 |
|--------------|--|----------------|-----------------|-----------------|-----------------|-----------------|
| Governance | Minutes of Previous meeting | Approval | ✓ | ✓ | ✓ | ✓ |
| | Declaration of Interests | Governance | | | | |
| | Action Log | Approval | ✓ | ✓ | ✓ | ✓ |
| | Committee Risk Register | Assurance | ✓ | ✓ | ✓ | ✓ |
| | Annual Work Programme | Governance | ✓ | | | |
| | Work Programme | Governance | | ✓ | ✓ | ✓ |
| | Annual Assessment of Committee Effectiveness | Assurance | ✓ | | | |
| | Committee Annual Report | Rec to Board | ✓ | | | |
| | Review of Terms of Reference | Rec to Board | | | ✓ | |
| | Social Economic Duty | Assurance | | | | ✓ |
| | | | | | | |
| Planning | IMTP – approach for development | Assurance | | ✓ | | |
| | IMTP – draft plan | Rec to Board | | | ✓ or | ✓ |
| | Strategic Change Report | Assurance | ✓ | ✓ | ✓ | ✓ |
| | Primary Care Cluster Planning Reporting against delivery | Assurance | | ✓ or | ✓ | |
| | Strategic Commissioning Framework | Assurance | | | | |
| | | | | | | |
| Partnerships | Regional Partnership Board – Health and Care Strategy and reporting mechanisms | Assurance | | | | |
| | RPB Work Programme | | | | | |
| | - Start Well | | | ✓ | | |
| | - Live Well | | | | ✓ | |
| | - Age Well | | | | | ✓ |
| | RPB delivery plan (<i>ideally earlier in year</i>) | Assurance | | ✓ | | |
| | Integrated Care Fund (annual) and performance reports | Assurance | | | | |
| | Public Service Board (<i>ideally earlier in year</i>) | Assurance | | ✓ | | |
| | • Wellbeing Plan | | | | | |
| | • Wellbeing of Future Generations Act | | | | | |
| | North Powys Wellbeing Programme – including Models of Care | Assurance | | ✓ | | ✓ |

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| | | | | | | |
|--------------------------------|--|--------------|-----------------|---|------------------|---------------|
| | NWSSP Performance Report | Assurance | ✓ (year-end) | | ✓ (mid-year) | |
| | Accelerated Sustainable Model (planning and approach) | Assurance | | ✓ | ✓ | ✓ |
| | Partnership Governance Framework | Rec to Board | | | ✓ or | ✓ |
| | Arrangements for Engagement and Consultation in respect of service change / Comms and Engagement report | Assurance | ✓ | | | |
| | | | | | | |
| Population Health | Population Health Needs Assessment and Wellbeing Assessment (next needed 2026/27) | Assurance | | | | |
| | Weight Management Pathway (to include Healthy Wales Assurance Report) | Assurance | ✓ | | | |
| | Healthy Child Wellbeing Programme School Age Screening Programme Evaluation (CR) Health visiting programme | Assurance | ✓ | | | |
| | Summary of screening programmes (uptake of screening programmes) *when published by PHW | Assurance | | | ✓ (TBC) | |
| | Annual Report of Director of Public Health (including Reducing inequalities) | Assurance | | | | ✓ |
| | Health Protection Summary Report | Assurance | | | ✓ (TBC) | |
| | Child Immunisation Annual Report | Assurance | | | ✓ | |
| | Deep dive – determine a programme of population health focussed topics | Assurance | | | ✓ (proposals) | ✓ (deep dive) |
| | | | | | | |
| Other <i>Timescales TBC</i> | Primary Care Development Programme Highlight Report | Assurance | | | | |
| | Endoscopy services | Assurance | | ✓ | | |
| | Additional Learning Needs (ALN) | Assurance | | | | |

Patterson.Liz
23/05/2023 11:25:01

Workforce & Culture

| Theme | Agenda Item | Purpose | 16.05.23 | TBC before July 23 | 12.09.23 | 14.12.23 | 05.03.24 |
|---|---|------------------------|----------|--------------------------|----------|----------|----------|
| Governance | Minutes of Previous meeting | Approval | ✓ | | ✓ | ✓ | ✓ |
| | Declaration of Interests | Governance | ✓ | | ✓ | ✓ | ✓ |
| | Action Log | Approval | ✓ | | ✓ | ✓ | ✓ |
| | Committee Risk Register | Assurance | ✓ | | ✓ | ✓ | ✓ |
| | Annual Work Programme | Governance | ✓ | | | | |
| | Work Programme | Governance | ✓ | | ✓ | ✓ | ✓ |
| | Annual Assessment of Committee Effectiveness | Assurance | | | ✓ | | |
| | Committee Annual Report | Rec to Board | | | | | ✓ |
| | Review of Terms of Reference | Rec to Board | | | | ✓ | |
| | | | | | | | |
| Performance | Workforce Performance Report | Assurance | ✓ | | ✓ | ✓ | ✓ |
| | Director of Workforce and OD report | Assurance | ✓ | | ✓ | ✓ | ✓ |
| | | | | | | | |
| Workforce Futures | Partnership and Citizenship | Assurance | ✓ | | | ✓ | |
| | Staff Health and Wellbeing | Assurance | ✓ | | | ✓ | |
| | Transformation and sustainability | Assurance | | | ✓ | | ✓ |
| | Great place to work | Assurance | | | ✓ | | ✓ |
| | | | | | | | |
| Equality, Diversity, Inclusion and Welsh Language | Equality, Diversity and Inclusion Annual Report | Approval | | ✓ | | | |
| | Strategic Equality Plan 2024-27 | Rec to Board/Assurance | | | | | ✓ |
| | Clinical Consultation Plan (More than Words) | Assurance | | | | | ✓ |
| | Welsh Language Annual Report | Approval | | ✓ | | | |
| | | | | | | | |
| Statutory Compliance | Wellbeing of Future Generations Act report | Assurance | | | | | ✓ |
| | Medical Job Planning Annual Review | Assurance | | | | | ✓ |

| | | | | | | | |
|-------------|---|-----------|--|--|---|---|---|
| | Staff Engagement and Comms | Assurance | | | | | ✓ |
| | Agile Working | Assurance | | | ✓ | | |
| | | | | | | | |
| Action Log | W&C/22/15 – Update on Single Point of Contact | | | | ✓ | | |
| | Bank and agency spend (transferred from Board) | | | | ✓ | | |
| Staff Story | Nursing and Midwifery Team incl: • Staff Story re experience of Maternity Services during local escalation | | | | ✓ | ✓ | ✓ |

Patterson, Liz
23/05/2023 11:25:01



Agenda item: 2.6

| Board | | Date of Meeting: 24 May 2023 |
|---|---|---|
| Subject: | WHSSC Governance and Accountability Framework | |
| Approved and presented by: | Director of Corporate Governance and Board Secretary and Director of Finance and IT | |
| Prepared by: | Director of Corporate Governance and Board Secretary | |
| Other Committees and meetings considered at: | WHSSC Management Board | |

PURPOSE:

The purpose of this report is to provide an update on the WHSSC Governance and Accountability Framework for information, assurance and approval.

RECOMMENDATION:

The Board are asked to:

- **NOTE** the report,
- **APPROVE** the proposed changes to the Standing Orders (SOs) and include as schedule 4.1 within the respective HB SO's,
- **APPROVE** the proposed changes of the Memorandum of Agreement (MoA) and Hosting Agreement in place with CTMUHB, and include as schedule 4.1 within the respective HB SO's; and
- **APPROVE** the proposed changes to the financial scheme of delegation and financial authorisation matrix updating the Standing Financial Instructions (SFIs).

Approval/Ratification/Decision¹

Discussion

Information

Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level – **N/A**

| | | |
|---|---|---|
| ✓ | ✓ | ✓ |
|---|---|---|

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

| | | |
|----------------------------|--|---|
| Strategic Objectives: | 1. Focus on Wellbeing | x |
| | 2. Provide Early Help and Support | x |
| | 3. Tackle the Big Four | x |
| | 4. Enable Joined up Care | ✓ |
| | 5. Develop Workforce Futures | x |
| | 6. Promote Innovative Environments | x |
| | 7. Put Digital First | x |
| | 8. Transforming in Partnership | ✓ |
| Health and Care Standards: | 1. Staying Healthy | x |
| | 2. Safe Care | ✓ |
| | 3. Effective Care | ✓ |
| | 4. Dignified Care | ✓ |
| | 5. Timely Care | ✓ |
| | 6. Individual Care | ✓ |
| | 7. Staff and Resources | ✓ |
| | 8. Governance, Leadership & Accountability | ✓ |

BACKGROUND AND ASSESSMENT:

1. BACKGROUND

1.1 Model Standing Orders and Standing Financial Instructions

In accordance with the WHSSC Regulations 2009, each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Joint Committee proceedings and business. These Joint Committee standing orders form a schedule to each LHB's own standing orders, and have effect as if incorporated within them. Together with the adoption of the Scheme of Decisions Reserved to the Joint Committee; the Scheme of Delegations to Officers and Others; and the Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with the Memorandum of Agreement setting out the governance arrangements for the seven LHBs and a Hosting Agreement between the Joint Committee and Cwm Taf Morgannwg University Health Board (as the Host LHB), form the basis upon which the Joint Committee's Governance and Accountability Framework is developed.

Updated Model Standing Orders and Model Standing Financial Instructions were issued by the Minister for Health and Social Services in correspondence received on the 7 April 2021.

To ensure effective governance and to comply with the provisions of the WHSSC Standing Orders (SOs) it is important that the SOs and Standing Financial Instructions (SFIs) are kept up to date to comply with the need for:

- The Joint Committee to take appropriate action to assure itself that all matters delegated are effectively carried out, and that
- The framework of delegation is kept under active review and, where appropriate, is revised to take account of organisational developments, review findings or other changes.

The revised Governance and Accountability Framework documents, including the SOs and SFIs, for WHSCC were approved by the Joint Committee on 14 March 2023, and are now being presented to individual HBs for approval for inclusion as schedule 4.1 within their respective LHB SOs.

2. CHANGES TO THE GOVERNANCE & ACCOUNTABILITY FRAMEWORK

2.1 Financial Limits and Reporting

On the 10 January 2022 the Joint Committee approved that the increased financial delegation limits introduced in March 2020 to enable effective financial governance as a consequence of the COVID-19 pandemic could be adopted as new permanent limits, and approved the updated process for the current SFI requirement for Joint Committee “approval” of non-contract cases above defined limits for annual and anticipated lifetime cost, to be replaced by an assurance report to Joint Committee and the CTMUHB Audit & Risk Committee (ARC) notifying of all approvals above the defined limit and Chairs action to reflect the need for timely approval action, subject to further discussion with the HB Board Secretaries.

The Committee Secretary at WHSSC shared the report and discussed the proposed changes with the NHS Wales HB Board Secretaries on 3 February 2023, and requested views on the proposal. Two queries were received as outlined in *Table 1* below:

Table 1 – Queries Received on the Proposed Changes

| Query | Response |
|---------------------------------------|---|
| What is the process of Chairs action? | Section3.1 of the WHSSC SO’s state: 3.1 Chair’s action on urgent matters <i>3.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee. In these circumstances, the Joint</i> |

Patterson, Liz
23/05/2023 11:25:04

| | |
|--|--|
| | <p><i>Committee Chair and the Lead Director, supported by the Committee Secretary, may deal with the matter on behalf of the Joint Committee - after first consulting with at least one other Independent Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Joint Committee for consideration and ratification.</i></p> <p>The process is the same as the process adopted by HB's.</p> <p>Also, any chairs action undertaken is always shared with the Joint Committee in writing via a letter being issued to JC members sent via email, and it is also ratified by the Joint Committee under the Chairs report at the next available meeting with a specific recommendation to ratify the decision. This is captured in minutes etc.</p> |
| Financial thresholds – appear higher than those in place in other NHS bodies | <p>Advanced Medicinal Therapeutic Products (ATMPs) are commissioned by WHSSC and the Blueteq system is used to procure, prescribe and manage the ever increasing complexities associated with high cost therapies.</p> <p>The scale of the ATMP's has increased with an average minimum of £25k per annum up to £500,000 per annum for high cost drugs and potentially up to £2m for one-off new ATMPs all of which are NICE approved. Therefore, the financial thresholds are set reflect this.</p> |

The proposed changes were also discussed with the Head of NHS Board Governance on the 14 February 2023 and with the Board Secretary at CTMUHB on 17 February to provide assurance on the changes being made and an assurance was given that the changes did not deviate from the model SO's and SFI's in place, and any changes were in relation to bespoke changes for WHSSC's scheme of delegation, financial authorisation matrix and MoA with CTMUHB.

2.2 Welsh Renal Clinical Network (WRCN) – Governance Review

Further to the recent governance review undertaken on the Welsh Renal Clinical Network (WRCN) to evaluate and determine the adequacy of the systems and controls in place within WHSSC, the scheme of delegation has been updated in response to the recommendations made concerning:

- Delegated authority for the network board including which matters are reserved to itself to include executive officer responsibilities and financial delegation limits; and
- Delegated financial limits within the Standing Financial Instructions.

2.3 Memorandum of Agreement – Designation of Audit & Finance Lead Independent Member (IM)

On the 18 January 2022, the Joint Committee approved that the existing arrangements for appointing a CTM audit lead IM, could transition to advertising for an Audit/Finance IM through a fair and open selection process through advertising the vacancy through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs. Section 7.3 of the MoA has been updated to reflect this.

3 SUMMARY OF PROPOSED CHANGES

The updated SOs, MoA, Hosting Agreement, and SFIs are presented at *Appendices 1-3* for information. Note no changes have been made to the Welsh Government model guidance element of the SO's or the SFI's, and that the proposed changes only relate to the bespoke elements required for WHSSC.

For assurance, a summary of the updates made is outlined in *table 2* below:

Table 2 - Summary of Proposed Changes to the WHSSC Governance and Accountability Framework

| Standing Orders – see Appendix 1 | |
|----------------------------------|--|
| Page 52 - | <p>Delegation of Powers to Sub-Committees and Others</p> <p>Amendment from “Audit Committee”, to “Audit and Risk Committee” (ARC) to reflect the correct title of the CTM ARC for hosted bodies.</p> <p>Amendment from “Welsh Renal Clinical Network”, to the “Welsh Kidney Network”, to reflect the name change agreed by the Joint Committee on 12 July 2022.</p> |
| Page 54 | <p>Scheme of Delegation to WHSST Directors and Officers</p> <p>Addition of Welsh Kidney Network (WKN) and Programme Director, Executive Lead to comply with the following recommendations from the WKN governance review:</p> <ul style="list-style-type: none"> <i>The Joint Committee should agree a scheme of delegation for the Network Board and agree which matters it wishes to reserve to itself to include executive officer responsibilities and financial delegation limits. This should explicitly include staff and non-staff costs; and</i> <i>The role of the executive lead should be clearly set out and referenced in the individual's job description and personal objectives, as well as in the schemes off delegation within Standing Orders. This should include accountability arrangements.</i> |
| Page 56 | <p>Annexe 3 – Joint Committee Sub-Committee Arrangements</p> <p>Amendment from “Welsh Renal Clinical Network”, to the “Welsh Kidney Network”, to reflect the name change agreed by the Joint Committee on 12 July 2022.</p> |

| | |
|---|--|
| Memorandum of Agreement & Hosting Agreement – see appendix 2 | |
| Page 12 | <p>Appointment and Role of Non-Officer Members</p> <p>Section 7.3 Audit Lead Independent Member</p> <p>Section 7.3 states that:</p> <p><i>"7.3 One non-officer member will be selected from the Host LHB. This non-officer member will act as the Audit Lead"</i></p> <p>On the 18 January 2022, the Joint Committee approved that the existing arrangements for appointing a CTM audit lead IM, could transition to advertising for an Audit/Finance IM through a fair and open selection process through advertising the vacancy through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs. Therefore section 7.3 will be amended to:</p> <p><i>"7.3 the audit lead non-officer member role will be recruited through a fair and open recruitment process. To enable the WHSSC Independent Member Remuneration appointment arrangements to be consistent with the other two HB IM roles, with an emphasis on the skills required to participate in the Audit & Risk Committee (ARC). The audit lead IM will be required to attend the CTMUHB part 2 ARC meetings which WHSSC attends to discharge its audit and accountability requirements"</i></p> |
| P16 | <p>13. Accountability & Audit Committee</p> <p>Amendment from "Audit Committee", to "Audit and Risk Committee" to reflect the correct title of the CTM ARC for hosted bodies.</p> |
| Pages 22 & 23 | <p>27.Review</p> <p>Amendments made to reflect the names of the newly appointed Chief Executive Officers (CEOs).</p> |
| Page 24 | <p>Annex (i) to MoA</p> <p>Services delegated from LHBs to WHSSC for planning and funding</p> <p>The list has been updated to reflect the full list of services for 2023-2024.</p> |
| Pages 40 & 41 | <p>Annex (ii) to MoA – Hosting Agreement</p> <p>Amendments made to reflect the names of the newly appointed Chief Executive Officers (CEOs).</p> |
| Page 66 | <p>Annex (iv) to MoA – Clinical Networks</p> <p>Amendment from "Welsh Renal Clinical Network", to the "Welsh Kidney Network", to reflect the name change agreed by the Joint Committee on 12 July 2022.</p> |

| Standing Financial Instructions (SFI's) – Scheme of Delegation – see Appendix 3a | |
|---|--|
| Page 2 | <p>Budget delegation and virements Section A1 Delegation of the management of defined Revenue budgets to budget holders</p> <p>Updated to reflect the following recommendations from the WKN governance review:</p> <ul style="list-style-type: none"> <i>The Joint Committee should agree a scheme of delegation for the Network Board and agree which matters it wishes to reserve to itself to include executive officer responsibilities and financial delegation limits. This should explicitly include staff and non-staff costs.</i> <i>The role of the executive lead should be clearly set out and referenced in the individual's job description and personal objectives, as well as in the schemes off delegation within Standing Orders</i> |
| Page 2 | <p>Budget delegation and virements Section A1 Delegation of the management of defined Revenue budgets to budget holders</p> <p>Updated to reflect budget holder status for Traumatic Stress Wales (TSW).</p> |
| Page 4 | <p>A1 Long Term Agreements with other NHS bodies</p> <p>Wording updated to describe "In accordance with delegated authority within the Standing Financial Instructions".</p> |
| Page 5 | <p>A4 Individual NHS patient treatment charges outside of LTAs and SLAs</p> <p>Updated to include reference to the updated process for the current SFI requirement for Joint Committee "approval" of non-contract cases above defined limits for annual and anticipated lifetime cost, to be replaced by an assurance report to Joint Committee and the CTMUHB Audit & Risk Committee (ARC) notifying of all approvals above the defined limit and Chairs action to reflect the need for timely approval action.</p> |
| Standing Financial Instructions (SFI's) – Financial Authorisation Matrix – see Appendix 3b | |
| Column R | <p>Updated to reflect the following recommendations from the WKN governance review:</p> <ul style="list-style-type: none"> <i>The Joint Committee should agree a scheme of delegation for the Network Board and agree which matters it wishes to reserve to itself to include executive officer responsibilities and financial delegation limits. This should explicitly include staff and non-staff costs.</i> |

| | |
|----------|--|
| | <ul style="list-style-type: none"> <i>The role of the executive lead should be clearly set out and referenced in the individual's job description and personal objectives, as well as in the schemes of delegation within Standing Orders. This should include accountability arrangements.</i> |
| All | Updated to include the increased financial delegation limits introduced in March 2020 to enable effective financial governance as a consequence of the COVID-19, approved by the Joint Committee on 10 January 2023. |
| Column Q | Updated to reflect Traumatic Stress Wales |

3. GOVERNANCE & RISK

To ensure effective governance the WHSSC Governance and Accountability Framework is reviewed annually, and the Integrated Governance Committee were informed of proposed changes to the Framework on 14 February 2023, prior to the Joint Committee formally approving them on the 14 March 2023.

NEXT STEPS:

In accordance with the WHSSC governance framework, once the Joint Committee approve the updated governance and accountability framework they must be taken forward for approval by the Boards of the seven HBs for inclusion as schedule 4.1 within their respective HB SOs.

Thereafter, a report will be taken to the CTMUHB Audit and Risk Committee for hosted bodies for assurance.

| | |
|-------------------|---|
| Appendices | Appendix 1 – Updated Standing Orders (SOs) Appendix 2 – Updated Memorandum of Agreement and Hosting Agreement Appendix 3 - Updated Standing Financial Instructions (SFIs) Appendix 3a – Updated Financial Scheme of Delegation Appendix 3b – Updated Financial Authorisation Matrix |
|-------------------|---|

Patterson, Liz
23/05/2023 11:25:04

Schedule 4.1

**STANDING ORDERS FOR THE WELSH HEALTH
SPECIALISED SERVICES COMMITTEE**

**This Schedule forms part of, and shall have effect as if incorporated in the
Local Health Board Standing Orders**

Patricia Jones-Liz
23/05/2023 14:25:01

Standing Orders, Reservation and Delegation of Powers for LHBs
WHSSC Standing Orders

Status: FINAL
V8.1

Foreword

Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. When agreeing Standing Orders Local Health Boards must ensure they are made in accordance with directions as may be issued by Welsh Ministers. Each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Welsh Health Specialised Services Committee's (the WHSSC or the Joint Committee) proceedings and business¹. These WHSSC Standing Orders (WHSSC SOs) form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 2009² and LHB Standing Order 3 into day to day operating practice. Together with the adoption of a Schedule of decisions reserved to the Joint Committee; a Scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with the Memorandum of Agreement dated made between the Joint Committee and the seven LHBs in Wales that defines the respective roles of the seven LHB Accountable Officers and a hosting agreement dated between the Joint Committee and Cwm Taf Morgannwg University LHB (the host LHB), form the basis upon which the Joint Committee governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All LHB Board members, Joint Committee members, LHB and Welsh Health Specialised Services Team (WHSST) staff must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Committee Secretary of the Joint Committee will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements for the Joint Committee. Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>.

¹ Reference Part 3, Regulation 12 of WHSSC Regulations 2009 and Regulation 14(b) and 15(5) of the LHB Regulations 2009.

² 2009/3097 (W.270)

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Section: A – Introduction

Statutory framework

- i) The Welsh Health Specialised Services Committee (the Joint Committee) is a joint committee of each LHB in Wales, established under the **Welsh Health Specialised Services Committee (Wales) Directions 2009** (the WHSSC Directions). The functions and services of the Joint Committee are listed in Annex 1 of the WHSSC Directions and are subject to variations to those functions agreed from time to time by the Joint Committee. Annex 1 was amended by the **Welsh Health Specialised Services Committee (Wales) (Amendment) Directions 2014** following the establishment of the Emergency Ambulance Services Committee. The Joint Committee is hosted by the host LHB on behalf of each of the seven LHBs.
- ii) The principal place of business of the WHSSC is Unit G1, The Willowford, Treforest Industrial Estate, Pontypridd CF37 5YL.
- iii) All business shall be conducted in the name of the Welsh Health Specialised Services Committee on behalf of LHBs.
- iv) LHBs are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006**³ which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006**⁴ applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions.
- v) Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on LHBs and to give directions about how they exercise those functions. LHBs must act in accordance with those directions. Most of the LHBs' statutory functions are set out in the Local Health Boards (Directed Functions) (Wales) Regulations 2009.
- vi) However in some cases the relevant function may be contained in other legislation.
- vii) Each LHB's functions include planning, funding, designing, developing and securing the delivery of primary, community, in-hospital care services, and specialised services for the citizens in their respective areas. The WHSSC Directions provide that the seven LHBs in Wales will work jointly to exercise

³ c.42
⁴ c.41

functions relating to the planning and securing of specialised and tertiary services and will establish the joint committee for the purpose of jointly exercising those functions.

- viii) Under powers in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006 the Minister has made the **Welsh Health Specialised Services Committee (Wales) Regulations 2009⁵** (the WHSSC Regulations) which set out the constitution and membership arrangements of the Joint Committee. Certain provisions of the **Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009⁶** (the Constitution Regulations) will also apply to the operations of the Joint Committee, as appropriate.
- ix) In addition to directions the Welsh Ministers may from time to time issue guidance relating to the activities of the Joint Committee which LHBs must take into account when exercising any function.
- x) The Host LHB shall issue an indemnity to the Chair, on behalf of the LHBs

NHS framework

- xi) In addition to the statutory requirements set out above, the Joint Committee, on behalf of each of the LHBs, must carry out all its business in a manner that enables it to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.
- xii) Adoption of the principles will better equip the Joint Committee to take a balanced, holistic view of its work and its capacity to deliver high quality, safe healthcare services on behalf of all citizens in Wales within the NHS framework set nationally.
- xiii) The overarching NHS governance and accountability framework within which the Joint Committee must work incorporates the LHBs SOs; Schedule of Powers reserved for the Board; and Scheme of Delegation to others and SFIs, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the *'Doing Well, Doing Better: Standards for Health Services in Wales'* (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

⁵ (2009/3097 (W.270)

⁶ (2009/779 W.67)

- xiv) The Welsh Ministers, reflecting their constitutional obligations and legal duties under the **Well-being of Future Generations (Wales) Act 2015**, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does.
- xv) The **Well-being of Future Generations (Wales) Act 2015** also places duties on LHBs and some NHS Trusts in Wales. Sustainable development in the context of the act means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.
- xvi) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Ministers' Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>. Directions or guidance on specific aspects of Committee/LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

Joint Committee Framework

- xvii) The specific governance and accountability arrangements established for the Joint Committee are set out within:
 - These WHSSC SOs and the Schedule of Powers reserved for the Joint Committee and the Scheme of Delegation to others;
 - The WHSSC SFIs;
 - A Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers; and
 - A hosting agreement between the Joint Committee and the host LHB in relation to the provision of administrative and any other services to be provided to the Joint Committee.
- xviii) Annex 2 to these SOs provides details of the key documents that, together with these SOs, make up the Joint Committee's governance and accountability framework. These documents must be read in conjunction with the WHSSC SOs.
- xix) The Joint Committee may from time to time, subject to the prior approval of each LHB's Board, agree operating procedures which apply to Joint Committee members and/or members of the WHSST and others. The decisions to approve these operating procedures will be recorded in an appropriate Joint Committee minute and, where appropriate, will also be considered to be an integral part of these WHSSC SOs and SFIs. Details

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of the Joint Committee's key operating procedures are also included in Annex 2 of these SOs.

Applying WHSSC Standing Orders

- xx) The WHSSC SOs (together with the WHSSC SFIs and other documents making up the governance and accountability framework) will, as far as they are applicable, also apply to meetings of any joint sub-Committees established by the Joint Committee, including any Advisory Groups. The WHSSC SOs may be amended or adapted for the joint sub-Committees or Advisory Groups as appropriate, with the approval of the Joint Committee. Further details on joint sub-Committees and Advisory Groups may be found in Annexes 3 and 4 of these WHSSC SOs, respectively.
- xxi) Full details of any non-compliance with these WHSSC SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Committee Secretary, who will ask the nominated Audit Committee to formally consider the matter and make proposals to the Joint Committee on any action to be taken. All Joint Committee members and Joint Committee officers have a duty to report any non-compliance to the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported. **Ultimately, failure to comply with WHSSC SOs is a disciplinary matter.**

Variation and amendment of WHSSC Standing Orders

- xxii) Although SOs are subject to regular, annual review there may, exceptionally, be an occasion where the Joint Committee determines that it is necessary to vary or amend the SOs during the year. In these circumstances, the Chair of the Joint Committee, advised by the Committee Secretary, shall submit a formal report to each LHB Board setting out the nature and rationale for the proposed variation or amendment. Such a decision may only be made if:

- Each of the seven LHBs are in favour of the amendment; or
- In the event that agreement cannot be reached, Welsh Ministers determine that the amendment should be approved.

Interpretation

- xxiii) During any Joint Committee meeting where there is doubt as to the applicability or interpretation of the WHSSC SOs, the Chair of the Joint Committee shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair should take appropriate advice from the Committee Secretary.
- xxiv) The terms and provisions contained within these SOs aim to reflect those

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covered within all applicable health legislation. The legislation takes precedence over these WHSSC SOs when interpreting any term or provision covered by legislation.

Relationship with LHB Standing Orders

- xxv) The WHSSC SOs form a schedule to each LHB's own SOs, and shall have effect as if incorporated within them.

The role of the Committee Secretary

- xxvi) The role of the Committee Secretary is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee, and is a key source of advice and support to the Chair and Joint Committee members. Independent of the Joint Committee, the Committee Secretary acts as the guardian of good governance within the Joint Committee:

- Providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance;
- Facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, its joint sub-Committees and Advisory Groups;
- Ensuring that Joint Committee members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
- Ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
- Monitoring the Joint Committee's compliance with the law, WHSSC SOs and the framework set by the LHBs and Welsh Ministers.

- xxvii) As advisor to the Joint Committee, the Committee Secretary's role does not affect the specific responsibilities of Joint Committee members for governing the Committee's operations. The Committee Secretary is directly accountable for the conduct of their role to the Chair of the Joint Committee.

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Section: B – WHSSC Standing Orders

1. THE JOINT COMMITTEE

1.1 Purpose and Delegated functions⁷

1.1.1 The Joint Committee has been established for the purpose of jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national all-Wales basis, on behalf of each of the seven LHBs in Wales.

1.1.2 LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of specialised and tertiary services for residents within their area.

1.1.3 Each LHB will have appropriate arrangements to equip the Chief Executive to represent the views of the individual Board and discharge their delegated authority appropriately.

1.1.4 The Joint Committee's role is to:

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an Integrated Commissioning Plan, for agreement by the Committee in conjunction with the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the

⁷The WHSSC (Wales) Directions 2009 and The WHSSC (Wales) Regulations 2009

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contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;

- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;
- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

1.1.5 The Joint Committee must ensure that all its activities are in exercise of these functions or any other functions that may be conferred on it. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its roles. In the event that the Joint Committee is unable to reach agreement, then the matter shall be escalated to the Welsh Government for resolution ultimately by Welsh Ministers.

1.1.6 To fulfil its functions, the Joint Committee shall lead and scrutinise the operations, functions and decision making of the Management Team undertaken at the direction of the Joint Committee.

1.1.7 The Joint Committee shall work with all its partners and stakeholders in the best interests of its population across Wales.

1.2 Membership of the Joint Committees

1.2.1 The membership of the Joint Committee shall be 15 voting members and three associate members, comprising the *Chair* (appointed by the Minister for Health and Social Services) and the *Vice-Chair* (appointed by the Joint Committee from existing non-officer members of the seven LHBs)⁹, together with the following:

Non-Officer Members [known as Independent Members] ¹⁰

1.2.2 A total of 2, appointed by the Joint Committee from existing non-officer members of the seven LHBs.

⁸ Ref. Welsh Health Specialised Services Committee (Wales) Directions 2009, 5(1) and Welsh Health Specialised Services Committee (Wales) Regulations 2009, Part 2

⁹ Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009, Regulation 4(1) & 4(2)

¹⁰ Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009, Regulation 4(3)

Chief Executives

1.2.3 A total of 7, drawn from each Local Health Board in Wales.

Officer Members [known as WHSST Directors]

1.2.4 A total of 4, appointed by the Joint Committee, consisting of a Director of Specialised and Tertiary Services¹¹; a Medical Director of Specialised and Tertiary Services; a Finance Director of Specialised and Tertiary Services, and a Nurse Director of Specialised and Tertiary Services. These officer members may have other responsibilities as determined by the Joint Committee and set out in the scheme of delegation to officers. These officer members comprise the Management Team.

1.2.5 Where a post of WHSST Director is shared between more than one person because of their being appointed jointly to a post:

- i. Either or both persons may attend and take part in Joint Committee meetings;
- ii. If both are present at a meeting they shall cast one vote if they agree;
- iii. In the case of disagreement no vote shall be cast; and
- iv. The presence of both or one person will count as one person in relation to the quorum.

Associate Members

1.2.6 The following Associate Members will attend Joint Committee meetings on an ex-officio basis, but will not have any voting rights:

- Chief Executive of Velindre NHS Trust
- Chief Executive of the Welsh Ambulance Services NHS Trust
- Chief Executive of Public Health Wales NHS Trust.

In attendance

1.2.7 The Joint Committee Chair may invite other members of the WHSST or others to attend all or part of a meeting on an ex-officio basis to assist the Joint Committee in its work.

Use of the term 'Independent Members'

1.2.8 For the purposes of these WHSSC SOs, use of the term 'Independent Members' refers to the following voting members of the Joint Committee:

¹¹ The Director of Specialised and Tertiary Services is also known as the Managing Director of Specialised and Tertiary Services Commissioning

- Chair
- Vice-Chair
- Non-Officer Members

unless otherwise stated.

1.3 Member Responsibilities and Accountability

- 1.3.1 The Joint Committee will function as a decision-making body, all voting members being full and equal members and sharing corporate responsibility for all the decisions of the Joint Committee.
- 1.3.2 Independent Members who are appointed to the Joint Committee must act in a balanced manner, ensuring that any opinion expressed is impartial and based upon the best interests of the health service across Wales.
- 1.3.3 All members must comply with the terms of their appointment to the Committee. They must equip themselves to fulfil the breadth of their responsibilities on the Joint Committee by participating in relevant personal and organisational development programmes, engaging fully in the activities of the Joint Committee and promoting understanding of its work.

The Chair

- 1.3.4 The Chair is responsible for the effective operation of the Joint Committee:
- Chairing Joint Committee meetings;
 - Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Joint Committee business is conducted in accordance with WHSSC SOs; and
 - Developing positive and professional relationships amongst the Joint Committee's membership and between the Joint Committee and each LHB's Board.
- 1.3.5 The Chair shall work in close harmony with the Chair of each LHB and, supported by the Committee Secretary, shall ensure that key and appropriate issues are discussed by the Joint Committee in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.
- 1.3.6 The Chair is directly accountable to the Minister for Health and Social Services in respect of their performance as Chair, to each LHB Board in relation to the delivery of the functions exercised by the Joint Committee on its behalf and, through the host LHB's Board, for the conduct of business in accordance with the defined governance and operating framework.

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The Vice-Chair

- 1.3.7 The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties or a new Chair is appointed¹².
- 1.3.8 The Vice-Chair is accountable to the Chair for their performance as Vice Chair.

Non-Officer Members

- 1.3.9 Non-Officer members are accountable to the Chair for their performance as Non-Officer members.

WHSST Director of Specialised and Tertiary Services

- 1.3.10 The WHSST Director of Specialised and Tertiary Services (Lead Director), as head of the Management Team reports to the Chair and is responsible for the overall performance of the WHSST. The Lead Director is accountable to the Joint Committee in relation to those functions delegated to them by the Joint Committee. The Lead Director is also accountable to the Chief Executive of the host LHB in respect of the administrative arrangements supporting the operation of the team.

WHSST Directors (excluding the WHSST Director of Specialised and Tertiary Services)

- 1.3.11 The Medical Director of Specialised and Tertiary Services, the Finance Director of Specialised and Tertiary Services, and the Nurse Director of Specialised and Tertiary Services are accountable to the Joint Committee and the Chief Executive of the host LHB through the Lead Director.

1.4 Appointment and tenure of Joint Committee members

- 1.4.1 The **Chair**, shall be appointed by the Minister for Health and Social Services for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term¹³.
- 1.4.2 The **Vice-Chair** and two other **Independent Members** shall be appointed by the Joint Committee from existing Independent Members of the seven

¹² Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 3, Regulation 13
¹³ Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 7

Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than 4 years, in line with that individual's term of office on any LHB Board. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term¹⁴.

1.4.3 The appointment process for the Vice Chair and the two other Independent Members shall be determined by the Joint Committee, subject to the approval of each LHB Board and any directions made by the Welsh Ministers. In making these appointments, the Joint Committee must ensure:

- A balanced knowledge and understanding amongst the membership of the needs of all geographical areas served by the Joint Committee;
- That wherever possible, the overall membership of the Joint Committee reflects the diversity of the population; and
- Potential conflicts of interest are kept to a minimum.

1.4.4 The **WHSST Directors** shall be appointed by the Joint Committee¹⁵, and employed by the host LHB in accordance with the eligibility requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the employment policies of the host LHB, as appropriate. The appointments process shall be in accordance with the workforce policies and procedures of the host LHB and any directions made by the Welsh Ministers.

1.4.5 WHSST Directors tenure of office as Joint Committee members will be determined by their contract of employment.

1.4.6 All Joint Committee members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements set for their role, so far as they are applicable, and as specified in the relevant regulations. Any member must inform the Joint Committee Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office¹⁶.

2. RESPONSIBILITIES AND RELATIONSHIPS WITH EACH LHB BOARD, THE HOST LHB AND OTHERS¹⁷

2.0.1 The Joint Committee is not a separate legal entity from each of the LHBs. It shall report to each LHB Board on its activities, to which it is formally

¹⁴ Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 7

¹⁵ Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 4(3)

¹⁶ Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 6,7,8 and 11

¹⁷ Ref. Welsh Health Specialised Services Committee (Wales) Directions 2009 3(4)

accountable in respect of the exercise of the functions carried out on their behalf. The Joint Committee shall also be held to account by the Welsh Government through the NHS performance management system.

- 2.0.2 The Board of the host LHB will not be responsible or accountable for the planning, funding and securing of specialised services, save in respect of residents within the areas served. The Board of the host LHB shall be responsible for ensuring that the WHSST acts in accordance with its administrative policies and procedures.
- 2.0.3 Each LHB Board may agree that designated board members or LHB officers shall be in attendance at Joint Committee meetings. The Joint Committee Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the relevant LHB Chair.
- 2.0.4 The LHBs jointly shall determine the arrangements for any meetings between the Joint Committee and LHB Boards.
- 2.0.5 The LHB Chairs *[through the lead Chair]* shall put in place arrangements to meet with the Joint Committee Chair on a regular basis to discuss the Joint Committee's activities and operation.

3. RESERVATION AND DELEGATION OF JOINT COMMITTEE FUNCTIONS

- 3.0.1 Within the framework approved by each LHB Board and set out within these WHSSC SOs - and subject to any directions that may be given by the Welsh Ministers - the Joint Committee may make arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made.
- 3.0.2 The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:
 - i. Schedule of matters reserved to the Joint Committee;
 - ii. Scheme of delegation to joint sub-Committees and others; and
 - iii. Scheme of delegation to Officers.

all of which must be formally adopted by the Joint Committee.

- 3.0.3 The Joint Committee retains full responsibility for any functions delegated to others to carry out on its behalf.

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3.1 Chair's action on urgent matters

- 3.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee. In these circumstances, the Joint Committee Chair and the Lead Director, supported by the Committee Secretary, may deal with the matter on behalf of the Joint Committee - after first consulting with at least one other Independent Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Joint Committee for consideration and ratification.
- 3.1.2 Chair's action may not be taken where either the Joint Committee Chair or the Lead Director has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or another WHSST Director acting on behalf of the Lead Director will take a decision on the urgent matter, as appropriate.

3.2 Delegation to joint sub-Committees and others

- 3.2.1 The Joint Committee shall agree the delegation of any of its functions to joint sub-Committees or others (including networks), setting any conditions and restrictions it considers necessary and following any directions agreed by the LHBs or the Welsh Ministers.
- 3.2.2 The Joint Committee shall agree and formally approve the delegation of specific powers to be exercised by joint sub-Committees which it has formally constituted or to others.

3.3 Delegation to Officers

- 3.3.1 The Joint Committee will delegate certain functions to the Lead Director. For these aspects, the Lead Director, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Lead Director will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers.
- 3.3.2 This must be considered and approved by the Joint Committee (subject to any amendment agreed during the discussion). The Lead Director may periodically propose amendment to the Scheme of Delegation and any such amendments must also be considered and approved by the Joint Committee.
- 3.3.3 Individual Directors are in turn responsible for delegation within their own teams in accordance with the framework established by the Lead Director

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and agreed by the Joint Committee.

4. JOINT SUB-COMMITTEES

- 4.0.1 In accordance with WHSSC Standing Order 4.0.3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Ministers must, appoint joint sub-Committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).
- 4.0.2 These may consist wholly or partly of Joint Committee members or LHB Board members or of persons who are not LHB Board members or Board members of other health service bodies.
- 4.0.3 The Joint Committee shall establish a joint sub-Committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs. As a minimum, it shall establish joint sub-Committees which cover the following aspects of Joint Committee business:
- Quality and Safety
 - Audit
- 4.0.4 The Joint Committee may make arrangements to receive and provide assurance to others through the establishment and operation of its own joint sub-Committees or by placing responsibility with the host LHB or other designated LHB. Where responsibility is placed with the host LHB or other designated LHB, the arrangement shall be detailed within the hosting agreement between the Joint Committee and the host LHB or the agreement between the seven LHB Accountable Officers (as appropriate).
- 4.0.5 Full details of the joint sub-Committee structure established by the Joint Committee, including detailed terms of reference for each of these joint sub-Committees are set out in Annex 3 of these WHSSC SOs.
- 4.0.6 Each joint sub-Committee established by or on behalf of the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:
- The scope of its work (including its purpose and any delegated powers and authority);
 - Membership and quorum;
 - Meeting arrangements;
 - Relationships and accountabilities with others;

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- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

4.0.7 In doing so, the Joint Committee shall specify which aspects of the WHSSC SOs are not applicable to the operation of the joint sub-Committee, keeping any such aspects to the minimum necessary.

4.0.8 The membership of any such joint sub-Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements, regulations or directions agreed by the LHBs or the Welsh Ministers. Depending on the joint sub-Committee's defined role and remit; membership may be drawn from the Joint Committee, LHB Board or committee members, staff (subject to the conditions set in WHSSC Standing Order 4.0.9) or others.

4.0.9 WHSST Directors or officers should not normally be appointed as joint sub-Committee Chairs, nor should they be appointed to serve as members on any committee set up to review the exercise of functions delegated to officers. Designated WHSST Directors or officers shall, however, be in attendance at such joint sub-Committees, as appropriate.

4.1 Other Groups

4.1.1 The Joint Committee may also establish other groups to help it in the conduct of its business.

4.2 Reporting activity to the Joint Committee

4.2.1 The Joint Committee must ensure that the Chairs of all joint sub-Committees and other bodies or groups operating on its behalf report formally, regularly and on a timely basis to the Joint Committee on their activities. Joint sub-Committee Chairs' shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4.2.2 Each joint sub-Committee shall also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

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5. EXPERT PANEL AND OTHER ADVISORY GROUPS

5.0.1 The Joint Committee may, and where directed by the LHBs jointly or the Welsh Ministers must appoint an Expert Panel and other Advisory Groups to provide it with advice in the exercise of its functions. Full details of the Expert Panel and other Advisory Groups established by the Joint Committee, including detailed terms of reference are set out in Annex 4 of the WHSSC SOs.

5.0.2 Any Expert Panel or Advisory Group established by the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others;
- Any budget and financial responsibility, where appropriate;;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

5.0.3 In doing so, the Joint Committee shall specify which aspects of the WHSSC SOs are not applicable to the operation of the Expert Panel or Advisory Group, keeping any such aspects to the minimum necessary.

5.0.4 The membership of any Expert Panel or Advisory Group - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements or directions agreed by the LHBs or the Welsh Ministers.

5.1 Reporting activity

5.1.1 The Joint Committee shall ensure that the Chairs of any Expert Panel or Advisory Group reports formally, regularly and on a timely basis to the Joint Committee on their activities. Expert Panel or Advisory Group Chairs shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

5.1.2 Any Expert Panel or Advisory Group shall also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has

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established.

6. MEETINGS

6.1 Putting Citizens first

6.1.1 The Joint Committee's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens and other stakeholders. The Joint Committee, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read, where requested or required, and in electronic formats;
- Requesting that attendees notify the Committee Secretary of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh,

in accordance with legislative requirements, e.g. Disability Discrimination Act, as well as its Communication Strategy and the provisions made by the host body in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011.

6.1.2 The Joint Committee Chair will ensure that, in determining the matters to be considered by the Joint Committee, full account is taken of the views and interests of all citizens served by the Joint Committee on behalf of each LHB, including any views expressed formally.

6.2 Working with Community Health Councils

6.2.1 The Joint Committee shall make arrangements to ensure arrangements are in place to liaise with CHC members as appropriate.

6.3 Annual Plan of Committee Business

6.3.1 The Committee Secretary, on behalf of the Joint Committee Chair, shall produce an Annual Plan of Committee business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year. The Plan shall also set out any standing items that shall appear on every Joint Committee agenda.

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6.3.2 The plan shall set out the arrangements in place to enable the Joint Committee to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing Joint Committee members to contribute in either English or Welsh languages, where appropriate.

6.3.3 The plan shall also incorporate formal Joint Committee meetings, regular Committee Development sessions and, where appropriate, the planned activities of joint sub-Committees, Expert Panel and Advisory Groups.

6.3.4 The Joint Committee shall agree the plan for the forthcoming year by the end of March, and this plan shall be published on the organisation's website.

6.4 Calling Meetings

6.4.1 In addition to the planned meetings agreed by the Joint Committee, the Joint Committee Chair may call a meeting of the Joint Committee at any time. Any LHB may request that the Chair call a meeting, or an individual committee member may also request that the Joint Committee Chair call a meeting provided that in either case at least one third of the whole number of Committee members supports such a request.

6.4.2 If the Chair does not call a meeting within seven days after receiving such a request from Joint Committee members, then those Joint Committee members may themselves call a meeting.

6.5 Preparing for Meetings

Setting the agenda

6.5.1 The Joint Committee Chair, in consultation with the Committee Secretary and the Lead Director, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Joint Committee business; any standing items agreed by the Joint Committee; any applicable items received from joint sub-Committees and other groups as well as the priorities facing the Joint Committee. The Joint Committee Chair must ensure that all relevant matters are brought before the Joint Committee on a timely basis.

6.5.2 Any Joint Committee member may request that a matter is placed on the Agenda by writing to the Joint Committee Chair, copied to the Committee Secretary, at least 12 calendar days before the meeting. The request shall set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12 day notice period if this would be beneficial to the conduct of Joint Committee business.

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Notifying and equipping Joint Committee members

- 6.5.3 Joint Committee members should be sent an Agenda and a complete set of supporting papers at least 10¹⁸ calendar days before a formal Joint Committee meeting. This information may be provided to Joint Committee members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Joint Committee Chair is satisfied that the Joint Committee's ability to consider the issues contained within the paper would not be impaired.
- 6.5.4 No papers should be included for decision by the Joint Committee unless the Joint Committee Chair is satisfied (subject to advice from the Committee Secretary, as appropriate) that the information contained within it is sufficient to enable the Joint Committee to take a reasonable decision. This will include evidence that appropriate impact assessments have been undertaken and taken into consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Joint Committee, and the outcome of that assessment shall accompany the report to the Joint Committee to enable the Joint Committee to make an informed decision.
- 6.5.5 In the event that at least half of the Joint Committee members do not receive the Agenda and papers for the meeting as set out above, the Joint Committee Chair must consider whether or not the Joint Committee would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Joint Committee Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.
- 6.5.6 In the case of a meeting called by Joint Committee members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

- 6.5.7 Except for meetings called in accordance with WHSSC Standing Order 6.4, at least 10 calendar days before each meeting of the Joint Committee a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):
- On each LHB's website, together with the papers supporting the public part of the Agenda; as well as

¹⁸ See Schedule 3, 2(3) of the LHB (Constitution, Membership and Procedures) Regulations 2009

- Through other methods of communication as set out in the Joint Committee's communication strategy.

6.5.8 When providing notification of the forthcoming meeting, each LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

6.6 Conducting Joint Committee Meetings

Admission of the public, the press and other observers

6.6.1 The Joint Committee shall encourage attendance at its formal Joint Committee meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in the business of the Joint Committee. The venue for such meetings must be appropriate to facilitate easy access for attendees and translation services; and should have appropriate facilities to maximise accessibility.

6.6.2 The Joint Committee shall conduct as much of its formal business in public as possible¹⁹. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter affecting a WHSST officer or a patient. In such cases the Chair (advised by the Committee Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Joint Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960].

6.6.3 In these circumstances, when the Joint Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Joint Committee in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Joint Committee meeting held in public session.

6.6.4 The Committee Secretary, on behalf of the Joint Committee Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

6.6.5 In encouraging entry to formal Joint Committee Meetings from members of

¹⁹ Schedule 3, 8 of the LHB (Constitution, Membership and Procedures) Regulations 2009

the public and others, the Joint Committee shall make clear that attendees are welcomed as observers. The Joint Committee Chair shall take all necessary steps to ensure that the Joint Committee's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

- 6.6.6 Unless the Joint Committee has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Addressing the Joint Committee, its joint sub-Committees, Expert Panel or Advisory Groups

- 6.6.7 The Joint Committee shall decide what arrangements and terms and conditions are appropriate in extending an invitation to observers to attend and address any meetings of the Joint Committee, its joint sub-Committees, Expert Panel or Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Joint Committee will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the Joint Committee (whether directly or through the activities of bodies such as Community Health Councils) and to demonstrate openness and transparency in the conduct of business.

Chairing Joint Committee Meetings

- 6.6.8 The Chair of the Joint Committee will preside at any meeting of the Joint Committee unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice-Chair shall preside. If both the Chair and Vice-Chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.
- 6.6.9 The Chair must ensure that the meeting is handled in a manner that enables the Joint Committee to reach effective decisions on the matters before it. This includes ensuring that Joint Committee members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Joint Committee must have access to appropriate advice on the conduct of the meeting through the attendance of the Committee Secretary. The Chair has the final say on any matter relating to the conduct of Joint Committee business.

Quorum

- 6.6.10 At least 8 voting members, at least 4 of whom are LHB Chief Executives and 2 are Independent Members, must be present to allow any formal business to take place at a Joint Committee meeting.

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6.6.11 If a LHB Chief Executive is unable to attend a Joint Committee meeting they may nominate a deputy to attend on their behalf. The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights.

6.6.12 If the Lead Director or another WHSST Director is unable to attend a Joint Committee meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, their voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Joint Committee member in their own right, e.g., a person deputising for the Lead Director will usually be another WHSST Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.

6.6.13 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Joint Committee member or their deputy disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes. A member may participate in a meeting via video or teleconference where this is available.

Dealing with Motions

6.6.14 In the normal course of Joint Committee business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a Joint Committee member may put forward a motion proposing that a formal review of that service area is undertaken. The Committee Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Joint Committee unless moved by a Joint Committee member and seconded by another Joint Committee member (including the Joint Committee Chair).

6.6.15 **Proposing a formal notice of Motion** – Any Joint Committee member wishing to propose a motion must notify the Joint Committee Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and

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the Joint Committee Chair has determined that the proposed motion is relevant to the Joint Committee's business, the matter shall be included on the agenda, or, where an emergency motion has been proposed, the Joint Committee Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

6.6.16 The Joint Committee Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Joint Committee business.

6.6.17 **Amendments** – Any Joint Committee member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Joint Committee alongside the motion.

6.6.18 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

6.6.19 **Motions under discussion** – When a motion is under discussion, any Joint Committee member may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned and the meeting proceed to the next item of business;
- A Joint Committee member may not be heard further;
- The Joint Committee decides upon the motion before them;
- An ad hoc committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

6.6.20 **Rights of reply to motions** – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

6.6.21 **Withdrawal of Motion or Amendments** – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Joint Committee Chair.

6.6.22 **Motion to rescind a resolution** – The Joint Committee may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Joint Committee members.

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6.6.23 A Motion that has been decided upon by the Joint Committee cannot be proposed again within six months except by the Joint Committee Chair, unless the motion relates to the receipt of a report or the recommendations of a joint sub-Committee/WHSSC Director to which a matter has been referred.

Voting

6.6.24 The Joint Committee Chair will determine whether Joint Committee members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Joint Committee Chair must require a secret ballot or recorded vote if the majority of voting Joint Committee members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Joint Committee.

6.6.25 In determining every question at a meeting the Joint Committee members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of citizens in Wales. Such views may be presented to the Joint Committee through the Chairs of the LHB's Advisory Groups.

6.6.26 The Joint Committee will make decisions based on a two thirds majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

6.6.27 A nominated deputy of a LHB Chief Executive may vote. In no circumstances may a nominated deputy of a WHSST member vote. Absent Joint Committee members may not vote by proxy. Absence is defined as being absent at the time of the vote.

6.7 Record of Proceedings

6.7.1 A record of the proceedings of formal Joint Committee meetings (and any other meetings of the Joint Committee where the Joint Committee members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Joint Committee member attendance (including the Joint Committee Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Joint Committee, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

6.7.2 Agreed minutes shall be circulated in accordance with Joint Committee

members' wishes, and, where providing a record of a formal Joint Committee meeting shall be made available to the public on each LHB's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act, the Joint Committee's Communication Strategy and the host LHB's Welsh language requirements.

6.8 Confidentiality

- 6.8.1 All Joint Committee members (including Associate Members), together with members of any joint sub-Committee, Expert Panel or Advisory Group established by or on behalf of the Joint Committee and Joint Committee and/or LHB officials must respect the confidentiality of all matters considered by the Joint Committee in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Joint Committee Chair or relevant joint sub-Committee or group, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the WHSSC Values and Standards of Behaviour (including Gifts and Hospitality) Policy or legislation such as the Freedom of Information Act 2000, etc.

7. VALUES AND STANDARDS OF BEHAVIOUR

- 7.0.1 The Joint Committee must operate within a set of values and standards of behaviour that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the Joint Committee, including Joint Committee members, WHSST officers and others, as appropriate. The framework adopted by the Joint Committee will form part of the WHSSC SOs.

7.1 Declaring and recording Joint Committee members' interests

- 7.1.1 **Declaration of interests** – It is a requirement that all Joint Committee members should declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Joint Committee member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Joint Committee's business. Joint Committee members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the relevant Constitution Regulations. Joint Committee members must notify the Joint Committee of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Joint Committee members.

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7.1.2 Joint Committee members must also declare any interests held by family members or persons or bodies with which they are connected. The Committee Secretary will provide advice to the Joint Committee Chair and the Joint Committee on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Joint Committee members are in any doubt about what may be considered as an interest, they should seek advice from the Committee Secretary. However, the onus regarding declaration will reside with the individual Joint Committee member.

7.1.3 **Register of interests** – The Lead Director, through the Committee Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Joint Committee members. The register will include details of all Directorships and other relevant and material interests which have been declared by Joint Committee members.

7.1.4 The register will be held by the Committee Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Joint Committee members. The Committee Secretary will also arrange an annual review of the register, through which Joint Committee members will be required to confirm the accuracy and completeness of the register relating to their own interests.

7.1.5 In line with the Joint Committee's commitment to openness and transparency, the Committee Secretary must take reasonable steps to ensure that citizens served by the Joint Committee are made aware of, and have access to view the Joint Committee's Register of Interests. This may include publication on the Joint Committee's website.

7.1.6 **Publication of declared interests in Annual Report** – Joint Committee members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in each LHB Board's Annual Report.

7.2 Dealing with Members' interests during Joint Committee meetings

7.2.1 The Joint Committee Chair, advised by the Committee Secretary, must ensure that the Joint Committee's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Joint Committee members must demonstrate, through their actions, that their contribution to the Joint Committee's decision making is based upon the best interests of the NHS in Wales. This is particularly important as there is an inherent tension in a member's role on the Joint Committee and as a member of the Board of an LHB that provides

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specialised and tertiary services.

7.2.2 Where individual Joint Committee members identify an interest in relation to any aspect of Joint Committee business set out in the Joint Committee's meeting agenda, that member must declare an interest at the start of the Joint Committee meeting. Joint Committee members should seek advice from the Joint Committee Chair, through the Committee Secretary, before the start of the Joint Committee meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Joint Committees minutes.

7.2.3 It is the responsibility of the Joint Committee Chair, on behalf of the Joint Committee, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions given by the Welsh Ministers. The range of possible actions may include determination that:

- i. The declaration is formally noted and recorded, but that the Joint Committee member should participate fully in the Joint Committee's discussion and decision, including voting.
- ii. The declaration is formally noted and recorded, and the Joint Committee member participates fully in the Joint Committee's discussion, but takes no part in the Joint Committee's decision;
- iii. The declaration is formally noted and recorded, and the Joint Committee member takes no part in the Joint Committee discussion or decision;
- iv. The declaration is formally noted and recorded, and the Joint Committee member is excluded for that part of the meeting when the matter is being discussed. A Joint Committee member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Joint Committee.

7.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Joint Committee member is compatible with an identified conflict of interest.

7.2.5 Where the Joint Committee Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice-Chair, on behalf of the Joint Committee.

7.2.6 In all cases the decision of the Joint Committee Chair (or the Vice-Chair in the case of an interest declared by the Joint Committee Chair) is binding on all Joint Committee members. The Joint Committee Chair should take

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advice from the Committee Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

7.2.7 Members with pecuniary (financial) interests – Where a Joint Committee member, or any person they are connected with²⁰ has any direct or indirect pecuniary interest in any matter being considered by the Joint Committee including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The Joint Committee may determine that the Joint Committee member concerned shall be excluded from that part of the meeting.

7.2.8 The Local Health Boards (Constitution, Membership and Procedures) Wales Regulations 2009 define ‘direct’ and ‘indirect’ pecuniary interests and these definitions always apply when determining whether a member has an interest. The WHSSC SOs must be interpreted in accordance with these definitions.

7.2.9 Members with Professional Interests – During the conduct of a Joint Committee meeting, an individual Joint Committee member may establish a clear conflict of interest between their role as a Joint Committee member and that of their professional role outside of the Joint Committee. In any such circumstance, the Joint Committee shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Committee Secretary.

7.3 Dealing with officers’ interests

7.3.1 The Joint Committee must ensure that the Committee Secretary, on behalf of the Lead Director, establishes and maintains a system for the declaration, recording and handling of WHSST officers’ interests in accordance with the Values and Standards of Behaviour Framework.

7.4 Reviewing how Interests are handled

7.4.1 The Joint Committee’s Audit Committee will review and report to the LHBs upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

7.5 Dealing with offers of gifts,²¹ hospitality and sponsorship

7.5.1 The Standards of Behaviour (including Gifts and Hospitality) Policy adopted by the Joint Committee prohibits Joint Committee members and WHSST

²⁰ In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

²¹ The term gift refers also to any reward or benefit.

officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

7.5.2 Gifts, benefits or hospitality must never be solicited. Any Joint Committee member or WHSST officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Joint Committee member or WHSST officer. Failure to observe this requirement may result in disciplinary and/or legal action.

7.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Committee Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the Joint Committee;
- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the Joint Committee; and
- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it must always be declined.

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- 7.5.4 A distinction shall be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

7.6 Sponsorship

- 7.6.1 In addition gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as a whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or a working visit. The sponsorship may cover some or all of the costs.
- 7.6.2 All sponsorship must be approved prior to acceptance in accordance with the WHSSC Values and Standards of Behaviour (including Gifts and Hospitality) Policy and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

7.7 Register of Gifts, Hospitality and Sponsorship

- 7.7.1 The Committee Secretary, on behalf of the Joint Committee Chair, will maintain a Register of Gifts, Hospitality and Sponsorship to record offers of gifts, hospitality and sponsorship made to Joint Committee members. WHSST Directors will adopt a similar mechanism in relation to WHSST officers working within their areas.
- 7.7.2 Every Joint Committee member and WHSST officer has a personal responsibility to volunteer information in relation to offers of gifts, hospitality and sponsorship made in their capacity as Joint Committee members, including those offers that have been refused. The Committee Secretary, on behalf of the Joint Committee Chair and Lead Director, will ensure the incidence and patterns of offers and receipt of gifts, hospitality and sponsorship is kept under active review, taking appropriate action where necessary.
- 7.7.3 When determining what should be included in the register with regard to gifts and hospitality, individuals must apply the following principles, subject to the considerations in WHSSC Standing Order 7.5:
- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value would not usually need to be recorded, e.g., seasonal items such as diaries/calendars with normally fall within this category.

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- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate²²' hospitality need not be included in the Register.

7.7.4 Joint Committee members and WHSST Officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- Acceptance would further the aims of the Joint Committee;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

7.7.5 The Committee Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by the Joint Committee to be submitted to the designated Audit Committee (or equivalent) at least annually. The Audit Committee will then review and report to the LHBs jointly upon the adequacy of the Joint Committees arrangements for dealing with offers of gifts, hospitality and sponsorship.

8. GAINING ASSURANCE ON THE CONDUCT OF JOINT COMMITTEE BUSINESS

8.0.1 The Joint Committee shall set out explicitly, within a Risk and Assurance Framework, how it will gain assurance, and how it will in turn provide assurance to LHBs jointly on the conduct of Joint Committee business, its governance and the effective management of risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

8.0.2 The Joint Committee shall ensure that its assurance arrangements are operating effectively, advised by the Joint Committee's Audit Committee.

8.1 The role of Internal Audit in providing independent internal assurance

8.1.1 The Joint Committee shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Ministers.

²² Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

8.2 Reviewing the performance of the Joint Committee, its joint sub-Committees, Expert Panel and Advisory Groups

- 8.2.1 The Joint Committee shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its joint sub-Committees, Expert Panel and any other Advisory Groups. Where appropriate, the Joint Committee may determine that such evaluation may be independently facilitated.
- 8.2.2 Each joint sub-Committee and, where appropriate, Expert Panel and any other Advisory Group must also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-groups it has established.
- 8.2.3 The Joint Committee, and in turn the LHBs jointly shall use the information from this evaluation activity to inform:
- The ongoing development of its governance arrangements, including its structures and processes;
 - Its Committee Development Programme, as part of an overall Organisation Development framework; and
 - Inform each LHBs report of its alignment with the Welsh Government's Citizen Centred Governance Principles, completed as part of its ongoing review and reporting arrangements.

8.3 External Assurance

- 8.3.1 The Joint Committee shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the LHB's operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.
- 8.3.2 The Joint Committee may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Joint Committee itself may commission specifically for that purpose.
- 8.3.3 The Joint Committee shall keep under review and ensure that, where appropriate, the Joint Committee implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the National Assembly for Wales's Public Accounts Committee and other appropriate bodies.

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8.3.4 The Joint Committee shall provide the Auditor General for Wales with assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

9. DEMONSTRATING ACCOUNTABILITY

9.0.1 Taking account of the arrangements set out within these WHSSC SOs, the Joint Committee shall demonstrate to the LHBs jointly, citizens and other stakeholders and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the citizens it serves, its officers and healthcare professionals.

9.0.2 The Joint Committee shall also facilitate effective scrutiny of its operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

9.0.3 The Joint Committee shall ensure that within the WHSST, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

9.1 Support to the Joint Committee

9.1.1 The Committee Secretary, on behalf of the Joint Committee Chair, will ensure that the Joint Committee is properly equipped to carry out its role by:

- Overseeing the process of nomination and appointment to the Joint Committee;
- Co-ordinating and facilitating appropriate induction and organisational development activity;
- Ensuring the provision of governance advice and support to the Joint Committee Chair on the conduct of its business and its relationship with LHBs, the host LHB and others;
- Ensuring the provision of secretariat support for Joint Committee meetings;
- Ensuring that the Joint Committee receives the information it needs on a timely basis;
- Ensuring strong links to communities/groups;
- Ensuring an effective relationship between the Joint Committee and its host LHB; and

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- Facilitating effective reporting to each LHB

enabling each LHB Board to gain assurance on the conduct of business carried out by Joint Committee on its behalf.

10. REVIEW OF STANDING ORDERS

10.0.1 The WHSSC SOs shall be reviewed annually by the Joint Committee, which shall report any proposed amendments to the LHBs jointly for consideration and approval. The requirement for review extends to all documents having the effect as if incorporated in WHSSC SOs, including the appropriate impact assessment.

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Annex 1

**SCHEME OF RESERVATION AND DELEGATION OF
POWERS FOR THE WELSH HEALTH SPECIALISED
SERVICES COMMITTEE**

**This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders**

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SCHEME OF RESERVATION AND DELEGATION OF POWERS

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders

Introduction

As set out in WHSSC Standing Order 3, the Welsh Health Specialised Services Committee (the Joint Committee) - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively, and in a manner that secures the achievement of the Joint Committee's aims and objectives. The Joint Committee may delegate functions to:

- i. A sub-Committee of the Joint Committee, e.g., Audit Committee;
- ii. A Group, Expert Panel or Advisory Group , e.g., with other LHBs established to take forward certain matters relating to specialist services; and
- iii. Officers of the Joint Committee (who may, subject to the Joint Committee's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Joint Committee is notified of any matters that may affect the operation and/or reputation of the Joint Committee.

The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Joint Committee;
- Scheme of delegation to sub-Committees or sub-Groups and others; and
- Scheme of delegation to officers.

all of which form part of the WHSSC's SOs.

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DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Joint Committee will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- *Everything is retained by the Joint Committee unless it is specifically delegated in accordance with the requirements set out in WHSSC SOs or WHSSC SFIs*
- *The Joint Committee must retain that which it is required to retain (whether by statute or as determined by the Welsh Government) as well as that which it considers is essential to enable it to fulfil its role in setting the Joint Committee's direction, equipping the Joint Committee to deliver and ensuring achievement of its aims and objectives through effective performance management*
- *Any decision made by the Joint Committee to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility*
- *The Joint Committee must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development*
- *The Joint Committee must take appropriate action to assure itself that all matters delegated are effectively carried out*
- *The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes*
- *The Joint Committee may delegate authority to act, but retains overall responsibility and accountability*
- *When delegating powers, the Joint Committee will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.*

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HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Joint Committee

The Joint Committee will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Lead Director

The Lead Director will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Joint Committee must formally agree this scheme.

In preparing the scheme of delegation to officers, the Lead Director will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in WHSSC SFIs);
- The Memorandum of Agreement agreed with the seven LHBs and approved by the Joint Committee; and
- The Hosting Agreement agreed with the host LHB and approved by the Joint Committee.

The Lead Director may re-assume any of the powers they have delegated to others at any time.

The Committee Secretary

The Committee Secretary will support the Joint Committee in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Joint Committee is presented to the Joint Committee for its formal agreement;
- Effective arrangements are in place for the delegation of Joint Committee functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Joint Committee for revision, as appropriate.

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The Audit Committee

The Audit Committee will provide assurance to the Joint Committee of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Joint Committee's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Lead Director of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Joint Committee has set out alternative arrangements.

If the Lead Director is absent their nominated Deputy may exercise those powers delegated to the Lead Director on their behalf. However, the guiding principles governing delegations will still apply, and so the Joint Committee may determine that it will reassume certain powers delegated to the Lead Director or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the Joint Committee. The Scheme is to be used in conjunction with the system of control and other established procedures within the Joint Committee.

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SCHEDULE OF MATTERS RESERVED TO THE JOINT COMMITTEE²³

| THE JOINT COMMITTEE | | AREA | DECISIONS RESERVED TO THE JOINT COMMITTEE |
|---------------------|------|------------------------|--|
| 1 | FULL | GENERAL | The Joint Committee may determine any matter for which it has statutory or delegated authority, in accordance with WHSSC SOs |
| 2 | FULL | GENERAL | The Joint Committee must determine any matter that will be reserved to the whole Joint Committee. These are detailed below: |
| 3 | FULL | GENERAL | Approve the Joint Committee's Governance Framework |
| 4 | FULL | OPERATING ARRANGEMENTS | <p>Vary, amend and recommend for approval to the Boards of the Local Health Boards:</p> <ul style="list-style-type: none"> ▪ WHSSC SOs ; ▪ WHSSC SFIs; ▪ Schedule of matters reserved to the Joint Committee; ▪ Scheme of delegation to sub-Committees and others; and ▪ Scheme of delegation to officers. <p>In accordance with any directions set by the Welsh Ministers.</p> |
| 5 | FULL | OPERATING | Ratify any urgent decisions taken by the Chair and the Lead Director in accordance |

²³ Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements.

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| | | ARRANGEMENTS | with WHSSC Standing Order requirements |
| 6 | NO – Nominated Audit Committee | OPERATING ARRANGEMENTS | Formal consideration of report of Committee Secretary on any non-compliance with WHSSC Standing Orders, making proposals to the Joint Committee on any action to be taken. |
| 7 | FULL | OPERATING ARRANGEMENTS | Receive report and proposals regarding any non-compliance with WHSSC Standing Orders, and where required ratify in public session any action required in response to failure to comply with SOs. |
| 8 | FULL | OPERATING ARRANGEMENTS | Approve the Joint Committee's Values and Standards of Behaviour framework |
| 9 | NO - Chair on behalf of Joint Committee, Vice-chair on behalf of Joint Committee if Chair is declaring interest | ORGANISATION STRUCTURE & STAFFING | Require, receive and determine action in response to the declaration of Joint Committee members' interests, in accordance with advice received, e.g. From Audit Committee or Committee Secretary. |
| 10 | FULL | STRATEGY & PLANNING | Determine the long term strategic plan for the development of specialised services and tertiary services in Wales, in conjunction with Welsh Ministers. |
| 11 | FULL | STRATEGY & PLANNING | Approve the Joint Committee's key strategies and programmes related to: <ul style="list-style-type: none"> Population Health Needs Assessment and Commissioning Plan |

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| | | | <ul style="list-style-type: none"> ▪ The development and delivery of patient and population centred specialised and tertiary services for the population of Wales ▪ Improving quality and patient safety outcomes ▪ Workforce and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans) |
| 12 | FULL | STRATEGY & PLANNING | Approve the Joint Committee's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan |
| 13 | FULL | STRATEGY & PLANNING | Approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure) |
| 14 | FULL | OPERATING ARRANGEMENTS | Approve the Joint Committee's framework and strategy for performance management. |
| 15 | FULL | STRATEGY AND PLANNING | Approve the LHBs framework and strategy for risk and assurance |
| 16 | FULL | OPERATING ARRANGEMENTS | Ratify policies for dealing with raising concerns, complaints and incidents in accordance with Putting Things Right and health and safety requirements. |
| 17 | FULL | OPERATING ARRANGEMENTS | Agree the arrangements for ensuring the adoption of standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Joint Committee, including standards/requirements determined by Welsh Government, regulators, professional bodies/others, e.g., National Institute of Health and Care Excellence (NICE) |
| 18 | FULL | STRATEGY & PLANNING | Approve the Joint Committee's patient, public, staff, partnership and stakeholder engagement and co-production. |
| 19 | FULL | OPERATING ARRANGEMENTS | Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Joint Committee determines |

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| | | | it so based upon its contribution/impact on the achievement of the Joint Committee's aims, objectives and priorities |
| 20 | FULL | ORGANISATION STRUCTURE & STAFFING | Appointment, appraisal, discipline and dismissal of the officer members of the Joint Committee (Directors) in accordance with the provisions of the Regulations and in accordance with Ministerial Instructions. |
| 21 | FULL | ORGANISATION STRUCTURE & STAFFING | Approve the appointment, appraisal, discipline and dismissal of any other Joint Committee level appointments and other senior employees, in accordance with Ministerial Instructions e.g. the Committee Secretary. |
| 22 | FULL | ORGANISATION STRUCTURE & STAFFING | Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required. |
| 23 | FULL | ORGANISATION STRUCTURE & STAFFING | Approve, [arrange the] review, and revise the Joint Committee's top level organisation structure and Joint Committee policies |
| 24 | FULL | ORGANISATION STRUCTURE & STAFFING | Appoint, [arrange the] review, revise and dismiss Joint Committee sub-Committees, including any joint sub-Committees directly accountable to the Joint Committee |
| 25 | FULL | ORGANISATION STRUCTURE & STAFFING | Appoint, equip, review and (where appropriate) dismiss the Chair and members of any sub-Committee, joint sub-Committee or Group set up by the Joint Committee |
| 26 | FULL | ORGANISATION STRUCTURE & | Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Joint Committee on outside bodies and groups |

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| | | STAFFING | |
| 27 | FULL | ORGANISATION STRUCTURE & STAFFING | Approve the standing orders and terms of reference and reporting arrangements of all sub-Committees, joint sub-Committees and groups established by the Joint Committee |
| 28 | FULL – except where Chapter 6 specifies appropriate to delegate to Officers. | OPERATING ARRANGEMENTS | Approve individual compensation payments in line with the provisions of Annex 4 to Chapter 6 of the Welsh Government Manual for Accounts |
| 29 | FULL – except where Chapter 6 specifies appropriate to delegate to Officers. | OPERATING ARRANGEMENTS | Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Lead Director and officers |
| 30 | FULL | OPERATING ARRANGEMENTS | Approve proposals for action on litigation on behalf of the Joint Committee |
| 31 | FULL | STRATEGY & PLANNING | Approve individual contracts (other than NHS contracts) above the limit delegated to the Lead Director set out in the WHSSC SFIs |
| 32 | FULL | PERFORMANCE & ASSURANCE | Approve the Joint Committee's audit and assurance arrangements |

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| 33 | FULL | PERFORMANCE & ASSURANCE | Receive reports from the Joint Committee's WHSST Directors on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans |
| 34 | FULL | PERFORMANCE & ASSURANCE | Receive assurance reports from the Joint Committee's sub-Committees, groups and other internal sources on the Joint Committee's performance and approve action required, including improvement plans |
| 35 | FULL | PERFORMANCE & ASSURANCE | Receive reports on the Joint Committee's performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc.) that raise issue or concerns impacting on the Joint Committee's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Joint Committee sub-Committees (as appropriate) |
| 36 | FULL | PERFORMANCE & ASSURANCE | Receive the annual opinion of the Joint Committee's Chief Internal Auditor and approve action required, including improvement plans |
| 37 | FULL | PERFORMANCE & ASSURANCE | Receive the annual management report from the Joint Committee's external auditor and approve action required, including improvement plans |
| 38 | FULL | PERFORMANCE & ASSURANCE | Receive assurance regarding the Joint Committee's performance against the Health and Care Standards for Wales and the arrangements for approving required action, including improvement plans. |
| 39 | FULL | REPORTING | Approve the Joint Committee's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required. |
| 40 | FULL | REPORTING | Receive, approve and ensure the publication of Joint Committee reports, including its Annual Report and annual financial accounts in accordance with directions and guidance issued. |

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| ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE-CHAIR AND INDEPENDENT MEMBERS | | | |
|---|----------------------------------|--|---|
| | Chair | | Chair of the Integrated Governance Committee |
| | Independent Member or Vice-Chair | | Audit Lead |
| | Independent Member or Vice-Chair | | Chair of the Quality and Patient Safety Committee |

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DELEGATION OF POWERS TO SUB-COMMITTEES AND OTHERS²⁴

WHSSC Standing Order 3 provides that the Joint Committee may delegate powers to sub-Committees and others. In doing so, the Joint Committee has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such sub-Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others.

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Joint Committee has delegated a range of its powers to the following sub-Committees and others:

- Audit & Risk Committee (of the host organisation)
- Quality and Patient Safety Committee
- Individual Patient Funding Request (IPFR) Panel (WHSSC)
- Integrated Governance Committee
- Welsh Kidney Network (WKN)
- Management Group

The scope of the powers delegated, together with the requirements set by the Joint Committee in relation to the exercise of those powers are as set out in i) sub-Committee terms of reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the Joint Committee's Scheme of Delegation to sub-Committees.

²⁴ As defined in Standing Orders.

SCHEME OF DELEGATION TO WHSST DIRECTORS AND OFFICERS

The WHSSC SOs and WHSSC SFIs specify certain key responsibilities of the Lead Director, the Director of Finance and other officers. The Lead Director's Job Description sets out their specific responsibilities, and the individual job descriptions determined for other WHSST Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the WHSSC SFIs form the basis of the Joint Committee's Scheme of Delegation to Officers.

| DELEGATED MATTER | RESPONSIBLE OFFICER(S) |
|---|---|
| Agreeing and signing Health Care Agreements and Contracts with service providers for health care services | Lead Director Director of Finance (Deputy) |
| Approval to commission Specialist healthcare services | Lead Director |
| Information Governance arrangements | Committee Secretary (in conjunction with the host LHB) |
| Management of Concerns | Director of Nursing & Quality Assurance |
| Health and Safety arrangements | Lead Director/ Committee Secretary (in conjunction with the host LHB) |
| Investigate any suspected cases of irregularity not related to fraud and corruption in accordance with government directions. | Chair/ Lead Director Director of Finance (Deputy) |
| Issuing tenders and post tender negotiations. | Lead Director Director of Finance (Deputy) |
| Legal advice | Committee Secretary |

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| | |
|---|--|
| Action on litigation | Lead Director/ Committee Secretary |
| Operation of detailed financial matters, including bank accounts and banking procedures | Director of Finance (in conjunction with the host LHB Director of Finance) |
| Workforce | Committee Secretary |
| Public consultation | Lead Director |
| Manage central reserves and contingencies | Director of Finance |
| Management and control of stocks other than pharmacy stocks | Lead Director |
| Management and control of computer systems and facilities | Committee Secretary |
| Monitor and achievement of management cost targets | Lead Director |
| Recording of payments under the losses and compensation regulations | Director of Finance |
| Individual Patient Funding Requests | Director of Nursing & Quality Assurance |
| Approve and ensure the publication of non-statutory Annual Report | Lead Director |
| Welsh Kidney Network (WKN) | Programme Director |

This scheme only relates to matters delegated by the Joint Committee to the Lead Director and other WHSST Directors, together with certain other specific matters referred to in WHSSC SFIs.

Each WHSST Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

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Annex 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

**This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders**

Joint Committee framework

The Joint Committee's governance and accountability framework comprises these WHSSC SOs, incorporating schedules of Powers reserved for the Joint Committee and Delegation to others, together with the following documents:

- ***WHSSC SFIs***
- ***Values and Standards of Behaviour Framework (link to document)***
- ***Risk Management Strategy (link to document)***
- ***Key policy documents***

agreed by the Joint Committee. These documents must be read in conjunction with the WHSSC SOs and will have the same effect as if the details within them were incorporated within the WHSSC SOs themselves.

These documents may be accessed from the Committee Secretary by written request.

NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>. Directions or guidance on specific aspects of Joint Committee business are also issued electronically, usually under cover of a Welsh Health Circular.

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Annex 3

JOINT COMMITTEE SUB-COMMITTEE ARRANGEMENTS

This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders

[Management Group](#)

[Quality & Patient Safety Committee](#)

[Integrated Governance Committee](#)

[Welsh Kidney Network \(WKN\)](#)

[Individual Patient Funding Request Panel](#)

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Annex 4

**ADVISORY GROUPS AND EXPERT PANELS TERMS
OF REFERENCE AND OPERATING ARRANGEMENTS**

**This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders**

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WHSSC Standing Orders

MEMORANDUM OF AGREEMENT

RELATING TO

WELSH HEALTH SPECIALISED SERVICES COMMITTEE

(WALES) DIRECTIONS 2009

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MEMORANDUM OF AGREEMENT

THIS MEMORANDUM OF AGREEMENT is made the **13 July 2021**
BETWEEN

- (1) ANEURIN BEVAN UNIVERSITY LOCAL HEALTH BOARD, having headquarters at St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ
- (2) BETSI CADWALADR UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW
- (3) CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 2nd Floor, Woodland House, Maes-y-coed Road, Cardiff CF14 4HH,
- (4) CWM TAF MORGANNWG UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon Taff, CF45 4SN.
- (5) HYWEL DDA UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ystwyth Building, St David's Park Carmarthen, SA31 3BB.
- (6) POWYS TEACHING LOCAL HEALTH BOARD, having headquarters at Mansion House, Bronllys, Brecon, Powys, LD3 0LS
- (7) SWANSEA BAY UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot, SA12 7BR

WHEREAS:

- A. In accordance with the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009 No.35), the LHBs are required to establish a Joint Committee for the purpose of jointly exercising its Delegated Functions and providing the Relevant Services from 1 April 2010.
- B. The Welsh Health Specialised Services Committee (Wales) Regulations 2009 (SI 2009 No 3097) make provision for the constitution of the Joint Committee including its procedures and administrative arrangements.

Cwm Taf Morgannwg University Local Health Board (CTMUHB) has been identified as Host LHB to provide administrative support for the running of the Joint Committee and to establish the Welsh Health Specialised Services Team as per Direction 3(4) and Regulation 3(1)(d) and the interpretation

sections of both the Directions and the Regulations and the Joint Committee Standing Orders: Statutory Framework and Joint Committee Framework.

- D. The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make collective decisions on the review, planning, procurement and performance monitoring of agreed specialised and tertiary services (Relevant Services) and in accordance with their defined Delegated Functions. The Joint Committee therefore comprises, and is established by, all the LHBs.
- E. The LHBs have been given the financial responsibility for all of the specialised and tertiary health needs for their respective populations. Refer to Standing Order 1.1.
- F. The Directions and Regulations require that the Chief Executives of each of the 7 LHBs listed as Parties to this Agreement be members of the Joint Committee. This Agreement defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executives of the constituent LHBs as individual members of the Joint Committee. This is in accordance with their objective to make collective decisions as to the provision of national services as described above and in the interests of NHS Wales and the health needs of their individual populations. Refer to Standing Orders: Statutory Framework, NHS Framework and Joint Committee Framework (for governance arrangements); and to Standing Orders 1.2 and 1.3 (for membership, responsibilities and accountability).

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1. INTERPRETATIONS

| | |
|-------------------------------|--|
| 'the Act' | the National Health Service (Wales) Act 2006 (C.42) |
| 'Associate Members' | the Chief Executives of Public Health Wales NHS Trust, Velindre University NHS Trust, Welsh Ambulance Services NHS Trust. Refer to Regulation 3(3) and Standing Order 1.2.6 |
| 'the Directions' | the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35) |
| 'Chair' | the person appointed by the Minister to lead the Welsh Health Specialised Services Committee and to ensure it successfully discharges its overall responsibility on behalf of the LHBs. Refer to Regulation 4(1) and Standing Orders 1.3.4 to 1.3.6. |
| 'Chief Executives' | the Chief Executives of the constituent LHBs |
| 'Committee Secretary' | the person appointed by the Welsh Health Specialised Services Committee as its principal advisor on all aspects of governance. Refer to Standing Orders: The Role of the Committee Secretary. |
| 'Role of the Joint Committee' | the role ascribed to the Joint Committee ascribed to the Joint Committee in section 4 of this Agreement. Refer to Standing Order 1.1. |
| 'Dispute Process' | the arbitration process agreed with WG. |
| 'WHSST Directors' | the Officer Members of the Joint Committee as defined in Regulation 3(2) of the Regulations. |
| 'Host LHB' | Cwm Taf Morgannwg University Local Health Board |
| 'Joint Committee' | the Welsh Health Specialised Services Committee established in accordance with the Directions and Regulations |
| 'LHB' | Local Health Board established in accordance with s 11(2) of the Act |
| 'Management Group' | the purpose of the Management Group is to be the Specialised Services Commissioning operational body |

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responsible for the implementation of the Specialised Services Strategy. It will underpin the commissioning of Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales. The Membership of the Group is determined locally but as a minimum consists of LHB planning/commissioning representation and/or Finance representation.

| | |
|---------------------|---|
| 'Management Team' | the team appointed in accordance with paragraph 10.2 of the Agreement, comprising of the Lead Director, Medical Director, Finance Director and Nurse Director of Specialised and Tertiary Services. Refer to Regulations 3(2) and Standing Order 1.2.4. |
| 'NHS Wales' | the comprehensive health service for Wales established by the NHS (Wales) Act 2006 (C.42) |
| 'Provider LHB' | a LHB which provides specialised and tertiary services to the Joint Committee |
| 'the Regulations' | the Welsh Health Specialised Services Committee (Wales) Regulations 2009 (2009/3097 (W.270)) |
| 'Relevant Services' | the planning and securing of specialised and tertiary services consisting of those functions and services listed in Annex (i) of the Welsh Health Specialised Services Committee (Wales) Directors 2009, and incorporated as Annex (i) in this Agreement, subject to any variations to those functions agreed from time to time by the Joint Committee. |
| 'WG' | Welsh Government as announced by the First Minister of Wales on 12 May 2011 |
| 'WHSST' | the Welsh Health Specialised Services Team consisting of staff employed by the Host LB to provide the Relevant Services, including WHSST Directors. |

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2. CORPORATE IDENTITY

- 2.1 The corporate identity for the Joint Committee will be in accordance with the Corporate Identity Guidelines issued by Welsh Government to LHBs. The Joint Committee will be referred to as the 'Welsh Health Specialised Services Committee' on stationery and signage.

3. PRINCIPLES

- 3.1 The Joint Committee is a statutory committee established under sections 12 (1)(b) and (3), 13(2)(c), (3)(c) and (4)(c) and 203(9) and (10) of the Act. The LHBs are required to jointly exercise the Relevant Services. Refer to Standing Orders: Statutory Framework
- 3.2 The principle of subsidiarity will apply so that the Joint Committee will agree annually a List of Specialist Services which has approved by the Joint Committee as part of the Annual Planning process. The Joint Committee will be only responsible for the provision of those services which are identified in the List of Specialist Services. Any other service not identified in the List of Specialist Services will be the responsibility of each LHB to provide locally. Nothing in this paragraph shall prevent any LHB from exercising its discretion as to how to provide these services, either individually, or in conjunction with other LHBs or other bodies. Refer to Standing Order 1.1.2
- 3.3 Each LHB is accountable, through its statutory responsibilities, to use its resources to plan, fund, design, develop and secure the delivery of primary, community, in-hospital care services and specialised services for their population. For a number of national services, this can only be achieved by working collaboratively with all LHBs. The Joint Committee is established on this basis of a shared, national approach to the joint planning of specialised and tertiary services on behalf of each LHB, ultimately accountability to citizens and other stakeholders for the provision of specialised and tertiary services for residents within their area remains with individual LHBs. Refer to Standing Order 1.1.2.
- 3.4 In performing its role, the Joint Committee and each individual Chief Executive shall work in the wider interest of NHS Wales. In so doing, they shall work with all of the Joint Committee's appropriate partners and stakeholders in the best interests of NHS Wales. In so doing, the Joint Committee will take account of the following key principles:
- 3.4.1 Collaboration should be designed to deliver changes in services and demonstrable population benefit;

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- 3.4.2 Collaboration should ensure a more extensive and consistent use of evidence supported by a robust analysis of need;
- 3.4.3 Collaboration must not diminish clinical engagement;
- 3.4.4 Collaboration should support LHBs in working together more effectively, in an open and transparent way, for the benefit of the local population;
- 3.4.5 Collaboration must enhance resource utilisation in the planning process to reduce duplication and overlap;
- 3.4.6 Collaboration should focus upon articulating need, reviewing evidence of good practice, designing models of care and producing clear service specification;
- 3.4.7 Collaboration should promote equity in service delivery.

Refer to Standing Orders 1.1 and 1.4

3.5 Each LHB acknowledges the following principles:

- 3.5.1 the Management Team will be held to account by the Joint Committee for the delivery of a strategy for the provision of specialised and tertiary services for Wales as well as providing assurance that the systems of control in place are robust and reliable.
- 3.5.2 that any decision taken and approved by the Joint Committee in respect of the provision of the Relevant Services is binding on the constituent LHBs and may not be undermined by any subsequent decision or action taken by a constituent LHB. Refer to Standing Order 1.1.5
- 3.5.3 that each individual LHB is responsible for the people who are resident in their area. This means that the Joint Committee of which each Chief Executive is a member is acting on behalf of the 7 LHBs in undertaking its role. Refer to Standing Order 1.1.2.
- 3.5.4 that their respective Chief Executives have an individual responsibility to contribute to the performance of the role of the Joint Committee and to share in the decision making in the interests of the wider population of NHS Wales. At the same time, they acknowledge their own Chief Executive's individual accountability to their constituent LHB and their obligation to

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act transparently in the performance of their functions. Refer to Standing Orders 1.1.2 and 1.1.4.

3.5.5 that each Chief Executive as a member of the Joint Committee will require the Management Team of the Joint Committee to ensure that, in the timetabling of the annual work programme, sufficient time will normally be allowed to enable each Chief Executive to consult with their own LHB and appropriate local partners and stakeholders.

3.5.6 that when an individual Chief Executive is unable to attend a meeting of the Joint Committee, he/she will appoint in advance and identify to the Committee Secretary a deputy to attend on their behalf. The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights. Refer to Standing Order 6.6.10 and 6.6.11

3.6 Each Chief Executive will agree to advise the Chair of any circumstances where it is considered that there may be a conflict of interest between the performance of the national planning functions of the Joint Committee and the effect of any such decision on the scope of the services which the constituent LHB provides. Refer to Standing Order 7: Values and Standards of Behaviour

3.6.1 where the Chair considers that the conflict is not clear he will consult with the remainder of the Committee and reach a collective view.

3.6.2 where the Chair decides that there is a clear conflict of interest the Chief Executive will be required to abstain from the discussion.

3.7 The Joint Committee will strive to make decisions by consensus, failing which it will make decisions based on a two thirds majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no two thirds majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

4. ROLE OF THE JOINT COMMITTEE

4.1 The role of the Joint Committee as determined by the Welsh Ministers are (refer to Standing Order 1.1.4):

Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the

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Welsh Ministers;

- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an Integrated Commissioning Plan, for agreement by the Committee following the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;
- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;
- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

5. ANNUAL WORK PROGRAMME AND PLANNING

5.1 The Joint Committee and its Management Team will adhere to the standards of good governance set for the NHS in Wales and which are based on Welsh Government's Citizen Centred Governance Principles. Refer to Standing Order: NHS Framework.

5.2 The Joint Committee will:

5.2.1 report to the individual LHBs on its activities. It is formally accountable to the individual LHBs in respect of its role carried

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out on their behalf. Refer to Standing Order 9: Demonstrating Accountability.

- 5.2.2 lead and scrutinise the operations, functions and decision making of the Management Team. It will require the Management Team to report to it on its activities and it will hold the Management Team to account on behalf of the seven LHBs. Refer to Standing Order 1.1.6.

5.3 The Joint Committee will therefore require:

- 5.3.1 the Management Team to co-operate with them as members of the Joint Committee in securing agreed processes so that patients in Wales may have the equal opportunity to access new advances in treatment but in a way which ensures that services which no longer require collaborative planning are stepped down at the appropriate time to the individual LHBs as local providers.
- 5.3.2 the Management Team to prepare for their approval a Plan of Business for the year. They will also require the Management Team to agree with the Joint Committee an appropriate way of working. This will include submitting to the Joint Committee for discussion and agreement (following an appropriate internal and external consultation process) a Priorities Programme, an annual List of Specialised Services to be planned nationally and identifying the services to be stepped down for local provision, national Planning Policies and a Schedule of other appropriate policies for development and review on an annual basis.
- 5.3.3 in developing any new or amended policy the Management Team will prepare a suggested process which will be subject to an approved corporate standard for agreement by the Joint Committee.
- 5.3.4 the Management Team will undertake on an annual basis a mapping exercise of the Healthcare Standards which apply to the Joint Committee. An annual return will be submitted to the LHBs for inclusion in their annual return to Welsh Government.
- 5.3.5 a Quality and Patient Safety Sub Committee will be established to provide evidence based and timely advice to the Joint Committee to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare. The Quality and Patient Safety Sub Committee will also provide assurance to the Joint Committee in relation to the

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arrangements for safeguarding and improving the quality and safety of specialised healthcare services within the remit of the Joint Committee. The Quality and Patient Safety Sub-Committee will operate in accordance with the Terms of Reference annexed to the Standing Orders. Refer to Standing Order 4.0.3

- 5.3.6 the production of an Annual Report (to be prepared by the Committee Secretary) each year. Refer to Standing Order 9.0.2.
- 5.3.8 the Director of Finance for the Joint Committee to agree with the relevant Provider LHBs information requirements and reporting timescales to enable the Joint Committee to discharge its duties on behalf of each LHBs
- 5.3.9 the Management Team to act in accordance with the Welsh Language Scheme of the Host LHB in preparing papers on behalf of the Joint Committee. Refer to Standing Order 6.1.1.
- 5.3.10 the Lead Director to lead the consultation process on behalf of each LHB where the Joint Committee supports proposals which result in a major change in service provision.

6. ROLE OF CHAIR

- 6.1 The LHBs acknowledge that the Regulations require that the Chair be appointed by the Minister for Health and Social Services as an independent appointment and in accordance with the Nolan Principles. It is further acknowledged that the Chair is accountable to the Minister for Health and Social Services and is required by the Minister to act in accordance with the terms of his/her Accountability Agreement. Refer to Standing Orders 1.2.1 and 1.3.6.
- 6.2 The Chair will:
 - 6.2.1 be accountable to the individual LHBs in relation to the delivery of the role of the Joint Committee exercised by the Committee on their behalf.
 - 6.2.2 be required to secure consensus where possible in the making of collective decisions in the wider interests of NHS Wales and in accordance with the individual obligations of the Chief Executives and the non-officer members.

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- 6.2.3 the Chair will work in close collaboration with the Chairs of LHBs to ensure that the strategic development of Specialised and Tertiary Services meets the needs of NHS Wales.
- 6.2.4 the Chair will attend the All Wales Chairs Meeting at least twice a year.

7. APPOINTMENT AND ROLE OF NON-OFFICER MEMBERS

- 7.1 Each non-officer member (including the Vice-Chair) appointed to the Committee in accordance with the Regulations is individually accountable to the Chair. Refer to Standing Orders 1.3.8 and 1.3.9.
- 7.2 The Chair will seek nominations from the Chair of each individual LHB for the appointment of a non-officer member. The Chair will determine and agree with the Chairs of the LHBs the appropriate process for the selection of the non-officer member but in so doing must take account of the following requirements: Refer to Standing Orders 1.4. 2 and 1.4.3
 - 7.2.1 A balanced knowledge and understanding amongst the membership of the needs of all geographical areas served which will include consideration as to whether the constituent LHB is regarded as a major provider of services to the Joint Committee;
 - 7.2.2 wherever possible, the overall membership of the Joint Committee reflects the diversity of the population.

7.3 The audit lead non-officer member role will be recruited through a fair and open recruitment process. To enable the WHSSC Independent Member Remuneration appointment arrangements to be consistent with the other two HB IM roles, with an emphasis on the skills required to participate in the Audit 7 Risk Committee (ARC). The audit lead IM will be required to attend the CTMUHB part 2 ARC meetings which WHSSC attends to discharge its audit and accountability requirements"

Each non-officer member will be required to acknowledge their individual responsibility to contribute to the performance of the Delegated Functions of the Joint Committee and to share in the decision making in the interests of the wider NHS Wales.

7.37.4 The Chair and non-officer members will participate fully in the Performance Review Process as set down by the Welsh Government. Refer to the appropriate Accountability Agreements.

8. STATUS AND ROLE OF ASSOCIATE MEMBERS

- 8.1 The LHBs acknowledge that the Associate Members will attend the Joint Committee meetings on an ex-officio basis but in accordance with the directions will not have the right to vote in any meetings or proceedings of the Joint Committee. Refer to Standing Order 1.2.6.
- 8.2 Associate Members will be entitled to engage and participate in the discussions. It will be the responsibility of the Chair to secure that they may seek to influence and/or challenge the decision making by their participation during the course of the debate.

9. ROLE OF MANAGING DIRECTOR OF SPECIALISED AND TERTIARY SERVICES COMMISSIONING (LEAD DIRECTOR)

- 9.1 The Lead Director will:
 - 9.1.1 be the head of the Management Team and will report to the Chair. In so doing the Director will be accountable to the Joint Committee in relation to its role delegated to the Management Team by the Joint Committee. Refer to Standing Order 1.3.10
 - 9.1.2 be accountable to the Chief Executive of the Host LHB in respect of the administrative arrangements supporting the operation of the team. Refer to Standing Order 1.3.10
- 9.2 The Lead Director is responsible for ensuring that the Joint Committee enters into suitable Health Care Agreements and Contracts with service providers for health care services. The Lead Director will need to ensure that regular reports are provided to the Joint Committee detailing performance and associated financial implications of all health care agreements. Refer to Standing Order 3: Reservations and Delegations of Joint Committee Delegated Functions.

10. MANAGEMENT ARRANGEMENTS

- 10.1 In accordance with the Standing Orders, the Joint Committee may delegate certain functions to the WHSST Directors. Refer to Standing Order 3: Reservations and Delegations of Joint Committee Delegated Functions.
- 10.2 The Joint Committee will determine the nature and extent of any functions which it is appropriate to delegate to a Sub Committee and to the WHSST Directors.
- 10.3 The Joint Committee's approach to delegation will be set out in the Standing Orders, Standing Financial Instructions and Scheme of Reservations and Delegation.

- 10.4 The delegation of any function will be subject to regular review by the Joint Committee to ensure that the distribution of functions is accurately and appropriately described and continues to remain appropriate to respond to the requirements of the Joint Committee.
- 10.5 The LHBs acknowledge that the WHSST Directors will constitute the Management Team.
- 10.6 Any Chief Executive or other member of the Joint Committee who wishes to attend a Management Team meeting will agree their attendance with the Lead Director in advance.
- 10.7 The individual WHSST Directors are employed by the Host LHB but in exercising the performance of their functions they are individually accountable to the Joint Committee. Refer to Standing Orders 1.3.10 and 1.3.11.
- 10.8 The Management Group reports directly to the Joint Committee and membership includes the WHSST Directors and representation from the LHBs. The Membership of the Group is determined locally but as a minimum consists of LHB planning/commissioning representation and/or Finance representation. The purpose of the Management Group is to be the Specialised Services Commissioning operational body responsible for the implementation of the Specialised Services Strategy. It will underpin the commissioning of Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

11. ROLE OF COMMITTEE SECRETARY

- 11.1 The LHBs acknowledge that the role of the Committee Secretary is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee, and is a key source of advice and support to the Chair and Joint Committee members. Independent of the Joint Committee, the Committee Secretary will be required to act as the guardian of good governance within the Joint Committee by: Refer to Standing Orders: The role of the Committee Secretary
 - 11.1.1 providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance;
 - 11.1.2 facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, its sub-committees and Advisory Groups and producing an Annual Plan of Committee Business;
 - 11.1.3 ensuring that Joint Committee members have the right

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information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these Standing Orders;

- 11.1.4 ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination;
- 11.1.5 contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
- 11.1.6 monitoring the Joint Committee's compliance with the law, Joint Committee Standing Orders and the framework set by the LHB and Welsh Government.

11.2 It is agreed that the Committee Secretary is directly accountable for the conduct of his/her role to the Chair of the Joint Committee. The Committee Secretary will also be accountable to the Board Secretaries of the LHBs to ensure that robust governance arrangements are in place for the Joint Committee.

12. RELATIONSHIP WITH HOST

12.1 The responsibilities of the Host LHB are:

- 12.1.1 to appoint and employ such officers as may be required to support the commissioning of the Relevant Services and provide all necessary corporate services and management support, to include human resources, estates, procurement, banking and accountancy services, as may be required, including the making of payments to providers of the Relevant Services;
- 12.1.2 to provide advice to the Joint Committee on compliance with CTMUHB's policies, Standing Financial Instructions, Procurement Rules, Human Resource policies and other procedures;
- 12.1.3 to be the legal entity which enters into agreed tenders, procurement contracts, service level agreements and terms of engagement commissioned by the Joint Committee, and to ensure that the individuals appointed and employed to support the functions of the Joint Committee carry out those tasks which are stated in this Agreement to be the role of the Joint Committee;
- 12.1.4 to hold the management budget for the Joint Committee/Relevant Services and make payments and receive income as necessary;

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- 12.1.5 to be authorised to appoint lawyers and other professional advisors (in consultation with the Host LHB's Procurement Services team), and to agree the terms and conditions of their engagement and give them instructions from time to time on behalf of the Joint Committee.
- 12.1.6 All banking arrangements are the responsibility of the host LHB.
- 12.2 The Host LHB will not be responsible or accountable for the planning, funding and securing of the Relevant Services save in respect of the residents within the area of the Host LHB. Refer to Standing Order 2.0.2
- 12.3 The Joint Committee will require the Host LHB to enter into a separate Hosting Agreement, annexed to this Agreement as Annex (ii) to record the agreed accounting arrangements and resulting responsibilities. Refer to Standing Orders: Joint Committee Framework.

13. ACCOUNTABILITY AND AUDIT & RISK COMMITTEE

- 13.1 Audit & Risk Committee arrangements will be the responsibility of the Host LHB.
- 13.2 The WHSSC Director of Finance and the WHSSC Committee Secretary will attend all Audit & Risk Committee meetings held by the Host LHB.
- 13.3 The Audit Lead will provide reports to the Joint Committee following the Host LHB Audit & Risk Committee meetings.

14. PROCUREMENT

- 14.1 Each LHB will ensure that appropriate internal arrangements are made to delegate their respective functions to the Joint Committee for the procurement of the Relevant Services. The Joint Committee (acting through the Host LHB) will establish collaborative commissioning and managerial arrangements to negotiate, agree and manage all aspects of service level agreements/contracts for the Relevant Services on such terms and for such purposes as may be agreed by the Joint Committee.
- 14.2 Agreed tenders, procurement contracts, service level agreements and terms of engagement will be entered into and signed by the Host LHB on behalf of the Joint Committee in accordance with the Host LHB's procurement policy and Standing Financial Instructions.

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15. FINANCIAL PRINCIPLES

15.1 The following represent the key financial principles to be adhered to by the LHBs:

- 15.1.1 to achieve financial neutrality and stability, where possible, for LHBs;
- 15.1.2 to adopt a fair and practical approach to the challenges of establishing the Joint Committee and to the functioning of the Joint Committee;
- 15.1.3 to ensure that funds are to be blocked back to the Joint Committee;
- 15.1.4 to ensure that the status quo with England is maintained until further review;
- 15.1.6 to ensure that a risk sharing methodology will be reviewed and agreed annually.

16. BUDGET AND FUNDING

16.1 In accordance with the Joint Committee's Standing Orders, the Joint Committee must agree the total budget to plan and secure the Relevant Services delegated to it. The Joint Committee must also agree the appropriate contribution of funding required from each LHB. Refer to Standing Order 1.1.4

16.2 Each year the Joint Committee will prepare an annual plan which shall outline the funding requirements in relation to the Relevant Services and be analysed by each constituent LHB as providers and purchasers. Refer to Standing Order 1.1.4

16.3 Each LHB will be required to make available to the Joint Committee the level of funds outlined in the annual plan and calculated in accordance with paragraph 16.1. The funds shall be drawn down in cash on a monthly basis from each of the LHB's as proposed by the Director of Finance for the Joint Committee.

16.4 On a monthly basis, the Director of Finance for the Joint Committee shall prepare a report to the Joint Committee which outlines the performance of the Joint Committee, highlighting any variances from the original annual plan, in total, and also broken down to each LHB commissioner level.

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- 16.4.1 in cases where the performance report highlights an adverse variance to the annual plan or where the report anticipates future unfunded cost pressures, the Joint Committee will be required to put in place contingency measures to ensure that a break-even position is maintained.
- 16.4.2 in cases where the performance report highlights a favourable variance to the annual plan, the Joint Committee shall be required to return the funding to each LHB in accordance with the risk sharing agreement.
- 16.5 The Joint Committee will comply with all Welsh Government financial monitoring arrangements. The Director of Finance of the Joint Committee is responsible for ensuring that a financial monitoring return is submitted to WG in the prescribed format and to the required deadlines.
- 16.6 Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its delegated functions. Any disputes over the level of funding proposed by Joint Committee shall be referred to the Welsh Government for resolution by the Welsh Ministers.

17. GIFTS AND HOSPITALITY

- 17.1 Each member of the Joint Committee is required to declare any gifts and hospitality in accordance with the Joint Committee Standing Orders to the Committee Secretary in relationship to their membership of the Joint Committee. The Committee Secretary will maintain a register of such declarations. Refer to Standing Orders: Values and Standards of Behaviour.

18. DISPUTES AND ARBITRATION

- 18.1 In accordance with the principles set out at paragraph 3 of this Agreement, the LHBs will seek to work cooperatively with each other as constituent members of the Joint Committee, with the Joint Committee as a whole, and with the Management Team. Where there is an impasse which cannot be resolved by means of conciliation between appropriate individuals, then as a last resort the Chair will be requested to invoke the Dispute Process which is set out in the Business Framework (Annex (iii)).

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19. CONCERNS

19.1 Concerns about treatment funded through the Joint Committee arrangements

Concerns notified about care and treatment will be dealt with by the organisation providing the treatment. Concerns will be considered under The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. Provider organisations must, as part of the contractual agreement, advise the LHB in which the patient lives that a complaint has been made and the LHB will ensure that this is reviewed in conjunction with the Quality and Patient Safety Sub Committee.

19.2 About individual patient funding decisions

These concerns will be handled by the LHB in which the patient lives, in accordance with the All Wales Individual Patient Funding Request Policy agreed by the Welsh Government.

19.3 About any function of the Joint Committee, its staff or its performance

Concerns notified about the function of the WHSS Team (for these purposes including Joint Committee members and WHSS staff), if not resolved internally, will be dealt with by the Host LHB on behalf of all LHBs in Wales.

19.4 An Operational Agreement will be developed between the LHBs which sets out clearly operationally how concerns will be dealt with.

19.5 Financial or other Redress

When qualifying liability in tort has been determined, following an investigation of a concern, each constituent LHB is responsible for managing and funding the redress payment arising from their resident populations.

20. INDEPENDENT PATIENT REVIEWS

20.1 Where a matter is considered to be a review of funding decisions it will be dealt with in accordance with the Review Process set out in All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR).

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21. COMMUNICATION

- 21.1 The Committee Secretary and the Board Secretaries of the respective LHBs will develop a Communication Strategy to ensure robust communication methods are in place to support the operation of the Joint Committee.
- 21.2 Each LHB will ensure that they utilise appropriate mechanisms to facilitate active debate amongst stakeholders, professionals and communities served to ensure appropriate independent representation and participation on the planning of the Relevant Services.
- 21.3 Each LHB is responsible for responding to individual enquires concerning their individual geographical population. Where it is an issue relating to a decision made by the Joint Committee, for example, as to the planning of a service, then the Committee Secretary will be responsible for co-ordinating the response in consultation with the Board Secretaries for the respective LHBs.
- 21.4 Each Member of the Management Team is required to work in collaboration with their colleagues in the LHBs to ensure the planning of the Relevant Services.
- 21.5 Where a request under the Freedom of Information Act is received by the Joint Committee, the request will be dealt with in accordance with the Host LHB's Freedom of Information Act procedure. Where the request is considered to be an issue relating to a specific LHB and it relates to recorded information which is held by that LHB, then the request will be forwarded to the respective LHB to respond in accordance with the Freedom of Information Act Code of Practice.

22. INTERFACE WITH CLINICAL NETWORKS

- 22.1 The arrangements with the Clinical Networks are set out at Annex (iv).

23. MENTAL HEALTH RESPONSIBILITIES

- 23.1 It will be the responsibility of the Lead Director to prepare a report for each meeting of the Joint Committee (where appropriate) on the conduct by the Management Team of the Committee's responsibilities to mental health patients who are detained under the Mental Health Legislation including any requirement by the Crown Court or the Mental Health Tribunal to give evidence as to appropriate placement of a patient detained under the Mental Health Legislation.

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24. CROSS BORDER SLA ARRANGEMENTS

- 24.1 The Director of Finance of the Joint Committee will agree appropriate contracts with a defined list of English NHS Trusts and Foundation Trusts for the purposes of delivering specialised services for the Welsh population.
- 24.2 The Director of Finance for the Joint Committee will be responsible for securing that the contracts are cost effective and achieve the delivery of services of appropriate quality.
- 24.3 In the interests of simplified patient care pathways and reducing administrative complexity these contracts may include non-specialised activity.
- 24.4 The Director of Finance of the Joint Committee will prepare performance reports on these contracts for each Joint Committee meeting.
- 24.5 The Lead Director will ensure that NHS Wales continues to maintain and develop appropriate relationships with the counterpart specialised planning arrangements in England and Scotland. The Lead Director will represent the LHBs in this regard and will be given the appropriate delegated authority to do so. These arrangements currently include English Specialist Commissioning Groups, the Scottish National Services Division of Scotland, the National Specialist Commissioning Groups and the National Commissioning Advisory Group or National Commissioning Group for highly specialised services.

25. ROLE OF PUBLIC HEALTH

- 25.1 A Service Level Agreement will be entered into between the Host LHB and Public Health Wales describing the services which Public Health Wales will provide to the Joint Committee and the process of engagement which will take place.

26. EQUALITY AND DISCRIMINATION

- 26.1 The LHBs undertake, in relation to the provision of the Relevant Services by the Joint Committee to the public or any member of the public, to exercise the role of the Joint Committee so as to have regard to the need to eliminate discrimination, and other prohibited conduct, in accordance with human rights and equality legislation.

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27. REVIEW

27.1 This Agreement will be reviewed on a bi-annual basis.

SIGNED under hand and delivered the day and year first above written

SIGNED and DELIVERED

by **Aneurin Bevan University Local Health Board**

acting by

~~Judith Paget~~ Nicola

Prygodzicz

Chief Executive

SIGNED and DELIVERED

by **Betsi Cadwaladr University Local Health Board**

acting by

~~Jo Whitehead~~ Gill Harris

Chief Executive

SIGNED and DELIVERED

by **Cardiff and Vale University Local Health Board**

acting by

~~Len Richards~~

Suzanne Rankin

Chief Executive

SIGNED and DELIVERED

by **Cwm Taf Morgannwg University Local Health Board**
acting by



Paul Mears
Chief Executive

SIGNED and DELIVERED

by **Hywel Dda University Local Health Board**
acting by



Steve Moore
Chief Executive

SIGNED and DELIVERED

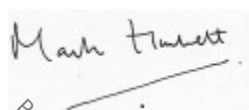
by **Powys Teaching Local Health Board**
acting by



Carol Shillabeer
Chief Executive

SIGNED and DELIVERED

by **Swansea Bay University Local Health Board**
acting by



Mark Hackett
Chief Executive

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Annex (i) to Memorandum of Agreement

Services delegated from LHBs to WHSSC for planning and funding in ~~2020-~~ 212023-2024

Range of Services Commissioned by WHSSC

| Assistant Director of Planning Lead |
|--|
| Intestinal Failure |
| Home Parental Nutrition |
| Hyperbaric Oxygen Therapy |

| Mental Health & Vulnerable Groups |
|--|
| High Secure Psychiatric Services |
| Medium Secure Psychiatric Services |
| All Wales Traumatic Stress Quality Improvement Initiative (Traumatic Stress Wales) |
| Gender Identity Services for Adults |
| Gender Identity Development Service for Children and Young People |
| Specialised Eating Disorder Services (Tier 4) |
| Mental Health Services for Deaf People (Tier 4) |
| Specialised Perinatal Services |
| CAMHS (Child and Adolescent Mental Health Services) Tier 4 |
| Forensic Adolescent Consultation and Treatment Service (FACTS) |
| Neuropsychiatry |

| Cancer & Blood |
|--|
| PET scanning |
| All Wales Lymphoma Panel |
| Specialist services for Sarcoma |
| Haematopoietic Stem Cell Transplantation (BMT) |
| Extra corporeal photopheresis for graft versus host disease |
| CAR-T therapy for lymphoma and acute lymphoblastic leukaemia |
| Thoracic surgery |
| Hepatobiliary cancer surgery |
| Microwave ablation for liver cancer |
| Brachytherapy (prostate and gynaecological cancers) |
| Proton Beam Therapy |
| Radiofrequency Ablation for Barrett's Oesophagus |
| Stereotactic Ablative Body Radiotherapy |
| Specialist service for Neuroendocrine Tumours |
| Peptide Receptor Radionuclide Therapy (PRRT) for Neuroendocrine Tumours |
| Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for Pseudomyxoma Peritonei |

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| All Wales Medical Genomics Service |
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| Burns and Plastics |
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| Specialist service for Paroxysmal Nocturnal Haemoglobinuria |
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| Inherited Bleeding Disorders |
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| Welsh Blood Service |
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| Hereditary Anaemias specialist service |
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| ECMO |
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| Long Term Ventilation |
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| Immunology |
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| Hepatobiliary Surgery Cardiff |
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| Pancreatic Surgery Morriston |
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| Hepato Cellular Carcinoma (HCC) MDT |
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| Syndrome Without a Name (SWAN) Clinic |
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| Molecular Radio Therapy |
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| Cardiac Services |
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| Cardiac Surgery |
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| Heart Transplantation including VAD's |
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| Electrophysiology, ablation and complex ablation |
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| Complex Cardiac devices |
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| Interventional Cardiology, (PPCI, PCI, PFO closures, TAVI, PMVLR) |
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| Inherited Cardiac Conditions |
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| Adult Congenital Heart Disease |
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| Pulmonary Hypertension |
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| Cystic Fibrosis |
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| Cardiac Networks (SWSWCHD Network, NWNWCHD Network, All Wales Cardiac Network) |
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| Bariatric Surgery |
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| Neurosciences & Long Term Conditions |
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| Neurosurgery Emergency and elective neurosurgery (including stereotactic radiosurgery and Deep Brain Stimulation) |
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| Neuroradiology (diagnostic and interventional undertaken by neuroradiologists) |
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| Neurorehabilitation |
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| Spinal rehabilitation |
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| Artificial Limbs and Appliances Service including: |
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| <ul style="list-style-type: none">○ Wheelchair and special seating○ Prosthetics○ Orbital prosthetics |
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| Electronic assistive technology |
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| Alternative Augmentative Communication (AAC) |
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| Immunology for Primary Immuno Deficiency |
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| Cochlear and BAHA |
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| Rare Diseases – RDIG |
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| <u>Spinal</u> |
| <u>Inherited White Matter Disorders</u> |

| Women and Children |
|---------------------------|
| Fetal Cardiology |
| Fetal Medicine |
| Neonatal |
| Neonatal Transport |
| Paediatric Cardiology |

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| Paediatric Cystic Fibrosis |
| Paediatric Endocrinology |
| Paediatric ENT |
| Paediatric Gastroenterology |
| Paediatric Intensive Care |
| Paediatric Immunology |
| Paediatric Inherited Metabolic Disease |
| Paediatric Nephrology |
| Paediatric Neurology |
| Paediatric Neuro-rehab |
| Paediatric Oncology |
| Paediatric Radiology |
| Paediatric Radiotherapy |
| Paediatric Rheumatology |
| Paediatric Surgery |
| <u>Paediatric Orthopaedic Surgery</u> |
| <u>Paediatric Infectious Diseases</u> |

| North Wales |
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| IVF |

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Annex (ii) to Memorandum of Agreement

HOSTING AGREEMENT

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THIS HOSTING AGREEMENT is made the ~~13 July 2021~~ 14 March 2023

BETWEEN

(1) CWM TAF MORGANNWYG UNIVERSITY LOCAL HEALTH BOARD ("Cwm Taf Morgannwg UHB")

and

(2) ANEURIN BEVAN UNIVERSITY LOCAL HEALTH BOARD, having headquarters at St Cadoc's Hospital, Lodge Road, Caerleon, Newport NP18 3XQ,

BETSI CADWALADR UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW,

CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 2nd Floor, Woodland House, Maes-y-coed Road, Cardiff CF14 4HH,

CWM TAF MORGANNWG UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon Taff, CF45 4SN,

HYWEL DDA UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ystwyth Building, St David's Park, Carmarthen, SA31 3BB.

POWYS TEACHING LOCAL HEALTH BOARD, having headquarters at Mansion House, Bronllys, Brecon, Powys, LD3 0LS,

SWANSEA BAY UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot, SA12 7BR,

Collectively established as the Joint Committee of WELSH HEALTH SPECIALISED SERVICES COMMITTEE ("Joint Committee").

WHEREAS:

(1) In accordance with the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009 No.35), the seven Local Health Boards are required to establish the WHSSC for the purpose of jointly exercising its Delegated Functions and providing the services from 1 April 2010.

(2) The Welsh Health Specialised Services Committee (Wales) Regulations 2009 (SI 2009 No 3097) makes provision for the constitution of the Joint Committee including its procedures and administrative arrangements.

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- (3) Cwm Taf Morgannwg University Local Health Board has been identified as the Host LHB to provide administrative and management support as further described in section 2 for the running of the WHSSC and to establish the Welsh Health Specialised Services Team (WHSST).
- (4) This Agreement should be read in conjunction with the Memorandum of Agreement made between the 7 Local Health Board themselves which defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executives of the constituent LHBs as individual members of the Joint Committee.
- (5) The purpose of this Agreement is to outline what the accountability arrangements and resulting responsibilities will mean, both for Cwm Taf Morgannwg UHB and for the Joint Committee.

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AGREEMENT

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1. INTERPRETATION

| | |
|---------------------------|--|
| 'the Act' | the National Health Service (Wales) Act 2006 |
| 'Delegated Functions' | those functions ascribed to the Joint Committee in section 4 of the Memorandum of Agreement and reproduced at Annex (i) 1. |
| 'the Directions' | the Welsh Health Specialised Services Committee (Wales) Directions 2009 |
| 'Director' | the Director of Specialised and Tertiary Services appointed in accordance with regulation 3 (2) of the Regulations |
| 'Joint Committee' | the Welsh Health Specialised Services Committee established in accordance with the Directions and Regulations |
| 'LHB' | Local Health Board established in accordance with s 11(2) of the Act |
| 'Management Team' | the team appointed in accordance with paragraph 10.2 of the Memorandum of Agreement. Refer to Standing Order 1.2.4. |
| 'Memorandum of Agreement' | the agreement dated 1 April 2010 between the 7 LHBs and described at paragraph (4) of the recital |
| 'NHS Wales' | the comprehensive health service for Wales established by the NHS (Wales) Act 2006 |
| 'the Regulations' | the Welsh Health Specialised Services Committee (Wales) Regulations 2009 |
| 'Relevant Services' | the planning and securing of specialised and tertiary services consisting of those functions and services listed in Annex (i) of the Memorandum of Agreement, subject to any variations to those functions and services agreed from time to time by the Joint Committee. |

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| 'WG' | Welsh Government as announced by the First Minister of Wales on 12 th May 2011. |
| 'WHSST' | the Welsh Health Specialised Services Team consisting of staff employed by the Host Board to provide the Relevant Services |

2. ROLE OF CWM TAF MORGANNWG UNIVERSITY LOCAL HEALTH BOARD

The responsibilities of Cwm Taf Morgannwg UHB are:

- 2.1 To appoint and employ such officers as may be required to support the commissioning of the Relevant Services and provide all necessary corporate services and management support, to include human resources, estates, procurement, banking and accountancy services, as may be required, including the processing of orders and the making of payments to providers of the Relevant Services, with such officers being members of the WHSST;
- 2.2 To provide advice to the Joint Committee on compliance with Cwm Taf Morgannwg UHB's policies, Standing Financial Instructions, Procurement Rules, Human Resource policies and other procedures;
- 2.3 To be the legal entity which enters into agreed procurement arrangements to include, but not restricted to, quotations, tenders, procurement contracts, service level agreements and terms of engagement commissioned by the Joint Committee and to ensure that the individuals appointed and employed to support the functions of the Joint Committee carry out those tasks which are stated in Annex (i) to be the role of the Joint Committee;
- 2.4 To have in place such appropriate governance arrangements and Schemes of Delegation as may be necessary and required on the part of Cwm Taf Morgannwg UHB to enable the Joint Committee's role to be carried out;
- 2.5 To hold the management budget for the Joint Committee / Relevant Services and make payments and receive income as necessary;

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- 2.6 To be authorised to appoint lawyers and other professional advisors (in consultation with Cwm Taf Morgannwg UHB's Procurement Services team), and to agree the terms and conditions of their engagement and give them instructions from time to time on behalf of the Joint Committee.
- 2.7 Cwm Taf Morgannwg UHB will not be responsible or accountable for the planning, funding and securing of the Relevant Services save in respect of the residents within the geographical area of responsibility of Cwm Taf Morgannwg UHB. Refer to Standing Order 2.0.2
- 2.8 In fulfilling its obligations and responsibilities under this Agreement, Cwm Taf Morgannwg UHB shall not be required to do or not do and shall not do or omit to do anything which does not comply with Cwm Taf Morgannwg UHB's statutory powers and duties, Standing Orders and Standing Financial Instructions, corporate governance requirements generally, procurement requirements or any legal obligations not covered by the foregoing.

3. EMPLOYMENT OF STAFF

- 3.1 New Officers who are appointed to work with the Joint Committee from the 1 April 2010 will be employed by Cwm Taf Morgannwg UHB.
- 3.2 The Officers working with the Joint Committee, and comprising the Management Team and WHSST, will therefore be employees of Cwm Taf Morgannwg. They will be required to abide by Cwm Taf Morgannwg UHB's Policies, Procedures and Guidance and will be entitled to be treated as any other employee of Cwm Taf Morgannwg UHB and have the benefit of all applicable policies and procedures.
- 3.3 The Officers will also be accountable for their performance to the Joint Committee.
- 3.4 The human resource services which will be provided are identified at **Appendix B**.

4. PROCEDURES FOR TENDERS & PROCUREMENT

- 4.1 Cwm Taf Morgannwg UHB will provide all the support services to the Joint Committee as described at **Appendix C**.

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- 4.2 Agreed procurement arrangements via quotations, tenders, procurement contracts, service level agreements and terms of engagement will be entered into and signed by Cwm Taf Morgannwg on behalf of the Joint Committee in accordance with Cwm Taf Morgannwg UHB's procurement policy and Standing Financial Instructions.
- 4.3 Cwm Taf Morgannwg UHB shall not execute or, through performance create, any third party contract in respect of the Joint Committee unless authorised to do so by the Director.
- 4.4 The Joint Committee will provide sufficient funds and other relevant resources to meet the requirements of all third party contracts entered into by Cwm Taf Morgannwg UHB in pursuance of paragraph 4.3.
- 4.5 Cwm Taf Morgannwg UHB shall provide the Lead Director with drafts of all third party contracts and the Lead Director and/or the Joint Committee shall be entitled to require Cwm Taf Morgannwg UHB to use its reasonable endeavours to negotiate such amendments to the terms of such contract as the Lead Director and/or the Joint Committee reasonably see fit.

5. GOVERNANCE ARRANGEMENTS

- 5.1 The Joint Committee will utilise Cwm Taf Morgannwg UHB's Committee arrangements to assist it in discharging its governance responsibilities.
- 5.2 Where the Joint Committee utilises Cwm Taf Morgannwg UHB's sub-committee arrangements such as the Quality, Safety and Risk Committee, Cwm Taf Morgannwg UHB will ensure that the appropriate responsibilities are afforded to the Joint Committee and the agenda is constructed to ensure relevant issues are to be properly managed to allow the Joint Committee to satisfy itself from a risk management and controls assurance perspective.
- 5.3 The Joint Committee will adopt the risk assessing mechanisms of the host subject to appropriate adaptation to take into account the specific functions WHSSC.
- 5.5 The Lead Director will provide reports from the Joint Committee to Cwm Taf Morgannwg UHB's Board in line with Cwm Taf Morgannwg UHB's scheme of delegation to enable Cwm Taf

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Morgannwg UHB to assure itself that appropriate control measures are in place in accordance with the requirements of the Statement of Internal Control.

6. BUDGET AND FUNDING

- 6.1 The Joint Committee will transfer funds to Cwm Taf Morgannwg UHB on a quarterly basis in advance to allow Cwm Taf Morgannwg UHB to perform its functions on behalf of the Joint Committee, provided that the Joint Committee may attach conditions to the expenditure of such funds.
- 6.2 The Joint Committee will meet Cwm Taf Morgannwg UHB's overhead costs reasonably incurred in the support of the Joint Committee as may be agreed by the Joint Committee acting reasonably at all times.
- 6.3 The Director of Finance for the Joint Committee will authorise the transfer of funds to Cwm Taf Morgannwg UHB in line with agreed funding levels, which funds shall be accounted for by Cwm Taf Morgannwg UHB as income to the Joint Committee.
- 6.4 Cwm Taf Morgannwg UHB will set up and manage an Income and Expenditure Account for the Joint Committee, namely a Joint Committee Account. This includes all the income for the Joint Committee received from the LHBs and all other Joint Committee expenditure. This account shall be separate from all other Cwm Taf Morgannwg UHB funds. The Director of Finance for the Joint Committee shall make decisions relating to expenditure from this account provided that Cwm Taf Morgannwg UHB shall not at any time be obligated to operate the Joint Committee Account in deficit.
- 6.5 The Director of Finance for the Joint Committee is responsible for ensuring that all relevant reports, financial information and commentary are provided to the Host LHB so that the appropriate monitoring return can be prepared.

7. OWNERSHIP OF ASSETS

- 7.1 All assets (including intellectual property rights) acquired by Cwm Taf Morgannwg UHB in connection with the Joint Committee shall belong to Cwm Taf Morgannwg UHB but be held upon trust for the Joint Committee.

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- 7.2 Cwm Taf Morgannwg UHB shall, to the extent it is legally entitled to do so, transfer ownership and any other rights in such assets to such party or body as the Joint Committee shall require and within such timescales as are reasonably required.
- 7.3 In the event that any income is derived from such assets or from their disposal, such revenues shall be regarded as part of the Joint Committee income and accounted for accordingly.

8. ACCOUNTABILITY ARRANGEMENTS

- 8.1 The accountability arrangements of the Management Team and their relationship with Cwm Taf Morgannwg UHB are set out in Appendix D
- 8.2 The constituent LHBs will delegate to the Chief Executive of Cwm Taf Morgannwg UHB and the Chair of the Joint Committee their responsibility for performance appraisal and all employment related issues of the Lead Director. In exercising those responsibilities, the Chief Executive of Cwm Taf Morgannwg UHB is required to liaise with the Chief Executives of the constituent LHBs as members of the Joint Committee and the Chair of the Joint Committee.
- 8.3 The constituent LHBs will delegate to the Lead Director the performance appraisal of the individual members of the Management Team. In exercising those responsibilities, the Director is required to liaise with the Chief Executives of the constituent LHBs as members of the Joint Committee and the Chair of the Joint Committee.

9. DUTY OF CARE

- 9.1 Cwm Taf Morgannwg UHB shall be responsible for ensuring that all reasonable skill, care and diligence are exercised in carrying out those services which it is required to perform under this Agreement properly and efficiently in accordance with this Agreement and the Memorandum of Agreement and its overall responsibilities under the Act and all other appropriate legislation. Cwm Taf Morgannwg UHB shall keep the Joint Committee informed of any foreseeable or actual changes in circumstances which are likely to affect its ability to comply with the terms of this Agreement as the Host LHB.

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10. CWM TAF MORGANNWG UHB ORGANISATION

- 10.1 Cwm Taf Morgannwg UHB shall provide and maintain an organisation having the necessary facilities, equipment and employees of appropriate experience, to undertake the specific functions and provide all the services identified in this Agreement
- 10.2 All personnel deployed on work relating to the Agreement must have appropriate skills and competence.

11. LEGISLATION

- 11.1 Cwm Taf Morgannwg UHB shall ensure that it, and its employees and agents, shall in the course of this agreement comply with all relevant legislation, Welsh Government Directions and Guidance and procedures.

12. AUDIT

- 12.1 Cwm Taf Morgannwg UHB, through the Shared Services arrangements, will provide an effective independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Government. Refer to Standing Order 8.1.1
- 12.2 Cwm Taf Morgannwg UHB will ensure that relevant external audit arrangements are in place which give due regard to the functions of the Joint Committee. Refer to Standing Order 8.3. External Assurance

13. MANAGEMENT OF CONCERNS (INCLUDING INCIDENTS, COMPLAINTS & CLAIMS)

- 13.1 Paragraph 19 of the Memorandum of Agreement sets out the procedures to be followed for the management of concerns relating to the Joint Committee.
- 13.2 Where a matter is regarded as an individual concern, Cwm Taf Morgannwg UHB will only be responsible for the management of those concerns where qualifying liability in Tort is established, which relate to its geographical area of responsibility. In such circumstances, the Chief Executive of

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Cwm Taf Morgannwg UHB will be responsible for investigating and responding to the concern in accordance with The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.

- 13.3 Individual concerns relating to patients resident outside Cwm Taf Morgannwg UHB's geographical area of responsibility will be referred to the Chief Executive of the LHB in the appropriate geographical area.
- 13.4 Where a matter is regarded as a concerns and where qualifying liability in Tort has been established, Cwm Taf Morgannwg will only be responsible for managing the arrangements for redress arising from its own resident population.
- 13.5 Where a matter is considered to be a review of funding decisions it will be dealt with in accordance with the Review Process set out in All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR).

14. MANAGEMENT OF FOIA / DPA REQUESTS

- 14.1 Where a request under the Freedom of Information Act or Data Protection Act is received by the Joint Committee, the request will be dealt with in accordance with Cwm Taf Morgannwg UHB's procedures. Where the request is considered to be an issue relating to a specific LHB, other than Cwm Taf Morgannwg UHB, and it relates to recorded information which is held by that other LHB, then the request will be forwarded to the Board Secretary of the respective LHB to respond in accordance with the Freedom of Information Act Code of Practice.

15. NOTICES

- 15.1 Any notices served in respect of matters covered by this Agreement shall be sent to the Chief Executive of Cwm Taf Morgannwg on behalf of Cwm Taf Morgannwg UHB and the Lead Director on behalf of the Joint Committee.

16. DISPUTE

- 16.1 In the event of any dispute between Cwm Taf Morgannwg UHB and those involved in the Joint Committee, such dispute shall be escalated in line the Business Framework.

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16.2 If such dispute cannot be resolved in accordance with the provisions of paragraph 16.1 it shall be referred to the Joint Committee and the Chief Executive of Cwm Taf Morgannwg UHB.

16.3 If such a dispute cannot be resolved in accordance with the provisions of paragraph 16.2, it shall be referred to Welsh Government's Minister for Health and Social Services for resolution.

17. GENERAL

17.1 This agreement shall be capable of being varied only by a written instrument signed by a duly authorised officer or other representative of each of the parties.

17.2 No third party shall have any right under the Contracts (Rights of Third Parties) Act 1999 in connection with this Agreement.

17.3 This Agreement shall be governed and construed in accordance with the laws of England and Wales. Subject to paragraph 16, the parties hereby irrevocably submit to the exclusive jurisdiction of the Courts of England and Wales.

17.4 In the event of Cwm Taf Morgannwg UHB's Board determining (acting reasonably) that the performance by Cwm Taf Morgannwg UHB of its obligations under this Agreement is having a detrimental or prejudicial effect on the Cwm Taf Morgannwg UHB's ability to fulfil its core functions, Cwm Taf Morgannwg UHB's Board may instruct the Lead Director and Cwm Taf Morgannwg UHB's Chief Executive to review the operation of this Agreement further to clause 16.

17.5 In carrying out a review of this Agreement further to clause 17.4, the Lead Director and Cwm Taf Morgannwg UHB's Chief Executive shall consider the source and manner of any detriment identified by Cwm Taf Morgannwg UHB's Board further to clause 17.4 and shall put forward such amendments and variations to this Agreement and the associated governance arrangements between the Joint Committee and Cwm Taf Morgannwg as they may consider appropriate.

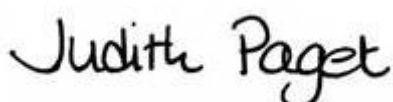
17.6 Cwm Taf Morgannwg's UHB Board shall consider the recommendations made further to clause 16.5 and may recommend to the Joint Committee and the Chief Executive of Cwm Taf Morgannwg UHB that this Agreement and the

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associated governance arrangements are amended accordingly.

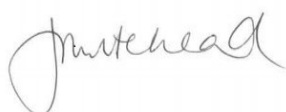
SIGNED under hand and delivered the day and year first above written

SIGNED and DELIVERED
by Aneurin Bevan University Local Health Board acting
by



~~Judith Paget~~ Nicola Prygodzicz
-Chief Executive

SIGNED and DELIVERED
by Betsi Cadwaladr University Local Health Board acting
by



~~Jo Whitehead~~ Gill Harris
Chief Executive

SIGNED and DELIVERED
by Cardiff and Vale University Local Health Board acting
by



~~Len Richards~~
Suzanne Rankin
-Chief Executive

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SIGNED and DELIVERED
by Cwm Taf Morgannwg University Local Health Board
acting by



Paul Mears
Chief Executive

SIGNED and DELIVERED
by Hywel Dda University Local Health Board
acting by



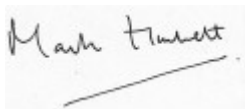
Steve Moore
Chief Executive

SIGNED and DELIVERED
by Powys Teaching Local Health Board
acting by



Carol Shillabeer
Chief Executive

SIGNED and DELIVERED
by Swansea Bay University Local Health Board
acting by



Mark Hackett
Chief Executive

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APPENDIX A

Role of the Joint Committee

The Joint Committees role is: (refer to Standing Order 1.1.):

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an Integrated Commissioning Plan, for agreement by the Committee following the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;
- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;
- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

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APPENDIX B

EMPLOYMENT OF STAFF

Identified human resources services

| Service | Description |
|----------------------------------|---|
| <i>Recruitment and Selection</i> | <ul style="list-style-type: none">• To provide a comprehensive recruitment and selection service which complies with employment legislation and standards of good practice as directed by the Welsh Government. |
| <i>Employee Relations</i> | <ul style="list-style-type: none">• To provide support to the Welsh Health Specialised Services Team in the management of sensitive issues relating to all employment policies including discipline, grievance, collective disputes, performance and capability, allegations of bullying and harassment whistle blowing and sickness absence etc. |
| <i>Policy Development</i> | <ul style="list-style-type: none">• To develop, implement and advise on employment policies and procedures which comply with employment legislation and NHS guidance; and• To provide training to WHSST Managers in the interpretation and use of policies and procedures. |
| <i>Remuneration and Payroll</i> | <ul style="list-style-type: none">• To provide advice on pay (including assimilation to new A4C bands) and associated terms and conditions of employment;• To provide a comprehensive payroll service; and• To undertake the matching and evaluation of all new and revised roles. |
| <i>Training and Development</i> | <ul style="list-style-type: none">• To provide appropriate training and development to WHSST. |
| <i>HR administration</i> | <ul style="list-style-type: none">• To maintain securely employment records for WHSST and provide accurate workforce data and information as required. |
| <i>Occupational health</i> | <ul style="list-style-type: none">• To provide a comprehensive Occupational health service to employees of WHSSC |

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APPENDIX C

3.1 Procedures for Tenders & Procurement

| Service | Description |
|---|---|
| Procurement (Tendering and ordering goods and services) | <ul style="list-style-type: none">• Tendering for goods & services in accordance with SOs and SFIs• Entering into procurement contracts and agreements• Raise orders for properly approved requisitions |
| Creditor Payments (Payment of suppliers, contractors and service providers) | <ul style="list-style-type: none">• Pay all duly authorised invoices• Deal with supplier queries etc• Provide management information on payment performance in accordance with WAG requirements |
| Systems maintenance and administration (ORACLE) | <ul style="list-style-type: none">• Process feeders into WHSSC ledger and maintain financial management system• Maintain passwords and hierarchies (cost centre and approval)• Oracle training as and when required including external training if required• Access to help desk facility• Undertake testing of upgrades• Liaise with Oracle Central Team and All Wales groups |
| Accounting Services (bank accounts, annual accounts consolidation, VAT) | <ul style="list-style-type: none">• Provision of bank accounts and petty cash facilities• Consolidation of Annual Accounts and other returns as required by WG• Provide VAT advice and consolidate VAT returns, including access to contracted out VAT advisory services |
| | <ul style="list-style-type: none">• Payment of Tax, National Insurance and Superannuation to appropriate authorities |

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Financial Governance
(internal and external
audit, counter fraud,
audit committee)

- Responsible for the securing of internal audit service via external contract
- Access to Local Counter Fraud Specialist
- Advice on financial procedures and other issues of governance
- Ensure appropriate external audit provision in place

3.2 Estates, Facilities and IT Support

Service

Description

Estates Maintenance

- To provide an efficient service in response to all aspects of estates maintenance in the running of the WHSSC offices.

Fire Safety

- To provide professional advice and support in relation to all aspects of Fire Safety ensuring compliance with legislation and guidance issued by the Welsh Government; and
- To provide appropriate training to WHSST.

Health and Safety

- To provide a Health and Safety Policy statement as and when required. The Policy must comply with the requirements of the Health and Safety at Work Act. All other relevant rules and regulations must be observed at all times;
- To be responsible for the testing, where appropriate, labelling and recording of all portable appliances in their ownership under the Electricity at Work Act 1989;
- To provide advice and support on the operational delivery of health and safety arrangements in WHSST in accordance with Cwm Taf Morgannwg UHB policies and procedures; and
- To provide appropriate training to WHSST.

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IT Support

- To provide a comprehensive IT support service including :
 - User registration;
 - Resolution of faults reporting via the Helpdesk;
 - Purchase and set up new IT equipment;
 - Supply of printing consumables
- To provide support in relation to the management of files and databases;
- To ensure the secure storage of data, back up, restore and recovery

3.3 Others

Service

Corporate Support

Welsh Language

Description

- To provide access to the Board Secretary for advice and support on Corporate Governance matters as required.
- Offer advice and information about the Welsh Language
- Promote and encourage the use of Welsh within the workplace
- Encourage the use of bilingual aids within the workplace such as signage, stationery etc
- Provide Welsh Language taster lessons for staff
- Give bilingual front-line telephone training
- Translate small in-house, day-to-day, translations
- Help co-ordinate the translation of larger documents
- Attend public meetings to provide a Welsh Language service for Welsh speakers.

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Equality and Diversity

- To provide advice and information to the Welsh Health Specialised Services Committee;
- To ensure the business of WHSSC is included within plans and policies of the Host LHB;
- To develop a work plan and meet quarterly to review progress against the plan;
- To ensure that relevant training is provided to the WHSST in relation to awareness raising and impact assessment;
- To provide an assurance mechanism on behalf of the LHBs that robust processes are in place to meet the Equality and Diversity agenda

Risk Management

- To provide advice and information on all areas of Risk Management to the Welsh Health Specialised Services Committee;
- To support the development of a Risk Assurance Framework for WHSSC
- To provide support (structure and advice) for the use of DATIX to facilitate the management of risk within WHSSC
- To develop a work plan and meet quarterly to review progress against the plan

Concerns

- To provide training and awareness for all staff in relation to the management of concerns;
- To provide advice and support in relation to the concerns process;
- To provide support (structure and advice) for the use of DATIX to facilitate the management of concerns within WHSSC To be responsible for all claims relating to staff and services commissioned which relate to Cwm Taf Morgannwg UHB Residents

Information Governance

- To provide timely advice to all information governance related enquires;
- To support the WHSSC Information Governance Group providing relevant advice as required;
- To provide training and awareness for all staff in all areas of Information Governance

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APPENDIX D

Accountability Arrangements

1. The Directions state that the LHBs will jointly exercise the Delegated Functions from 1 April 2010.
2. This means that the Delegated Functions are those of the individual constituent LHBs and not Cwm Taf Morgannwg UHB.
3. The Directions state that Cwm Taf Morgannwg UHB will exercise its functions so as to provide administrative support for the running of the Joint Committee and establish the WHSST.
4. The membership of the Joint Committee consists of the Chief Executives and the Chair, who is appointed by the Minister.
5. The Chair is directly accountable to the Minister.
6. The Director of Specialised and Tertiary Services is appointed as an Officer member of the Joint Committee to have such responsibilities as may be prescribed by the Joint Committee.
7. For the performance of the Delegated Functions on behalf of the Joint Committee and each constituent LHB, the Director can only be accountable to the Chief Executives of the constituent LHBs.
8. The Chief Executives of the Constituent LHBs are individually accountable to the Director General and Chief Executive of the NHS in Wales.
9. The Chief Executive of Cwm Taf Morgannwg UHB is only accountable to the Director General and Chief Executive of the NHS in Wales insofar as his/her functions relate to administrative support.
10. The Director of Specialised and Tertiary Services is jointly accountable to the Joint Committee and Chief Executive of Cwm Taf Morgannwg UHB.
11. The Finance Director of Cwm Taf Morgannwg UHB is only accountable to the Director of Finance for the NHS in Wales insofar as his functions relate to administrative support.

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12. The Finance Director of the Joint Committee has a dual responsibility to the Joint Committee and to the Finance Director of Cwm Taf Morgannwg UHB.
13. The Audit Committee of the host LHB is the central means by which the Joint Committee ensures effective internal control arrangements are in place.

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Annex (iii) to Memorandum of Agreement



JOINT COMMITTEE BUSINESS FRAMEWORK

July-March 2023~~1~~

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1. INTRODUCTION

- 1.1 WHSSC in the exercise of its statutory duties is expected to maintain public confidence in a process which is free of actual conflict.
- 1.2 LHBs, who are constituent members of WHSSC, have differing or conflicting local priorities and objectives which may impede collaboration. Different priorities may arise from the immediate need to support local health services. Yet WHSSC is required to commission specialist services to the benefit of NHS Wales as a whole and acting in accordance with its statutory obligations.
- 1.3 WHSSC through each constituent member remains accountable for the commissioning decisions it makes and for ensuring that conflicts between the exercise of the commissioning and provider functions are managed appropriately.
- 1.4 The Chief Executive of each constituent LHB is personally accountable to NHS Wales for the good governance and accountability of WHSSC. This includes ensuring that WHSSC manages transparently any potential conflict of interest.
- 1.5 The purpose of this document is to set out a framework so that Members of the Joint Committee and sub-committees/sub groups have a clear understanding of the decision making processes.

2. KEY PRINCIPLES

The Joint Committee will:

- 2.1 Support Members in striving to reduce the inequalities in access to and delivery of services for the populations the Members serve;
- 2.2 Support the cost effective utilisation of the funds made available by Members to commission specialised services;
- 2.3 In commissioning and procuring services, comply with all applicable statutory duties;
- 2.4 Establish Management Group which will ensure provider issues are dealt with at a local level.

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- 2.5 At all times demonstrate value for money and an effective and efficient commissioning programme;
- 2.6 Ensure that the financial risks to individual Members of unforeseen/unplanned activity are minimised, and that inequalities in access to and delivery of services are reduced;
- 2.7 Review, plan, develop and monitor the Services in partnership with clinicians, providers and service users; and
- 2.8 Use, where practically possible, other mechanisms to keep Members updated in terms of progress rather than the formal Joint Committee meetings.

The following additional key principles will also apply:

- 2.9 Commitments made by the Joint Committee in accordance with the delegated powers will be binding on all Members until the Joint Committee agrees otherwise;
- 2.10 Whilst agreement on the proposed way forward can be discussed and agreed at other forums (e.g. CEO Peer Group) all decisions will be taken at Joint Committee meetings unless otherwise delegated; and
- 2.11 A standard facilitation/arbitration procedure will apply.

3. BUSINESS PROCESSES

- 3.1. The Joint Committee's key business processes and products will be delivered through a clear and consistent annual business cycle. Each product that will be developed and implemented through appropriate structures that already exist and include:
 - 3.1.1 Chief Executive Peer Group
 - 3.1.2 Executive Directors Peer Groups
 - 3.1.3 Programme Teams
 - 3.1.4 Existing Governance structures

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4. MEETINGS OF THE JOINT COMMITTEE

4.1 General Principles

- 4.1.1 The dates of Joint Committee meetings will be agreed in advance with the membership for a rolling period of one year.
- 4.1.2 It is expected that the Joint Committee will meet up to five times each year.
- 4.1.3 All reports will be concise and clear. The body (introduction to conclusion) of the report will be a maximum of six A4 pages in length, where reasonably practical.
- 4.1.4 The Annual Plan for Specialised Services will be agreed annually. Any requests for additional funding outside of the agreed annual planning business cycle will need to demonstrate exceptionality. *(Refer to the All Wales Policy on Dealing with Individual Funding Requests for guidance).*
- 4.1.5 All reports prepared for meetings of the Joint Committee will include a summary which will be no longer than one A4 page in length. This summary should include the title of the report, its purpose and the name of the responsible Executive Director. It should also clearly state what is required from the Joint Committee and outline the potential and/or likely implications of the decision.
- 4.1.6 All reports will be agreed by the Management Group before consideration by the Joint Committee.
- 4.1.7 The Joint Committee will not normally consider reports for information during the meetings. These will be circulated outside of the meetings. This will ensure that time is maximised during Joint Committee Meetings. Where further discussion and agreement is required on specific items this will be undertaken through the Management Group and the decision will be taken at the Joint Committee in accordance with the Governance and Accountability Framework.
- 4.1.8 All papers will be sent electronically to Joint Committee Members, Directors of Finance and

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Directors of Planning (see *WHSSC Standing Orders* reference 6.5.3). Copies of the agenda and papers will also be available on the WHSSC website <http://www.whssc.wales.nhs.uk/>

- 4.1.9 On the occasions when the Chief Executive of the LHB is unable to attend the meeting, an Executive Director must be nominated to attend the Joint Committee meetings. The nomination must be approved by the Chair of the Joint Committee before the meeting (please refer to *WHSSC Standing Orders* reference 6.6.11). The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights.
- 4.1.10 On the occasions where the Joint Committee meeting is not quorate (please refer to *WHSSC Standing Orders* reference 6.6.10), the Chair may seek the views of those Members present and request that the Committee Secretary writes to each Member of the Joint Committee to support the decisions.
- 4.1.11 In dealing with such issues requiring an urgent decision, and if timescales allow, the Chair may call a meeting of the Joint Committee using video or telephone conferencing facilities. Emails may also be used to gather views and/or reach a consensus. All such decisions will be ratified by the Joint Committee at its next formal meeting.

4.2 Confidential Agenda

The Joint Committee will discuss items in confidence that would be exempt under the Freedom of Information Act 2000. Such items would generally be considered to be personal and confidential in nature or their disclosure would be otherwise prejudicial to the public interest.

4.3 Declaration of Interests

Please refer to *WHSSC Standing Orders* reference 7.1.

4.4 Managing Conflict

- 4.4.1 The Joint Committee must exercise its functions in a way which ensures that any conflicts of interest and local and prejudicial interests are dealt with as a preliminary to the decision making.

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- 4.4.2 At each meeting any specific conflicts pertinent to an issue on the agenda must be declared at the start and then recorded in the Minutes. In each meeting the Chair will ask Members to agree as preliminary whether the conflicted LHB should remain in the meeting and/or be able to participate in the discussion and to what degree.

4.5 Decision Making

- 4.5.1 The Joint Committee will make decisions based on a two thirds majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no two thirds majority view being expressed, the Joint Committee Chair shall have a second and casting vote.
- 4.5.2 On reaching a Joint Committee decision, all members will support that decision and its consequences in every respect.

4.6 Additional Items of Business

The Chair will be notified in advance of any items of other business to be raised for discussion at a meeting of the Joint Committee (see *WHSSC Standing Orders* reference 6.5.2). Where this is not possible or in exceptional circumstances, items of other business may be raised by a member at the appropriate point on the agenda. Acceptance of items of other business is at the discretion of the Chair.

4.7 Chair's Ruling

The decision of the Chair of the Joint Committee on questions of order, relevancy and regularity and the Chair's interpretation of the Business Framework and the Governance and Accountability Framework shall be final. In this interpretation the Chair shall be advised by the Director of Specialised and Tertiary Services and the Committee Secretary.

5. MINUTES AND ACTIONS

5.1 Minutes

- 5.1.1 The proceedings of each meeting of the Joint Committee will be formally recorded. The Committee Secretary will be responsible for the production of these minutes.

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- 5.1.2 The Chair will be responsible for summarising action points and decisions after each item of business during the meeting.
- 5.1.3 The Director of Specialised and Tertiary Services will write out to all Joint Committee Members with a summary of the discussions and actions following the meetings.
- 5.1.4 Following a meeting of the Joint Committee, the Director of Specialised and Tertiary Services will review the accuracy of the unconfirmed minutes with the Committee Secretary, prior to submission to the Chair for approval.
- 5.1.5 Once reviewed and approved by the Chair, the unconfirmed minutes will be circulated to Joint Committee Members and the Board Secretary of each LHB.
- 5.1.6 At the next meeting of the Joint Committee, all members will review the minutes and confirm that they are an accurate record. If any changes are required, the amendments will be discussed and agreed at the meeting.
- 5.1.7 The Chair will sign a copy of the minutes when agreed as an accurate record. This creates an official record of the meeting.

5.2 Actions

- 5.2.1 Actions resulting from the Joint Committee meetings will be summarised in tabular form which clearly indicates who is responsible and the agreed timescales.
- 5.2.2 The summary of actions should be circulated with the papers of the next Joint Committee meeting.

5.3. Briefing

- 5.3.1 A Joint Committee Briefing summarising the key discussion and decisions at Joint Committee meetings will be distributed within 7 days of each Joint Committee meeting.

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6. DISPUTE RESOLUTION

6.1 In accordance with the Governance and Accountability Framework the Health Boards will seek to work cooperatively with each other as constituent Members of the Joint Committee. Where there is an impasse which cannot be reached by means of conciliation between appropriate individuals, then the dispute process set out in Annex (iii) of the Governance and Accountability Framework will be followed.

6.2 Disputes relating to the Hosting Agreement between Cwm Taf Health Board and the Health Boards will be dealt with in accordance with Section 16 of the Hosting Agreement.

6.3 Most disputes arising between the Commissioners and Providers should be managed and resolved locally. Where there is need for escalation, the objectives of the Welsh Health Specialised Services Committee (WHSSC) ("Joint Committee") Dispute Resolution Process are:

6.3.1 To resolve disputes promptly, transparently, fairly and consistently;

6.3.2 To provide confidence to parties that the process is fair and transparent;

6.3.3 To mitigate risks and protect the reputation of the NHS in Wales;

6.3.4 To prevent where possible legal challenge or other external referral processes.

6.4 Facilitation and/or arbitration (Stage 1 and Stage 2) of disputes may be required in the following circumstances:

6.4.1 The Chair or any Member of the Joint Committee requests facilitation because an impasse has been reached between Members of the Committee.

6.5 Formal dispute resolution may be required in the following circumstances but shall not be limited to:

6.5.1 Any Provider dispute concerning the contractual agreement between WHSSC and the Provider which has not been able to be resolved with Officers of WHSSC;

6.5.2 Any dispute concerning the contractual agreement between the Provider and WHSSC which has not

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been able to be resolved with Officers of the
Provider organisation;

6.6 This document should be read in conjunction with the Governance and Accountability Framework *Disputed Debts within the NHS in Wales Arbitration Process* (see Appendix A).

6.6.1 There is no formal arbitration process between England and Wales, however in the past disputes have been resolved through intervention by Welsh Government and DoH representatives.

6.6.2 The final decision made by the route followed is final and on completion the dispute cannot be taken through the alternative route.

6.7 Definitions

6.7.1 *Locally*, within this section, means amongst the individuals raising the dispute.

6.7.2 *NHS Wales* refers to all Local Health Boards and NHS Trusts

6.7.3 *Member*, within this section, refers to both Voting Members, Officer Members and Associate Members of the Joint Committee.

6.8. Raising a Dispute

6.8.1 In the case of any dispute arising out of or in connection with the Commissioning of Specialised Services for NHS Wales, the parties involved will make every reasonable effort to communicate and co-operate with each other with a view to resolving the dispute, before formally referring the dispute for local resolution.

6.8.2 In the event of a dispute arising between two or more parties which cannot be resolved between "WHSSC" the Commissioner and the Provider, the parties should refer to section 6.6.6.

6.8.3 Disputes may arise over any aspect of a Heads of Agreement, or Service Level Agreement including that is deemed to be fair and reasonable, the management of performance variations and the imposition of penalties.

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6.8.4 Where any conflicts are identified between the requirements of the Heads of Agreement and any national directives and circulars, the requirements of the latter shall take precedence.

6.8.5 All parties recognise that it is in the best interests of patients, the organisations themselves, and the services they provider, for any disputes to be resolved locally.

Local Dispute Resolution

6.8.6 The first level of resolution should be:

For WHSSC: Mr. Stuart Davies, Director of Finance or nominated Officer.

For Provider: Director of Finance or nominated Officer.

6.8.7 The second resolution shall be:

For WHSSC: The Director of Specialised & Tertiary Services

For the Provider: The Chief Executive

Formal Dispute Resolution

6.8.8 In the event that the dispute is not resolved at the local resolution stage one or more parties may submit a formal request for dispute resolution.

The request for formal dispute should be addressed to:

*Committee Secretary
Welsh Health Specialised Services Committee
Unit G1
The Willowford
Treforest Industrial Estate
Pontypridd
CF37 5YL*

6.8.8.1 The names of the parties to the dispute;

6.8.8.2 A brief statement describing the nature of the circumstances of the dispute and

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outlining the reasons why the commissioner/providers are in disagreement; and

6.8.8.3 What has been done to try and resolve matters.

6.8.9 On receipt of formal referral for review of case, the request will be acknowledged within five working days.

6.8.10 The decision shall be so referred immediately upon receipt of such notice and the effect of that decision shall be suspended until the conclusion of dispute resolution.

6.8.11 A decision not required to be referred to dispute resolution within the time specified shall be binding on all Members.

6.8.12 A record of all disputes (formal and informal) will be maintained and will be made available to Members and the Chief Executive of NHS Wales (and their Executive team) on request.

6.9 Process for Dispute Resolution

6.9.1 Stage 1 – Facilitation

6.9.1.1 All parties involved in the dispute must try to reach an agreement. This will involve meeting to discuss and try to resolve the issues. All reasonable efforts must have been made (local resolution level 1 and 2).

6.9.1.2 A meeting is held which includes the following:

- a representative of the Chief Executive Officer for the LHB area of the Member(s) in dispute;
- an appropriate Director from the NHS organisation(s) in dispute; and
- a representative of WHSSC

6.9.1.3 The meeting will be chaired by the Chair of WHSSC or Vice-Chair and involve expert advice (clinical/commissioning/financial) where appropriate.

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6.9.1.4 If resolution is reached, the process will conclude at this stage.

6.9.2 Stage 2 – Arbitration

6.9.2.1 Both the party raising the dispute and the Director of Specialised and Tertiary Services or deputy (acting on behalf of the Joint Committee) will produce a joint statement of facts as well as a separate report setting out their positions and submit them to the Chair of the Dispute Resolution Panel.

6.9.2.2 The Chair of the Dispute Resolution Panel may invite the Director of Specialised and Tertiary Services or deputy (acting on behalf of the Joint Committee) and the Member bringing their dispute to present their positions or they may choose to decide on the basis of the information submitted.

6.9.2.3 Each Member of the Panel hereby recognises and agrees the role and responsibility of the Dispute Resolution Panel in relation to dispute resolution both as part of any initial Facilitation process and, further, as part of any Arbitration process. In resolving any such dispute the Panel shall have regard to ensuring each Member is fulfilling its statutory responsibilities and ensuring the highest clinical standards and patient safety issues are upheld.

6.9.2.4 The decision of the arbitration process will be binding.

6.10 Dispute Resolution Panel

6.10.1 Each formal dispute will be conducted by a panel appointed by the Chair of the Joint Committee. The panel will have a minimum of three members, including one member with commissioner and one member with provider experience. The panel may call on expert advice at its discretion. None of the

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panel will have strong prior relationships with the key staff involved in the adjudication.

- 6.10.2 The exact make up of the panel and advice to be taken by it will be decided by the Chair and one Independent Member once Stage 1 (level 1 and 2) of the process has been completed and there has not been any resolution.
- 6.10.3 Disputes will be heard by the panel (where possible given the criteria outlined in 6.9) within 8 weeks of the dispute being raised formally.
- 6.10.4 The panel will make decisions based on a simple majority vote.

6.11 Dispute Resolution Panel Acceptance Criteria

The panel will only accept disputes that meet the following criteria:

- 6.11.1 Stage 1 of the process has been completed but there is no resolution;
- 6.11.2 There must have been a full and frank disclosure of all relevant and applicable information. (This does not preclude the panel from asking for further information as it requires);
- 6.11.3 Individuals connected to the dispute should be able to make themselves available to provide further evidence as required;
- 6.11.4 There must be evidence that the party bringing the dispute has made reasonable effort to have this resolved at NHS Wales level, or can demonstrate that this was inappropriate, and that all other attempts at resolution have been completed;
- 6.11.5 All disputes must be formally lodged with the Dispute Resolution Panel within 3 weeks of the date the issue arose, otherwise the dispute will be invalid;
- 6.11.6 The dispute must not be not trivial, vexatious or an abuse of the Joint Committee Governance and Accountability Framework;
- 6.11.7 There must be adequate time to hear the dispute.

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6.12 Timescales for Dispute Resolution

The maximum timescales for action in relation to resolution of disputes is outlined below:

| Age of Dispute (weeks) | Action |
|------------------------|---|
| 0 – 3 | Referral of a dispute to resolution Local agreement sought |
| 3 - 5 | Escalation of dispute to formal stage of dispute resolution |
| 5 | Preparation for Panel (Stage 2) |
| 6 | Case Submission |
| 7 | Final Submission Deadline |
| 8 | Panel held and decision made |

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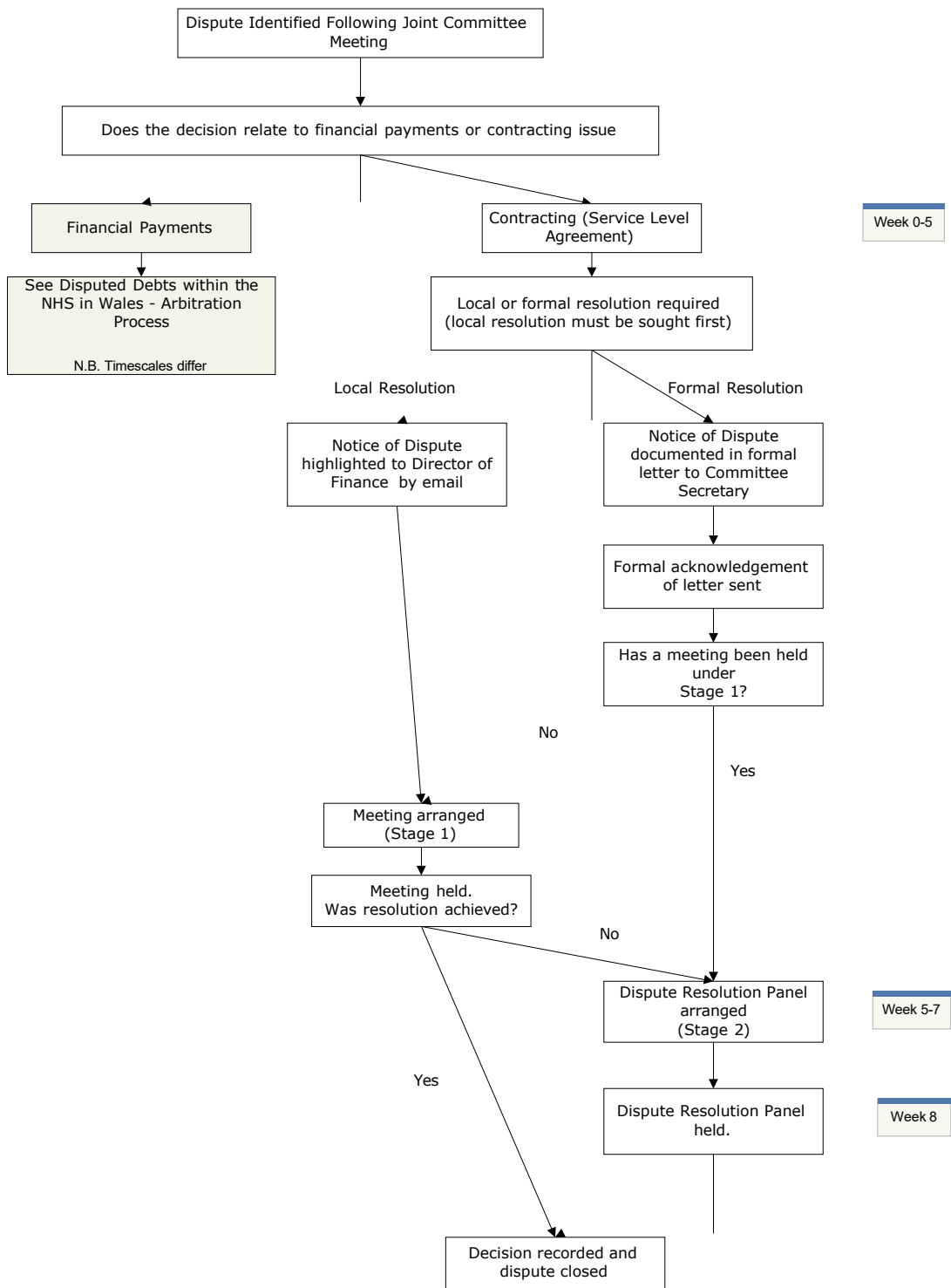
Appendix A

Disputed Debts within the NHS in Wales - Arbitration Process

Disputed debts between Welsh NHS organisations will be dealt with in accordance with the 'Disputed Debts within the NHS in Wales - Arbitration Process 2010/11' or such subsequent relevant arbitration process as is issued by or on behalf of Welsh Government from time to time.

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Flow Chart for Dispute Resolution



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Annex (iv) to Memorandum of Agreement

CLINICAL NETWORKS

Welsh ~~Clinical Renal Network~~ Kidney Network (WKN)

The Welsh ~~Clinical Renal~~ Kidney Network (WKN) is established as a Sub-Committee of the Welsh Health Specialised Services Committee. This arrangement will be reviewed on a regular basis as part of the Governance and Accountability Framework for the Joint Committee.

The Chair of the Welsh ~~Clinical Renal~~ Kidney Network will be accountable to the Chair and will be an Associate Member of the Joint Committee.

The Welsh ~~Clinical Renal~~ Kidney Network will provide a national focus for planning and performance management of all renal services, work closely with each LHB to support service improvement, local planning, and resource management. It will be the focal point to inform the LHBs and WG on the effectiveness and efficiency of adult renal services in Wales as well as the strategic implementation of the Renal National Service Framework and performance against the Annual Operating Framework and the associated Local Delivery Plans.

The Welsh ~~Clinical Renal~~ Kidney Network Chair / Lead Clinical Advisor will be directly accountable to the Chair of the Joint Committee but will also provide advice to WG through the Director of Strategy and Planning and the NHS Medical Director and Chief Medical Officer on an agreed sessional basis.

The Renal Network Manager will be managerially responsible to the Director of Finance and accountable to the Network Chair / Lead Clinical Advisor for the development and delivery of the Network objectives and work plan as appropriate to this role.

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Annex 2.1

STANDING FINANCIAL INSTRUCTIONS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

**This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders and the
Local Health Board Standing Orders (incorporated as Schedule 2.1 of SOs).**

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Foreword

These Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the Welsh Health Specialised Services Committee's (the "WHSSC" or the "Joint Committee") financial proceedings and business. These WHSSC Standing Financial instructions (WHSSC SFIs) are an annex to the WHSSC Standing Orders (WHSSC SOs) which form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them. They are designed to translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of a schedule of decisions reserved to the Joint Committee; a scheme of delegations to officers and others; and WHSSC Standing Orders, they provide the regulatory framework for the business conduct of the WHSSC.

These documents, together with a written Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers and a hosting agreement between the Joint Committee and Cwm Taf Morgannwg LHB (the host LHB), form the basis upon which the WHSSC's governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All Joint Committee members, host LHB and Welsh Health Specialised Services Team (WHSST) staff must be made aware of these WHSSC Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The WHSSC's Committee Secretary or the Director of Finance will be able to provide further advice and guidance on any aspect of the WHSSC SFIs or the wider governance arrangements for WHSSC. Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>

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Welsh Health Specialised Services Committee

1. INTRODUCTION

1.1 General

- 1.1.1 These Model Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the Welsh Health Specialised Services Committee's (the "WHSSC" or the "Joint Committee") financial proceedings and business. The Standing Financial Instructions shall apply equally to members and officers of the Joint Committee.
- 1.1.2 **These SFIs shall have effect as if incorporated in the WHSSC Standing Orders (SOs) (incorporated as Schedule 2.1 of SOs), and both should be used in conjunction with the host LHB's SOs and SFIs.**
- 1.1.3 These SFIs detail the financial responsibilities, policies and procedures adopted by WHSSC. They are designed to ensure that the WHSSC's financial transactions are carried out in accordance with the law and with Welsh Government policy in order to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability. They should be used in conjunction with the Schedule of decisions reserved to the Committee and the Scheme of delegation adopted by the WHSSC.
- 1.1.4 These SFIs identify the financial responsibilities which apply to everyone working for the Joint Committee, including its joint sub-Committees, staff of the host LHB and staff of WHSST. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial control procedure notes. All financial procedures must be approved by the Finance Director of Specialised and Tertiary Services (and referred to as the Director of Finance within these SFIs) and Audit Committee that deals with WHSSC matters.
- 1.1.5 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Committee Secretary or Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the WHSSC SOs.

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1.2 Overriding Standing Financial Instructions

1.2.1 Full details of any non compliance with these SFIs, including an explanation of the reasons and circumstances must be reported in the first instance to the Director of Finance and the Committee Secretary, who will ask the Audit Committee that deals with WHSSC matters to formally consider the matter and make proposals to the Joint Committee on any action to be taken. All Joint Committee members, members of joint sub-Committees, host LHB staff and WHSST staff have a duty to report any non compliance to the Director of Finance and the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported.

1.2.2 Ultimately, the failure to comply with SFIs and SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Joint Committee.

1.3 Financial provisions and obligations of LHBs and the WHSSC

1.3.1 The financial provisions and obligations for LHBs are set out under Sections 174 to 177 of, and Schedule 8 to, the National Health Service (Wales) Act 2006 (c. 42). The Joint Committee exists for the purpose of jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national All-Wales basis, on behalf of each of the seven LHBs in Wales. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its delegated functions. The Joint Committee must agree an appropriate level of funding for the provision of these services and determine the contribution from each LHB to allow the Joint Committee to plan and secure those services, including the running costs of WHSS. The Joint Committee will prepare an Integrated Medium Term Plan (IMTP) which shall outline the funding requirements in relation to the Relevant Services. The Joint Committee will also be responsible for developing a risk sharing framework which sets out the basis on which each LHB will contribute to any variation from the agreed Integrated Medium Term Plan.

2. RESPONSIBILITIES AND DELEGATION

2.1 The Joint Committee

2.1.1 The Joint Committee via WHSST exercises financial supervision and control by:

- a) Formulating and approving the Medium Term Financial Plan (MTFP) as part of developing and approving the Integrated Medium Term Plan (IMTP);

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- b) Requiring the submission and approval of balanced budgets within approved allocations/overall funding;
- c) Defining and approving essential features in respect of important financial policies, systems and financial controls (including the need to obtain value for money and sustainability); and
- d) Defining specific responsibilities placed on Joint Committee members and officers, and joint sub-Committees, as indicated in the Scheme of delegation document.

2.1.2 The Joint Committee has adopted the WHSSC SOs and resolved that certain powers and decisions may only be exercised by the Joint Committee in formal session. These are set out in the 'Schedule of matters reserved to the Joint Committee' section of the WHSSC SOs. The Joint Committee, subject to any directions that may be made by Welsh Ministers, shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of WHSSC may be carried out effectively, and in a manner that secures the achievement of the organisations aims and objectives. This will be via powers and authority delegated in accordance with the 'Scheme of delegation' schedules in the WHSSC SOs.

2.2 The Managing Director and Director of Finance

2.2.1 The Managing Director and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

2.2.2 Within the SFIs, it is acknowledged that the Managing Director is ultimately accountable to the Joint Committee in relation to those functions delegated to them by the Joint Committee; and is also accountable to the host Chief Executive in respect of the administrative arrangements supporting the operation of the WHSST by ensuring that the Joint Committee meets its obligation to perform its functions within the available financial resources. The Managing Director has overall executive responsibility for WHSST's activities; is responsible to the Chair and the Joint Committee for ensuring that financial obligations and targets are met; and has overall responsibility for the WHSST's system of internal control.

2.2.3 It is a duty of the Managing Director to ensure that Joint Committee members, staff and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

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2.3 The Director of Finance

2.3.1 The Director of Finance is responsible for:

- a) Implementing the Joint Committee's financial policies and for co-coordinating any corrective action necessary to further these policies;
- b) Maintaining an effective system of internal financial control including ensuring that detailed financial control procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- c) Ensuring that sufficient records are maintained to show and explain the Joint Committee's transactions, in order to disclose, with reasonable accuracy, the financial position of the Joint Committee at any time; and
- d) Without prejudice to any other functions of the Joint Committee, and employees of the host LHB and WHSST, the duties of the Director of Finance include:
 - (i) The provision of financial advice to other members of the Joint Committee, joint sub-Committees, Advisory Groups and officers;
 - (ii) The design, implementation and supervision of systems of internal financial control; and
 - (iii) The preparation and maintenance of such accounts, certificates, estimates, records and reports as the Joint Committee may require for the purpose of carrying out its statutory duties.

2.3.2 The Director of Finance is responsible for ensuring an ongoing training and communication programme is in place to affect these SFIs.

2.4 Joint Committee members and officers, and joint sub-Committees

2.4.1 All members of the Joint Committee, its joint sub-Committees, employees of the host LHB (including those employed to perform WHSST functions), severally and collectively, are responsible for:

- a) The security of the property of the Joint Committee and host LHB;
- b) Avoiding loss;
- c) Exercising economy and efficiency and sustainability in the use of

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resources; and

- d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of delegation.

2.4.2 For all Joint Committee members and officers, and joint sub-Committees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Joint Committee, joint sub-Committee and officers discharge their duties must be to the satisfaction of the Director of Finance.

2.5 Contractors and their employees

2.5.1 Any contractor or employee of a contractor who is empowered by the host LHB to commit the Joint Committee to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Managing Director to ensure that such persons are made aware of this.

3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

3.1 Audit Committee

3.1.1 An independent Audit Committee is a central means by which the Joint Committee ensures effective internal control arrangements are in place. In addition, the Audit Committee that deals with WHSSC matters provides a form of independent check upon the executive arm of the Joint Committee. Detailed terms of reference and operating arrangements for the Audit Committee that deals with WHSSC matters are set out in Annex 3 to the WHSSC SOs. This Audit Committee will follow the guidance set out in the NHS Wales Audit Committee Handbook.

<http://www.wales.nhs.uk/sitesplus/documents/1064/NHS%20Wales%20Audit%20Committee%20Handbook%20%28June%202012%29.pdf>

3.2 Chief Executive

3.2.1 As Chief Executive of the host LHB, the Chief Executive is responsible for:

- a) Ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;

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- b) Ensuring that the Internal Audit function meets the Public Sector Internal Audit Standards and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer;

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641252/PSAIS_1_April_2017.pdf

- c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;
- d) Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Joint Committee. The report must cover:
- A clear opinion on the effectiveness of internal control in accordance with the requirements of the Public Sector Internal Audit Standards;
 - Major internal financial control weaknesses discovered;
 - Progress on the implementation of Internal Audit recommendations;
 - Progress against plan over the previous year;
 - A strategic audit plan covering the coming three years; and
 - A detailed plan for the coming year.

3.2.2 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act 2018 and the UK General Data Protection Legislation) without necessarily giving prior notice to require and receive:

- a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- b) Access at all reasonable times to any land or property owned or leased by the host LHB;
- c) Access at all reasonable times to Joint Committee members and employees of the host LHB and WHSST;
- d) The production of any cash, stores or other property of the host LHB under a Joint Committee member or WHSSC official's control; and

e) Explanations concerning any matter under investigation.

3.3 Internal Audit

3.3.1 The Accountable Officer Memorandum requires the Chief Executive to have an internal audit function that operates in accordance with the standards and framework set for the provision of Internal Audit in the NHS in Wales. This framework is defined within a Public Sector Internal Audit Charter that incorporates a definition of internal audit, a code of ethics and Internal Audit Standards. Standing Order 9.1 (of the host LHB's SOs) details the relationship between the Head of Internal Audit and the Joint Committee. The role of the Audit Committee in relation to Internal Audit is set out within its Terms of Reference, incorporated in Annex 3 of the WHSSC SOs, and the Audit Committee Handbook.

3.3.2 The Chief Executive shall ensure that the annual plan of the Internal Auditor gives due regard to the activities of the Joint Committee in order to inform the audit opinion and the overall internal controls system.

3.4 External Audit

3.4.1 The Joint Committee is not itself a statutory body but is hosted by the host LHB on behalf of the seven LHBs in Wales.

3.4.2 The financial results of the Joint Committee will be separately identified when consolidated into the financial statements of the host LHB and therefore the host LHB must ensure that the Auditor General's representative, give due regard to the transactions and financial affairs of the Joint Committee, in its plan.

3.4.3 More detailed information about the purpose and responsibilities of external audit can be found in section 3.4 of the host LHB's SFIs.

3.5 Fraud and Corruption

3.5.1 In line with their responsibilities, the Managing Director and Director of Finance shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.

3.5.2 The Managing Director and Director of Finance shall report to the Joint Committee and the host LHB's Local Counter Fraud Specialist any matters relating to fraud or corruption.

3.5.3 More detailed information about counter fraud can be found in section 3.5 of the

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host LHB's SFIs.

3.6 Security Management

- 3.6.1 Security matters are the responsibility of the Chief Executive of the host LHB but the Managing Director will ensure that adequate processes are in place to comply with the requirements.

4. FINANCIAL DUTIES

4.1 Legislation and Directions

- 4.1.1 As the Joint Committee exists for the purpose of jointly exercising functions on behalf of each of the seven LHBs in Wales it must be cognisant of the Local Health Boards two statutory financial duties, the basis for which is section 175 of the National Health Service (Wales) Act 2006, as amended by the National Health Service Finance (Wales) Act 2014. Those duties are then set out and retained in the Welsh Health Circular "WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts." They are as follows:
- First Duty - A duty to secure that its expenditure, which is attributable to the performance by it of its functions, does not exceed the aggregate of the funding allotted to it over a period of 3 financial years;
 - Second Duty - A duty to prepare a plan to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers
- 4.1.2 The details and requirements for the two duties for LHBs are set out in the Welsh Health Circular "WHC/2015/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts."

<http://www.wales.nhs.uk/sitesplus/documents/863/12b%29%20Statutory%20Duties%20of%20Welsh%20Health%20Boards.pdf>

4.2 First Financial Duty – The Breakeven Duty

- 4.2.1 WHSSC has a duty to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years, that is to breakeven over a 3-year rolling period.
- 4.2.2 In accordance with the WHSSC SOs, the Joint Committee must agree the appropriate level of funding required from each LHB to fulfil its obligations. This will include the running costs of WHSST and will be separately identifiable.

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4.2.3 WHSST must ensure the Joint Committee approve balanced revenue and capital plans in line with their notified funds before the start of each financial year. Each LHB will be required to make available to the Joint Committee the level of funds approved in the balanced plans which shall be drawn down in cash on a monthly basis from each of the LHBs as proposed by the Director of Finance and agreed by the Joint Committee.

4.2.4 The Director of Finance will:

- a) Prior to the start of each financial year submit to the Joint Committee for approval a report showing the total funding to be received, including assumed in-year funding adjustments, and their proposed distribution to delegated budgets, including any sums to be held in reserve;
- b) Be responsible for the development and operation of the risk sharing framework for any in year variations from the Medium Term Financial Plan. The Director of Finance will also provide monthly reports to the Joint Committee explaining any variations from the Integrated Medium Term Plan and the contributions from each of the LHB under this framework. In cases where the performance report highlights an adverse variance to the Integrated Medium Term Plan or where the report anticipates future unfunded cost pressures, the Joint Committee will be required to put in place contingency measures to ensure that a financially balanced position is maintained. In cases where the performance report highlights a favourable variance to the Integrated Medium Term Plan the Joint Committee shall be required to return the funding to each LHB in accordance with the risk sharing agreement;
- c) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements;
- d) Periodically review any assumed in-year funding to ensure that these are reasonable and realistic; and
- e) Regularly update the Joint Committee on significant changes to the initial funding and the application of such funds.

4.2.5 The Chief Executive of the host LHB is not responsible for the outturn of WHSSC – this is the responsibility of the Joint Committee. Any variations to the Medium Term Financial Plan must be managed by the Joint Committee in accordance with the approved risk sharing framework. Each LHB will be responsible for its share under this risk sharing framework, and any consequent impact on their own LHB First Financial Duty.

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4.3. Second Financial Duty – The Planning Duty

4.3.1 Health Boards have a statutory duty under section 175(2A) of the National Health Service (Wales) Act 2006 to prepare a plan, the Integrated Medium Term Plan (IMTP), to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

4.3.2 To support the LHBs statutory duty the Joint Committee has a duty to prepare an Integrated Medium Term Plan. The Integrated Medium Term Plan (IMTP) must reflect longer-term planning and delivery objectives for the ongoing development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers. The Integrated Medium Term Plan should be continually reviewed based on latest Welsh Government policy and national and local priority requirements. The Integrated Medium Term Plan, produced and approved annually, will be 3 year rolling plans. In particular the Integrated Medium Term Plan must reflect the Welsh Ministers' priorities and commitments as detailed in the NHS Planning Framework published annually by Welsh Government.

<https://gov.wales/sites/default/files/publications/2019-09/nhs-wales-planning-framework-2020-23%20.pdf>

4.3.3 The NHS Planning Framework directs NHS organisations to develop, approve and submit an Integrated Medium Term Plan (IMTP) for approval by Welsh Ministers. The plan must:

- describe the context, including population health needs, within which the Joint Committee will deliver key policy directives and operational targets from Welsh Government,
- demonstrate how the Joint Committee are:
 - delivering their well-being objectives, including how the five ways of working have been applied,
 - contributing to the seven Well-being Goals,
 - establishing preventative approaches across all care and services,
- demonstrate how the Joint Committee will utilise its existing services and resources, and planned service changes, to deliver improvements in population health and clinical services, and at the same time demonstrate improvements to efficiency of services,
- demonstrate how the three-year rolling financial breakeven duty is to be achieved.

4.3.4 Integrated Medium Term Plans should be based on a reasonable expectation of future service changes, performance improvements, workforce changes, demographic changes, capital, quality, funding, income, expenditure, cost

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pressures and savings plans to ensure that the Integrated Medium Term Plan(including a balanced Medium Term Financial Plan) is balanced and sustainable and supports the safe and sustainable delivery of patient centred quality services.

4.3.5 The Integrated Medium Term Plan will be the overarching planning document enveloping component plans and service delivery plans. The Integrated Medium Term Plan will incorporate the balanced Medium Term Financial Plan and will incorporate the Joint Committee's response to delivering the

- NHS Planning Framework,
- Quality, governance and risk frameworks and plans, and
- Outcomes Framework

4.3.6 The Integrated Medium Term Plan will be developed in line with the Integrated Planning Framework and include:

- A statement of significant strategies and assumptions on which the plans are based;
- Details of major changes in activity, service delivery, service and performance improvements, workforce, revenue and capital resources required to achieve the plans; and
- Profiled activity, service, quality, workforce and financial schedules
- Detailed plans to deliver the NHS Planning Framework and quality, governance and risk requirements and outcome measures;

4.3.7 The Joint Committee will:

- a) Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- b) Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level; and
- c) Agree annually those services that should be planned on a national basis and those that should be planned locally.

4.3.8 The Managing Director has overall executive responsibility to develop and submit to the Committee, on an annual basis, the rolling 3 year Integrated Medium Term Plan. The Committee approved Integrated Medium Term Plan will be submitted to Local Health Boards and Welsh Government in line with the requirements set out in the Integrated Planning Framework.

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4.3.9 The Joint Committee will:

- a) Approve the Integrated Medium Term Plan prior to the beginning of the financial year of implementation and in accordance with the guidance issued annually by Welsh Government. Following Committee approval the Plan will be submitted to Local Health Boards and Welsh Government prior to the beginning of the financial year of implementation;
- b) Approve a balanced Medium Term Financial Plan as part of the Integrated Medium Term Plan, which meets all financial duties, probity and value for money requirements;
- c) Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;
- d) Prepare and agree with the Local Health Boards a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where the Committee plan is not in place or in balance.

4.3.10 The development, submission and approval of the Integrated Commissioning Plan will discharge the Joint Committee's Integrated Medium Term Plan responsibilities.

5. FINANCIAL MANAGEMENT AND BUDGETARY CONTROL

5.1 Budget Setting

5.1.1 Prior to the start of the financial year the Director of Finance will, on behalf of the Managing Director, prepare and submit budgets for approval and delegation by the Joint Committee. Such budgets will:

- a) Be in accordance with the aims and objectives set out in the Joint Committee Integrated Medium Term Plan, and Medium Term Financial Plan, and focussed on delivery of improved population health, safe patient centred quality services;
- b) Be in line with Revenue, Capital, Commissioning, Activity, Service, Quality, Performance, and Workforce plans contained within the Joint Committee approved balanced IMTP;
- c) Take account of approved business cases and associated revenue costs and funding;

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- d) Be produced following discussion with appropriate Directors and budget holders;
- e) Be prepared within the limits of available funds;
- f) Take account of ring-fenced, specified and non-recurring allocations and funding;
- g) Include both financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents);
- h) Take account of the principles of Well-being of Future Generations (Wales) Act 2015 including the seven Well-being Goals and the five ways of working; and
- i) Identify potential risks and opportunities.

5.2 Budgetary Delegation

5.2.1 The Managing Director may delegate the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with section 33 of the National Health Service (Wales) Act 2006 (c. 42). This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear definition of:

- a) The amount of the budget;
- b) The purpose(s) of each budget heading;
- c) Individual or committee responsibilities;
- d) Arrangements during periods of absence;
- e) Authority to exercise virement;
- f) Achievement of planned levels of service; and
- g) The provision of regular reports.

The budget holder must sign the accountability letter formally delegating the budget.

5.2.2 The Managing Director, Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Joint Committee.

5.2.3 Budgets must only be used for the purposes designated, and any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Managing Director, subject to any authorised use of virement.

- 5.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Managing, as advised by the Director of Finance.
- 5.2.5 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled and managed appropriately.
- 5.2.6 All budget holders will sign up to their allocated budgets at the commencement of the financial year.
- 5.2.7 The Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully.

5.3 Financial Management, Reporting and Budgetary Control

- 5.3.1 The Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position on a monthly basis and at every Joint Committee meeting. Any significant variances should be reported to Joint Committee as soon as they come to light and the Joint Committee shall be advised on any action to be taken in respect of such variances.
- 5.3.2 The Director of Finance will devise and maintain systems of financial management performance reporting and budgetary control. These will include:
- a) Regular financial reports, for revenue and capital, to the Joint Committee in a form approved by the Joint Committee containing sufficient information for the Joint Committee to:
 - Understand the current and forecast financial position
 - Evaluate risks and opportunities
 - Use insight to make informed decisions
 - Be consistent with other Board reports, and as a minimum the reports will cover:
 - Details of variations from the medium term financial plan showing the contributions to be made by each LHB under the risk sharing framework;
 - Actual income and expenditure to date compared to budget and showing trends and run rates;
 - Forecast year end positions;
 - A statement of assets and liabilities, including analysis of cash flow and movements in working capital;
 - Explanations of material variances from plan;

- Capital expenditure and projected outturn against plan;
 - Investigations and reporting of variances from financial, activity and workforce budgets;
 - Details of any corrective action being taken as advised by the relevant budget holder and the Managing Director's and/or Director of Finance's view of whether such actions are sufficient to correct the situation,;
 - Statement of performance against savings targets;
 - Key workforce and other cost drivers;
 - Income and expenditure run rates, historic trends, extrapolation and explanations; and
 - Clear assessment of risks and opportunities;
 - Provide a rounded and holistic view of financial and wider organisational performance.
- b) The issue of regular, timely, accurate and comprehensible advice and financial reports to each delegated budget holder, covering the areas for which they are responsible;
- c) An accountability and escalation framework to be established for the organisation to formally address material budget variances;
- d) Investigation and reporting of variances from financial, activity and workforce budgets;
- e) Monitoring of management action to correct variances;
- f) Arrangements for the authorisation of budget transfers and virements.

5.3.3 Each Budget Holder will:

- be held to account for managing services within the delegated budget
- investigate causes of expenditure and budget variances using information from activity, workforce and other relevant sources
- develop plans to address adverse budget variances.

5.3.4 Each Budget Holder is responsible for ensuring that:

- a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Managing Director subject to the Joint Committee's scheme of delegation;
- b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of

virement; and

- c) No permanent employees are appointed without the approval of the Managing Director other than those provided for within the available resources and workforce establishment as approved by the Joint Committee.

5.3.5 The Managing Director is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Integrated Medium Term Plan and medium term financial plans.

5.4 Capital Financial Management, Reporting and Budgetary Control

5.4.1 The general rules applying to revenue Financial Management, Reporting and Budgetary Control delegation and reporting shall also apply to capital plans, budgets and expenditure subject to any specific reporting requirements required by the Welsh Ministers.

5.5 Reporting to Welsh Government - Monitoring Returns

5.5.1 The Managing Director is responsible for ensuring that the appropriate monitoring returns for the Joint Committee are submitted to the Welsh Ministers in accordance with published guidance and timescales.

<https://gov.wales/health-boards-and-trusts-financial-monitoring-guidance-2019-2020-whc-2019013>

5.5.2 All monitoring returns must be supported by a detailed commentary signed by the Director of Finance and Managing Director. This commentary should also highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing.

5.5.3 All information made available to the Welsh Ministers should also be made available to the Joint Committee. There must be consistency between the medium term financial plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly Joint Committee reports.

6. ANNUAL ACCOUNTS AND REPORTS

6.1 The Joint Committee is not a corporate body and does not therefore have a statutory duty to prepare annual accounts and reports

6.2 However, the Joint Committee is hosted by the host LHB and therefore the Chief Executive of the host LHB is required to ensure that the financial results of the

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Joint Committee are consolidated into its own financial statements and disclosed as appropriate.

- 6.3 The Managing Director and Director of Finance shall be required to provide all relevant information, financial and non-financial, to the Chief Executive as he or she requires to enable the Chief Executive to fulfil his or her statutory reporting responsibilities.

7. BANKING ARRANGEMENTS

7.1 General

- 7.1.1 The Joint Committee is legally hosted by the host LHB and therefore all banking arrangements are the responsibility of the host LHB. Further details of the banking arrangements can be found in section 7 of the host LHB's SFIs.

8. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS

- 8.1.1 The Joint Committee is generally only an expenditure incurring segment of the host LHB. Any cash requirements for the Joint Committee is likely to be incidental to its main activities.
- 8.1.2 All aspect relating to the recording, handling and collection of cash will be the responsibility of the host LHB.
- 8.1.3 Further details of the processes and responsibilities can be found in section 8 of the host LHB's SFIs.

9. INCOME, FEES AND CHARGES

9.1 General

- 9.1.1 The Joint Committee is generally only an expenditure incurring segment of the host LHB. Any income generated by the Joint Committee is likely to be incidental to its main activities.
- 9.1.2 All aspect relating to the recording, handling and collection of income will be the responsibility of the host LHB.
- 9.1.3 Further details of the processes and responsibilities can be found in section 9 of

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the host LHB's SFIs.

10. NON PAY EXPENDITURE

10.1 Scheme of Delegation, Non Pay Expenditure Limits and Accountability

10.1.1 The Managing Director will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the Joint Committee's Scheme of Reservation and Delegation of Powers.

10.1.2 The Managing Director will set out in the operational scheme of delegation and authorisation:

- a) The list of managers who are authorised to place requisitions for the supply of goods and services; and
- b) The maximum level of each requisition and the system for authorisation above that level.

10.2 The Director of Finance's responsibilities

10.2.1 The Director of Finance will:

- a) Advise the Board regarding the NHS Wales national procurement and payment systems thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SOs and SFIs;
- b) Prepare procedural instructions or guidance within the Scheme of Delegation on non-pay expenditure;
- c) Ensure systems are in place for the authorisation of all accounts and claims;
- d) Ensure Directors and officers strictly follow NHS Wales' system and procedures of verification, recording and payment of all amounts payable;
- e) Maintain a list of Executive Directors and officers (including specimens of their signatures) authorised to certify invoices;
- f) Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed;

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- g) Ensure that where consultancy advice is being obtained, the procurement of such advice must be in accordance with applicable procurement legislation, guidance issued by the Welsh Ministers and SFIs; and
- h) Be responsible for Petty Cash system, procedures, authorisation and record keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures.

10.3 Duties of Budget Holders and Managers

10.3.1 Budget holders and managers must ensure that they comply fully with the Scheme of Delegation, guidance and limits specified by the Director of Finance and that:

- a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged;
- b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement;
- c) Contracts above specified thresholds are approved by Welsh Ministers prior to any commitment being made;
- d) goods have been duly received, examined and are in accordance with specification and order;
- e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
- f) No order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Joint Committee members or WHSST staff, other than:
 - (i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;
 - (ii) Conventional hospitality, such as lunches in the course of working visits;

This provision needs to be read in conjunction with Standing Order 8.5, 8.6 and 8.7. of the host LHB's SFIs.

- g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Managing Director;
- h) All goods, services, or works are ordered on official orders except works and services executed in accordance with a contract and purchases from petty cash;
- i) Requisitions/orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- j) Goods are not taken on trial or loan in circumstances that could commit WHSSC to a future uncompetitive purchase;
- k) Purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance.

10.3.2 The Managing Director and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director as set out in the scheme of delegation.

10.4 Departures from SFI's

10.4.1 Departing from the application of Chapters 10 and 11 of these SFI's is only possible in very exceptional circumstances. WHSSC must consult with NWSSP Procurement Services, Director of Finance and Committee Secretary prior to any such action undertaken. Any expenditure committed under these departures must receive prior approval in accordance with the Scheme of Delegation.

10.5 Accounts Payable

10.5.1 NWSSP Finance, shall on behalf of WHSSC, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable.

10.6 Prepayments

10.3.1 Prepayment should be exceptional, and should only be considered if a good value for money case can be made for them (i.e. that "need" can be demonstrated). Prepayments are only permitted where either:

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- The financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%);
- It is the industry norm e.g. courses and conferences;
- It is in line with requirements of [Managing Welsh Public Money](#);
- There is specific Welsh Ministers' approval to do so e.g. voluntary services compact;
- The prepayment is part of the routine cash flow system agreed by the Directors of Finance.

10.6.2 In **exceptional** circumstances prepayments can be made subject to:

- a) The appropriate WHSST Director providing, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the host LHB or Joint Committee if the supplier is at some time during the course of the prepayment agreement unable to meet his/her commitments;
- b) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the Public Contracts Regulations where the contract is above a stipulated financial threshold); and
- c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Managing Director if problems are encountered.

11. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

11.1 Policies and procedures

11.1.1 The host LHB shall be responsible for all aspects of the procurement and non pay process on behalf of the Joint Committee. Further details can be found in section 11 of the host LHB's SFIs.

11.1.2 In particular, and where appropriate, the Joint Committee should follow the host LHB's SFIs with regards to obtaining consent to enter into contracts exceeding £1m and the monitoring arrangements for contracts below £1m. This is shown as Schedule 1 in the LHB SFI's.

11.2 Requisitioning

11.2.1 The budget manager in choosing the item to be supplied (or the service to be

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performed) shall always obtain the best value for money for the Joint Committee. The budget holder will source those goods or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services.

11.2.2 Where a required item is not on catalogue or on framework contract the budget manager shall request the NWSSP Procurement Services to undertake quotation / tendering exercises on their behalf in line with host LHB's SFI 11.11 thresholds.

11.2.3 All orders for goods and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

11.3 No Purchase Order, No Pay

11.3.1 WHSSC will ensure compliance with the 'No Purchase Order, No Pay' policy. The All Wales policy was introduced to ensure that Procure to Pay continues to provide world-class services on a 'Once for Wales' basis.

11.3.2 The new policy ensures that a purchase order is raised at the beginning of a purchase. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

11.4 Official orders

11.4.1 Official Orders must:

- a) Be consecutively numbered; and
- b) State the Joint Committee's terms and conditions of trade.

11.4.2 Official Orders will be issued on behalf of WHSSC by NWSSP Procurement Services.

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12. HEALTH CARE AGREEMENTS AND CONTRACTS FOR HEALTH CARE SERVICES

12.1 Health Care Agreements

12.1.1 The Joint Committee will commission healthcare services for the resident population of all Local Health Boards, both from the LHB provided services, and from Trusts and other providers. The Managing Director is responsible for ensuring the Joint Committee enters into suitable Health Care Agreements, Individual Patient Commissioning Agreements and Contracts with service providers for health care services.

12.1.2 All Health Care Agreements, Individual Patient Commissioning Agreements and Contracts should aim to implement the agreed priorities contained within the Integrated Medium Term Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Managing Director should take into account:

- The standards of service quality expected;
- The relevant quality, governance and risk frameworks and plans;
- The relevant national service framework (if any);
- The provision of reliable information on quality, volume and cost of service; and
- That the agreements are based on integrated care pathways.

All agreements must be in accordance with the functions delegated to WHSSC by the Welsh Ministers.

12.2 Statutory provisions

12.2.1 The National Health Service (Wales) Act 2006 (c. 42) enables Health Boards to commission certain healthcare services. As WHSSC is hosted by the host LHB the Joint Committee will have the same responsibilities. In particular, the following sections are highlighted in relation to the statutory requirements of LHBs and therefore WHSSC for contracting with other bodies for the provision of health services:

- Section 7 sets out the definition of an NHS contract, being an arrangement under which one health service body arranges for the provision to it by another of goods or services which it reasonably requires for the purposes of its functions. It also provides a definition of a health service body;
- Section 9 sets out arrangements to be treated as NHS contracts for ophthalmic and pharmaceutical services;
- Sections 32 makes provision in relation to services which can be provided

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- to Health Boards by local authorities;
- Section 33 enables the Welsh Ministers to make provision which enables Health Boards and Local Authorities to enter into prescribed arrangements as to the provision of services which are in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;
- Part 4 enables Health Boards to make arrangements for the provision of primary medical services;
- Part 5 enables Health Boards to make arrangements for the provision of primary dental services;
- Part 6 enables Health Boards to make arrangements for the provision of general ophthalmic services;
- Part 7 enables Health Boards to make arrangements for the provision of pharmaceutical services;
- Section 188 enables the Welsh Ministers to make provision which enables Health Boards and the prison service to enter into prescribed arrangements as to the provision of services which are in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;
- Section 194 sets out the Health Boards powers to make payments towards expenditure on community services; and
- Section 195 sets out the conditions for payment where expenditure proposed under section 194 is in connection with services to be provided by a voluntary organisation.

12.3 Reports to Committee on Health Care Agreements (HCAs)

12.3.1 The Managing Director will need to ensure that regular reports are provided to the Joint Committee detailing performance, quality and associated financial implications of all health care agreements. These reports will be linked to, and consistent with, other Committee reports on commissioning and financial performance.

12.4 Tendering for supply of health care services

12.4.1 Where the Joint Committee is required or elects to invite quotes or tenders for the supply of healthcare services, the host LHB's SFIs in relation to procurement shall apply in relation to such competitive exercises.

12.4.2 The procurement arrangements surrounding the provision of healthcare services is a complex area and as such legal advice must be secured where there is doubt over the applicability or not of applying competitive processes. Further guidance is provided in the host LHB's SFI, Annex A.

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13. GRANT FUNDING

13.1 Policies and procedures

13.1.1 The host LHB shall be responsible for all aspects of the grant funding process on behalf of the Joint Committee. Further details can be found in section 13 of the host LHB's SFIs.

14. PAY EXPENDITURE

14.1 Appointments and Remuneration

14.1.1 Appointments to the Joint Committee shall be in accordance with section 1.4 of the WHSSC SOs and the Welsh Health Specialised Services Committee (Wales) Regulations 2009.

14.1.2 All other appointments or recruitments to WHSST and any remuneration or employment contract related matters shall be dealt with by the host LHB on behalf of the Joint Committee in accordance with the host LHB's own SOs and SFIs.

14.1.3 Further details of the host LHB's responsibilities can be found in section 14 of the host LHB's SFIs.

15. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

15.1 General

15.1.1 Capital plans, and annual capital programmes, must be approved by the Joint Committee before the commencement of a financial year and should be in line with the objectives set out in the approved Integrated Medium Term Plan (IMTP) for the organisation. The actual capital plan and programmes must be delivered within capital finance resource limits.

15.1.2 Any capital plans, and capital investment and expenditure incurred, by the Joint Committee or WHSST shall be dealt with in accordance with section 15 of the host LHB's SFIs. This includes the recording and safeguarding of assets.

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16. LOSSES AND SPECIAL PAYMENTS

16.1 Losses and Special Payments

16.1.1 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.

16.1.2 The Director of Finance is responsible for ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses or special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.

16.1.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Managing Director and/or the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or the Managing Director.

16.1.4 Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance must inform the host LHB's Local Counter Fraud Specialist (LCFS) and the CFS Wales Team in accordance with Directions issued by the Welsh Ministers on fraud and corruption.

16.1.5 The Director of Finance or the host LCFS must notify the Audit Committee dealing with WHSSC matters, the Auditor General's representative and the fraud liaison officer within the Welsh Government's Health and Social Services Group Finance Directorate of all frauds.

16.1.6 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must notify:

- a) The Audit Committee on behalf of the Joint Committee, and
- b) An Auditor General's representative.

16.1.7 The Director of Finance shall be authorised to take any necessary steps to safeguard the Joint Committee's and the host LHB's interests in bankruptcies and company liquidations.

- 16.1.8 The Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write-off' action is recorded on the system (i.e. case closure date, case status, etc.).
- 16.1.9 The Audit Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out by Welsh Government in its Losses and Special Payments guidance as detailed in in Annex 3 of the WHSSC SOs.
- 16.1.10 For any loss or special payments, the Director of Finance should consider whether any insurance claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.
- 16.1.11 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the Health and Social Services Group Director of Finance.
- 16.1.12 All novel, contentious and repercussive cases must be referred to the Welsh Government's Health and Social Services Group Finance Directorate, irrespective of the delegated limit.
- 16.1.13 The Director of Finance shall ensure all losses and special payments are reported to the Audit Committee at every meeting.
- 16.1.14 WHSSC must obtain the Health and Social Services Group Director General's approval for special severance payments.

17. DIGITAL, DATA and TECHNOLOGY

17.1 Digital Data and Technology

- 17.1.1 The Joint Committee and WHSST shall operate within the guidance set out in section 18 of the host LHB's SFIs.

18. RETENTION OF RECORDS

18.1 Responsibilities of the Chief Executive

- 18.1.1 The Managing Director shall be responsible for maintaining archives for all records required to be retained in accordance with the Welsh Ministers' guidance, the UK General Data Protection Legislation and any relevant domestic

law considerations via the Data Protection Act 2018, and the Freedom of Information Act 2000 (c .36).

18.1.2 The records held in archives shall be capable of retrieval by authorised persons.

18.1.3 Records held in accordance with regulation shall only be destroyed at the express instigation of the Managing Director. Details shall be maintained of records so destroyed.

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Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 4.1, Annex 2.1: WHSSC Standing Financial Instructions

Status: FINAL
Updated –v4.1)

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Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

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1. Budget delegation and virements
2. Banking arrangements
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4. Procurement and contracts for good and services
5. Contracts for Health Care Services
6. Pay expenditure
7. Non Pay expenditure
8. Losses and special payments
9. IM&T
10. Retention of Records

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Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

1. Budget delegation and virements

| Ref | SFI requirement | SFI Ref. | SFI responsibility | Authority Delegated to |
|-----|---|----------|--------------------|------------------------|
| A | Delegation of the management of a budget to permit the performance of a defined range of activities | 6.2.1 | Lead Director | Director of Finance |
| B | All budget holders are required to sign up to their allocated budgets at the start of the financial year. | 6.1.4 | Budget holders | All budget holders |
| C | Delegation to include the authority to exercise virement and budget transfers | 6.2.1 | Lead Director | See C1below |

| | | Delegated to: | Signed off by: |
|----|--|---|---|
| A1 | Delegation of the management of defined Revenue budgets to budget holders: i. Direct Running Costs WHSSC ii. Direct Running Costs WKN iii. Direct Running Costs TSW | i. Committee Secretary ii. WKN Manager iii. TSW Manager | i. Committee Secretary to £20,000 ii. WKN Manager to £10,000 iii. TSW Manager to £10,000 Thereafter Director of Finance to £50,000 |

C1-Approval of variation of budgets, including authority to vire

| Delegated Authority | Between budget lines | Capital to revenue & vice versa |
|---|----------------------|---------------------------------|
| Between directorates | Director of Finance | Not allowed |
| Budget transfers between Reserves and Delegated budgets | Director of Finance | |

Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

2. Banking arrangements

| Ref | SFI requirement | SFI Ref | SFI responsibility | Authority delegated to |
|-----|---|---------|-------------------------------------|------------------------|
| A | <p>The Director of Finance of the Host LHB will prepare detailed instructions on the operation of bank accounts which must include:</p> <ul style="list-style-type: none"> i. The conditions under which bank accounts is to be operated ii. Those authorised to sign cheques or other orders drawn on the LHB accounts | 9.1.1 | Director of Finance of the Host LHB | As per Host LHB SFI's |

3. Income, fees and charges.

| Ref | SFI requirement | SFI Ref | SFI responsibility | Authority Delegated to |
|-----|--|---------|---------------------|------------------------|
| A | Fees and Charges- The Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges , other than those determined by the Welsh ministers or by statute | 10.1.2 | Director of Finance | Financial Accountant |
| B | Debt recovery- The Director of Finance is responsible for the appropriate recovery action on all outstanding debts. | 10.1.4 | Director of Finance | Financial Accountant |

| | | | | |
|----|---|-------------------------------|--|--|
| | Fees and Charges: | Authority Delegated to | | |
| A1 | <p>Risk Sharing Funding</p> <ul style="list-style-type: none"> i. Approval and Signing of the Risk Sharing Agreements and Annual Financial Plan | | <ul style="list-style-type: none"> i. Joint Committee ii. WHSSC Management Group | |

Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

4. Procurement and contracts for good and services

| Ref | SFI requirement | SFI Ref. | SFI responsibility | Authority Delegated to |
|-----|---|----------|--------------------|------------------------|
| A | Maintaining detailed policies and procedures for procurement, tendering and contracting | 11.1.4 | Host LHB | As per Host LHB SFI's |

5. Contracts for Health Care Services

| Ref | SFI requirement | SFI Ref | SFI responsibility | Authority Delegated to |
|-----|--|---------|--|------------------------|
| A | The Lead Director is responsible for ensuring the LHB enters into suitable Health Care Agreements or individual patient commissioning agreements where appropriate. | 12.1.1 | Lead Director on behalf of the Joint Committee | Director of Finance |
| B | The Lead Director will need to ensure that regular reports are provided to the Joint Committee detailing performance and associated financial implications of all health care agreements | 12.3.1 | Lead Director | Director of Finance |

| | Agreements for the purchase of services | Authority delegated to |
|----|---|---|
| A1 | Long Term Agreements with other NHS bodies <ul style="list-style-type: none"> i. Approval and Signing of the Long Term Agreement ii. Variations to the Agreement | <p>Level 1 – Lead Director – In accordance with delegated authority within the Standing Financial Instructions</p> <p>Level 2 – Director of Finance – In accordance with delegated authority within the Standing Financial Instructions</p> |

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Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

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| A4 | Individual NHS patient treatment charges outside of LTAs and SLAs Agreement to fund treatment: <ul style="list-style-type: none"> i. Individual Patient Packages ii. Lifetime Costs | <p>>£1,000,000 – Included in ARC & JC assurance report</p> <p>>£1,000,000 Level 1 – Lead Director</p> <p><£1,000,000 Level 2 – Director of Finance</p> <p><£500,000 Level 3 Directors</p> <p>>£1,000,000 – Included in ARC & JC assurance report</p> <p>>£1,000,000 Level 1 – Lead Director</p> <p><£1,000,000 Level 2 – Director of Finance</p> <p><£500,000 Level 3 Directors</p> <p>Below these limits individual directors can delegate their authority to officers as detailed in the Standing Financial Instructions</p> |
|----|---|--|

6. Pay expenditure

| Ref | SFI requirement | SFI Ref. | SFI responsibility | Authority Delegated to |
|-----|----------------------------------|----------|--------------------|------------------------|
| A | All appointments or recruitments | 13.1.2 | Host LHB | Committee Secretary |

7. Non Pay expenditure

| Ref | SFI requirement | SFI Ref. | SFI responsibility | Authority Delegated to |
|-----|---|------------|--------------------|------------------------|
| A | The Lead Director will approve the level of non pay expenditure and operational scheme of delegation and authorisation to budget holders the scheme of delegation | SFI 14.1.0 | Lead Director | Director of Finance |

Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

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|---|---|--------|---------------------|----------------------|
| B | The Director of Finance will advise the board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders should be sought. | 14.3.1 | Director of Finance | Financial Accountant |
|---|---|--------|---------------------|----------------------|

8. Losses and special payments

| Ref | SFI requirement | SFI Ref | SFI responsibility | Authority delegated to |
|-----|--|---|--|---|
| B | Losses and Special payments <ul style="list-style-type: none"> Ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses and special payments cases are properly managed in accordance with the guidance set out in the Assembly Government's Manual for Accounts. Ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write off' action is recorded on the system. The Audit Committee shall approve the writing off of losses or the making of special payments within delegated limits determined by Welsh Ministers and as set out in Schedule 3 of the SOs. Ensure that all losses and special payments are reported to the Audit Committee at every meeting | <p>16.1.2</p> <p>16.1.6</p> <p>16.1.7</p> <p>16.1.11</p> | <p>Director of Finance</p> <p>Director of Finance</p> <p>Audit committee</p> <p>Director of Finance</p> | <p>Financial Accountant</p> <p>Financial Accountant</p> <p>See Below</p> <p>Financial Accountant</p> |

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Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

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|----|--|--|
| B1 | <p>Approve losses, write-offs and compensation payments due to:</p> <ul style="list-style-type: none"> i. losses of cash (theft, fraud, etc) ii. damage to buildings, fittings, furniture and equipment and property in stores and in use due to culpable cause (theft, fraud, arson) iii. extra contractual payments to contractors; iv. ex-gratia payments to patients and staff for loss of personal effects v. fruitless payments including abandoned capital schemes vi. ex-gratia payments - voluntary release payments to staff vii. bad debts and claims abandoned <ul style="list-style-type: none"> - <£10,000 - £10,000 to £50,000 - No delegated approval over £50,000 – WG approval required | <ul style="list-style-type: none"> i to iv Lead Director (within delegated limits issued by Welsh Government - £50,000) v. Lead Director (delegated limits - £250,000) vi. Remuneration Committee (within delegated limits issued by Welsh Government - £50,000) vii. Director of Finance (to £10,000) and Lead Director (£10,000 to £50,000). |
| B2 | <p>Approve compensation payments made under legal obligation:</p> <ul style="list-style-type: none"> • Personal injury claims <ul style="list-style-type: none"> i. up to £20,000 ii. £20,000 to £50,000 iii. Over £50,000 • Employment matters | <ul style="list-style-type: none"> • Personal injury- On receipt of legal advice to pay <ul style="list-style-type: none"> i. Committee Secretary ii. Director of Finance iii. Lead Director (within delegated limits issued by Welsh Government - £1million) • Employment matters <ul style="list-style-type: none"> Lead Director (with advice from Committee Secretary) |

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Welsh Health Specialised Services - Additional Delegations Linked to the SFI's

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| B3 | Approve compensation payments made without legal obligation | <ul style="list-style-type: none"> Lead Director (within delegated limits issued by Welsh Government - £50,000) |
|----|--|--|

9. IM&T

| Ref | SFI requirement | SFI Ref | SFI responsibility | Authority delegated to |
|-----|---|---------|--------------------|------------------------|
| A | The Director of IM&T has specific responsibilities within this Section which need to be reviewed to determine if any formal delegation is required. | 17.1.1 | Host LHB | As per Host LHB SFI |

10. Retention of Records

| Ref | SFI requirement | SFI Ref | SFI responsibility | Authority delegated to |
|-----|--|---------|--------------------|---|
| A | The Lead Director shall be responsible for maintaining archives for all records required to be retained in accordance with Welsh Ministers guidance. | 18.1.1 | Lead Director | <ul style="list-style-type: none"> Committee Secretary |

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POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 29 MARCH 2023

VIA TEAMS

Attendance for Board In-Committee

Present

| | |
|---------------------|---|
| Carl Cooper | Chair |
| Carol Shillabeer | Chief Executive |
| Kirsty Williams | Vice Chair |
| Jennifer Owen Adams | Independent Member (Third Sector Voluntary) |
| Cathie Poynton | Independent Member (Trade Union) |
| Ian Phillips | Independent Member (ICT) |
| Simon Wright | Independent Member (University) |
| Rhobert Lewis | Independent Member (General) |
| Ronnie Alexander | Independent Member (General) |
| Mark Taylor | Independent Member (Capital & Estates) |
| Stephen Powell | Interim Director of Planning & Performance |
| Claire Roche | Director of Nursing & Midwifery |
| Hayley Thomas | Deputy Chief Executive and Interim Director of Primary, Community Care and MH |
| Pete Hopgood | Director of Finance and IT |
| Mererid Bowley | Interim Director of Public Health |
| Kate Wright | Medical Director |

In Attendance

| | |
|---------------|---|
| Helen Bushell | Director of Corporate Governance / Board Secretary |
| Mark McIntyre | Deputy Director of Workforce and OD (deputising for Director of Workforce and OD) |
| Liz Patterson | Interim Head of Corporate Governance |

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| PTHB- IC/22/120 | <p>The following motion was passed:</p> <p><i>Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</i></p> |
| PTHB IC/22/121 | <p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Chair welcomed all participants to the meeting. Apologies for absence were received as recorded above.</p> |
| PTHB IC/22/123 | <p>DECLARATIONS OF INTEREST</p> <p>There were no declarations of interest in addition to those already on the register.</p> |
| PTHB IC/22/124 | <p>NEW VELINDRE CANCER CENTRE – FULL BUSINESS CASE</p> <p>Rationale for item being held in private: Commercial in Confidence. The non-commercially sensitive papers had been made available to the public and the decision would be shared during Board in public meeting.</p> <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the process to develop the FBC from the previously agreed OBC has followed Treasury Green Book Guidance; • NOTED the updates made from OBC to FBC and the assurance provided by the Collective Commissioning Group (CCG); • NOTED the movement in recurrent revenue funding, from the uplifted OBC approved sum, for the Health Board this is £17,000. Please note that this figure is annual commitment set at 2022-23 price base. • APPROVED the additional investment requested of £82,000 from the Health Board by Velindre University NHS Trust as set out, noting the figure was an annual commitment set at a 2022-23 price base. • APPROVED the Full Business Case excluding the Commercial Case. <p>The decisions above regards the new Velindre Cancer Centre would be communicated to Board held in public.</p> |
| PTHB IC/22/125 | <p>CHIEF EXECUTIVE UPDATE</p> <p>Rationale for item being held in private: issue is subject to litigation.</p> |

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| | The Chief Executive provided an update to Board Members on a litigation claim made against the Health Board. A further update would be provided to Members at the May meeting of Board. |
| PTHB IC/22/126 | <p>PROCUREMENT APPROVAL</p> <p>Rationale for item being held in private: Commercial in Confidence – Board approval required as total contract cost exceeds £500k.</p> <p>The Board APPROVED the extension to the insourcing contract.</p> |
| PTHB IC/22/127 | <p>CORPORATE RISK REGISTER – CYBER SECURITY</p> <p>Rationale for item being held in private: to avoid providing information in the public arena which could lead to potential harm to the organisation.</p> <p>The Board:</p> <ul style="list-style-type: none"> RECEIVED and NOTED risk CRR 009 (Cyber Security). |
| PTHB- IC/22/128 | <p>MINUTES OF BOARD IN-COMMITTEE MEETINGS HELD 25 JANUARY AND 20 FEBRUARY 2023</p> <p>The minutes of the meeting held on 25 January 2023 and 20 February 2023 were APPROVED.</p> |

Attendance for Public Board:

Carl Cooper
Kirsty Williams
Carol Shillabeer

Independent Member (Chair)
Independent Member (Vice Chair)
Chief Executive
Independent Member (Trade Union)
Independent Member (ICT)
Independent Member (Capital & Estates)
Independent Member (General)
Independent Member (University)
Independent Member (Third Sector)
Independent Member (General)

Cathie Poynton
Ian Phillips
Mark Taylor
Rhobert Lewis
Simon Wright
Jennifer Owen Adams
Ronnie Alexander

Hayley Thomas
Claire Roche

Deputy Chief Executive/Director of Primary
Community Care and Mental Health
Director of Nursing and Midwifery

Pete Hopgood
Mererid Bowley
Stephen Powell
Kate Wright

Director of Finance and IT
Director of Public Health
Interim Director of Planning and Performance
Medical Director

In Attendance

Nina Davies

Associate Member (Director of Social Services
Powys County Council)

Helen Bushell

Director of Corporate Governance / Board
Secretary

Lucie Cornish

Assistant Director of Therapies and Health
Science

Mark McIntyre

Deputy Director of Workforce and OD Interim

Wayne Tannahill

Associate Director, Capital, Estates and
Property

Katie Blackburn

Community Health Council

Liz Patterson

Head of Corporate Governance

Stella Parry

Interim Corporate Governance Manager

Apologies for absence

Chris Walsh

Independent Member (Local Authority)

Tony Thomas

Independent Member (Finance)

Claire Madsen

Director of Therapies and Health Sciences

Debra Wood Lawson

Interim Director of Workforce and OD

Jamie Marchant

Director of Environment

David Collington

Community Health Council

PRELIMINARY MATTERS

PTHB/22/129

WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed all participants to the meeting, in particular Nina Davies, Director of Social Services at Powys County Council for whom it was her first meeting as an Associate Board Member. The Board recognised the importance of the key partnership relationship between the Health Board and County Council.

Apologies for absence were noted and recorded as above.

PTHB/22/130

DECLARATIONS OF INTEREST

There were no declarations of interest in addition to the declarations already made and published on the register.

PTHB/22/131

MINUTES OF MEETINGS HELD ON 25 JANUARY 2023

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|-------------|---|
| | The minutes of the meeting held on 25 January 2022 were APPROVED as a true and accurate record. |
| PTHB/22/132 | MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING There were no matters arising. |
| PTHB/22/133 | BOARD ACTION LOG The Board RECEIVED and DISCUSSED the Action Log. |
| PTHB/22/134 | PATIENT EXPERIENCE STORY The Director of Therapies and Health Sciences presented the item which provided an overview of examples, stories and anecdotes collecting in November 2022 following workshops held in relation to musculoskeletal conditions. It was highlighted that the information collected would be used to develop the service redesign, which would be focused on patient outcomes and service resilience. The Board welcomed the presentation and expressed thanks to the patient for sharing their story. |
| PTHB/22/135 | GOLD CORPORATE HEALTH STANDARD The Assistant Director of OD joined the meeting and provided an overview of the Corporate Health Standard, which is part of the Welsh Government 'Healthy Working Wales' programme. The Standard provides a national mark of quality for health and well-being in the workplace, providing a framework and recognition for employers working to improve the health and well-being of their staff. The Standard is awarded in Bronze, Silver, Gold and Platinum to reflect each development stage achieved, is valid for three years and promotes good management practice through seven core components: Organisational Support, Communication, Employee Involvement, Health and Safety, Policy and Policy Development, Monitoring and Evaluation. It was reported that the Health Board had initially achieved the Gold Standard in February 2022 following a 2-day assessment. Subsequent to a follow up half day assessment in March 2023, the Health Board once again achieved Gold Standard for a further 3-year period. The Board welcomed the significant achievement and expressed thanks to all colleagues involved in the achievement of the standard. |
| PTHB/22/136 | UPDATE FROM THE CHAIR |

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| | <p>The Chair presented his update report.</p> <p>UPDATE FROM THE VICE CHAIR</p> <p>The Vice Chair presented her update report.</p> <p>UPDATE FROM THE CHIEF EXECUTIVE OFFICER</p> <p>The Chief Executive presented the report and drew attention to the following matters:</p> <ul style="list-style-type: none"> • Integrated Planning • Service Development, Engagement and Consultation • Performance 2022-23 • Staff Excellence <p>The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.</p> |
| ITEMS FOR APPROVAL/RATIFICATION/DECISION | |
| PTHB/22/137 | <p>DRAFT INTEGRATED PLAN FOR 2023-2026 INCLUDING:</p> <p>a) Capital Programme</p> <p>b) Finance Plan</p> <p>c) Powys Area Plan</p> <p>The Chief Executive introduced the item which provided the Draft Integrated Plan for 2023–2026, for approval, ahead of submission to Welsh Government by 31 March 2023. It was highlighted that the planning process for 2023-26 had been particularly challenging in the context of the remaining implications of the pandemic, economic challenges, workforce sustainability and recruitment challenges, service sustainability and increasing patient waiting lists. The Chief Executive clearly outlined that the Health Board had forecast that it would be unable to meet the financial obligation to break-even for 2023/24, with financial challenges expected to extend into 2024/25. The Board noted that work had been undertaken to align the Regional Partnership Board Plan to the Integrated Plan and further work in relation to options intended to improve the Health Board’s financial position was underway. Any modifications as a result of this work would be brought forward to the Board for further consideration.</p> |

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| | <p>The Interim Director of Planning and Performance provided the Board with a presentation which highlighted key points for consideration and provided detail of changes between the date of papers being provided and the date of the meeting.</p> <p><i>Independent Members sought assurance by asking the following questions:</i></p> <p><i>Was it felt that National Performance Trajectories were achievable?</i></p> <p>The Chief Executive highlighted the trajectories were in final development though it was expected that they would reiterate the current commitment to reducing the backlog. The Board was assured that the Health Board would continue to be transparent in its correspondence with Welsh Government, particularly in relation to what was achievable in the context of the range of pressures facing the NHS and wider public services.</p> <p>Action: Director of Planning and Performance.</p> <p><i>Was it anticipated that the work in relation to the reduction of waiting times would be adversely affected by the financial challenges facing the Health Board?</i></p> <p>It was confirmed that there was no intention to scale back work in relation to reducing patient waiting times. It was highlighted that the work of the Accelerated Sustainable Model sought to provide a refreshed approach to ensure the sustainability of service for the coming period.</p> <p><i>Were there any plans for funding provided to the Welsh Health Specialised Service Committee (WHSSC) to be reclaimed where services had not been delivered?</i></p> <p>The Chief Executive reported that in the forthcoming year there were plans to increasingly measure WHSSC performance against contracts.</p> <p><i>Was it felt that there was sufficient emphasis on staff involvement and staff voice?</i></p> <p>It was confirmed that a number of mechanisms of collecting the views and opinions of staff had informed the plan such as Chat to Change, Innovation Surveys, Staff Roadshows and Trade Union partnership working.</p> |
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| | <p><i>The savings targets for 2022/23 had not been met, had the approach been reviewed to ensure that the planned targets for 2023/24 were achieved?</i></p> <p>The Director of Finance and IT highlighted that until 2022/23 the Health Board had a strong history of delivering against savings targets. It was noted that work had commenced which sought to reduce every budget by 1%. This would require the focus of every budget holder and would require transformational change in some areas. It was also highlighted that a timescale of 5 years for financial recovery had been suggested, due to the potential for unknown pressures in future years. It had been focus of the Health Board to provide realistic estimated timescales.</p> <p><i>Was it felt that financial recovery over 5 years was reasonable?</i></p> <p>The Chief Executive highlighted that the Health Board had met its financial duties for eight years and that the system of financial management in place had remained robust in 2022/23. However, the Health Board was required to balance its duties by ensuring that Powys patients receive the healthcare services they require in an increasingly challenging financial context. The Board was assured that all Health Boards were in a similar position and there was no concern in relation to the Health Boards individual financial management/performance.</p> <p>The Associate Director of Capital, Estates and Property provided an overview of the Discretionary Capital Programme, 2023/2024–2024/25. It was reported that the proposed capital pipeline had been developed by the Capital Control Group to reflect the current and projected allocation of Welsh Government (WG) Discretionary Capital funding, which was reduced from £1.431m to £1.089m in 2022/23. WG propose cumulative annual increases of £0.171m over the next two years which would see the reinstatement of the original allocation in 2023/25 with the 2023/24 value being £1.260m. After a pause in the Estates Funding Advisory Board (EFAB) funding stream during 2022/23, it was confirmed that the Health Board had successfully secured £2.404m of funding over the next two years to support a number of projects addressing infrastructure, fire and decarbonisation projects. To secure this funding, the Health Board would be required to</p> |
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| | <p>make a contribution from discretionary capital funds which equates to £0.268m in 2023/24 and £0.453m in 2024/25. This had been taken into account when developing the proposed pipeline 2023-25.</p> <p><i>Independent Members sought assurance by asking the following questions:</i></p> <p><i>Was it felt that the ambition in relation to the digital programme was realistic given the long lead times for some items, and were there explicit plans to address the backlog in maintenance work in relation to digital infrastructure?</i></p> <p>Assurance was provided that all elements of the business cases approved in 2022/23 had been implemented and work was underway to prioritise maintenance works as part of the wider Estates Strategy.</p> <p><i>Was there potential to have time at a forthcoming Board Development session to consider the capital plan in a more strategic context?</i></p> <p>It was agreed that the Director of Corporate Governance would consider the inclusion of a Capital Programme item at Board Development in the coming year.</p> <p>Action: Director of Corporate Governance</p> <p>The Director of Primary, Community Care and Mental Health provided an overview of the Powys Area Plan which provided the direction, ongoing engagement and key priorities. The Chief Executive welcomed the plan.</p> <p>The Board:</p> <ul style="list-style-type: none"> • APPROVED the Integrated Plan as a Working Plan, for submission to the Welsh Government, recognising that further work will be required, to achieve a fully complaint Integrated Medium Term Plan in relation to the financial breakeven duty. In so doing, the Board approved the components parts of the Plan developed through Joint Committees including WHSSC (Welsh Health Specialised Services Committee) and EASC (Emergency Ambulance Services Committee). • ENDORSED the Regional Partnership Boards Area Plan strategic priorities and their alignment to the Health Boards Integrated Plan. • RECOGNISED that further work would continue, both locally and nationally, on options to improve the financial plan position; and ENDORSED an approach that |
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| | <p>outlines further consideration to take place at the Board in terms of modification of the current Plan, considering options for further progress compliance with the financial duty.</p> |
| PTHB/22/138 | <p>NEW VELINDRE CANCER CENTRE – FULL BUSINESS CASE</p> <p>The Director of Corporate Governance confirmed that an In-Committee meeting of the Board had been held that morning to consider the Velindre Cancer Centre Full Business Case due to the commercially sensitive content of two of the four business cases which made up the full business case. The remaining two business cases were available in the public domain.</p> <p>In Director of Corporate Governance provided the following summary of the decision made by the In-Committee Board:</p> <p>The In-Committee Board:</p> <ul style="list-style-type: none"> • NOTED the process to develop the FBC from the previously agreed OBC has followed Treasury Green Book Guidance; • NOTED the updates made from OBC to FBC and the assurance provided by the Collective Commissioning Group (CCG); • NOTED the movement in recurrent revenue funding, from the uplifted OBC approved sum, for the Health Board this is £17,000. Please note that this figure is annual commitment set at 2022-23 price base. • APPROVED the additional investment requested of £82,000 from the Health Board by Velindre University NHS Trust as set out, noting the figure was an annual commitment set at a 2022-23 price base. • APPROVED the Full Business Case excluding the Commercial Case. <p>The Board RECEIVED and NOTED the decision summary.</p> |
| ITEMS FOR ASSURANCE | |
| PTHB/22/139 | <p>PERFORMANCE REPORTS:</p> <p>a) INTEGRATED MEDIUM TERM PERFORMANCE REPORT (Q3) WITH Q4 PROJECTIONS</p> |

The Interim Director of Planning and Performance presented the report which provided the progress made against the Integrated Medium Term Plan (IMTP) for the Quarter 3 period (October 2022 to December 2022) and the forecast outturn position for year end. The report included a number of change requests which had been considered and moderated via Executive Committee, Finance and Performance Group and Delivery and Performance Committee. This report would be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 3 Period, with the anticipated year end outcome against the plan.

Independent Members sought assurance by asking the following questions:

Could more detail be provided in relation to impediments to progress in relation to the Community Model?

The Medical Director reported that work in relation to frailty had not been as rapid as hoped due to the requirement to accelerate work in relation to the 6 Goals for Urgent and Emergency Care. It was anticipated that there would be significant rapid progress in the forthcoming year as part of the Accelerated Sustainable Model.

In 2023/24 would performance be reported to the Board based upon individual areas or the overall plan?

The Chief Executive reported that in 2023/24 reporting would be based upon escalation status, with varying levels of detail being reported at the appropriate fora (Transformation and Value Group and the Delivery and Performance Committee).

Was the process for the collection of data to inform the report continuous or undertaken at a set time, for example at the end of each quarter, and were there any surprises when reviewing the data received?

The Interim Director of Planning and Performance noted that Key Performance Indicators (KPIs) were reporting on varying timescales e.g., daily, weekly, quarterly. A call for information to support the KPI data for the purpose of the report was undertaken on a quarterly basis, this aspect was provided by portfolio leads and provided the narrative aspect of the report. It was reported that no surprises had been reported to date and assurance was provided that the process was robust as far as was reasonably practicable.

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| | <p>The Board:</p> <ul style="list-style-type: none"> • RECIEVED the report as an update of progress against the IMTP delivery for 2022/23; in relation to progress tracking and forecasting of the year end position against plan; • received ASSURANCE that the IMTP has been appropriately monitored and relevant actions carried forwards into the 2023/24 plan; and • DELEGATED the final review of the 2022/23 quarter 4 delivery to the Delivery and Performance Committee to its May 2023 meeting in the knowledge the 2023/24 Delivery Plan would be presented to the Board on 24 May 2023. <p>b) INTEGRATED PERFORMANCE REPORT, MONTH 9</p> <p>The Interim Director of Planning and Performance presented the item which provided an update on the latest available performance position for Powys Teaching Health Board against NHS Wales Performance Framework up until the end of December 2022 (month 9).</p> <p>The Board received the item for ASSURANCE.</p> |
| PTHB/22/140 | <p>FINANCIAL PERFORMANCE REPORT, MONTH 11</p> <p>The Director of Finance, Information and IT presented the item which provided an overview of the Health Board's financial position as of month 11, the following areas were highlighted for the Board's particular attention:</p> <ul style="list-style-type: none"> • As at month 11 the Health Board reported an overspend of £6.865m; • the Health Board has formally reported a £7.5m forecast deficit for 2022/23. Letters had been circulated to all Executive Directors escalating the organisation into Financial Recovery status and a Finance and Performance Sub-Group of the Executive Committee had been established; • Continuing Health Care (CHC), provider inflation, variable pay, and commissioned activity remained key areas of pressure; and • as of 28 February 2023, a Capital spend of £7.55m had been reported against an annual planned expenditure of £12m. |

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| | <p><i>Independent Members sought assurance by asking the following questions:</i></p> <p><i>Was there confidence that the forecast £12m capital expenditure would be met for 2022/23?</i></p> <p>The Director of Finance and IT confirmed that some variance was not uncommon given the time of year, however, it was anticipated that the year would be completed as forecast at the time of the meeting.</p> <p><i>Concern in relation to bank and agency expenditure had been ongoing for some time, would it be possible for a detailed paper in relation to arrangements to be provided to the relevant Committee for assurance?</i></p> <p>The Chief Executive confirmed that it would be entirely appropriate to schedule a detailed paper to a forthcoming meeting of the Workforce and Culture Committee. It was suggested that the paper should seek to provide detail in relation to the areas driving bank and agency spend, such as the proportion of inpatients with dementia and cognitive impairment who require greater levels of care; as well as assurance in relation to work underway to address expenditure such as overseas nurse recruitment and the Health and Care Academy.</p> <p>Action: Director of Finance and IT/Director of Workforce and OD.</p> <p><i>Was the forecast underlying deficit in excess of £15m for 2023/24 intended as a conservative estimate or worst case scenario?</i></p> <p>The Director of Finance and IT reported that the position was provided based upon a detail analysis which considered the assumptions provided within the report and the nonrecurrent opportunities within the year. It was suggested that the position be regarded as a professional analysis subject to potential movement.</p> <p>The Board DISCUSSED and NOTED the position, forecast deficit and financial outlook.</p> |
| PTHB/22/141 | <p>NURSE STAFFING LEVELS (WALES) ACT</p> <p>The Director of Nursing and Midwifery presented the item which provided assurance in relation to the work, actions, and processes in place to ensure that Powys Teaching Health</p> |

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| | <p>Board provides sufficient nurses to allow time to care for patients sensitively as per Section 25A of the Nurse Staffing Levels (Wales) Act 2016. It was noted that a non-statutory assurance report would be brought forward to a forthcoming meeting of the Board which would include staffing in commissioned services.</p> <p><i>Independent Members sought assurance by asking the following questions:</i></p> <p><i>The report highlighted that Powys Health Board was only required to comply with Section 25A of the Act, however, had collection of patient feedback in relation to staffing levels within Powys wards been considered?</i></p> <p>The Director of Nursing and Midwifery noted that the Civica patient experience system had recently been introduced by the Health Board and that consideration of other mechanisms to mature the Health Board's approach to the collation of patient experience across all areas was underway to build into the Patient Experience Framework.</p> <p><i>Was more detailed data available in relation to ward staffing?</i></p> <p>It was suggested that a more detailed report could be taken forward to the Workforce and Culture of Patient Experience, Quality and Safety Committee if appropriate. However, the purpose of this item was to provide assurance to the Board that the Executive Committee had undertaken the necessary detailed discussion in relation to this area. It was confirmed that discussion would be held outside of the meeting with the Director of Corporate Governance to identify the appropriate level of detail and Committee. It was queried whether Independent Members felt there was sufficient detail to take assurance from the report or whether it was felt the item should be deferred pending further information. It was confirmed by Members that the data provided was sufficient.</p> <p>The Board confirmed that it had received ASSURANCE in relation to the Nurse Staffing Levels (Wales) Act.</p> |
| PTHB/22/142 | <p>CORPORATE RISK REGISTER, FEBRUARY 2023</p> <p>The Director of Corporate Governance presented the item which provided the February 2023 version of the Corporate Risk Register. Each risk had been reviewed and updated by the lead executive since the last meeting of the Board, no changes to risk descriptions or scoring had been suggested as a result of the review.</p> |

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| | <p>The Board NOTED that CRR 009, which related to Cyber Security had been considered in the In-Committee session due to the confidential nature of its content.</p> <p>The Board REVIEWED and ENDORSED the February 2023 Corporate Risk Register.</p> |
| PTHB/22/143 | <p>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</p> <ul style="list-style-type: none"> PTHB COMMITTEES <p>The following Chair's Assurance Reports were received:</p> <p><u>Audit, Risk and Assurance Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Charitable Funds Committee on 31 January 2023.</p> <p>It was highlighted to the Board that the Committee had received confirmation that the closing date for the annual accounts would be no later than 31 July 2023.</p> <p>The Board NOTED the report.</p> <p><u>Executive Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Executive Committee on 26 January 2023, 1 February 2023, 8 February 2023, 22 February 2023, and 8 March 2023.</p> <p>The following matters were highlighted to the Board:</p> <ul style="list-style-type: none"> Through discussions with Welsh Government a Vaccination Model consisting of two fixed bases and a peripatetic model to support communities had been agreed. An organisational change process was underway in relation to the revised model. The purchase of the Government building on Spa Road, Llandrindod Wells on 8 February 2023 (which was subsequently approved at an In-Committee meeting of the Board on the 20 February 2023). <p>The Board NOTED the report.</p> <p><u>Delivery and Performance Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Delivery and Performance Committee on 28 February 2023.</p> |

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| | <p>It was highlighted to the Board that discussions were underway in relation to the frequency of meetings of the Delivery and Performance Committee. Early discussions had indicated that a return to bi-monthly meetings may enable greater assurance in relation to the workstream.</p> <p>The Board NOTED the report.</p> <p><u>Patient Experience, Quality and Safety Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Patient Experience, Quality and Safety Committee on 23 February 2023.</p> <p>The Board NOTED the report.</p> <p><u>Planning, Partnerships and Population Health</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by Planning, Partnerships and Population Health Committee on 19 January 2023.</p> <p>The Board NOTED the report.</p> <p>• JOINT COMMITTEES</p> <p>The Chief Executive presented the item which provided an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board:</p> <ul style="list-style-type: none"> • Welsh Health Specialised Services Committee (WHSSC); and • Emergency Ambulance Service Committee (EASC) <p>The Board NOTED the report.</p> |
| PTHB/22/144 | <p>ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS</p> <p>The Chief Executive provided an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:</p> <ul style="list-style-type: none"> • NHS Wales Shared Services Partnership Committee (NWSSPC); • Powys Public Services Board (PSB); • Regional Partnership Board (RPB); and |

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| | <ul style="list-style-type: none"> Joint Partnership Board (JPB) <p>The Board RECEIVED and NOTED the updates provided.</p> |
| PTHB/22/145 | <p>REPORT OF THE CHIEF OFFICER OF THE COMMUNITY HEALTH COUNCIL (CHC)</p> <p>The Chief Officer of the CHC presented the item which provided an overview of the activity of the CHC since the last meeting of the Board. An update was provided in relation to the activation of Llais/Citizens Voice Body on 3 April 2023. Assurance was provided that meetings had been held with Senior Leadership within both the Health Board and Powys County Council to ensure that the infrastructure to deliver services for the population of Powys was in place and that mechanisms of communication were well established and operating effectively. The introduction of Llais was highlighted as an opportunity for greater partnership working in Powys and it was suggested that Llais would seek to mirror established groups such as the Regional Partnership Board and Cluster Groups.</p> <p>The Board recognised the forthcoming period of transition and welcomed the continued engagement between the Health Board and CHC throughout this transitional period. The Chair once again expressed thanks to the Chief Officer of the CHC for the effective partnership working between the organisations and highlighted the importance of the ongoing relationship under the new arrangements.</p> <p>The Board RECEIVED and NOTED the Chief Officer's Report.</p> |
| OTHER MATTERS | |
| PTHB/22/146 | <p>ANY OTHER URGENT BUSINESS</p> <p>No other urgent business was raised.</p> |
| PTHB/22/147 | <p>DATE OF THE NEXT MEETING:</p> <p>24 May 2023, 10.00, via Microsoft Teams</p> |

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RAG Status:

| | |
|------------------|--|
| At risk | Red - action date passed or revised date needed |
| On track | Yellow - action on target to be completed by agreed/revised date |
| Completed | Green - action complete |
| No longer needed | Blue - action to be removed and/or replaced by new action |
| Transferred | Grey - Transferred to another group |

| Board | | | | | | | | |
|---|----------------|-------------|-------------------------------|---|---|----------------------|---------------------|-------------|
| Meeting Date | Item Reference | Lead | Meeting Item Title | Details of Action | Update on Progress | Original target date | Revised Target Date | RAG status |
| OPEN ACTIONS FOR REVIEW | | | | | | | | |
| 25 January 2023 | PTHB/22/95 | DFIT | Welcome | The Digital Strategic Framework to be brought to Board | 24.05.23 update - The Framework is scheduled for the July Board. Revised target July 2023. | Mar-23 | Jul-23 | At risk |
| OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE - NONE | | | | | | | | |
| ACTIONS RECOMMENDED FOR CLOSURE (MEETING 24 MAY 2023) | | | | | | | | |
| 29-Mar-23 | PTHB/22/137b | DCG | Draft Integrated Plan 2023/26 | Capital Programme to be included in Board Development Programme | 24.05.23 update - capital programme has been added to the Board development programme for 23/24 | | | Completed |
| 29-Mar-23 | PTHB/22/140 | DFIT / DWOD | Financial Performance | Workforce and Culture Committee to receive paper on bank and agency spend | 24.05.23 update - paper scheduled for the September committee meeting | Sep-23 | | Transferred |

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Agenda item: 3.1

| Board | | Date of Meeting: 24 May 2023 |
|---|---|---|
| Subject: | Powys Teaching Health Board Integrated Performance Report (Month 12 2022/23) | |
| Approved and Presented by: | Director of Performance and Commissioning | |
| Prepared by: | Assistant Director Performance & Commissioning Performance Manager Administrative Officer, Integrated Performance | |
| Other Committees and meetings considered at: | | |

PURPOSE:

This report provides an update on the latest available performance position for Powys Teaching Health Board against NHS Wales Performance Framework up until the end of March 2023 (month 12).

RECOMMENDATION(S):

The Board is asked to DISCUSS and NOTE the content of this report.

| Approval/Ratification/Decision | Discussion | Information |
|---------------------------------------|-------------------|--------------------|
| x | ✓ | ✓ |

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

| | | |
|----------------------------|--|---|
| Strategic Objectives: | 1. Focus on Wellbeing | ✓ |
| | 2. Provide Early Help and Support | ✓ |
| | 3. Tackle the Big Four | ✓ |
| | 4. Enable Joined up Care | ✓ |
| | 5. Develop Workforce Futures | ✓ |
| | 6. Promote Innovative Environments | ✓ |
| | 7. Put Digital First | ✓ |
| | 8. Transforming in Partnership | ✓ |
| Health and Care Standards: | 1. Staying Healthy | ✓ |
| | 2. Safe Care | ✓ |
| | 3. Effective Care | ✓ |
| | 4. Dignified Care | ✓ |
| | 5. Timely Care | ✓ |
| | 6. Individual Care | ✓ |
| | 7. Staff and Resources | ✓ |
| | 8. Governance, Leadership & Accountability | ✓ |

EXECUTIVE SUMMARY:

This report provides the Board with the latest available performance update against the 2022/23 NHS Wales Performance Framework released in July 2022.

This document includes data up until the end of month 12 (March 2023), please note that data provided within the dashboards is latest where possible, however some measures have significant delays in reporting because of national collection processes.

Using this data, we highlight performance achievements and challenges at a high level, as well as comparison to the All-Wales performance benchmark where available. A measures data quality and completeness is flagged using RAG within each slide. Most measures are utilising national or validated data, some have known data quality challenges but are reported for completeness and to monitor improvement.

Performance remains challenging across national and local measures, the report highlighting key exceptions across the quadruple aims of the NHS Performance Framework.

DETAILED BACKGROUND AND ASSESSMENT

NHS Performance Framework

The NHS Wales Performance Framework has been significantly revised for 2022/23 with currently 84 measures, of which 54 have been identified as ministerial priorities. A further 8 measures are classed as operational and not routinely reported to Welsh Government but selected are referenced within the IPR.

Quadruple Aim 1: People in Wales have improved health and well-being and better prevention and self-management.

The table below provides a summary of the outcome measures for the first of the quadruple aims.

| 2022/23 Performance Framework Measures | | | | | | | Performance | | | | Welsh Government Benchmarking (*in arrears) | |
|--|--|-------------------------------------|-----|--|----------------------|--|-------------------------|------------------|-----------------|---------|---|-----------|
| Area | Executive Lead | Officer Lead | No. | Abbreviated Measure Name | Ministerial Priority | Target | Latest Available | 12month Previous | Previous Period | Current | Ranking | All Wales |
| Weight Management | Executive Director of Public Health | Consultant in Public Health | 1 | % Achieving Clinically Significant weight loss | ✓ | Annual improvement | Not currently available | | | | | |
| | | Consultant in Public Health | 2 | Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway | ✓ | Evidence of Improvement | Aug-22 | | | Red | N/A | |
| | | Head of Midwifery and Sexual Health | 3 | % Babies breastfed 10 days old | ✓ | Annual Improvement | 2021/22 | 52.0% | | 56.5% | 1st | 36.7% |
| Smoking | Executive Director of Public Health | Consultant in Public Health | 4 | % of adults that smoke daily or occasionally | ✓ | Annual reduction towards 5% prevalence 2030 | 2021/22 | 13.0% | | 10.7% | 1st | 13.0% |
| | | Consultant in Public Health | 5 | % Attempted to quit smoking | ✓ | 5% annual target | Q3 2022/23 | 2.43% | | 2.26% | 6th | 2.89% |
| | | Consultant in Public Health | 6 | Qualitative report - Implementing Help Me Quit in Hospital smoking cessation services and to reduce smoking during pregnancy | ✓ | Evidence of Improvement | Aug-22 | | | Amber | N/A | |
| Diabetes | Deputy Chief Executive and Executive Director of | TBC | 7 | % diabetics who receive 8 NICE care processes | ✓ | >=35.2% | Q3 2022/23 | 35.0% | 46.8% | 47.9% | 1st | 39.1% |
| | | | 8 | % Diabetics achieving 3 treatment targets | ✓ | 1% annual increase from 2020-21 baseline (27.2%) | 2021/22 | 26.2% | | 27.2% | 4th | 27.6% |
| Substance Misuse | Executive Director of Operations / Director of Community and Mental Health | Assistant Director of Mental Health | 9 | Standardised rate of alcohol attributed hospital admissions | ✓ | 4 quarter reduction trend | Q2 2022/23 | 428.6 | 400.7 | 390.7 | 4th | 392.8 |
| | | | 10 | Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse | ✓ | 4 quarter improvement trend | Q3 2022/23 | 65.0% | 68.9% | 60.2% | 5th | 74.2% |
| Vaccinations | Executive Director of Public Health | Consultant in Public Health | 11 | '6 in 1' vaccine by age 1 | | 95% | Q3 2022/23 | 96.1% | 94.1% | 95.2% | 3rd | 94.6% |
| | | | 12 | 2 doses of the MMR vaccine by age 5 | | 95% | Q3 2022/23 | 91.0% | 90.4% | 87.7% | 7th | 90.2% |
| | | | 13 | Autumn 2022 COVID-19 Booster | ✓ | 75% | Mar-23 | | | 71.3% | | |
| | | | 14a | Flu Vaccines - 65+ | | 75% | 2021/22 | 73.5% | | 75.3% | 7th | 78.0% |
| | | | 14b | Flu Vaccines - under 65 in risk groups | | 55% | 2021/22 | 52.2% | | 50.9% | 3rd | 48.2% |
| Screening | Executive Director of Public Health | Consultant in Public Health | 14c | Flu Vaccines - Pregnant Women | | 75% | 2021/22 | 92.3% | | 66.7% | 6th | 78.5% |
| | | | 14d | Flu Vaccines - Health Care Workers | | 60% | 2021/22 | 56.5% | | 52.1% | 6th | 55.6% |
| | | | 15a | Coverage of cancer screening for: cervical | | 80% | 2020/21 | 76.1% | | 72.7% | 1st | 69.5% |
| | | | 15b | Coverage of cancer screening for: bowel | | 60% | 2020/21 | 56.4% | | 68.3% | 1st | 67.1% |
| | | | 15c | Coverage of cancer screening for: breast | | 70% | 2021/22 (May) | 74.6% | | 75.8% | 1st | 72.3% |

* COVID Booster uptake reported locally at 84.4%, scorecard reflects Welsh Government official position for year end data, further details on slide 20.

Please note that the majority of these measures are updated either quarterly or annually. Recent updates are not available for most of the measures with the exception of:

- Substance Misuse (Measure 10) – 60.2% of people who have been referred to health board services who have completed treatment for alcohol substance misuse. PTHB performance has deteriorated slightly from Q2 but still meets national improvement trend target.
- Vaccinations

- Measure 11: '6 in 1' vaccine by age 1 – 95.2% performance against target of 95%, PTHB performance having improved from Q2 and above the Wales average of 94.6%.
- Measure 12: 2 doses of MMR vaccine by age 5 – 87.7% performance against target of 95%. PTHB performance has deteriorated over the previous two quarters, now below all Wales Average of 90.2%.
- Measure 13: Autumn Covid Booster Uptake – PTHB continued to report excellent progress of 84.2% locally (as at 31st March 2023) against 75% uptake target. However, the scorecard reflects the Welsh Government official position of 71.3% for year-end data.

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.

The table below provides a summary of the applicable outcome measures for the second of the quadruple aims.

| 2022/23 Performance Framework Measures | | | | | | | Performance | | | | Welsh Government Benchmarking (*in arrears) | |
|--|--|--|-----|--|----------------------|--|------------------|----------------------------|-----------------|---------|---|-----------|
| Area | Executive Lead | Officer Lead | No. | Abbreviated Measure Name | Ministerial Priority | Target | Latest Available | 12month Previous | Previous Period | Current | Ranking | All Wales |
| Primary & Community Care | Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships | Assistant Director of Primary Care | 16 | % of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS | | 100% | 2021/22 | 93.8% | | 100.0% | 1st | 88.6% |
| | | | 18 | Number of new patients (children aged under 18 years) accessing NHS dental services | ✓ | 4 quarter improvement trend | Q4 2022/23 | Not available, new measure | 473 | 653 | 7th* | 30,813 |
| | | | 19 | Number of new patients (adults aged 18 years and over) accessing NHS dental services | ✓ | 4 quarter improvement trend | Q4 2022/23 | | 658 | 902 | 7th* | 47,495 |
| | | | 20 | Number of existing patients accessing NHS dental services | ✓ | 4 quarter improvement trend | Q4 2022/23 | | 7146 | 6503 | 7th* | 378,903 |
| Urgent & Emergency Care | | Senior Manager Unscheduled Care | 21 | % 111 patients prioritised as PICHIC that started their definitive clinical assessment within 1 hour of their initial call being completed | | 90% | Mar-23 | 63.2% | 88.5% | 89.7% | 5th | 86.7% |
| | | | 22 | Percentage of total conveyances taken to a service other than a Type One Emergency Department | ✓ | 4 quarter improvement trend | Q3 2022/23 | 8.3% | 8.2% | 7.9% | 4th | 10.9% |
| | | | 25 | MIU % patients who waited <4hrs | | 95% | Mar-23 | 100.0% | 99.9% | 100.0% | 1st | 71.6% |
| | | | 26 | MIU patients who waited +12hrs | | 0 | Mar-23 | 0 | 0 | 0 | 1st | 8,036 |
| | | | 31 | Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes | | 65% | Mar-23 | 48.7% | 42.2% | 42.9% | 6th | 47.5% |
| Patient Flow & Discharge | | Assistant Director of Community Services | 33 | Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission | ✓ | 12 month reduction trend | Mar-23 | 37 | 55 | 53 | 2nd* | 4,245 |
| | | | 34 | Percentage of total emergency bed days accrued by people with a length of stay over 21 days | ✓ | 12 month reduction trend | Mar-23 | 71.6% | 79.6% | 76.7% | 8th* | 45.80% |
| Elective Planned Care | Executive Director of Operations / Director of Community and Mental Health | Assistant Director of Community Services | 39 | Number of diagnostic endoscopy breaches 8+ weeks | ✓ | PTHB set trajectory target zero Mar -23 | Mar-23 | 9 | 17 | 11 | 1st* | 15,974 |
| | | | 40 | Number of diagnostic breaches 8+ weeks | | 12 month reduction trend towards 0 by Spring 2024 | Mar-23 | 81 | 132 | 161 | 1st* | 42,921 |
| | | | 41 | Number of therapy breaches 14+ weeks | | 12 month reduction trend towards 0 by Spring 2024 | Mar-23 | 49 | 193 | 190 | 2nd* | 7,635 |
| | | | 42 | Number of patients waiting >52 weeks for a new outpatient appointment | ✓ | PTHB set trajectory target zero Mar -23 | Mar-23 | 0 | 1 | 1 | 1st | 52,925 |
| | | | 43 | Number of patient follow-up outpatient appointment delayed by over 100% (unbooked & booked FUPs over 100%) | ✓ | Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March-21 | Mar-23 | 7540 | 4743 | 4755 | | 233,766 |
| Elective Planned Care | | | 44 | Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%) | | 95% | Mar-23 | 47.5% | 66.6% | 65.6% | 2nd* | 62.0% |
| | | | 45 | RTT patients waiting more than 104 weeks | ✓ | PTHB set trajectory target zero Mar -23 | Mar-23 | 0 | 0 | 0 | 1st | 31,726 |
| | | | 46 | RTT patients waiting more than 36 weeks | ✓ | PTHB set trajectory target zero Mar -23 | Mar-23 | 41 | 108 | 110 | 1st | 227,967 |
| | | | 47 | RTT patients waiting less than 26 weeks | ✓ | PTHB set trajectory target 95% Mar-23 | Mar-23 | 96.0% | 93.7% | 94.3% | 1st | 58.5% |

| | | | | | | | | | | | | | |
|----------------------------|--|--|-------------------------------------|--|--|--------------------|----------------------|--------|--------|----------|--|--------|--|
| Elective Planned Care | Director of Performance and Commissioning | Assistant Director of Performance and Commissioning | LM2 | Commissioned RTT patients waiting more than 104 weeks (English & Welsh Providers) | | Individual Targets | Feb-23 | 774 | 523 | 478 | | | |
| | | | LM3 | Commissioned RTT patients waiting more than 52 weeks (English & Welsh Providers) | | Individual Targets | Feb-23 | 2,575 | 2,468 | 2,348 | | | |
| | | | LM4 | Commissioned RTT patients waiting more than 36 weeks (English & Welsh Providers) | | Individual Targets | Feb-23 | 4,874 | 4,910 | 4,790 | | | |
| | | | LM5 | Commissioned RTT patients waiting less than 26 weeks (English & Welsh Providers) | | Individual Targets | Feb-23 | 60.2% | 60.1% | 61.4% | | | |
| Mental Health | Executive Director of Operations / Director of Community and Mental Health | Assistant Director of Mental Health | 48 | Rate of hospital admissions with any mention of self-harm from children and young people per 1k | ✓ | Annual Reduction | 2021/22 | 2.42 | | 2.09 | 1st | 3.95 | |
| | | | 49 | CAMHS % waiting <28 days for first appointment | ✓ | 80% | Mar-23 | 91.3% | 100.0% | 100.0% | 1st* | 92.1% | |
| | | | 50 | Assessments <28 days <18 | ✓ | 80% | Mar-23 | 100.0% | 100.0% | 94.8% | 1st* | 68.8% | |
| | | | 51 | Interventions <28 days <18 | ✓ | 80% | Mar-23 | 97.8% | 93.3% | 87.2% | 1st* | 35.1% | |
| | | | 52 | % residents with CTP <18 | ✓ | 90% | Mar-23 | 75.8% | 93.0% | 86.0% | 6th* | 92.9% | |
| | | Assistant Director of Women's and Children's Services | 53 | Children/Young People neurodevelopmental waits | ✓ | 80% | Mar-23 | 90.6% | 68.6% | 72.7% | 1st* | 31.1% | |
| | | | Assistant Director of Mental Health | 54 | Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services | ✓ | Evidence Improvement | Aug-22 | | | Green | N/A | |
| | | 55 | | % adults admitted to a psychiatric hospital 9am-9pm that have a CRHT gate keeping assessment prior to admission | ✓ | 95% | Jan-23 | 100% | 100% | 100% | 1st | 95.9% | |
| | | 56 | | % adults admitted without a CRHTS gate keeping assessment that receive a FU assessment within 24hrs of admission | ✓ | 100% | Jan-23 | 100% | 100% | 100% | 1st | 100.0% | |
| | | 57 | | Assessments <28 days 18+ | ✓ | 80% | Mar-23 | 76.3% | 86.0% | 90.0% | 6th* | 87.9% | |
| | | 58 | | Interventions <28 days 18+ | ✓ | 80% | Mar-23 | 23.4% | 49.0% | 52.0% | 6th* | 74.0% | |
| | | 59 | | Adult psychological therapy waiting < 26 weeks | ✓ | 80% | Mar-23 | 90.4% | 82.3% | 82.8% | 2nd* | 69.0% | |
| | | 60 | % residents with CTP 18+ | ✓ | 90% | Mar-23 | 71.9% | 83.0% | 85.0% | 5th* | 83.6% | | |
| | | TBC | TBC | 61 | Qualitative report detailing progress to improve dementia care | ✓ | Evidence Improvement | Aug-22 | | | Red | N/A | |
| | | Executive Director of Operations / Director of Community and Mental Health | Assistant Director of Mental Health | 62 | Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities | ✓ | Evidence Improvement | Aug-22 | | | Green | N/A | |
| Hospital Infection Control | Executive Director of Nursing and Midwifery | Deputy Director of Nursing | 63 | HCAI - Klebsiella sp and Aeruginosa cumulative number | ✓ | Local | Mar-23 | | | 2 cases | PTHB is not nationally benchmarked for infection rates | | |
| | | | 64 | HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) and C.difficile | ✓ | | Mar-23 | | | 13 cases | | | |

Primary Care

- General Medical Services (GMS) – 100% of GP practices have achieved all standards set out in the National Access Standards for in-hours GMS.
- Dental – No RAG compliance is currently available for this measure as the target is based on a 4-quarter improvement, but Powys has seen quarterly improvement on all metrics except existing patient access. Access for Q3 was lower than Q2; Q4 also lower than Q3, this being due to practices focusing on new patients, with PTHB encouraging some practices to focus on seeing new patients to address the volume of patients on the Powys Dental Waiting List.

Unscheduled Care

- 89.7% of 111 patients prioritised as P1CHC started their clinical assessment within 1 hour of their initial call being completed against a target of 90%, PTHB performance higher than the All Wales average.
- PTHB Minor Injury Unit (MIU) performance has remained excellent throughout 2022/23, exceeding the required target every month for patients waiting less than 4 hrs. No patients have waited 12+ hours during the 2022/23 financial year.

- Wales Ambulance Service NHS Trust response times for Powys latest performance of 42.9% compliance for red calls arriving within 8 minutes against target of 65% (PTHB) and 47.5% (Wales). There have been multiple issues challenging the service including increased demand, handover delays, geographical challenges, and industrial action.

Planned Care (Powys Provider)

- Diagnostics
 - Number of patients waiting more than 8 weeks for diagnostic endoscopy – the number of patients breaching the 8-week target has increased and now non-compliant with the health board trajectory for 2022/23. The service continues to be fragile, reliant on in-reach providers and extra private capacity to maintain waiting times. Actions and mitigations have included use of insource to reduce backlog during 22/23, recruitment to lead nurse post for endoscopy, trainee post completion for clinical endoscopist (extra JAG accredited capacity for gastroscopy), and development of cytosponge and naso-endoscopy scheme for 2023/24.
 - Number of patients waiting more than 8 weeks for a specified diagnostic - The picture for all diagnostic specialties waiting over the 8-week target is more challenging with a 6-month trend (Aug 22 – Jan 23) of increased breaches. The reported position in March was that 161 patients waited over 8 weeks. The challenge is within non obstetric ultrasound (NOUS) and predominately in North Powys and in musculoskeletal health where the service capacity is very fragile and relies on in-reach radiologists. Work to recover includes continuous waiting list reviews, appointment of own sonographers, training of sonographer for the lumps & bumps service, and capacity work with external providers. For the national picture, a total of 42,921 patients in Wales are currently breaching and Powys ranks 1st.
- Therapies
 - Number of patients waiting more than 14 weeks for a specified therapy – March 2023 position shows 190 patients waiting longer than 14 weeks, this being an improved position from both December 2022, January and February 2023.

Challenges for the service include cancelations of clinics at short notice because of sickness, vacancies, caseload type and priority e.g., follow-up or new appointments, and challenges in waiting list data, accuracy and validation. Actions include weekly waiting list management by head of service, caseload reviews across all therapies, and increased sessions from 1 to 4 per week in Podiatry, Dietetics, and SALT Heads of Service clinical job plans.

- Access

- Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100% - Follow-up reporting remains high risk. Internal validation reports show 4,755 patients are overdue 100%+. It should be noted that circa 50% of these pathways have been assessed and estimated to be invalid or duplicates following a change in reporting process. Work is ongoing to complete the validation in order to assist operational teams to accurately assess their current wait lists and target patients appropriately, aiming to complete by the end of May 2023.
- Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date – PTHB performance does not meet the 95% target but had improved to 66.5% in February 2023, performance deteriorating slightly to 65.6% in March 2023. Challenges include fragility of in-reach providers, actions and mitigations include multiple schemes such as having first nurse injector specialist trained and one stop eye clinic established in North Powys.
- RTT – PTHB as a provider has had no patients waiting over 104 weeks for treatment since March 2022. 7,240 (94.3%) of 7,678 patient pathways at March 2023 are waiting under 26 weeks. 110 patients are waiting over 36 weeks, 8 patients waiting over 52 weeks.

Challenges are linked to in-reach service fragility particularly in anaesthetics and cross border diagnostic and treatment pathways with significant diagnostic waits in acute care providers.

- Cancer – PTHB downgrade performance has been poor against recommended NICE guidance that patients who do not have cancer are told within 28 days, PTHB performance of 24.3% in March 2023. There have been a large number of pathways where downgrade confirmation has been made late for reasons including diagnostic and administration delays.
- Mental Health

- Neurodevelopmental Disorder – performance has improved since December 2022, however, overall has fallen since June 2022. Current performance is 72.7% compliance against 80% target; however, Powys ranks 1st in Wales.
- CAMHS – PTHB achieving 100% of patients waiting less than 28 days for first appointment for CAMHS.
- Under 18 years - PTHB achieving 94.8% of mental health assessments undertaken within 28 days of receipt of referral against target of 80% (deteriorating position from February 2023); 87.2% of mental health interventions undertaken within 28 days from date of receipt of referral against target of 80% (deteriorating position from February 2023); 86% of patients in receipt of secondary mental health services have a valid care and treatment plan against target of 90% ((deteriorating position from February 2023). Challenges include high rates and complexity of referrals and significant staff sickness.
- Over 18 years – PTHB achieving 90% of mental health assessments undertaken within 28 days of receipt of referral against target of 80% (improved performance from February 2023); 52% of interventions undertaken within 28 days from date of receipt of referral against target of 80% (improved performance from February 2023, with performance against target impacted by staff sickness, high referral demand, increased complexity of referrals); 82.8% of patients starting psychological therapy in less than 26 weeks against target of 80%; 85% of patients in receipt of secondary mental health services have a valid care and treatment plan against target of 90% (impacted by PTHB and Social Services staff vacancies).

Planned Care (Commissioned Service Providers)

- NHS Wales service provider performance
 - RTT - Powys residents waiting > 104 weeks remains high, with 419 patients waiting over 104 weeks at March 2023. Welsh providers are working to the ministerial targets of 0 patients waiting >52 weeks for outpatient appointment and 0 waiting > 104 weeks for treatment by 30th June 2023.
 - Cancer – Provisional data for March 2023 shows that 17 patients missed the 62-day cancer target (63% compliance). Key challenges include service flow, surgical/diagnostic capacity in secondary care, and patient choice. There is marked variation across health boards particularly in relation to Breast, Gynaecology and Head and Neck SCP performance within Wales.

- NHS England service provider performance
 - RTT – Powys residents waiting >104 weeks remains very low (11 at February 2023). English providers working to have 0 patients waiting over 78 weeks by the end of March 2023; and have 0 patients waiting over 65 weeks by March 2024.
 - Cancer - Shrewsbury and Telford Hospital (SATH) NHS Trust reported 5 breaches of their cancer pathway reported for February 2023. All breaches were patients waiting over 104 days, key breach tumour sites include Breast, Urology, Upper Gastrointestinal. Reasons for breaches primarily caused by screening, diagnostic and outpatient capacity and patient choice.

Wye Valley NHS Trust (WVT) – The latest data for Powys residents breaches is December 2022, 4 breaches were reported and 1 of these breaches were over 104 days. Lung and Urology are the two breaching tumour sites during this period. Ongoing risk regarding timely return of cancer harm reviews.

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable.

The table below provides a summary of the applicable outcome measures for the third of the quadruple aims:

| 2022/23 Performance Framework Measures | | | | | | | | | | Performance | | | Welsh Government Benchmarking (*in arrears) | |
|--|--|--|-----|--|----------------------|--|------------------------|------------------|-----------------|-------------|---------------|-----------|--|--|
| Area | Executive Lead | Officer Lead | No. | Abbreviated Measure Name | Ministerial Priority | Target | Latest Available | 12month Previous | Previous Period | Current | Ranking | All Wales | | |
| Staff Resources | Executive Director of Finance, IT and Information | TBC | 67 | Agency spend as a percentage of the total pay bill | ✓ | PTHB set trajectory target 8.4% Mar-23 | Feb-23 | 10.1% | 10.8% | 9.1% | 12th (Dec-22) | 6.7% | | |
| | Executive Director of Workforce and Organisational Development | Head of Workforce | 68 | (R12) Sickness Absence | ✓ | PTHB set trajectory target 5.1% Mar-23 | Mar-23 | 5.7% | 6.0% | 5.8% | 4th (Dec-22) | 6.94% | | |
| | | Service Improvement Manager: Welsh Language & Equalities | 69 | % staff Welsh language listening/speaking skills level 2 (foundational level) and above | ✓ | Bi-annual improvement | 6 months ending Sep-22 | 15.8% | 16.1% | 16.9% | 5th | 15.9% | | |
| Training & Development | Executive Director of Workforce and Organisational Development | Head of Workforce | 70 | Core Skills Mandatory Training | ✓ | 85% | Mar-23 | 82.0% | 81.0% | 83.0% | 3rd (Dec-22) | 82.0% | | |
| | | | 71 | Performance Appraisals (PADR) | ✓ | 85% | Mar-23 | 73.3% | 73.0% | 74.0% | 5th (Dec-22) | 66.2% | | |
| Staff Engagement | | Head of Workforce | 72 | Staff Engagement Score | ✓ | Annual Improvement | 2020 | 79% (2018) | | 78.0% | 1st | 75% | | |
| | | | 73 | % staff reporting their line manager takes a positive interest in their health & wellbeing | ✓ | Annual Improvement | 2020 | 77% (2018) | | 75.5% | 2nd | 65.9% | | |

- Agency Spend – 9.1% expenditure reported (February 2023), target of 8.4% not met. Common issues include sickness, substantive professional workforce availability and rurality. Key mitigations include improve roster planning, targeting of PTHB bank over agency, targeted recruitment campaigns, recruitment of 5 overseas RNs into Welshpool.
- Sickness absence – 12 month sickness has improved slightly however is 5.8% in March 2023. Key reported sickness related to stress & anxiety, respiratory problems. Key mitigations include improved training on Managing Attendance at Work policy, staff counselling service, and bi-weekly case reviews of long term sick.

- Level 1 competencies of Core Skills and Training Framework – 83% performance in March 2023 against 85% target. Key challenges are staff sickness and introduction of new mandatory training packages.
- Personal Appraisal and Development Review – 74% performance in March 2023 against target of 85% with challenges of staff sickness and absence impacting on timeliness of PADRs.

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes.

The table below provides a summary of the applicable outcome measures for the last of the quadruple aims:

| 2022/23 Performance Framework Measures | | | | | | | Performance | | | | Welsh Government Benchmarking (% in arrears) | |
|--|--|--|-----|--|----------------------|--|--|-------------------|-----------------|---------|--|-----------|
| Area | Executive Lead | Officer Lead | No. | Abbreviated Measure Name | Ministerial Priority | Target | Latest Available | 12 month Previous | Previous Period | Current | Ranking | All Wales |
| Decarbonisation | Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships | Environment and Sustainability Manager | 74 | Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach | ✓ | 16% Reduction by 2025 Against 21018/19 NHS Wales Baseline | 2020/21 | 17,021 | | 24,120 | 2nd* | 1,001,378 |
| | | Environment and Sustainability Manager | 75 | Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan | ✓ | Evidence Improvement | Aug-22 | | | Amber | N/A | |
| New Ways of Working | Director of Performance and Commissioning | TBC | 76 | Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme | ✓ | Delivery of Foundational Economy initiatives and/or evidence of improvements in decision making process | Aug-22 | | | Amber | N/A | |
| | | Assistant Director of Transformation and Value | 77 | Qualitative report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes | ✓ | Evidence or security undertaken to embed a Value Based Health Care approach (as described in the reporting template) | Aug-22 | | | Red | N/A | |
| | Executive Director of Finance, IT and Information | Lead Nurse for Informatics and Nurse Staffing | 78 | Number of risk assessments completed on the Welsh Nursing Clinical Record | ✓ | 4 quarter improvement trend | Q3 2022/23 | 20877 | 30,865 | 32,716 | 5th | 889,149 |
| | | Executive Director of Finance, IT and Information | 79 | Number of wards using the Welsh Nursing Clinical Record | ✓ | 4 quarter improvement trend | Q3 2022/23 | 6 | 8 | 8 | 6th | 220 |
| | | Head of Information - Digital Transformation and Informatics | 80 | Percentage of episodes clinically coded within one month post discharge end date | | Maintain 95% target or demonstrate an improvement trend over 12 months | Feb-23 | 100.0% | 100.0% | 100% | *1st | 84.4% |
| Clinically Effective Prescribing | Medical Director | Chief Pharmacist | 81 | Total antibacterial items per 1,000 STAR-PUs | ✓ | A quarterly reduction of 5% against a baseline of 2019-20 (215.8) | Q3 2022/23 | 260 | 237.6 | 333.2 | 2nd | 358.7 |
| | | | 82 | % secondary care antibiotic usage within the WHO access category | ✓ | 55% | Measure suspended by WG - Data quality | | | | | |
| | | | 83 | Number of patients 65+ years prescribed an antipsychotic | | Quarter on quarter reduction | Q3 2022/23 | 479 | 485 | 502 | 1st | 10,342 |
| | | | 84 | Opioid average daily quantities per 1,000 patients | ✓ | 4 quarter reduction trend | Q3 2022/23 | 4222.1 | 4218.2 | 4261.3 | 2nd | 4,442.2 |

- Number of wards using Welsh Nursing Clinical Record remains at 8 (Q3 2022/23), meeting national target of 4 quarter trend improvement.
- Percentage of episodes clinically coded within one reporting month post episode discharge end date - PTHB continues to report excellent performance with 100% compliance reported since May 2022, the Health Board is consistently ranked 1st in Wales (February 2023).
- Total antibacterial items per 1,000 STAR-PUs has not achieved target, performance having deteriorated from Q2 to Q3. Antimicrobial stewardship improvement plan in place with absence of dedicated antimicrobial pharmacist included within the medicines management risk register.

- Number of patients over 65 years of age prescribed an anti-psychotic. PTHB has seen an increase in prescribing between Q2 and Q3, however PTHB has the lowest percentage of people aged 65 and over who are prescribed an anti-psychotic.
- Opioid average daily quantities per 1,000 patients has not achieved target, performance having deteriorated from Q2 to Q3. PTHB has second lowest level of opioid burden in Wales but has seen steepest increase in prescribing since Q4 2021/22.

Operational Measures

The table below provides a summary of the applicable operational measures:

| | Operational Measure | Target | Month | 12 months Previous | Previous Period | Current Period |
|----|--|------------------------------|------------|--------------------|-----------------|----------------|
| A. | Crude hospital mortality rate (74 years of age or less) | 12 month reduction trend | Mar-23 | 2.36% | 1.93% | 1.92% |
| C. | Number of women of childbearing age prescribed valproate as a percentage of all women of child bearing age | Quarter on quarter reduction | Q3 2022/23 | 0.10% | 0.09% | 0.09% |
| G. | Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation | 75% | Q4 2022/23 | 37% | 83% | 64% |

- Crude hospital mortality rate (Powys as provider) - The crude mortality rate in Powys has continued to show an improvement predominately due to the increase in inpatient flow. It should be noted that Powys normally has a higher than All Wales average crude mortality as a non-acute care provider who also supports end of life within inpatient wards. No issues have been reported, and actual monthly deaths are within expected values, no mitigations are required at this time.
- Percentage of complaints that have received final reply or interim reply up to and including 30 working days from date complaint received - Performance has significantly improved throughout 2022/23, however has deteriorated from Q3 to Q4, current performance of 64% against target of 75%. Services have been challenged to proactively manage concerns, this is a positive approach with more contacts being dealt with in an appropriate and timely manner. Key challenges include limited user feedback, timely commissioned care provider responses and data/systems quality. Key actions and mitigations include the implementation of a robust escalation process to 30 working day response timescale, ongoing review of concerns management process, implementation of a concerns feedback process with the use of CIVICA, and work around data quality, recording and assurance.

Summary

The Board is asked to note the details contained within the IPR and cover report.

NEXT STEPS

- Please note that this cover document reports performance on an exception basis, full details of all reportable measures are included within the IPR main document.
- With the Integrated Performance Framework scope agreed the Health Board is implementing the required process to provide effective challenge, support, and scrutiny of both provider and commissioned services with the aim to improve patient outcomes.
- Ongoing work to tackle COVID backlog and capacity challenges remains the single largest risk for Powys residents and their required health care, solutions being scoped include the use of private providers to treat repatriated patients where their treatment can be carried out in Powys provider facilities.
- The Performance team is working with commissioned service providers to obtain understanding of referral demand, demand and capacity gaps, waiting list profiles at specialty level and convert outputs into indicative activity plans (IAP). This includes work to model robust performance trajectories in line with the NHS Wales Planning Framework targets 2023/24 for Powys provider, English and Welsh commissioned services.

Patterson, Liz
23/05/2023 11:05:14

Powys Teaching Health Board

Integrated Performance Report

Month 12 – Updated 11/05/2023

Select one of the below boxes to navigate to the required section of the report

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[NHS Wales Performance Framework](#)

[National Wales Performance Framework: Performance Scorecard](#)

[Quadruple Aim 1](#)

[Quadruple Aim 2](#)

[Quadruple Aim 3](#)

[Quadruple Aim 4](#)

[Next Steps](#)

[Appendices](#)

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23/05/2023 11:25:01



Executive Summary

This integrated performance report (IPR) provides the Board with the latest available performance update against the 2022/23 NHS Wales Performance Framework released in July 2022. This release includes data up until the end of Month 12 (March 2023), please note that various metrics will remain un-completed/delayed where they are new or without data, or where the metrics data is significantly delayed due to national validation process/update schedule.

The data, drawn from various sources has been supported by statistical process charts, and includes officer lead narrative for challenges, actions, and further mitigations. It should also be noted that the availability of recent performance data varies by measure with monthly, quarterly, and annual updates, this resulting in some metrics not having an update for a 12+ month period.

Summary

The month 12 March position for the health board shows that the key areas of challenge remain across planned and unscheduled care access in both provider and especially commissioned services. Although performance has remained robust across planned care access when compared to other Welsh and English providers, RTT and diagnostics have failed to meet ambitious PTHB trajectories set for Ministerial priority access measures. Mental Health care in the provider remains robust with generally good waiting list access times, and even where targets are missed the provider performs well against the All Wales position. Key challenges remain in Commissioned services for Powys resident access and their treatment within acute care pathways although overall waiting times have seen improvement. Key themes for capacity challenges and recovery across planned care in England and Wales include recent ongoing industrial actions, staffing pressures due to sickness or vacancy, diagnostic pressures, theatre capacity, and bed flow. Further challenge for planned care is linked to equity of access for Powys residents who wait on average longer in Wales, with potential waits being reported up to and beyond 12 months longer than those equivalent specialties that flow via cross border services into English acute care.

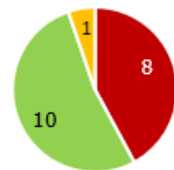
Unscheduled care in Powys performs well with minor injury units exceeding national targets for wait times. Patients that require A&E access in both England and Wales or an emergency ambulance are unfortunately still waiting a significant time and beyond national targets to receive care although showing improvement from December where performance was the worst recorded for ambulance red responses as an example. Key challenges are similar to planned care and include increased demand, staff sickness/vacancies ongoing including industrial action, and acute site patient flow bottlenecks resulting in long ambulance handover times, further rurality and access points of care impact on patient access/response times and outcomes. The health board continues to maximise repatriation of patients to improve acute flows, and has increased inpatient bed capacity from Q3 to help alleviate Powys residents awaiting step down from acute facilities.

Finally it should be noted that Executive appointments and structure changes have been applied from this IPR going forward.

Compliance against NHS Delivery framework measures at month 12 by quadruple aim area.

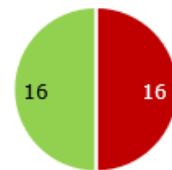
*Please note amber RAG ratings are for qualitative measures only

Compliance against targets quadruple aim 1



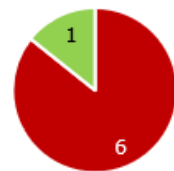
■ Red ■ Green ■ Amber

Compliance against targets quadruple aim 2



■ Red ■ Green

Compliance against quadruple aim 3



■ Red ■ Green

Compliance against quadruple aim 4



■ Red ■ Green ■ Amber



NHS Wales Performance Framework

NHS Wales Performance Framework

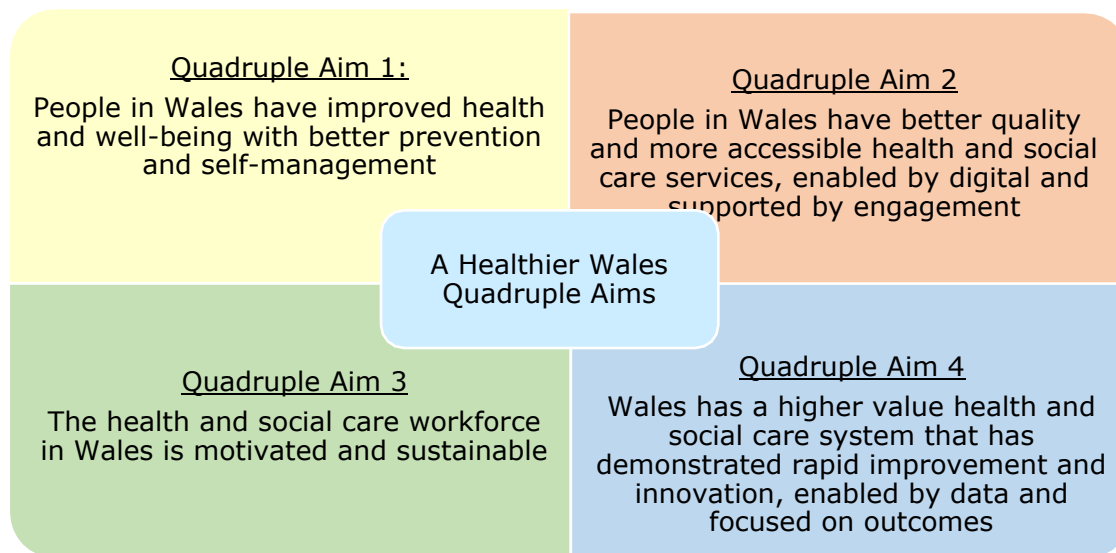
The NHS Wales Performance Framework has been significantly revised for 2022/23 with currently 84 measures. Of the 84 measures, 54 have been identified as ministerial priorities. A further 8 measures are classed as operational and not routinely reported to Welsh Government, but are included within the IPR.

Not all of the measures are applicable to a non acute care provider, and are not currently included within the IPR.

The revised framework has brought a new challenge to NHS organisations in Wales which relate to the data sources, reporting schedules, and methodologies including future planned additional outcome measures.

All of the measures in the NHS Performance Framework for 2022-2023 have been mapped to 'A Healthier Wales' quadruple aim and reflect the Ministerial priority areas of focus (Ministers focus measures are noted in scorecard).

This is an interim framework whilst further work is undertaken to identify outcome focused measures that deliver the priorities outlined in the NHS Planning Framework and the Health and Social Care Outcomes Framework (in development). The NHS Performance Framework for 2023/24 is due to be released by Welsh Government for use by the end of June 2023.



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NHS Wales Performance Framework

A brief introduction to statistical process control charts (SPC)

SPC charts are used as an analytical technique to understand data (performance) over time. Using statistical science to underpin data, and using visual representation to understand variation, areas that require appropriate action are simply highlighted. This method is widely used within the NHS to assess whether change has resulted in improvement. The time period of SPC charts currently used within the IPR is 36 months (where available), this allowed reflection of pre/post COVID-19 pandemic period and its effect especially on planned care measures providing guidance for backlog recovery and ongoing service pressure.

SPC charts

The charts used will contain a variation of icons and coloured dots, these do not link directly to the existing RAG based measurement currently used within the outcome framework but provide a guide. SPC charts provide an excellent view of trends, highlighting areas of improvement, or concern over a significant time period (e.g. common or special cause variation). The graphs also contain a mean (average) value, and two process control limits UCL & LCL (expected maximum & minimum performance).



Work to integrate this approach into Powys Teaching Health Board performance reporting, and assurance will be ongoing and will mature throughout 2022/23.

Key for performance & data quality RAG ratings

| Performance against measurable targets | Data Quality |
|--|--|
| Performance meeting set target (Green) | Data confidence is high |
| Performance limited assurance (Amber) – this is only used for qualitative measures currently | Data confidence is limited |
| Performance does not meet target (Red) | Data confidence is poor or currently under investigation |
| Measure not applicable or missing appropriate data | Data unavailable |



National Outcomes Framework: Performance Scorecard

Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management

| 2022/23 Performance Framework Measures | | | | | | | Performance | | | | Welsh Government Benchmarking (*in arrears) | |
|--|--|-------------------------------------|-----|--|----------------------|--|-------------------------|------------------|-----------------|---------|---|-----------|
| Area | Executive Lead | Officer Lead | No. | Abbreviated Measure Name | Ministerial Priority | Target | Latest Available | 12month Previous | Previous Period | Current | Ranking | All Wales |
| Weight Management | Executive Director of Public Health | Consultant in Public Health | 1 | % Achieving Clinically Significant weight loss | ✓ | Annual improvement | Not currently available | | | | | |
| | Executive Director of Public Health | Consultant in Public Health | 2 | Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway | ✓ | Evidence of Improvement | Aug-22 | | | Red | N/A | |
| | Executive Director of Nursing and Midwifery | Head of Midwifery and Sexual Health | 3 | % Babies breastfed 10 days old | ✓ | Annual Improvement | 2021/22 | 52.0% | | 56.5% | 1st | 36.7% |
| Smoking | Executive Director of Public Health | Consultant in Public Health | 4 | % of adults that smoke daily or occasionally | ✓ | Annual reduction towards 5% prevalence 2030 | 2021/22 | 13.0% | | 10.7% | 1st | 13.0% |
| | | Consultant in Public Health | 5 | % Attempted to quit smoking | ✓ | 5% annual target | Q3 2022/23 | 2.43% | | 2.26% | 6th | 2.89% |
| | | Consultant in Public Health | 6 | Qualitative report - Implementing Help Me Quit in Hospital smoking cessation services and to reduce smoking during pregnancy | ✓ | Evidence of Improvement | Aug-22 | | | Amber | N/A | |
| Diabetes | Deputy Chief Executive and Executive Director of | TBC | 7 | % diabetics who receive 8 NICE care processes | ✓ | >=35.2% | Q3 2022/23 | 35.0% | 46.8% | 47.9% | 1st | 39.1% |
| | | | 8 | % Diabetics achieving 3 treatment targets | ✓ | 1% annual increase from 2020-21 baseline (27.2%) | 2021/22 | 26.2% | | 27.2% | 4th | 27.6% |
| Substance Misuse | Executive Director of Operations / Director of Community and Mental Health | Assistant Director of Mental Health | 9 | Standardised rate of alcohol attributed hospital admissions | ✓ | 4 quarter reduction trend | Q2 2022/23 | 428.6 | 400.7 | 390.7 | 4th | 392.8 |
| | | | 10 | Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse | ✓ | 4 quarter improvement trend | Q3 2022/23 | 65.0% | 68.9% | 60.2% | 5th | 74.2% |
| Vaccinations | Executive Director of Public Health | Consultant in Public Health | 11 | '6 in 1' vaccine by age 1 | | 95% | Q3 2022/23 | 96.1% | 94.1% | 95.2% | 3rd | 94.6% |
| | | | 12 | 2 doses of the MMR vaccine by age 5 | | 95% | Q3 2022/23 | 91.0% | 90.4% | 87.7% | 7th | 90.2% |
| | | | 13 | Autumn 2022 COVID-19 Booster | ✓ | 75% | Mar-23 | | | 71.3% | | |
| | | | 14a | Flu Vaccines - 65+ | | 75% | 2021/22 | 73.5% | | 75.3% | 7th | 78.0% |
| | | | 14b | Flu Vaccines - under 65 in risk groups | | 55% | 2021/22 | 52.2% | | 50.9% | 3rd | 48.2% |
| | | | 14c | Flu Vaccines - Pregnant Women | | 75% | 2021/22 | 92.3% | | 66.7% | 6th | 78.5% |
| | | | 14d | Flu Vaccines - Health Care Workers | | 60% | 2021/22 | 56.5% | | 52.1% | 6th | 55.6% |
| Screening | Executive Director of Public Health | Consultant in Public Health | 15a | Coverage of cancer screening for: cervical | | 80% | 2020/21 | 76.1% | | 72.7% | 1st | 69.5% |
| | | | 15b | Coverage of cancer screening for: bowel | | 60% | 2020/21 | 56.4% | | 68.3% | 1st | 67.1% |
| | | | 15c | Coverage of cancer screening for: breast | | 70% | 2021/22 (May) | 74.6% | | 75.8% | 1st | 72.3% |

* COVID Booster uptake reported locally at 84.4%, scorecard reflects Welsh Government official position for year end data, further details on slide 20.



National Outcomes Framework: Performance Scorecard

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

| 2022/23 Performance Framework Measures | | | | | | | Performance | | | | Welsh Government Benchmarking (*in arrears) | |
|--|--|--|-----|---|----------------------|--|------------------|----------------------------|-----------------|---------|---|-----------|
| Area | Executive Lead | Officer Lead | No. | Abbreviated Measure Name | Ministerial Priority | Target | Latest Available | 12month Previous | Previous Period | Current | Ranking | All Wales |
| Primary & Community Care | Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships | Assistant Director of Primary Care | 16 | % of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS | | 100% | 2021/22 | 93.8% | | 100.0% | 1st | 88.6% |
| | | | 18 | Number of new patients (children aged under 18 years) accessing NHS dental services | ✓ | 4 quarter improvement trend | Q4 2022/23 | Not available, new measure | 473 | 653 | 7th* | 30,813 |
| | | | 19 | Number of new patients (adults aged 18 years and over) accessing NHS dental services | ✓ | 4 quarter improvement trend | Q4 2022/23 | | 658 | 902 | 7th* | 47,495 |
| | | | 20 | Number of existing patients accessing NHS dental services | ✓ | 4 quarter improvement trend | Q4 2022/23 | | 7146 | 6503 | 7th* | 378,903 |
| Urgent & Emergency Care | | Senior Manager Unscheduled Care | 21 | % 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed | | 90% | Mar-23 | 63.2% | 88.5% | 89.7% | 5th | 86.7% |
| | | | 22 | Percentage of total conveyances taken to a service other than a Type One Emergency Department | ✓ | 4 quarter improvement trend | Q3 2022/23 | 8.3% | 8.2% | 7.9% | 4th | 10.9% |
| | | | 25 | MIU % patients who waited <4hr | | 95% | Mar-23 | 100.0% | 99.9% | 100.0% | 1st | 71.6% |
| | | | 26 | MIU patients who waited +12hrs | | 0 | Mar-23 | 0 | 0 | 0 | 1st | 8,036 |
| | | | 31 | Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes | | 65% | Mar-23 | 48.7% | 42.2% | 42.9% | 6th | 47.5% |
| Patient Flow & Discharge | | Assistant Director of Community Services | 33 | Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission | ✓ | 12 month reduction trend | Mar-23 | 37 | 55 | 53 | 2nd* | 4,245 |
| | | | 34 | Percentage of total emergency bed days accrued by people with a length of stay over 21 days | ✓ | 12 month reduction trend | Mar-23 | 71.6% | 79.6% | 76.7% | 8th* | 45.80% |
| Elective Planned Care | Executive Director of Operations / Director of Community and Mental Health | Assistant Director of Community Services | 39 | Number of diagnostic endoscopy breaches 8+ weeks | ✓ | PTHB set trajectory target zero Mar-23 | Mar-23 | 9 | 17 | 11 | 1st* | 15,974 |
| | | | 40 | Number of diagnostic breaches 8+ weeks | | 12 month reduction trend towards 0 by Spring 2024 | Mar-23 | 81 | 132 | 161 | 1st* | 42,921 |
| | | | 41 | Number of therapy breaches 14+ weeks | | 12 month reduction trend towards 0 by Spring 2024 | Mar-23 | 49 | 193 | 190 | 2nd* | 7,635 |
| | | | 42 | Number of patients waiting >52 weeks for a new outpatient appointment | ✓ | PTHB set trajectory target zero Mar-23 | Mar-23 | 0 | 1 | 1 | 1st | 52,925 |
| | | | 43 | Number of patient follow-up outpatient appointment delayed by over 100% (unbooked & booked FUPs over 100%) | ✓ | Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March-21 | Mar-23 | 7540 | 4743 | 4755 | | 233,766 |
| | | | 44 | Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%) | | 95% | Mar-23 | 47.5% | 66.6% | 65.6% | 2nd* | 62.0% |
| Elective Planned Care | | | 45 | RTT patients waiting more than 104 weeks | ✓ | PTHB set trajectory target zero Mar-23 | Mar-23 | 0 | 0 | 0 | 1st | 31,726 |
| | | | 46 | RTT patients waiting more than 36 weeks | ✓ | PTHB set trajectory target zero Mar-23 | Mar-23 | 41 | 108 | 110 | 1st | 227,967 |
| | | | 47 | RTT patients waiting less than 26 weeks | ✓ | PTHB set trajectory target 95% Mar-23 | Mar-23 | 96.0% | 93.7% | 94.3% | 1st | 58.5% |



National Outcomes Framework: Performance Scorecard

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

| | | | | | | | | | | | | |
|----------------------------|--|---|-----|--|---|----------------------|---------|--------|--------|----------|--|--------|
| Elective Planned Care | Director of Performance and Commissioning | Assistant Director of Performance and Commissioning | LM2 | Commissioned RTT patients waiting more than 104 weeks (English & Welsh Providers) | | Individual Targets | Feb-23 | 774 | 523 | 478 | | |
| | | | LM3 | Commissioned RTT patients waiting more than 52 weeks (English & Welsh Providers) | | Individual Targets | Feb-23 | 2,575 | 2,468 | 2,348 | | |
| | | | LM4 | Commissioned RTT patients waiting more than 36 weeks (English & Welsh Providers) | | Individual Targets | Feb-23 | 4,874 | 4,910 | 4,790 | | |
| | | | LM5 | Commissioned RTT patients waiting less than 26 weeks (English & Welsh Providers) | | Individual Targets | Feb-23 | 60.2% | 60.1% | 61.4% | | |
| Mental Health | Executive Director of Operations / Director of Community and Mental Health | Assistant Director of Mental Health | 48 | Rate of hospital admissions with any mention of self-harm from children and young people per 1k | ✓ | Annual Reduction | 2021/22 | 2.42 | | 2.09 | 1st | 3.95 |
| | | | 49 | CAMHS % waiting <28 days for first appointment | ✓ | 80% | Mar-23 | 91.3% | 100.0% | 100.0% | 1st* | 92.1% |
| | | | 50 | Assessments <28 days <18 | ✓ | 80% | Mar-23 | 100.0% | 100.0% | 94.8% | 1st* | 68.8% |
| | | | 51 | Interventions <28 days <18 | ✓ | 80% | Mar-23 | 97.8% | 93.3% | 87.2% | 1st* | 35.1% |
| | | | 52 | % residents with CTP <18 | ✓ | 90% | Mar-23 | 75.8% | 93.0% | 86.0% | 6th* | 92.9% |
| | | Assistant Director of Women's and Children's Services | 53 | Children/Young People neurodevelopmental waits | ✓ | 80% | Mar-23 | 90.6% | 68.6% | 72.7% | 1st* | 31.1% |
| | | Assistant Director of Mental Health | 54 | Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services | ✓ | Evidence Improvement | Aug-22 | | | Green | N/A | |
| | | | 55 | % adults admitted to a psychiatric hospital 9am-9pm that have a CRHT gate keeping assessment prior to admission | ✓ | 95% | Jan-23 | 100% | 100% | 100% | 1st | 95.9% |
| | | | 56 | % adults admitted without a CRHTS gate keeping assessment that receive a FU assessment within 24hrs of admission | ✓ | 100% | Jan-23 | 100% | 100% | 100% | 1st | 100.0% |
| | | | 57 | Assessments <28 days 18+ | ✓ | 80% | Mar-23 | 76.3% | 86.0% | 90.0% | 6th* | 87.9% |
| | | | 58 | Interventions <28 days 18+ | ✓ | 80% | Mar-23 | 23.4% | 49.0% | 52.0% | 6th* | 74.0% |
| | | | 59 | Adult psychological therapy waiting < 26 weeks | ✓ | 80% | Mar-23 | 90.4% | 82.3% | 82.8% | 2nd* | 69.0% |
| | | | 60 | % residents with CTP 18+ | ✓ | 90% | Mar-23 | 71.9% | 83.0% | 85.0% | 5th* | 83.6% |
| | TBC | TBC | 61 | Qualitative report detailing progress to improve dementia care | ✓ | Evidence Improvement | Aug-22 | | | Red | N/A | |
| | Executive Director of Operations / Director of Community and Mental Health | Assistant Director of Mental Health | 62 | Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities | ✓ | Evidence Improvement | Aug-22 | | | Green | N/A | |
| Hospital Infection Control | Executive Director of Nursing and Midwifery | Deputy Director of Nursing | 63 | HCAI - Klebsiella sp and Aeruginosa cumulative number | ✓ | Local | Mar-23 | | | 2 cases | PTHB is not nationally benchmarked for infection rates | |
| | | | 64 | HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) and C.difficile | ✓ | | Mar-23 | | | 13 cases | | |

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National Outcomes Framework: Performance Scorecard

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

| 2022/ 23 Performance Framework Measures | | | | | | | | | | Performance | | | Welsh Government Benchmarking (*in arrears) | |
|---|--|--|-----|--|----------------------|--|------------------------|------------------|-----------------|-------------|---------------|-----------|---|--|
| Area | Executive Lead | Officer Lead | No. | Abbreviated Measure Name | Ministerial Priority | Target | Latest Available | 12month Previous | Previous Period | Current | Ranking | All Wales | | |
| Staff Resources | Executive Director of Finance, IT and Information | TBC | 67 | Agency spend as a percentage of the total pay bill | ✓ | PTHB set trajectory target 8.4% Mar-23 | Mar-23 | 10.4% | 9.1% | 8.9% | 12th (Dec-22) | 6.7% | | |
| | Executive Director of Workforce and Organisational Development | Head of Workforce | 68 | (R12) Sickness Absence | ✓ | PTHB set trajectory target 5.1% Mar-23 | Mar-23 | 5.7% | 6.0% | 5.8% | 4th (Dec-22) | 6.94% | | |
| | | Service Improvement Manager: Welsh Language & Equalities | 69 | % staff Welsh language listening/speaking skills level 2 (foundational level) and above | ✓ | Bi-annual improvement | 6 months ending Sep-22 | 15.8% | 16.1% | 16.9% | 5th | 15.9% | | |
| Training & Development | | Head of Workforce | 70 | Core Skills Mandatory Training | ✓ | 85% | Mar-23 | 82.0% | 81.0% | 83.0% | 3rd (Dec-22) | 82.0% | | |
| | | | 71 | Performance Appraisals (PADR) | ✓ | 85% | Mar-23 | 73.3% | 73.0% | 74.0% | 5th (Dec-22) | 66.2% | | |
| Staff Engagement | | Head of Workforce | 72 | Staff Engagement Score | ✓ | Annual Improvement | 2020 | 79% (2018) | | 78.0% | 1st | 75% | | |
| | | | 73 | % staff reporting their line manager takes a positive interest in their health & wellbeing | ✓ | Annual Improvement | 2020 | 77% (2018) | | 75.5% | 2nd | 65.9% | | |

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National Outcomes Framework: Performance Scorecard

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

| 2022/23 Performance Framework Measures | | | | | | | Performance | | | | Welsh Government Benchmarking (*in arrears) | |
|--|--|--|-----|--|----------------------|--|--|------------------|-----------------|---------|---|-----------|
| Area | Executive Lead | Officer Lead | No. | Abbreviated Measure Name | Ministerial Priority | Target | Latest Available | 12month Previous | Previous Period | Current | Ranking | All Wales |
| Decarbonisation | Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships | Environment and Sustainability Manager | 74 | Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach | ✓ | 16% Reduction by 2025 Against 21018/19 NHS Wales Baseline | 2020/21 | 17,021 | | 24,120 | 2nd* | 1,001,378 |
| | | Environment and Sustainability Manager | 75 | Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan | ✓ | Evidence Improvement | Aug-22 | | | Amber | N/A | |
| New Ways of Working | Director of Performance and Commissioning | TBC | 76 | Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme | ✓ | Delivery of Foundational Economy initiatives and/or evidence of improvements in decision making process | Aug-22 | | | Amber | N/A | |
| | Executive Director of Finance, IT and Information & Medical | Assistant Director of Transformation and Value | 77 | Qualitative report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes | ✓ | Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template) | Aug-22 | | | Red | N/A | |
| | Executive Director of Finance, IT and Information | Lead Nurse for Informatics and Nurse Staffing | 78 | Number of risk assessments completed on the Welsh Nursing Clinical Record | ✓ | 4 quarter improvement trend | Q3 2022/23 | 20877 | 30,865 | 32,716 | 5th | 889,149 |
| | | | 79 | Number of wards using the Welsh Nursing Clinical Record | ✓ | 4 quarter improvement trend | Q3 2022/23 | 6 | 8 | 8 | 6th | 220 |
| | | Head of Information - Digital Transformation and Informatics | 80 | Percentage of episodes clinically coded within one month post discharge end date | | Maintain 95% target or demonstrate an improvement trend over 12 months | Feb-23 | 100.0% | 100.0% | 100% | *1st | 84.4% |
| Clinically Effective Prescribing | Medical Director | Chief Pharmacist | 81 | Total antibacterial items per 1,000 STAR-PUS | ✓ | A quarterly reduction of 5% against a baseline of 2019-20 (215.8) | Q3 2022/23 | 260 | 237.6 | 333.2 | 2nd | 358.7 |
| | | | 82 | % secondary care antibiotic usage within the WHO access category | ✓ | 55% | Measure suspended by WG - Data quality | | | | | |
| | | | 83 | Number of patients 65+ years prescribed an antipsychotic | | Quarter on quarter reduction | Q3 2022/23 | 479 | 485 | 502 | 1st | 10,342 |
| | | | 84 | Opioid average daily quantities per 1,000 patients | ✓ | 4 quarter reduction trend | Q3 2022/23 | 4222.1 | 4218.2 | 4261.3 | 2nd | 4,442.2 |



Operational Measures: Performance Scorecard

Operational Measures are not routinely reported nationally. Instead, they will be tracked by Welsh Government policy leads and will be escalated to the Quality Delivery Board and Integrated Quality, Planning and Delivery meetings as required.

| | Operational Measure | Target | Month | 12 months Previous | Previous Period | Current Period |
|----|--|------------------------------|------------|--------------------|-----------------|----------------|
| A. | Crude hospital mortality rate (74 years of age or less) | 12 month reduction trend | Mar-23 | 2.36% | 1.93% | 1.92% |
| C. | Number of women of childbearing age prescribed valproate as a percentage of all women of child bearing age | Quarter on quarter reduction | Q3 2022/23 | 0.10% | 0.09% | 0.09% |
| G. | Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation | 75% | Q4 2022/23 | 37% | 83% | 64% |

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Quadruple Aim 1

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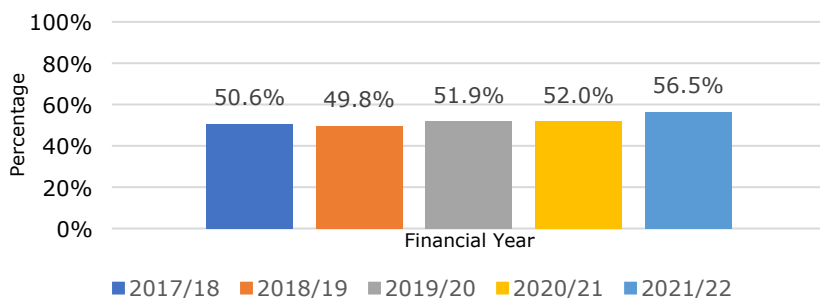
3

People in Wales have improved health and well-being and better prevention and self-management

Breastfeeding

Percentage of babies who are exclusively breastfed at 10 days old – **Powys as a provider**

Percentage of babies who are exclusively breastfed at 10 days old



Performance 2021/22

| Provider Performance | All Wales Benchmark |
|----------------------|-------------------------|
| 56.5% | 1 st (36.7%) |

Variance Type

N/A

Target

Annual Improvement

Data Quality & Source

Welsh Government Performance Team

Executive Lead

Executive Director of Nursing and Midwifery

Officer Lead

Head of Midwifery and Sexual Health

Strategic Priority

2

"Evidence shows that breastfed babies will have better physical and mental health ... Breastfeeding can also make a difference to a mother's health, as it can reduce the risk of breast cancer, ovarian cancer and osteoporosis."

What the data tells us

The last validated performance is for 21/22 financial year, PTHB has met the target of annual improvement for the last 3 reportable years.

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Issues

Powys no longer has Baby Friendly Initiative (BFI) accreditation.

Actions

BFI training is completed for maternity and health visiting staff.

There is an infant feeding coordinator in post who will be reviewing the data requirements and including within the training the importance of accurate data collection by staff.

Strategic Action Plan workstream recommenced.

Plan to apply for BFI status year 23-24

Specialist pathways being finalised. 3 staff being trained as Infant feeding specialists to support a specialist service as required for BFI status

Mitigations

Powys is now a site for a multi-centre UK randomised control trial looking at the use of infant feeding helpers in supporting families antenatally and postnatally, with one aim being to identify if this results in improved breastfeeding rates in the intervention group. The study commenced recruitment in January 2022 and has recruited 33 women up to August 2022.

Powys volunteer breastfeeding groups have recommenced some face to face groups across Powys, increasing the support available to families.



Quadruple Aim 1

No.

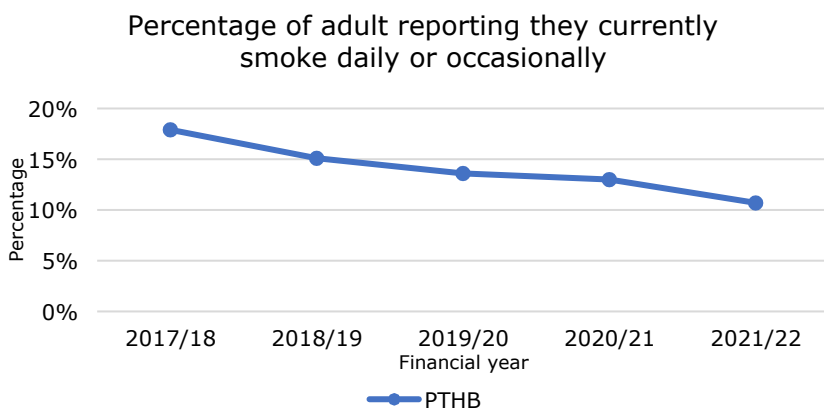
4

People in Wales have improved health and well-being and better prevention and self-management

Smoking

Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally –

Powys as a provider



| Performance 2021/22 | |
|-----------------------------------|-------------------------|
| Provider Performance | All Wales Benchmark |
| 10.7% | 1 st (13.0%) |
| Variance Type | |
| N/A | |
| Target | |
| Annual Improvement | |
| Data Quality & Source | |
| Welsh Government Performance Team | |

| | |
|--------------------|-------------------------------------|
| Executive Lead | Executive Director of Public Health |
| Officer Lead | Consultant in Public Health |
| Strategic Priority | 2 |

"There is a need for a whole system approach if Wales is to achieve its vision of being smoke-free by 2030.

NHS Wales (along with other service providers) is a key partner in delivering this ambition by optimising smoking cessation services and prevention of uptake provision."

| What the data tells us | Issues | Actions | Mitigations |
|--|--|---|---|
| The Health Board's reported adults smoking rate continues to reduce year-on-year, with a further step change in the last 12 months from a rate of 13% to its current lowest reported rate of 10.7% for 2021/22. This is the lowest adult smoking prevalence rate for HBS across Wales, and well below the all Wales average of 13.0% | As the percentage of adults reporting they smoke daily or occasionally in Powys continues to decrease it leaves remaining the group of smokers who find it most difficult to quit. This group of smokers are likely to have more complex needs and require more in depth support to quit smoking and it is likely that the quit rate will slow down in Powys as we work towards a target of <5% by 2030. | <p>The Health Board is enhancing the support offered to smokers who find it hardest to quit. Extra training in Health Coaching for Smoking Cessation Advisors has commenced to enable the Advisors to increase their skills and enable them to offer more in depth support to this group of smokers.</p> <p>The Health Board has recommenced the face to face offer of support commencing in areas of deprivation, in addition to the current telephone provision, as it's known to be the most effective provision of support.</p> | Increased the capacity of community advisors to allow sufficient time to provide intensive support to smokers with more complex needs who find it hard to quit smoking. |



Quadruple Aim 1

No.

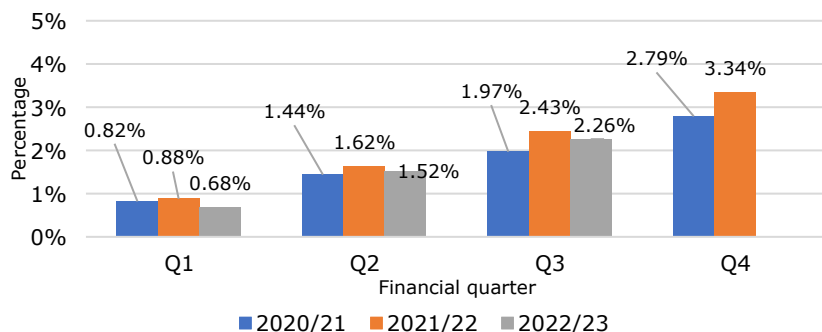
5

People in Wales have improved health and well-being and better prevention and self-management

Smoking

Percentage of adult smokers who make a quit attempt via smoking cessation services – **Powys as a provider**

Percentage of adult smokers who make a quit attempt



Performance Q3 2022/23

| Provider Performance | All Wales Benchmark |
|----------------------|---------------------|
| 2.26% | 6th (2.89%) |

Variance Type

N/A

Target

5% Annual Target

Data Quality & Source

Welsh Government
Performance Team

| | |
|--------------------|-------------------------------------|
| Executive Lead | Executive Director of Public Health |
| Officer Lead | Consultant in Public Health |
| Strategic Priority | 2 |

"To improve people's health and life expectancy and to reduce the pressures on the NHS, health boards are required to encourage their local smoking population to attend an NHS funded service to stop smoking."

What the data tells us

Note: In 20/21, the National Survey was adapted due to COVID resulting in lower smoking estimates than previously reported. The lower estimates will result in an apparent higher proportion of smokers making a quit attempt during 2021/22 which may not reflect a real improvement in performance.

2022/23 cumulative quit attempts are slightly lower than for 2021/22 but is improved against 2020/21.

Issues

- In Powys work is ongoing to increase the service provision and numbers of clients engaged to make a quit attempt through pharmacy L2 and L3 service. 81% (18/22) pharmacies are participating in level 2, and 59% (13/22) in level 3 service.
- A new delivery model for smoking cessation support for pregnant women has been developed. The change in delivery model aims to increase the number of referrals of pregnant smokers and increase the numbers of successful quitters.
- As the percentage of adults smokers in Powys falls it leaves remaining the group of smokers who find it most difficult to quit.
- During Q3 and Q4 period the team experienced staff shortages. The team is now fully staffed.

Actions

- An action plan has been developed based on the challenges faced by pharmacies to providing a smoking cessation service. This will include support being offered by Smoking Cessation Advisors to local pharmacies
- The Smoking Cessation Team has completed 4 day Health Coach Training with the aim of enhancing skills in eliciting behaviour change and supporting smokers to quit successfully.
- The Health Board has recommended the face-to-face offer of support as it is known to be the most effective provision of support to make a quit attempt.

Mitigations

- A communication and engagement plan has been developed to help engagement with targeted communities and identified services working with priority groups to increase level of referrals and numbers of smokers making a quit attempt.
- Clinical Lead for Smoking Cessation has met with midwives and health visitors, community mental health services, specialist nurses and healthy schools team across Powys to promote referral pathway to Powys smoking cessation service
- Work is progressing to re-orientate services to reach groups in deprived areas.



Quadruple Aim 1

No.

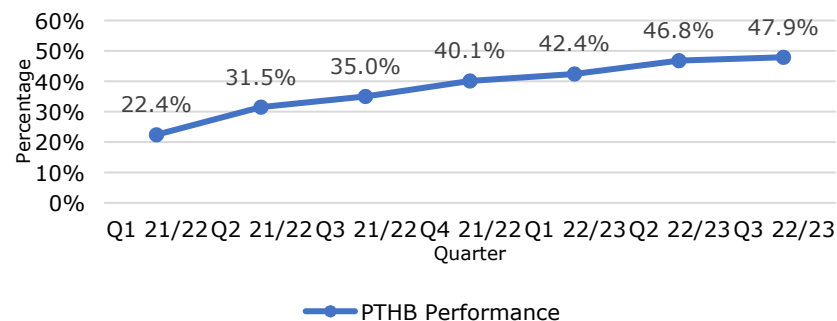
7

People in Wales have improved health and well-being and better prevention and self-management

Diabetes

Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes – **Powys as a provider**

Percentage of Patients (12 years+) who receive all 8 NICE care processes



Performance Q3 2022/23

| Provider Performance | All Wales Benchmark |
|----------------------|-------------------------|
| 47.9% | 1 st (39.1%) |

Variance Type

N/A

Target

Equal or greater than 35.2%

Data Quality & Source

Welsh Government Performance Team

Executive Lead

Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships

Officer Lead

TBC

Strategic Priority

2

"To ensure good diabetes control and to avoid the risk of developing serious complications, clinical teams should monitor people with diabetes against the eight NICE key care processes."

What the data tells us

Performance continues to improve during Q1 & Q2 2022/23, it is now at 46.8% against the set 35.2% target which is a 2.5% improvement on 20/21 baseline. This benchmarks favourably against the All Wales average of 37.7% for the same period.

Issues

No officer lead has been identified for narrative updates.

Actions

Mitigations



Quadruple Aim 1

No.

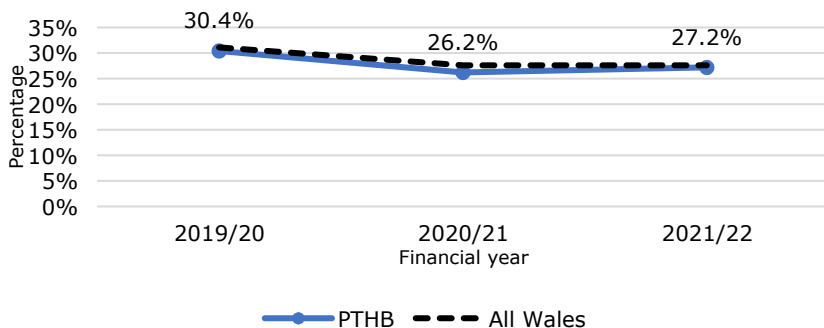
8

People in Wales have improved health and well-being and better prevention and self-management

Diabetes

Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months – **Powys as a provider**

Percentage of Patients (12 years+) achieving all 3 treatment targets



| Performance 2021/22 | |
|---|-------------------------|
| Provider Performance | All Wales Benchmark |
| 27.2% | 4 th (27.6%) |
| Variance Type | |
| N/A | |
| Target | |
| 1% annual increase from baseline data 2020-21 (27.2%) | |
| Data Quality & Source | |
| Welsh Government Performance Team | |

Executive Lead

Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships

Officer Lead

TBC

Strategic Priority

2

"Treatment targets focus on the patient population obtaining good HbA1c, blood pressure and cholesterol control to minimise the risk of complications such as heart attacks, strokes and kidney disease."

What the data tells us

Performance reported in 2021/22 has improved slightly meeting target to 27.2%. This is slightly below the All Wales average of 27.6%.

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Issues

No officer lead has been identified for narrative updates.

Actions

Mitigations



Quadruple Aim 1

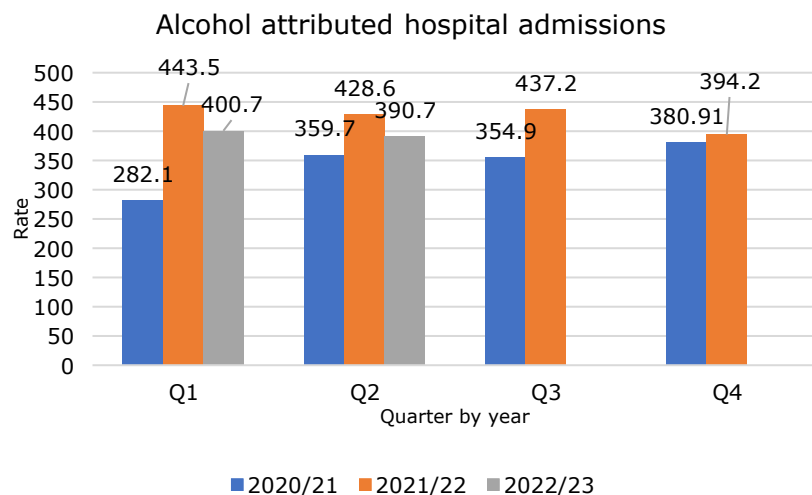
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9

People in Wales have improved health and well-being and better prevention and self-management

Alcohol Misuse

European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based) – **Powys as a provider**



| Performance Q2 2022/23 | |
|-----------------------------------|---------------------|
| Provider Performance | All Wales Benchmark |
| 390.7 | 4th (392.8) |
| Variance Type | |
| N/A | |
| Target | |
| 4 quarter reduction trend | |
| Data Quality & Source | |
| Welsh Government Performance Team | |

Executive Lead

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Mental Health

Strategic Priority

2

"To reduce alcohol consumption, actions are taking place across Wales to raise awareness of the harms of alcohol, to support those with alcohol dependency ... and to reduce the availability and affordability of alcohol. In relation to the latter, the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 came into force on 2 March 2020.

An indication of whether these areas of work are having a positive impact is to monitor the standardised rate of hospital admissions that are attributed to alcohol."

What the data tells us

- Alcohol attributed hospital admissions have displayed a quarterly reduction trend meeting target since Q4 2021/22. Performance as at Q2 2022/23 is reported as 390.7.
- PTHB ranks 4th improving on Q1 and has fallen below the All Wales average of 392.8 for the first time since Q3 2020/21.

Please note that historical data has been re-validated nationally from Q4 2020/21. This has not affected Powys compliance against target with very minor adjustments.

Issues

Actions

- Continue to monitor reduction.
- Review public health information provision in terms of messaging to general public.
- Identify any repetitive patients accessing services and consider alternative support as appropriate.

Mitigations



Quadruple Aim 1

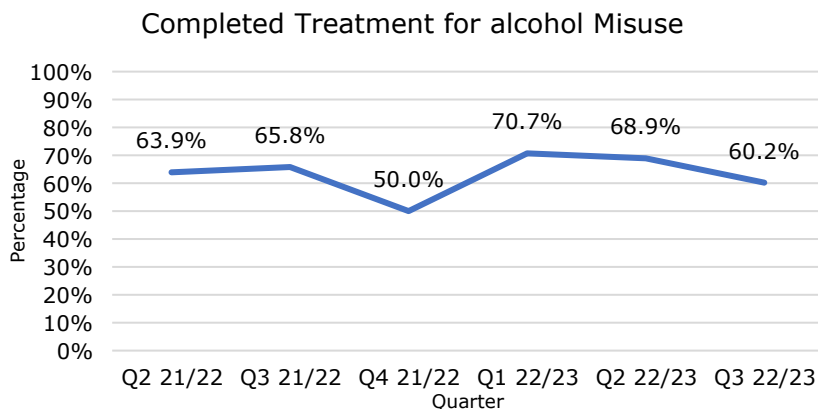
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10

People in Wales have improved health and well-being and better prevention and self-management

Alcohol Misuse

Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse – **Powys as a provider**



Performance Q3 2022/23

| Provider Performance | All Wales Benchmark |
|----------------------|---------------------|
| 60.2% | 5th (74.2%) |

Variance Type

N/A

Target

4 Quarter Improvement Trend

Data Quality & Source

Welsh Government Performance Team

Executive Lead

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Mental Health

Strategic Priority

2

"Alcohol misuse in Wales is a major public health issue, impacting upon individual lives, communities, workplaces and public sector services"

What the data tells us

Performance has fallen slightly for Q3 2022/23 to 60.2%, but this still meets the national target of 4 quarter improvement. The health board has fallen to 5th in Wales against the All Wales figure of 74.2%.

Please note that historical data has been re-validated nationally from Q1 2021/22. This has not effected Powys compliance against target with most quarters having <1% variance.

Issues

This target is very broad, and interpretation of the target varies across Wales. We have focussed the Powys service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence and clients may access the service for a significant length of time.

Actions

- Re-tendering for the drug and alcohol community treatment service has been complete and the successful provider has taken up the new contract (September 2022).
- The new contract places a greater emphasis on client identified outcomes and holistic support.

Mitigations

Delivery of the 2022 Area Planning Board work plan focused on achieving client-centred goals and recovery including the development of recovery focused communities.



Quadruple Aim 1

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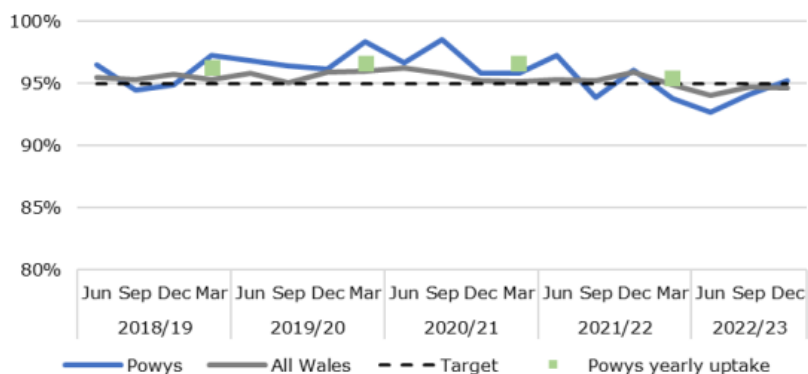
11

People in Wales have improved health and well-being and better prevention and self-management

Childhood Vaccinations

Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 – **Powys as a provider**

Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 - Source PHW



Performance Q3 2022/23

| Provider Performance | All Wales Benchmark |
|----------------------|---------------------|
| 95.2% | 3rd (94.6%) |

Variance Type

Common Cause

Target

95%

Data Quality & Source

PTHB Public Health

| | |
|--------------------|-------------------------------------|
| Executive Lead | Executive Director of Public Health |
| Officer Lead | Consultant in Public Health |
| Strategic Priority | 2 |

"Diphtheria, Hepatitis B, Haemophilus Influenza Type B Tetanus, Polio and Whooping Cough can all be prevented by a highly safe and effective vaccine. A complete course of 3 doses will protect children from these diseases and prevent them from circulating in the community."

What the data tells us

Uptake of the complete three-dose of '6 in 1' by the first birthday has continued to recover and has met the target for quarter 3 at 95.2%, and is above the Wales average of 94.6%.

Patterson, Liz
23/05/2023 11:25:01

Issues

Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices, and recorded on their information system. The Child Health System and GP database are not electronically linked, so information flows means that frequent data cleansing is required to ensure the Child Health System is up-to-date to reflect immunisation status.

Actions

- Work will continue to cleanse data, promote uptake and offer missed immunisations.
- In addition, a polio vaccination catch-up is underway by GP Practices until 31 March 2023. This offers additional opportunity to data cleanse and offer catch-up for missed vaccinations.

Mitigations



Quadruple Aim 1

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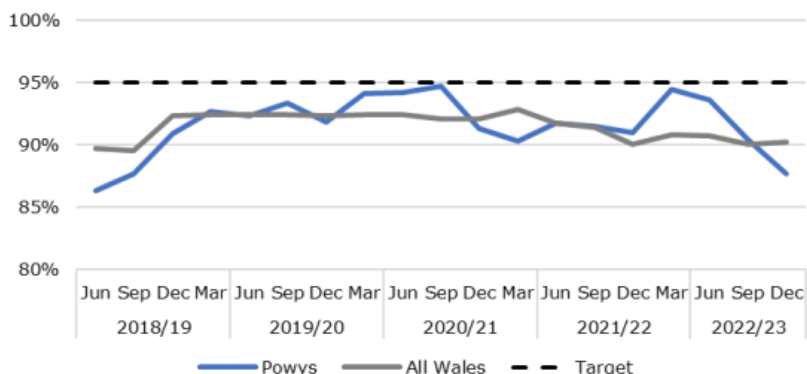
12

People in Wales have improved health and well-being and better prevention and self-management

Childhood Vaccinations

Percentage of children who received 2 doses of the MMR vaccine by age 5 – **Powys as a provider**

Percentage of children who received 2 doses of the MMR vaccine by age 5 - Source PHW



Performance Q3 2022/23

| Provider Performance | All Wales Benchmark |
|----------------------|---------------------|
| 87.7% | 7th (90.2%) |

Variance Type

Common Cause

Target

95%

Data Quality & Source

PTHB Public Health

| | |
|--------------------|-------------------------------------|
| Executive Lead | Executive Director of Public Health |
| Officer Lead | Consultant in Public Health |
| Strategic Priority | 2 |

"Measles, Mumps and Rubella can be prevented by a highly safe and effective vaccine. A complete course of 2 doses will protect children from these diseases and prevent them from circulating in the community."

What the data tells us

The uptake of 2 doses of MMR by age 5 in Powys has decreased to over the last two reported quarters to 87.7% in Q3 (ranking 7th in Wales), this is below the All Wales average.

A further 23 children would need to have vaccination recorded on system to reach target of 95%.

Issues

Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices, and recorded on their information system. The Child Health System and GP database are not electronically linked, so information flows means that frequent data cleansing is required to ensure the Child Health System is up-to-date to reflect immunisation status.

The previous decrease in MMR uptake at age 5 years during 2021 may reflect the impact of the pandemic, individual willingness to take children to be vaccinated during the pandemic, along with primary care workforce capacity, patient flow and social distancing.

Some practices have queues due to staffing and working pressures resulting in delayed timely vaccination. Small numbers will also have a greater impact on percentage uptake variation.

Actions

There is currently a local Polio catch-up being undertaken for children up to age 5 years, and involves:

- Data cleansing
- GPs offering other missed vaccinations
- reviewing their reporting lists which should increase reporting accuracy, and uptake of all childhood immunisations.
- Data feedback being provided with support to targeted practices to catch-up on delayed vaccinations.

Mitigations

To be confirmed once further actions have been taken.

Quadruple Aim 1

No.

13

People in Wales have improved health and well-being and better prevention and self-management

COVID-19

Percentage uptake of autumn 2022 booster dose of the COVID-19 vaccination in all eligible Wales residents by health board – **Uptake snapshot March 2023**

| Reported data source | Identified patient cohort (denominator) | Immunised (numerator) | Percentage uptake Autumn Booster |
|--|---|-----------------------|----------------------------------|
| Welsh Government Reported position (PHW source) | 82,590 | 58,916 | 71.3% |
| Powys Health Board (based on WIS) reported position as @31/03/2023 | 74,308 | 62,737 | 84.4% |

| | |
|--------------------|---|
| Executive Lead | Executive Director of Public Health |
| Officer Lead | Assistant Director of Public Health & Clinical Programmes |
| Strategic Priority | 2 |

Performance 2022/23

Target

75%

Data Quality & Source

Public Health Wales / DHCW

Target of uptake set at 75%

| What the data tells us | Issues | Actions | Mitigations |
|---|---|--|---|
| <p>Reporting against the measure has represented challenge at the end of March 2023. To ensure transparency two sets of performance figures have been included.</p> <p>The official source figures from Public Health Wales (PHW) show an uptake of 71.3% missing the target set by Welsh Government (75%). However PHW cohort size does not align to the operational eligible for booster cohorts sourced from Digital Health Care Wales (DHCW) e.g., total PHW cohort is 82,590 vs DHCW 74,308). It should be noted that DHCW cohorts are used within Welsh Immunisation System (WIS) which in turn allows the health board to target the correct people. Operationally only those who have completed a primary course (whether they have had a booster or not) were classed as eligible and this along with the cohort size significantly alters reported performance.</p> | <ul style="list-style-type: none"> Significant reduced social, digital and media communication Denominator for health and social care group | <ul style="list-style-type: none"> Walk-in available at all MVCs for any eligible residents who have missed appointment Emergency Surge Plan and action cards developed as part of business continuity planning and a desk top exercise undertaken involving HB, LA and Voluntary sector representation. | <ul style="list-style-type: none"> Cancellation rate is reviewed twice a week and at the Operational Delivery and Leaving No One Behind Group. |



Quadruple Aim 1

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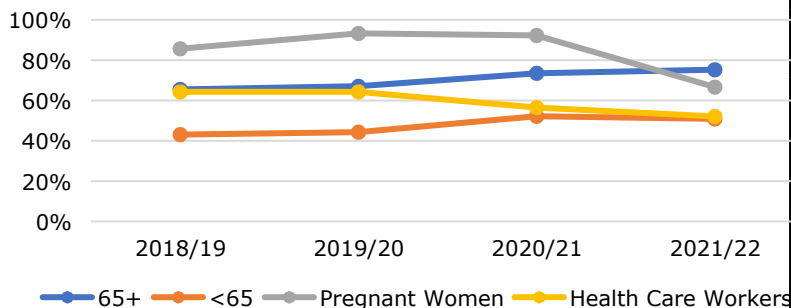
14

People in Wales have improved health and well-being and better prevention and self-management

Influenza Vaccination

Uptake of the influenza vaccination among: 65 year olds and over, under 65s in risk groups, pregnant women, and health care workers. – Powys as a provider

Influenza vaccination uptake by group – source PHW



| Performance 2021/22 | | | |
|-----------------------|-------|--------------|-------------------------|
| Measure | Local | 21/22 Target | All Wales |
| 65+ | 75.3% | 75% | 7 th (78.0%) |
| <65 at risk | 50.9% | 55% | 3 rd (48.2%) |
| Pregnant Women | 66.7% | 75% | 6 th (78.5%) |
| Health Care Workers | 52.1% | 60% | 6 th (55.6%) |
| Data Quality & Source | | | |
| PTHB Public Health | | | |

Executive Lead

Executive Director of Public Health

Officer Lead

Consultant in Public Health

Strategic Priority

2

"The best way to protect against catching and spreading influenza is to increase the uptake of immunisation amongst the vulnerable groups and health care workers."

2022/23 Framework

The 2022/23 National Performance Framework combines all influenza vaccine eligibility groups into one population with an uptake target of 75%. Combined data is not currently available locally due to the absence of denominator values for pregnant women. Excluding pregnant women, 2021/22 PTHB performance totalled 67.1%, below the 75% target but benchmarking favourably against the All Wales uptake of 65.4%.

What the data tells us

- 65+ yrs: Performance this year 2021/22 just past the 75% target and shows a year on year improvement.
- <65ys at risk: Performance was above the Wales average but remains below target and has dropped 1.3% since 2020/21, although this may reflect the impact of COVID-19
- Health care workers uptake has declined for a second year partly due to COVID-19, and with remote working.
- Please note the new measure cannot be used for 2021/22 data e.g., cannot be compared against new set target.**

Issues

The variable uptake across the groups may reflect a number of issues including, call-recall vaccination process, perceived risk of flu, primary care workforce capacity, data recording, clinic/patient flow within clinics, availability and flexibility of appointments and social distancing arrangements.

Actions

- Although the pregnant women uptake appears to have dropped significantly this percentage is based on very small sample. 100% of pregnant women were offered the flu vaccine.
- We are actively engaging primary care regarding delivery of the flu and COVID-19 vaccines for Autumn 2022/23.
- A staff vaccination steering group has been established to lead on offer of co-delivery of COVID-19 and flu vaccination to maximise use of resources, followed by targeted peer vaccinators model. Invitation letters issued to staff, with second letter in December. Walk-ins for eligible residents available from January 2023 at all MVCs

Performance 2021/22

| Group | Area | Immunised | Eligible | Uptake |
|-----------------------------------|---------------|-----------|-----------|--------|
| Total *Excludes Pregnant Women | PTHB | 40,315 | 57103 | 67.1% |
| | Wales | 804,368 | 1,229,692 | 65.4% |
| 65+ | PTHB | 28,949 | 38,440 | 75.3% |
| | Wales | 535,876 | 687,339 | 48.2% |
| <65 at risk | PTHB | 8,889 | 17,467 | 50.9% |
| | Wales | 215,332 | 446,772 | 78.0% |
| Pregnant Women | Not Available | | | 66.7% |
| | | | | 78.5% |
| Health Care | PTHB | 1,196 | 2,297 | 52.1% |
| | Wales | 53,160 | 95,510 | 55.6% |



Quadruple Aim 1

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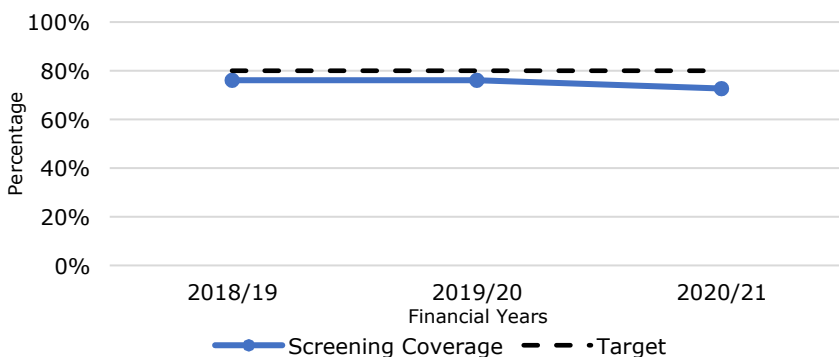
15a

People in Wales have improved health and well-being and better prevention and self-management

Cancer Screening

Percentage of eligible people aged 25-49 will have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years – **Powys as a provider**

Coverage of cancer screening for: cervical



Performance 2020/21

| Provider Performance | All Wales Benchmark |
|----------------------|-------------------------|
| 72.7% | 1 st (69.5%) |

Variance Type

N/A

Target

80%

Data Quality & Source

PTHB Public Health

| | |
|----------------|-------------------------------------|
| Executive Lead | Executive Director of Public Health |
|----------------|-------------------------------------|

| | |
|--------------|-----------------------------|
| Officer Lead | Consultant in Public Health |
|--------------|-----------------------------|

| | |
|--------------------|---|
| Strategic Priority | 2 |
|--------------------|---|

"Diagnosing cancer early allows for less aggressive treatments to be used, resulting in a better experience for the patient, an improved quality of life and, crucially, better survival."

For screening programmes to reach their full potential, coverage...needs to improve. A combination of awareness raising, and more acceptable testing will help to achieve this."

What the data tells us

Since 2018/19 Powys has ranked as the highest achieving Health Board and remains ranked 1st with an uptake of 72.2% in 2020/21, which is above the Wales average of 69.5%, though below the 80% national target. There has been a slight decrease in uptake across the whole of Wales due to the suspension of the service between March 2020 and June 2020, and recommencement of services at reduced capacity.

Data prior to 2018/19 for cervical screening is not comparable due to a change in the age coverage

Issues

The suspension of the service between March 2020 and June 2020, and recommencement of services at reduced capacity resulted in delay and backlog of individuals due to be invited for screening.

Services have now fully recovered.

Actions

Services have fully recovered from impact of pandemic during 2021/22.

Mitigations



Quadruple Aim 1

No.

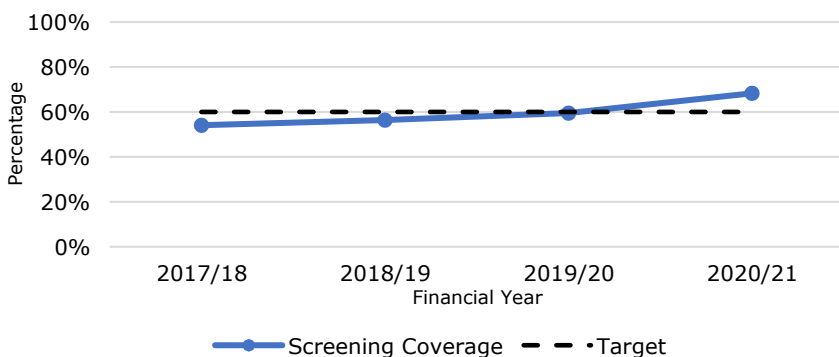
15b

People in Wales have improved health and well-being and better prevention and self-management

Cancer Screening

Percentage of eligible people that have participated in the bowel screening programme within the last 2.5 years – **Powys as a provider**

Coverage of cancer screening for: bowel



| Performance 2020/21 | |
|-----------------------|-------------------------|
| Provider Performance | All Wales Benchmark |
| 68.3% | 1 st (67.1%) |
| Variance Type | |
| N/A | |
| Target | |
| 60% | |
| Data Quality & Source | |
| PTHB Public Health | |

Executive Lead Executive Director of Public Health

Officer Lead Consultant in Public Health

Strategic Priority 2

"Diagnosing cancer early allows for less aggressive treatments to be used, resulting in a better experience for the patient, an improved quality of life and, crucially, better survival."

For screening programmes to reach their full potential, coverage...needs to improve. A combination of awareness raising, and more acceptable testing will help to achieve this."

| What the data tells us | Issues | Actions | Mitigations |
|--|---|--|----------------------|
| <p>Coverage for bowel screening has improved consistently for Powys, with uptake at 68.3%, up 6.6% from 2019/20 and achieving well above the 60% target.</p> <p>The Health Board has the highest uptake across Wales, with the Wales average being 67.1%. The GP clusters are also sitting above the target with the North GP cluster reaching 67.8%, Mid 67.0% and the South GP cluster having an uptake of 69.4%</p> | <p>The bowel screening programme in Wales has expanding the eligibility for screening to include those aged from 55 years old from 05 October 2022.</p> | <p>PTHB will continue to support the roll out and extension of the bowel screening programme to maintain uptake rates.</p> | <p>None required</p> |



Quadruple Aim 1

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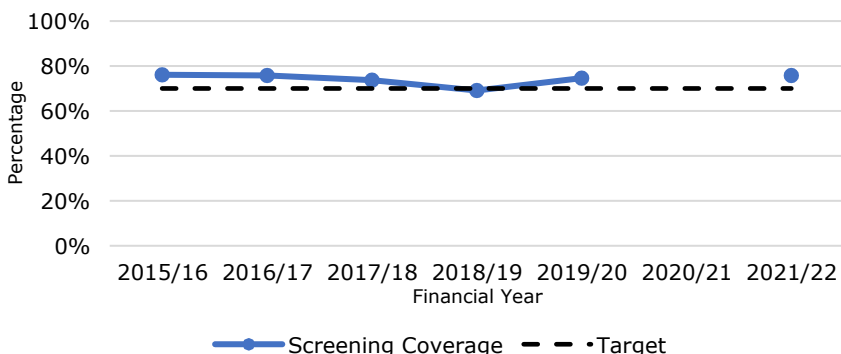
15c

People in Wales have improved health and well-being and better prevention and self-management

Cancer Screening

Percentage of women resident and eligible for breast screening at a particular point in time who have been screened within the previous 3 years – **Powys as a provider**

Coverage of cancer screening for: breast



| Performance May 2021/22 | |
|-------------------------|-------------------------|
| Provider Performance | All Wales Benchmark |
| 75.8% | 1 st (72.3%) |
| Variance Type | |
| N/A | |
| Target | |
| 70% | |
| Data Quality & Source | |
| PTHB Public Health | |

| | |
|--------------------|-------------------------------------|
| Executive Lead | Executive Director of Public Health |
| Officer Lead | Consultant in Public Health |
| Strategic Priority | 2 |

"Diagnosing cancer early allows for less aggressive treatments to be used, resulting in a better experience for the patient, an improved quality of life and, crucially, better survival."

For screening programmes to reach their full potential, coverage...needs to improve. A combination of awareness raising, and more acceptable testing will help to achieve this."

| What the data tells us | Issues | Actions | Mitigations |
|---|---|--|-------------|
| Coverage for breast screening improved again in 2021 to 75.8% from 74.6%, above the Wales average for the past 5 years. PTHB is target compliant and benchmarks positively against the All Wales average of 72.3%. <small>63663 on Liz 11:25:01 2023</small> | PHW Breast Screening Services invite eligible women on a three yearly cycle for a screening appointment. The impact of temporarily pausing screening services due to Covid-19 along with reduced activity during restarting of services to enable covid-safe pathways resulted in substantially reduced numbers being invited for screening during 2020/21 compared to previous years. | PTHB has the highest uptake of breast screening in Wales. The impact of pausing services during 2020 and reduced capacity on restart due to the pandemic resulted in delays/backlog waiting to be invited for screening across Wales. PHW Screening Services are implementing a recovery plan which includes increasing the number of women been able to be screened in addition to increasing the number of screening clinics. | |



Quadruple Aim 2

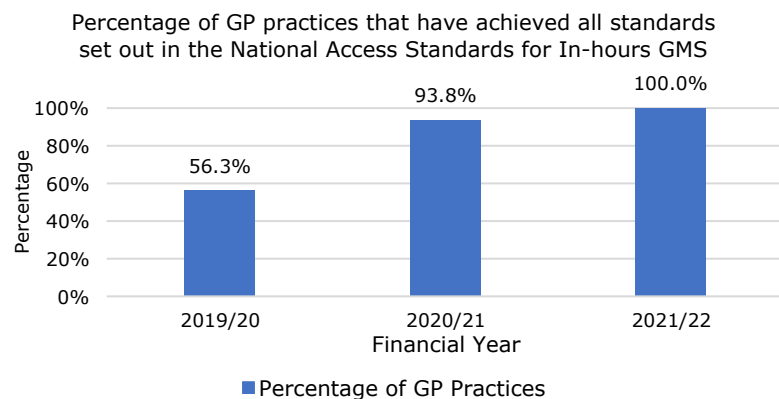
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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

In-hours GP Access

Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS – **Powys as a provider**



| Performance 2021/22 | |
|-----------------------------------|-------------------------|
| Provider Performance | All Wales Benchmark |
| 100% | 1 st (88.6%) |
| Variance Type | |
| N/A | |
| Target | |
| 100% | |
| Data Quality & Source | |
| Welsh Government Performance Team | |

Executive Lead

Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships

Officer Lead

Assistant Director of Primary Care

Strategic Priority

4

"The National Survey for Wales (2018-19) reported that 40% of respondents found it difficult to make a convenient GP appointment. Phase 2 Standards, based on an access commitment agreed through the GMS Contract Agreement 2021-22, were introduced in April 2022 [to] provide the clarity needed around what should be expected for patients and professionals alike."

What the data tells us

The target of 100% performance has been met. This represents a significant improvement from 56.3% in 2019/20. PTHB performs above the All Wales average

General Practice participation in meeting the Access Standards is not a mandatory contractual requirement and therefore practice participation is optional, however 100% of Powys practices are committed to aspire to achieve the Access Standards. Access Standard achievement is annual and year end performance data for 2022/2023 will be 31/03/2023. 100% of practices achieved Phase 1 of the 2022/2023 Access Standards at 30/09/2022, allowing progression onto Phase 2 to be achieved by 31/03/2023. The year end position will be confirmed 12th May 2023

Issues

Actions

Mitigations

Practices are required to submit quarterly updates on their progress in meeting the standards. PTHB provides an ongoing supportive role in assisting practices with achievement of the standards. Through the local Access Forum and aligned to the national work, PTHB works closely with all practices to maintain all access standards achievement. Since 31/03/23, practice year end evidence has started to be submitted and is currently being reviewed for appropriateness.



Quadruple Aim 2

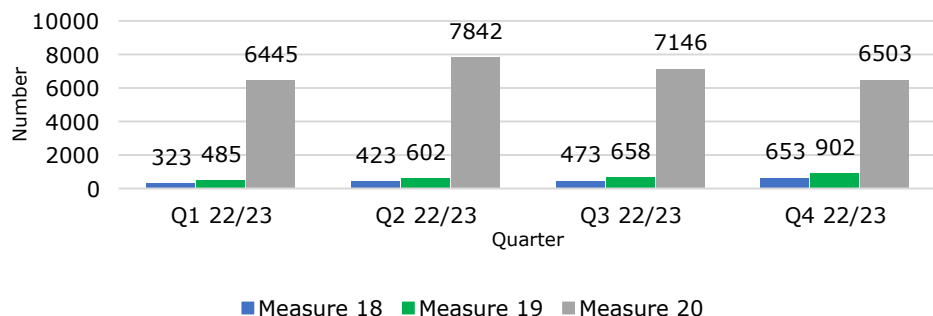
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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Dental - Powys as a provider

Measure 18. Number of new patients (children aged under 18 years) accessing NHS dental services
Measure 19. Number of new patients (adults aged 18 years and over) accessing NHS dental
Measure 20. Number of existing patients accessing NHS dental services

Number of new patients <18 (measure 18), Number of new patients 18+ (measure 19), and number of existing patients accessing NHS dental services by quarter.



Q4 Performance 2022/23

| Provider Performance | | All Wales Benchmark |
|----------------------|-------|---------------------|
| 18 | 653 | 7th 30,813* |
| 19 | 902 | 7th 47,495* |
| 20 | 6,503 | 7th 378,903* |

Variance Type

N/A

Target

4 quarter improvement

Data Quality & Source

Welsh Government Performance Team

Executive Lead

Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships

Officer Lead

Assistant Director of Primary Care

Strategic Priority

4

Due to COVID-19 there are some localised problems with regards to the number of patients accessing NHS dental services. To address this, a focus is being placed on the recovery of dental services (following the pandemic), which includes increased access, particularly for those most at risk. This also includes encouraging NHS dental practices to take on new patients.

What the data tells us

This measure is new for 2022/23 and currently only has three data points, at present Powys has improved on the numbers of new patients across the 3 quarters to dates, and dipped at Q3 existing patients accessing NHS dental services, however still showing an increase from Q1.

The 'existing patient' dip in Q3 and Q4 is due to practices concentrating on new patients. Contract Reform allows for the new patient target (both adults and children) to be interchangeable with the existing patient target. Due to the number of patients currently on the Powys Dental Waiting List, PTHB has been encouraging some practices to focus on seeing new patients.

Benchmarking is not appropriate without a rate for comparison. Powys with its smaller population will be unlikely not to be ranked lowest of all health board areas.

Issues

Final validated data for dental year end will not be available until July 2023.

The monitoring of the Contract Reform (CR) metrics has been highly complex and across Wales significant concern has been raised regarding the CR metrics.

Actions

The final data when available will provide updated access against these measures.

The national metrics translated into the following metrics for PTHB. Achievement to date is as follows (noting that full year end data will not be confirmed until July 23)
New Patient Target = 5,191
New Patients Seen = 3,568

Urgent Patient Target = 1,664
Urgent Patients Seen = 1,377

Historic Patient Target = 33,749
Historic Patients Seen = 22,378

Mitigations

PTHB Executive are fully briefed on the Contract Reform metrics and ongoing access provision.

The national metrics for 23/24 have been revised based on the learning from 22/23



Quadruple Aim 2

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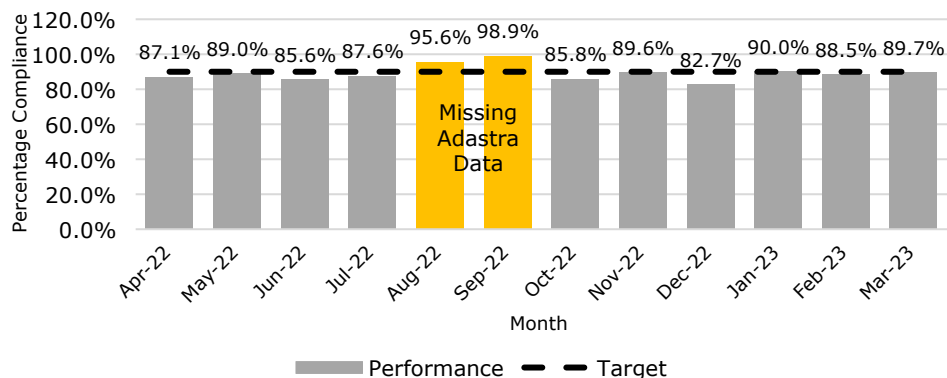
21

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

111 Assessment

Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed – **Powys as a provider**

Percentage of P1CHC who start definitive clinical assessment within 1hr of call



March 2023 Performance

| Local Performance | All Wales Benchmark |
|-------------------|-------------------------|
| 89.7% | 5 th (86.7%) |

Variance Type

N/A

Target

90%

Data Quality & Source

WG Performance Team

Executive Lead

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Senior Manager
Unscheduled Care

Strategic Priority

4

"NHS Wales is committed to providing services 24 hours a day seven days a week.

To ensure that the most urgent callers get timely advice and/or the medicine required, a nurse, emergency dentist, pharmacist or GP should provide a clinical assessment within one hour of the initial call being answered."

What the chart tells us

Complete performance data is now available for the 2022/23 financial year. It should be noted that for Aug-22 & Sep-22 the data is incomplete following cybersecurity incident and does not include Adastra (Shropdoc performance data).

Performance throughout 2022/23 remained robust and normally within 5% of target. The exception to performance was in December 22 where all unscheduled care in England and Wales saw significant impact to performance. At the end of the year performance remains robust narrowly missing the 90% target reporting 89.7% in March 2023.

Issues

- Q1 access was consistently high and are the highest months through the 22-23 financial year (ex. December). Q1 figures were particularly skewed by Easter in April, and the double bank holiday for the Jubilee in June which both saw a large number of cases passed through from 111. Easter included the 3rd and 4th busiest weeks of the year (week before and after) The Jubilee bank holiday week was the busiest week of the year.
- Although the Adastra system was operational from mid October, the full functionality of the system was not available as the connecting Concentrator system was not operational. This has impacted on triage reporting in November and December with a large number of cases identified as P1 incorrectly when manually input as there was no Concentrator in place to manage case transfers from 111. Shropdoc have confirmed the detail of the incorrect cases.

Actions

- As of 15/02/2023 a fully functioning Adastra system with the Concentrator became operational and 111 and Shropdoc stood down their Business Continuity & Incident arrangements. Accuracy of reporting has now stabilised.
- Monthly performance data is reviewed including patient outcomes associated with a breach.

Mitigations

The implementation of Salus in this financial year is moving at pace. Regular meetings are in place between the 111 team and Shropdoc. Salus will offer a one system solution to achieve efficiencies in the service provided to patients.



Quadruple Aim 2

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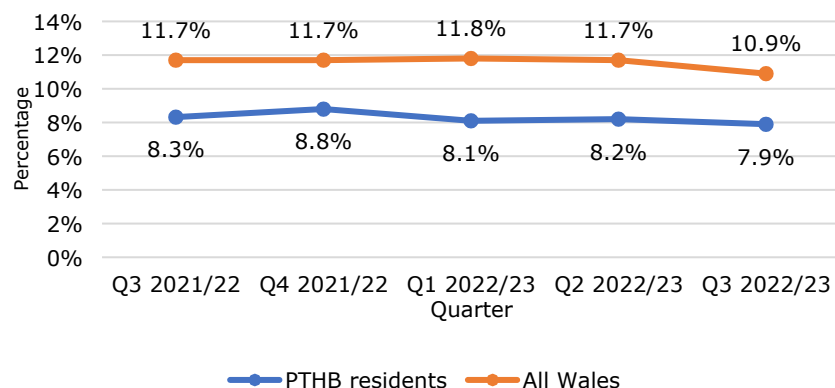
22

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Conveyance

Percentage of total conveyances taken to a service other than a Type One Emergency Department – PTHB responsible population

Percentage of Conveyances taken to a Service Other than a Type 1 Emergency Departments



| Q3 2022/23 Performance | |
|-----------------------------------|-------------------------|
| PTHB Responsible Performance | All Wales Benchmark |
| 7.9% | 4 th (10.9%) |
| Variance Type | |
| N/A | |
| Target | |
| 4 quarter improvement trend | |
| Data Quality & Source | |
| Welsh Government Performance Team | |

| | |
|--------------------|--|
| Executive Lead | Executive Director of Operations / Director of Community and Mental Health |
| Officer Lead | Senior Manager Unscheduled Care |
| Strategic Priority | 11 |

"To ensure that seriously ill or injured people are transported quickly to an Emergency Department for definitive treatment, health boards and WAST are required to implement safe alternatives for patients whose clinical need is not time sensitive."

What the data tells us

Please note that this data is provided via WAST/DHCW, this is a snapshot of all Powys in and out of county conveyances. Powys as a provider does not have type one emergency departments.

Performance in Q3 fell slightly to 7.9%, Powys does not meet the 4 quarter improvement target.

Powys Performance sits below the All Wales average of 10.9% which fell slightly in Q3, Powys ranked 4th out of the Health Boards.

Issues

Whilst the ambulance service looks to maximise their 'hear and treat' and 'see and treat' offer, alternative services require development.

In the absence of acute provision, some options such as SDEC may be limited, however opportunities exist for expansion in community urgent care provision.

At the same time footfall in MIU needs to be increased, and consideration given to expansion of remit.

Actions

The Health Board has committed to unscheduled care review as a workstream falling out of the Accelerated Sustainability Programme.

Action has been taken to improve MIU access through the promotion of walk-in as an option and further review of clinical opportunities underway.

Mitigations

MIU provision across county

Engagement with the Ambulance Service to develop actions to reduce handover delays, including enhancement of current in-county pathways to reduce admission

Full engagement with the 6 Goals for Urgent Care programme to optimise Health Board unscheduled care performance and services.



Quadruple Aim 2

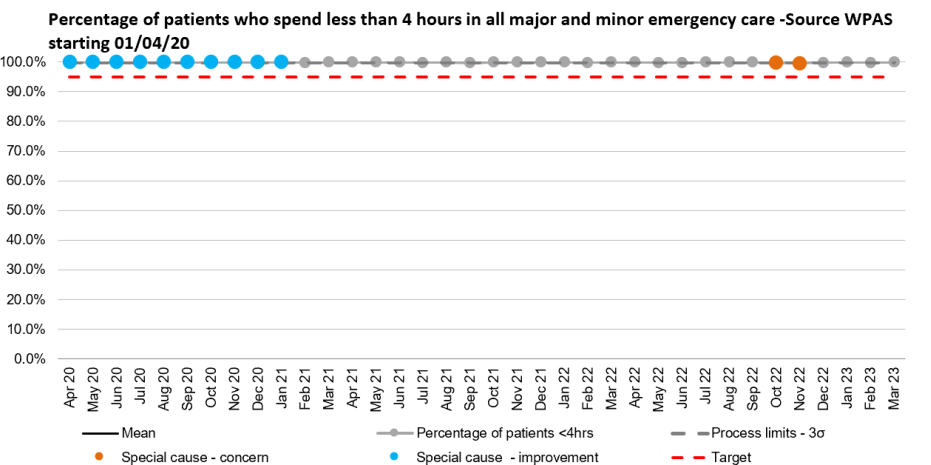
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25

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Minor Injury Unit (MIU) Performance

Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge – **Powys as a provider**



March 2023 Performance

| Provider Performance | All Wales Benchmark |
|----------------------|--------------------------|
| 100% | 1 st (71.6%)* |

Variance Type

Common cause variation

Target

95%

Data Quality & Source

EDDS

Executive Lead

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Senior Manager
Unscheduled Care

Strategic Priority

11

"Patients attending [MIU] expect to be seen and treated, transferred or discharged in a timely manner.

To ensure that patients spend less than 4 hours in [MIU], health boards need to provide efficient and effective services, whilst educating patients to make the best use of alternative NHS services."

What the chart tells us

MIU performance against the access target remains excellent circa 99+% on a monthly basis.

March reported zero patients that waited over 4hrs in Powys MIU's

The All Wales average for February saw significant improvement to 71.6%. However this performance is non directly comparable to Powys with only local minor injury provision, whilst the All Wales picture includes all major and minor emergency care facilities.

Issues

No issues with MIU performance as reflected in data.

Ambulance arrival times for 999 patients have caused delays in transferring but attributed to transport.

Actions

A standard operating procedure (SOP) and training has been done on the management of delays which has been signed off by the medical director and head of nursing.

Mitigations

Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits.



Quadruple Aim 2

No.

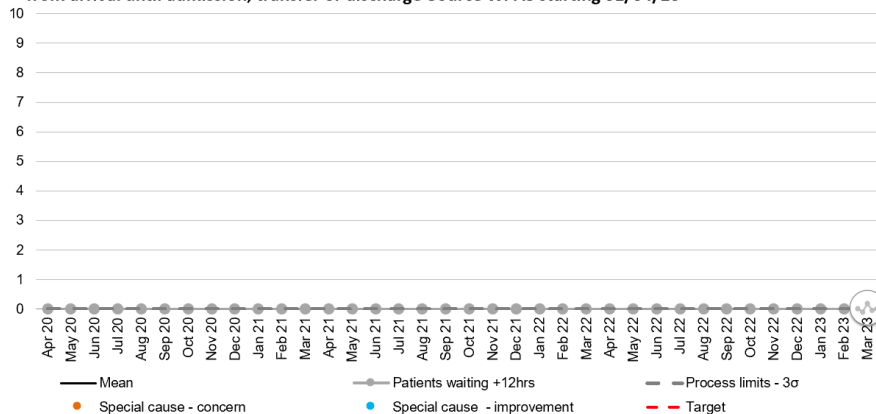
26

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Minor Injury Unit (MIU) Performance

Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge – **Powys as a provider**

Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge-Source WPAS starting 01/04/20



March 2023 Performance

| Provider Performance | All Wales Benchmark |
|----------------------|-------------------------|
| 0 | 1 st (8,036) |

Variance Type

Common cause variation

Target

0

Data Quality & Source

EDDS

Executive Lead

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Senior Manager
Unscheduled Care

Strategic Priority

11

"Waiting over 12 hours is an indication of the resilience of the wider unscheduled care system and a key measure of patient experience (patients attending [MIU] expect to be seen in a timely manner)."

What the data tells us

MIU performance against the access target remains excellent with no 12hr breaches on a monthly basis.

The All Wales total of patients waiting for admission over 12 hours in major and minor emergency care has reduced significantly to 8,036 in February.

Performance is non comparable as Powys only has minor injury facilities.

Issues

No issues with 12 hour breaches but as per following slides amounting pressures in WAST are likely to cause increasing delays in transfers, including red calls.

Actions

Implemented standard operating procedures (SOP) & escalation of any transfer delays. This has been approved internally for use to manage the risk across the system. Lengthy delays are all captured on DATIX

Mitigations

Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits.



Quadruple Aim 2

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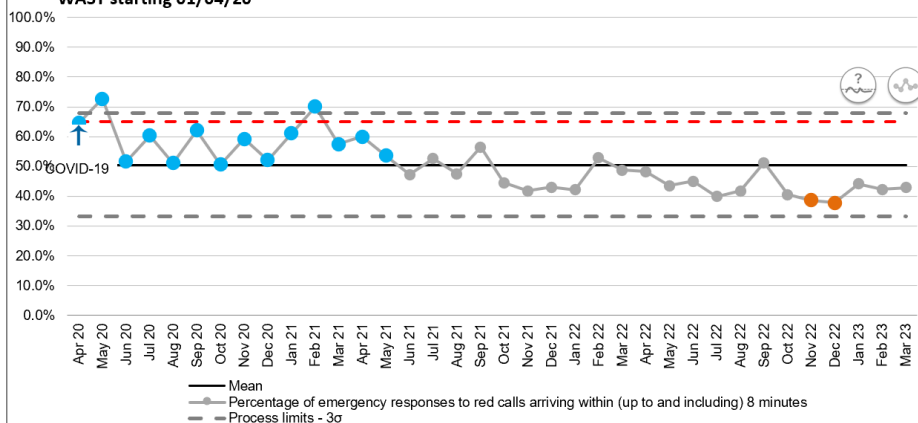
31

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Red Calls

Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes

Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes- Source WAST starting 01/04/20



March 2023 Performance

| Local Performance | All Wales Benchmark |
|-------------------|-------------------------|
| 42.9% | 6 th (47.5%) |

Variance Type

Common cause variation

Target

65%

Data Quality & Source

WAST

Executive Lead n

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Senior Manager
Unscheduled Care

Strategic Priority

11

"A faster response time by emergency medical services ... can reduce the risk of death and increase the potential for a positive health outcome."

What the data tells us

The reported performance in March remains poor with 42.9% compliance for the 8 minute emergency response target for red calls.

The All Wales performance is poor but improved against the 65% target at 47.5%, PTHB ranks 6th this month the worst in Wales

Issues

Demand for urgent care services continues to increase including calls to 999 ambulance services

Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times

Impact of Covid 19 and industrial action during this period continues to cause significant impact on staff availability and rotas.

Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.

Actions

All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved

All Wales urgent care system escalation calls being held daily (often more than once per day)

Health Boards asked to review Local Options Frameworks. Most Health Board who run acute services have now deployed elements of this service resilience option.

Action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.

Mitigations

Wider system calls being held daily with the aim to improve overall system flow.

Engagement with the Ambulance Service to develop actions to reduce handover delays (ICAP), including enhancement of current in-county pathways to reduce admission



Quadruple Aim 2

No.

31

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

The clinical response model has three categories of calls – Red, Amber and Green:

- Red - Immediately life threatening calls such as cardiac arrest or choking. These calls will be subject to both clinical indicators such as Return of Spontaneous Circulation (ROSC) rates and a time based standard requiring a minimum attendance at 65% of these calls within 8 minutes.
- Amber- Serious but not immediately life threatening. These calls will include most medical and trauma cases such as chest pain and fractures. Amber calls will receive an emergency response. A response profile has been created to ensure that the most suitable clinical resource is dispatched to each amber call. This will include management via "hear & treat" services over the telephone
- Green - 999 calls received and categorised as green are neither serious or life threatening. Conditions such as earache or minor injuries are coded as green calls. Green calls are ideally suited to management via secondary telephone triage.

Executive Lead

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

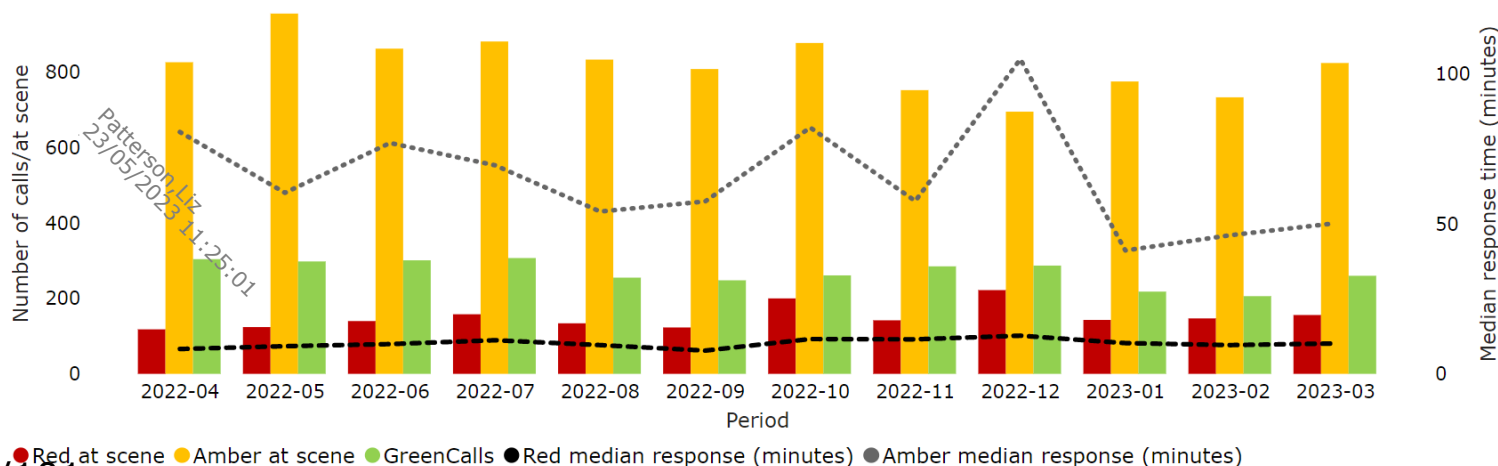
Senior Manager
Unscheduled Care

Strategic Priority

11

| Period | Red at scene | % compliance 8 minute | Red median response (minutes) | Amber at scene | Amber median response (minutes) | Number of green calls |
|---------|--------------|-----------------------|-------------------------------|----------------|---------------------------------|-----------------------|
| 2022-04 | 118 | 48.3 | 8 | 826 | 81 | 304 |
| 2022-05 | 124 | 43.5 | 9 | 955 | 60 | 298 |
| 2022-06 | 140 | 45.0 | 10 | 862 | 77 | 301 |
| 2022-07 | 158 | 39.9 | 11 | 881 | 69 | 307 |
| 2022-08 | 134 | 41.8 | 10 | 833 | 54 | 255 |
| 2022-09 | 123 | 51.2 | 8 | 808 | 57 | 248 |
| 2022-10 | 200 | 40.5 | 12 | 877 | 82 | 261 |
| 2022-11 | 142 | 38.7 | 12 | 752 | 58 | 285 |
| 2022-12 | 222 | 37.8 | 13 | 695 | 105 | 287 |
| 2023-01 | 143 | 44.1 | 10 | 775 | 41 | 218 |
| 2023-02 | 147 | 42.2 | 10 | 733 | 46 | 206 |
| 2023-03 | 156 | 42.9 | 10 | 824 | 50 | 260 |

WAST response category by number and median response time (minutes) - Source WAST





Quadruple Aim 2

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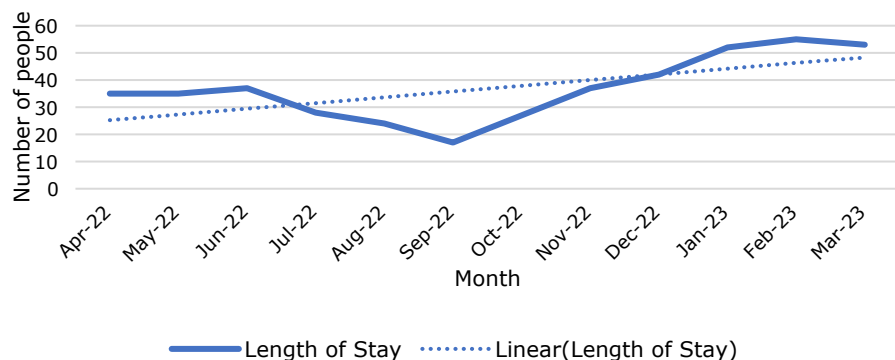
33

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Length of Stay

Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission

Number of people admitted as an emergency who remain in an acute or community hospital over 21 days



March 2023 Performance

| Local Performance | All Wales Benchmark |
|-------------------|--------------------------|
| 53 | 2 nd (4,245)* |

Variance Type

N/A

Target

12 month reduction trend

Data Quality & Source

DHCW

Executive Lead n

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Community Service Group

Strategic Priority

"A faster response time by emergency medical services ... can reduce the risk of death and increase the potential for a positive health outcome."

What the data tells us

As a community health care provider Powys inpatient facilities provide specific key roles in supporting primary care emergency admission (step up) & supporting acute providers with step down freeing up acute beds and repatriating stranded patients.

The 12 month performance shows an increasing trend through 22/23 of admissions remaining in hospital over 21 days. This is especially apparent in Q3 & Q4 where NHS and Social care pressures are at their highest for the NHS across the UK.

Issues

- Increased deconditioning following extended stay in acute hospital
- Limitations of domiciliary care market
 - Market capacity
 - Market responsiveness
 - Increasing community demand
- Limitations of Nursing Home market capacity
- Delayed social care allocation and assessment
- Requirement to refresh Community Hospital model of care

Actions

- Development of business case for increased numbers of Discharge Liaison Officers to drive reduced length of stay (LOS).
- Bed census to better inform understanding of patient need prior to admission and change in need to support discharge
- Exploration of options to develop Domiciliary care market capacity
- Participation in Accelerated Sustainability Model (ASM) workstream
- System engagement with Powys County Council (PCC) to inform market development.

Mitigations

- Active focus on Goal 5 outcomes, promoting ethos of reablement, reduced LoS and activities to reduce deconditioning.
- Daily sit-rep and flow discussions
- Bi-weekly focus on stranded patient review
- Accelerated Sustainability Model (ASM) planning to inform community offer
- Continued participation in market engagement with care providers.



Quadruple Aim 2

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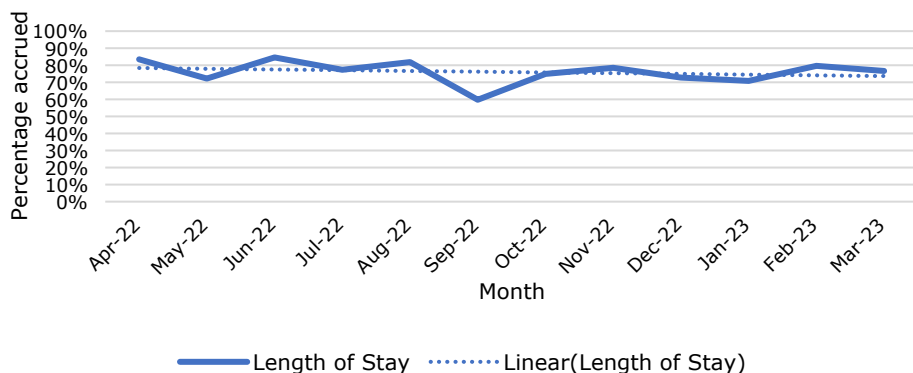
34

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Length of Stay

Percentage of total emergency bed days accrued by people with a length of stay over 21 days

Percentage of total emergency bed days accrued by people with a length of stay over 21 days



March 2023 Performance

Local Performance

All Wales Benchmark

76.7%

8th (45.8%)*

Variance Type

N/A

Target

12 month reduction trend

Data Quality & Source

DHCW

Executive Lead n

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Community Service Group

Strategic Priority

"A faster response time by emergency medical services ... can reduce the risk of death and increase the potential for a positive health outcome."

What the data tells us

Powys meets the 12 month reduction target reporting 76.7% in March 2023.

The health does not benchmark favourably benchmarking 8th in Wales. It should be noted that as a result of the non-acute service provided in PTHB it is unlikely to rank highly in Wales when compared to acute providers with a mixture of inpatient settings.

Issues

- Recognition that PTHB beds are community hospital only
- Reliance on model of predominantly 'step down' use for community hospital beds
- Active model for repatriation of emergency admission patients in particular, from English acute system.
- Limitations of responsive community offer across Powys, which focusses on admission avoidance.

Actions

- Bed census to better inform understanding of patient need prior to admission and change in need to support discharge
- Active participation in Accelerated Sustainability Model (ASM) workstream focussed on community unscheduled care offer
- Length of stay (LOS) reduction actions (see slide 33)
- Further development of 'step up' Community Hospital admission model

Mitigations

- Accelerated Sustainability Model (ASM) planning to inform community offer
- Engagement with the Ambulance Service to develop actions to reduce handover delays (ICAP), including enhancement of current in-county pathways to reduce admission
- Primary Care led 'virtual ward' offer aimed to reduce unscheduled care admissions in county.



Quadruple Aim 2

| | |
|-----|---------|
| No. | 35 & 36 |
|-----|---------|

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

35. Patient Flow

Percentage of people assigned a D2RA pathway within 48 hours of admission

36. Patient Flow

Percentage of people leaving hospital on a D2RA pathway

Executive Lead n

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Senior Manager
Unscheduled Care

Strategic Priority

11

"Recognising that an acute hospital setting does not provide a suitable environment for recovery and assessment for ongoing needs, the Discharge to Recover then Assess (D2RA) model has been established.

The D2RA pathway provides a seamless transfer to longer-term support in the community, thereby: maximising the individual's recovery and independence; reducing the length of stay in hospital ... and supporting 'whole system flow'"

Issues

- PTHB does not directly provide any acute hospital beds, therefore almost all patients enter the D2RA process when stepped down from acute hospitals to a community hospital. As such, the HB reports 100% compliance to the Delivery Unit until DTOC is reinstated as the relevant measure.
- Patients who are admitted directly home (with support) from out of county acute hospital locations are recorded as receiving 'Home First' services, and will be recorded as Pathway 0 in the D2RA reporting.
- To inform community development, all discharge pathways have been implemented for recording onto WPAS. Compliance in recording can be limited, including utilisation of Estimated Discharge Dates on WPAS by the wards. Mandating of some fields has not been implemented at this time, due to the likely change in national reporting due shortly, including the reporting of all D2RA pathways.

Actions

- Report required & in development from informatics on non compliance.
- Further reinforced within discharge training at ward level which is intended to improve compliance.
- Additional work underway to map all discharges to newly implemented D2RA pathways
- All Pathway 3 discharges reverted to community hospitals and now planned focus to reduce outstanding assessment delays.
- Further work in progress to develop Trusted Assessment model to reduce assessment burden and shorten pathways.

Mitigations

- Manual data collection continues & audit undertaken in 2021.
- Collection and monitoring of D2RA data from acutes already collated by therapies.
- National mandated reporting being agreed in coming months with expected compliance by all Health Boards.



Quadruple Aim 2

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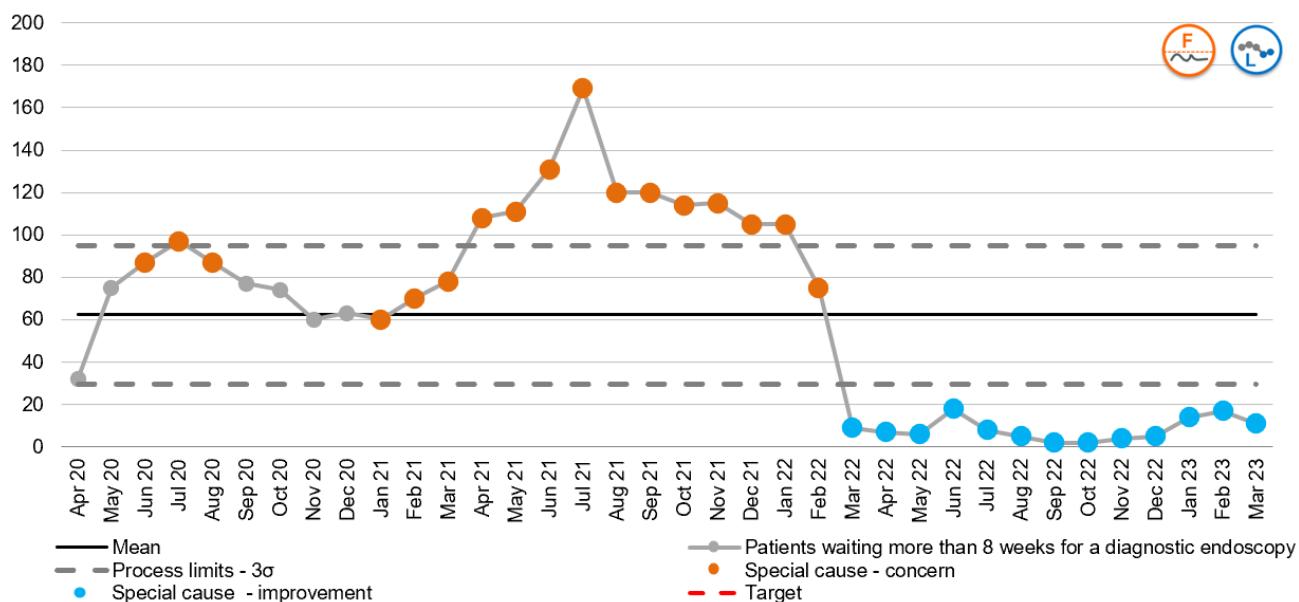
39

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Diagnostic Breaches

Number of patients waiting more than 8 weeks for a diagnostic endoscopy – **Powys as a provider**

Patients waiting more than 8 weeks for a Diagnostic Endoscopy- Source WPAS starting 01/04/20



What the data tells us

- The number of patients breaching the 8 week target for diagnostic endoscopy has decreased to 11 in March but does not meet the ambitious health board set target for this ministerial priority. However the SPC chart continues to report special cause improvement for 13 of the last 36 reported months. But performance data continues to demonstrate a fragile system (especially for the colonoscopy sub specialty) that is reliant on in-reach providers, and extra private capacity to maintain wait times.

| | |
|--------------------|--|
| Executive Lead n | Executive Director of Operations / Director of Community and Mental Health |
| Officer Lead | Assistant Director of Community Services |
| Strategic Priority | 5 |

March 2023 Performance

| | |
|---|-------------------------|
| Provider Performance | All Wales Benchmark |
| 11 | 1 st 15,974* |
| Special Cause - Improvement | |
| Target | |
| Improvement trajectory towards 0 by Spring 2024 | |
| Data Quality & Source | |
| WPAS | |

"Due to population changes, a lower threshold for suspected cancer investigation and increasing cancer surveillance, the demand for endoscopy services is out of balance with core capacity.

To address this, an improvement plan has been introduced to support health boards to develop sustainable endoscopy services."

Issues, actions, and mitigations are on the next slide



Quadruple Aim 2

No.

39

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Diagnostic Breaches

Number of patients waiting more than 8 weeks for a diagnostic endoscopy – **Powys as a provider**

| Issues HB | Actions | Mitigations |
|---|---|---|
| <p>Powys Endoscopy service is very fragile, challenges to capacity and waiting times include but are not limited to;</p> <ul style="list-style-type: none">• In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.• Ongoing deficit in colonoscopy capacity as modelled prior to COVID pandemic.• Bowel screening service challenges including increased demand following FIT changes from Oct-22, vacant staff positions and single points of service failure.• In-reach fragility of General Surgery outpatient capacity resulting in pathway delays for patients.• Delays in acute hospital provided histology & diagnostics impacting patient pathways and ongoing treatment.• Senior clinical leadership role for Powys theatres/endoscopy vacancy since Jun-22 (currently covered by Senior Planned Care Manager awaiting recruitment)• National shortage of endoscopists (especially colonoscopies) challenging recruitment.• Joint Advisory Group (JAG) 5-year Assurance visit is due to take place in Q2 2023/24 Clinical oversight is an essential to maintain accreditation and for new accreditation for the Llandrindod Endoscopy Unit. | <p>Examples of actions being undertaken but not limited to;</p> <ul style="list-style-type: none">• PTHB first clinical endoscopist trainee post has completed training in Jan-2023, this post provides additional JAG accredited endoscopy capacity for gastroscopy.• PTHB Clinical Endoscopist lead lifestyle peer support group clinics for endoscopy patients commenced in January 2023• Joint recruitment programmes with CTMUHB for Bowel screening Wales as part of regional solutions (recruited 1 nurse Q3 & 1 nurse Q4) current advert for PTHB specialist nurse ongoing Q4.• Escalation of ongoing service level agreement concerns around fragility with CTUHB and Aneurin Bevan UHB (ABUHB), including long term provision of timely pathology and histology service.• Action underway to review cancer pathways and patient tracking.• Recruitment for Senior Clinician Leadership post ongoing with broadened criteria for staff who may hold linked nursing/operating department experience.• Request for capacity support from health boards/NHS trusts for lower endoscopy, including offers of PTHB clinical space to support regional working/management of waiting lists and backlog.• Repatriation of patients from Wye Valley to Llandrindod Wells Hospital (ongoing work with ABUHB)• Medical & Leadership review once recruitment of Planned Care Clinical Director made (planned Q1 23/24)• Endoscopy development to improve capacity and quality of care to include cytosponge and naso-endoscopy from 2023/24 | <ul style="list-style-type: none">• Rolling programme of clinical and administrative waiting list validation.• Additional in-sourcing capacity to be provided to address routine backlog commenced in March 22 on-going, but with provisional extension to March 23.• Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid. |



Quadruple Aim 2

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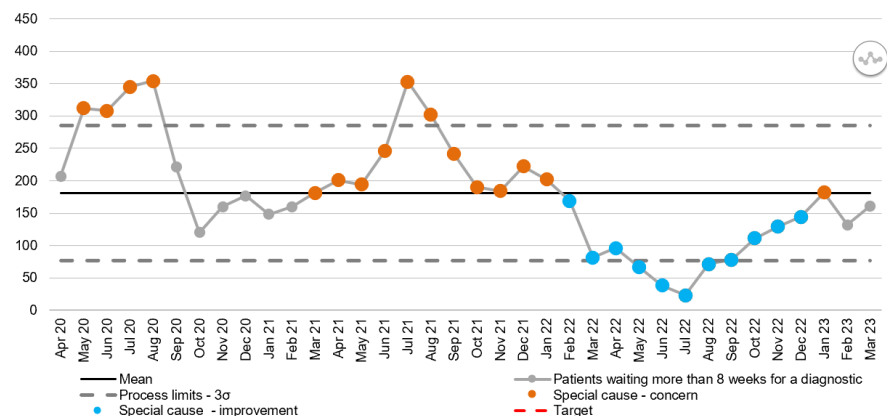
40

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Diagnostic Breaches

Number of patients waiting more than 8 weeks for a specified diagnostic – Powys as a provider

Patients waiting more than 8 weeks for a diagnostic - Source WPAS starting 01/04/20



March 2023 Performance

| Provider Performance | All Wales Benchmark |
|----------------------|--------------------------|
| 161 | 1 st (42,921) |

Variance Type

Common cause variation

Target

12 month reduction trend towards 0 by Spring 2024

Data Quality & Source

WPAS

Executive Lead n

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

"Diagnostic testing provides essential information to enable clinicians and patients to make the right clinical decisions. Early detection and diagnosis can prevent the patient suffering unnecessary pain and it can reduce the scale and cost of treatment."

What the data tells us

This measure includes various diagnostic provisions, echo cardiograms, endoscopy, and non obstetric ultrasound. Performance remains fragile at the end of March with a broadly increasing breach trend since Q2 and returning close to the 36 month mean (common cause variation). March reported 161 breaches, these are predominately within non obstetric ultrasound (NOUS) and echo-cardiograms sub specialties.

[Please note Endoscopy specific narrative within previous slide](#)

Issues

Non Obstetric Ultrasound (NOUS)

- Powys sonographers scope of practice does not currently include MSK, the health board have visiting radiologists who come once a month, there is a risk that patients who need MSK ultrasound and have to wait for that session (potential pathway delays), this is an ongoing issue that if the radiologists take leave those patients effected have to wait. This has been highlighted with our providers.
- Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, this specialty is also challenge by a fragile in-reach service into Brecon War Memorial Hospital from Aneurin Bevan University Health Board.

Actions

Non Obstetric Ultrasound (NOUS)

- Working with providers to find capacity
- PTHB have appointed own Sonographers
- Training of sonographer underway for "lumps and bumps".

Mitigations

Non Obstetric Ultrasound (NOUS)

Continuous monitoring of waiting list



Quadruple Aim 2

No.

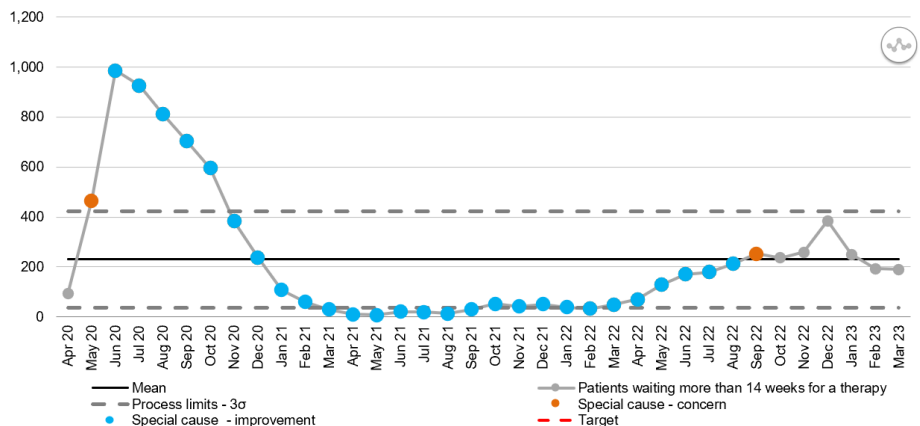
41

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Therapy Breaches

Number of patients waiting more than 14 weeks for a specified therapy – Powys as a provider

Patients waiting more than 14 weeks for a therapy - Source WPAS starting 01/04/20



March 2023 Performance

| Provider Performance | All Wales Benchmark |
|----------------------|---------------------------|
| 190 | 2 nd (7,635) * |

Variance Type

Common cause variation

Target

12 month reduction trend towards 0 by Spring 2024

Data Quality & Source

PTHB Information Warehouse

Executive Lead n

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

"Reducing the time that a patient waits for a therapy service reduces the risk of the condition deteriorating and alleviates the patient's symptoms sooner. This measure provides greater transparency and encourages improvement in the timeliness of accessing NHS therapy services."

What the data tells us

190 patients are reported waiting longer than 14 weeks at the end of March this is a decrease reporting common cause variation. Performance improvement is linked to significant validation work following the switch to national stored procedure reporting process, and increasing capacity in key areas including recruitment.

Issues

- Cancellations of clinics at short notice as a result of staff having to isolate due to covid/general sickness resulting in breaches
- Vacancies across services particularly physiotherapy, Dietetics and Audiology having some impact.
- North Powys MSK remains challenging.
- Industrial action risk for Q4
- Follow-up (FUP) caseload backlog impacting on new booking capacity
- Challenges with core reporting support escalated with Digital Transformation team.

Actions

- Weekly management of waiting lists by Heads of Service.
- Caseload review across all therapies, each head of service to have plan in the Community Service Group (excluding Paediatrics OT/Physio) .
- Podiatry, Dietetics and SALT Heads of service (clinical) have increased their clinical job plans from 1 sessions per week to 4 sessions a week which results in their operational management capacity being reduced – we are unable to recruit locum to vacancies at present in these areas
- SALT – Head of service reviewing on weekly basis. SALT –long term sickness member of staff returned; all long waits booked.

Mitigations



Quadruple Aim 2

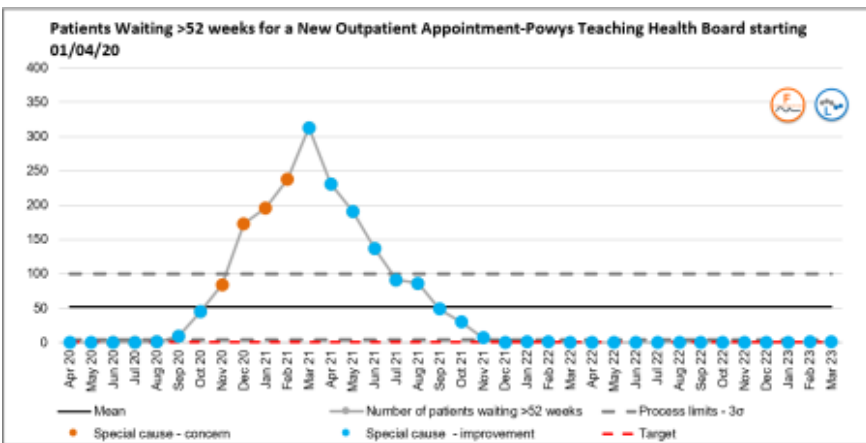
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42

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

New Outpatient

Number of patients waiting over 52 weeks for a new outpatient appointment – Powys as a provider



March 2023 Performance

| Local Performance | All Wales Benchmark |
|-------------------|--------------------------|
| 1 | 1 st (52,925) |

Variance Type

Special Cause - Improvement

Target

PTHB submitted target (zero)

Data Quality & Source

DHCW

Executive Lead n

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

"The number of patients waiting for a new outpatient appointment has increased year on year whilst capacity has been unable to meet demand.

NHS organisations are required to improve service planning and clinical pathways to deliver sustainable planned care services, where waiting lists are reduced to a manageable level."

What the data tells us

Powys as a provider had a single Rheumatology pathway reported over 52 weeks awaiting first outpatient appointment at the end of March.

Looking at the performance from a Powys resident position 404 (5.4%) of all new outpatient (stage 1) pathways in Wales wait over 52 weeks in March compared to 776 (12.3%) 12 month previously.

This data is unavailable for English providers as they do not submit staging information to the DHCW.

Issues

- Specific issues for the Rheumatology breach include increased demand from long COVID-19, consultant availability as a result of short notice in-reach fragility (patient was not suitable for alternative e.g., specialist nurse attendance or virtual solution)
- Ongoing risk of fragile in-reach consultant led pathways within the provider.
- Increased demand of urgent and urgent suspected cancer referrals impacting on routine referrals.

Actions

- Investigation and resolution of pathways challenges. Pathways that have breached target have now been resolved as @06/04/2023.

Mitigations

- OP Transformation focussing on MDT approach to ensure patient seen at right time by right PTHB clinician – to support improvements in access times, care closer to home, environmental impact less miles travelled
- Utilising in reach to support capacity shortfalls in oral surgery & general surgery.
- Reviewing use of see on symptoms (SOS)/ patient initiated follow-ups (PIFU) across specialities.
- Managing service level agreements for Planned Care via PTHB Commissioning assurance framework process with in reach providers.



Quadruple Aim 2

No.

43

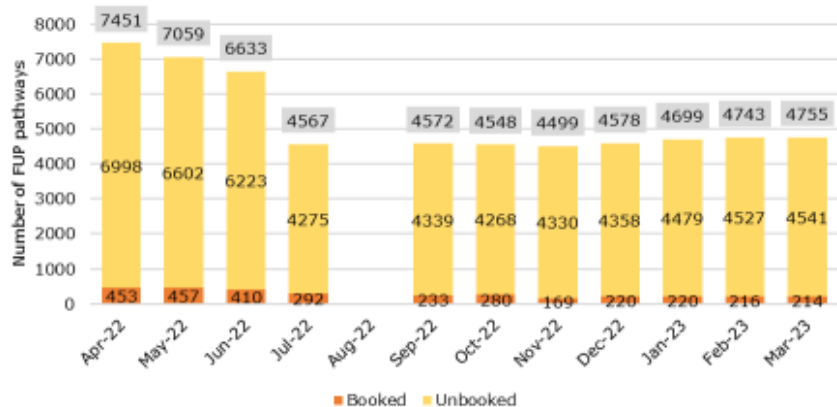
People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Follow up outpatient (FUP)

Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% -

Powys as a provider

Reported number of FUP's delayed over 100%, all specialties including non reportable, by booking status - Source PTHB IFOR



March 2023 Performance

| Provider Performance | All Wales Benchmark |
|----------------------|---------------------|
| 4755 | (233,766)* |

Variance Type

N/A

Target

Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021

Data Quality & Source

WPAS

Executive Lead n

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

"Delaying a follow-up outpatient appointment not only gives the service user a negative impression of NHS services, but it can be a clinical risk if the patient's condition deteriorates whilst waiting for the appointment.

Through service re-design, health boards are required to reduce the number of patients waiting long delays for a follow-up outpatient appointment."

What the data tells us

- PTHB is **not** reporting the revised position of FUPs nationally. Internal validation reports show 4755 patients are overdue 100%+ on a FUP pathways including non reportable specialties and those with booked appointments. However circa 50%+ of these pathways are assessed to be invalid or duplicates and await fixing on WPAS system..

Issues

- Limited progress has been made in resolving the FUP data quality challenge since Q2 2022/23, re-focused work from Q1 22/24.
- Original clinical & administrative validation by service teams is now dated and will require re-validation following work being carried out on the system by the National digital team and PTHB Digital Transformation team.
- Incorrect reported volumes result in challenges for service demand planning.

Actions

- Three phase action plan with phase 1 completion planned by end of May 2023.
- Phase 1 includes the DHCW closing historical invalid pathways on the system (WPAS), and fixing other miscellaneous errors prior to revised cohort list being validated.

Mitigations

- Reportable waiting lists are clinically validated and risk stratified in addition to administrative waiting list validation.
- Operational teams completed a significant validation exercise in Q2 22/23 that cleansed circa 3k pathways.



Quadruple Aim 2

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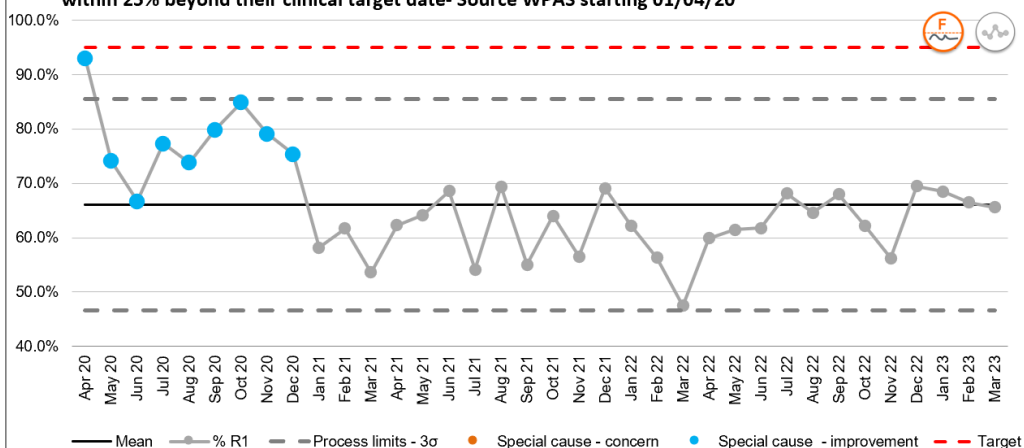
44

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Ophthalmology

Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date – **Powys as a provider**

Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date- Source WPAS starting 01/04/20



March 2023 Performance

| Local Performance | All Wales Benchmark |
|-------------------|------------------------|
| 65.6% | 2 nd (62%)* |

Variance Type

Common cause variation

Target

95%

Data Quality & Source

WPAS

Executive Lead

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

"For particular eye conditions, patients need regular reviews and ongoing treatment to ensure that their sight is improved and the risk of avoidable blindness is minimised. A patient 'target date' for both new and existing appointments was introduced in 2018 to reduce the number of ophthalmology patients with a high clinical risk (R1) waiting 25% over their agreed date for their clinical appointment."

What the chart tells us

Performance for R1 appointments attended does not meet the 95% target reporting to 65.6% at the end of March, performance remains common cause variation. The health board consistently benchmarks well against other Welsh health providers (2nd in Wales Feb-23)

The quality of this data is still subject to review as part of the waiting list and FUP reporting changes.



Quadruple Aim 2

No.

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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Ophthalmology

Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

| Issues | Actions | Mitigations |
|--|--|---|
| <ul style="list-style-type: none"> • Fragility of in reach providers and DGH system pressures including industrial action, sickness including ongoing backlog pressures and recruitment challenges. • Fragility of theatre staffing due to sickness absence, and vacancies • Digital Eye Care pilot continued delay since May 2022 and National system & IG issues are flagged. • Mid Wales Joint Committee recruitment to ophthalmology consultant lead post for HDUHB/PTHB recruitment challenges. • FUP challenge (as discussed in slide 39) - ongoing risk to service due to bulk of pathways being incorrect when planning capacity and understanding demand pressure. | <ul style="list-style-type: none"> • Enhanced staffing - PTHB Ophthalmic health care scientist is the first non registrant person in the UK to be awarded Professional Certificate in Medical Retina. This will support multi disciplinary team (MDT) service development. • Wet Age-related macular degeneration (AMD) service has been extended into mid Powys, embedded as service model for Llandrindod/Brecon Hospitals. PTHB 1st nurse eye care injector trained, plans in place for 2nd PTHB injector training (complete 2023/24). • Outpatient nursing team supporting the Digital eye care record roll out in PTHB to be lead with pilot in YCH with National Planned Care Clinical Lead who is a PTHB in reach ophthalmologist, with phase 2 into North Powys. Currently delayed nationally with risk of no confirmed progression date. • Working closely with Rural Health Care Academy on career pathways for eye care in PTHB has resulted in trainee Eye care developmental post recruitment. • Service SOPs in place utilising best practice from Birmingham and Midland Eye Centre. • Awaiting implementation of Welsh Government (WG) referral management centre centrally triaged referrals from optometry for All HBs. Risk to national timeline, WG fully appraised but anticipate further 3 month delay that impacts all HBs. • MDT lead glaucoma management within Planned Care & Community Optometry – service opened Q4 2022/23 • One stop shop cataracts biometrics pre assessment, consultant appointment pan Powys – Q3 2022/23. • Working with WVT & Rural Health Care Academy to formalise training opportunities in DGH, extending OP role to include eye care scrub for potential future clean room developments in PTHB. • National Digital Eye Care Programme ICT, IG, procurement, finance is currently being reviewed by DHCW outcome of review anticipated in Q4 2022/23. | <ul style="list-style-type: none"> • Community optometry support to risk stratify long waits/overdue follow ups • Development of eye care MDT to support service sustainability • In reach SLA managed via PTHB CAF • Eye Care MDT Inc. ophthalmic scientist/hospital optometry developed. New one stop eye care clinic established in Llanidloes/Welshpool, patients no longer need to travel out of county to Hywel Dda University Health Board(HDUHB)/face significant wait for eye care scans, approx. 42,000 miles of patient journey saved per annum. • Local Safety Standard for Invasive Procedures (LOCSIPs) in place for Eye Care & other outpatient department specialities first HB in Wales. • Service SOPs in place utilising best practice from Birmingham and Midland Eye Centre. |

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Quadruple Aim 2

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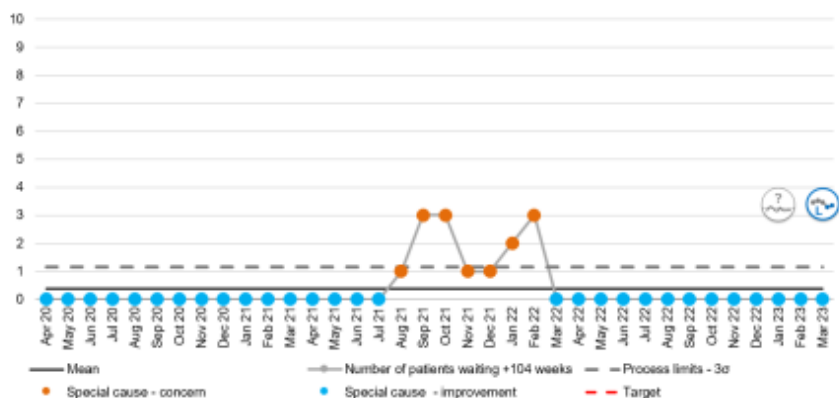
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Referral to Treatment – Powys Teaching Health Board as a provider

Number of patients waiting more than 104 weeks for treatment

Patients Waiting +104 weeks including D&T-Powys Teaching Health Board starting 01/04/20



March 2023 Performance

| Provider Performance | All Wales Benchmark |
|----------------------|--------------------------|
| 0 | 1 st (31,726) |

Variance Type

Special Cause Improvement

Target

PTHB submitted target (zero)

Data Quality & Source

DHCW

Executive Lead n

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

"Reducing the time that a patient waits for treatment reduces the risk of the condition deteriorating and alleviates the patient's symptoms, pain and discomfort sooner. This measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS services."

What the data tells us

PTHB as a provider has had no patients waiting over 104 weeks since March 22.

It should be noted that Powys residents wait longer than 104 weeks in commissioned services. Reported at the end of March 419 pathways were over 104 weeks in Wales and 11 were reported in English provider at the February 2023 snapshot.

Please see commissioned services slides, and appendix for more details.

Issues

Ongoing risk to RTT waiting times in the provider linked to in-reach fragility especially anaesthetics, and reliance on DGH pathology & diagnostic waits where waits can be up to 14 months for soft tissue scans.

Actions

Escalating issues via Commissioning quality and performance review meetings (CQPRM).

Mitigations



Quadruple Aim 2

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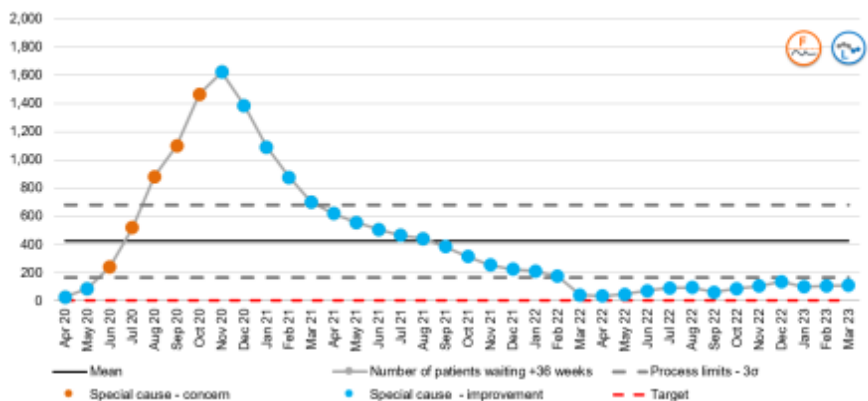
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Referral to Treatment – Powys Teaching health board as a provider

Number of patients waiting more than 36 weeks for treatment

Patients Waiting +36 weeks Including D&T-Powys Teaching Health Board starting 01/04/20



March 2023 Performance

| Provider Performance | All Wales Benchmark |
|----------------------|---------------------------|
| 110 | 1 st (227,967) |

Variance Type

Special Cause- Improvement

Target

PTHB submitted target (16 or less breaches of 36 week)

Data Quality & Source

DHCW

Executive Lead n

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

What the chart tells us

- PTHB provider has reduced the number of pathways waiting over 36 weeks more successfully than any Welsh provider in Wales. However PTHB has not achieved the ambitious submitted target plan of 16 or less patients waiting over 36 weeks for this month. Reported performance is that 110 patients wait longer than 36 weeks for treatment.
- Ambitious and challenging set target and the ongoing fragility of service and increased urgent demand have reduced the ability to recover to a pre-Covid performance levels for the provider.

Actions

- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation and Speciality Boards continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Waiting lists are clinically validated and risk stratified in addition to administrative waiting list validation. Theatre lists are clinically prioritised utilising the Federation of Surgical Speciality Association Covid-19 prioritisation tool with the vast majority of patients categorised as priority 4 (low risk), however all long waiters are regularly, clinically reviewed to ensure their condition is not changing and in need of re-prioritising. Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.
- Embedded vascular "mega" clinic established in North Powys August 2021 vascular surgeon, ultrasonography, podiatry, district nursing – one stop clinic running successfully.
- Recruitment to Clinical Director Planned Care new medical leadership post Q1 2023/24
- Scan4Quality theatre stock system implementation pilot in Brecon Theatres commenced

Mitigations

- National Planned Care Programme is developing national harm review processes and national system.
- Additional capacity in place from February 2022, this insourcing is planned to extend into 23/24.
- Standard Operating Procedures (SOPS) continually reviewed in line with updated Royal College, PHW and national guidance.
- SLAs managed via PTHB Commissioning Assurance Framework



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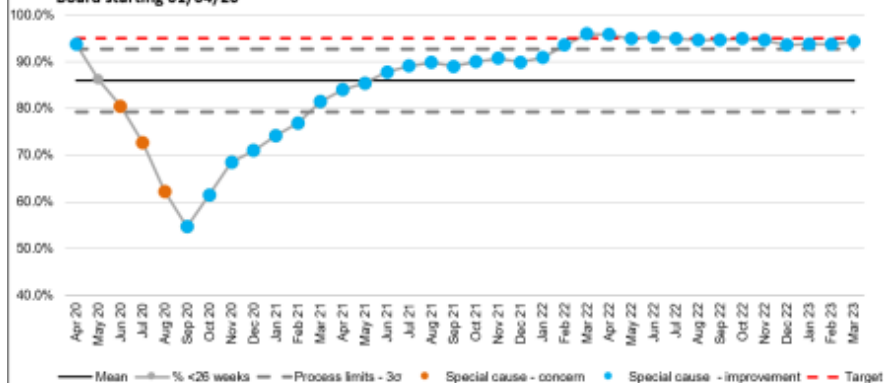
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Referral to Treatment – Powys Teaching health board as a provider

Percentage of patients waiting less than 26 weeks for treatment

Percentage of patients waiting less than 26 weeks for treatment (Including D&T)-Powys Teaching Health Board starting 01/04/20



March 2023 Performance

| Provider Performance | All Wales Benchmark |
|----------------------|-------------------------|
| 94.3% | 1 st (58.5%) |

Variance Type

Special Cause - Improvement

Target

PTHB submitted target (95%)

Data Quality & Source

DHCW

Executive Lead n

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

"Reducing the time that a patient waits for treatment reduces the risk of the condition deteriorating and alleviates the patient's symptoms, pain and discomfort sooner. This measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS services."

| RTT pathways by specialty and band | Mar-23 | Patients Waiting | | | | |
|---|----------------------------|------------------|-------------|-------------|----------------|---------------|
| Main Spec | * % of pathways < 26 weeks | 0-25 Weeks | 26-35 Weeks | 36-52 Weeks | 53 to 76 Weeks | Total Waiting |
| 100 - GENERAL SURGERY | 79.9% | 430 | 80 | 27 | 1 | 538 |
| 101 - UROLOGY | 88.2% | 105 | 12 | 2 | 0 | 119 |
| 110 - TRAUMA & ORTHOPAEDICS | 86.7% | 552 | 59 | 23 | 3 | 637 |
| 120 - ENT | 95.0% | 611 | 25 | 7 | 0 | 643 |
| 130 - OPHTHALMOLOGY | 91.7% | 809 | 66 | 7 | 0 | 882 |
| 140 - ORAL SURGERY | 90.0% | 215 | 16 | 6 | 2 | 239 |
| 143 - ORTHODONTICS | 93.8% | 15 | 1 | 0 | 0 | 16 |
| 191 - PAIN MANAGEMENT | 100.0% | 113 | 0 | 0 | 0 | 113 |
| 300 - GENERAL MEDICINE | 94.1% | 64 | 4 | 0 | 0 | 68 |
| 302 - ENDOCRINOLOGY | 100.0% | 8 | 0 | 0 | 0 | 8 |
| 320 - CARDIOLOGY | 86.6% | 207 | 13 | 19 | 0 | 239 |
| 330 - DERMATOLOGY | 100.0% | 62 | 0 | 0 | 0 | 62 |
| 410 - RHEUMATOLOGY | 77.6% | 132 | 30 | 7 | 1 | 170 |
| 420 - PAEDIATRICS | 98.3% | 57 | 1 | 0 | 0 | 58 |
| 430 - GERIATRIC MEDICINE | 100.0% | 28 | 0 | 0 | 0 | 28 |
| 502 - GYNAECOLOGY | 97.4% | 229 | 2 | 4 | 0 | 235 |
| 998 - Diagnostic Services | 100.0% | 278 | 0 | 0 | 0 | 278 |
| 999 - Allied Health Professional Services | 99.4% | 3325 | 19 | 1 | 0 | 3345 |
| Total | 94.3% | 7240 | 328 | 103 | 7 | 7678 |

What the chart tells us

Powys narrowly missed the ambitious self set RTT target of 95% for patients waiting less than 26 weeks on an open pathway at the end of March (94.3% reported).

Reported variation continues to be special cause improvement over the last 36 months with significant recovery from the post COVID-19 backlog.

Issues

Sickness related in reach absences/pressures including unavailability of anaesthetic cover and patient unavailability due to sick leave including Covid-19/flu etc have been the primary cause of waiting list pressures.

Anaesthetic cover remains challenging particularly into mid Powys liaising with Wye Valley Trust to resolve and develop forward plan, managed via PTHB commissioning performance and assurance processes

Industrial action of NHS staff has impacted on capacity during Q4 resulting in cancellations.

[Actions and Mitigations on previous page](#)

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Quadruple Aim 2






















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Referral to Treatment (RTT) Commissioned

Performance of patient pathways within commissioned services against Welsh NHS targets

| | Mar-23 | No. long waits by cohort, with latest SPC variance | | | | | | Total Waiting |
|---|--|--|---|----------------------------|---|----------------|---|---------------|
| Welsh Providers | % of Powys residents < 26 weeks for treatment (Target 95%) | Over 36 wks (inc 52 and over 104) | | over 52 wks (inc over 104) | | Over 104 weeks | | |
| Aneurin Bevan Local Health Board | 64.9% | 564 |  | 315 |  | 47 |  | 2333 |
| Betsi Cadwaladr University Local Health Board | 49.9% | 268 |  | 159 |  | 52 |  | 711 |
| Cardiff & Vale University Local Health Board | 54.5% | 134 |  | 84 |  | 22 |  | 376 |
| Cwm Taf Morgannwg University Local Health Board | 51.6% | 245 |  | 164 |  | 52 |  | 620 |
| Hywel Dda Local Health Board | 56.7% | 478 |  | 257 |  | 64 |  | 1482 |
| Swansea Bay University Local Health Board | 53.0% | 688 |  | 456 |  | 182 |  | 1901 |
| Total | 57.2% | 2377 |  | 1435 |  | 419 |  | 7423 |

| | Feb-23 | No. long waits by cohort, with latest SPC variance | | | | | | Total Waiting |
|--|--|--|--|----------------------------|--|----------------|--|---------------|
| English Providers | % of Powys residents < 26 weeks for treatment (Target 95%) | Over 36 wks (inc 52 and over 104) | | over 52 wks (inc over 104) | | Over 104 weeks | | |
| English Other | 71.8% | 52 | | 12 | | 0 | | 305 |
| Robert Jones & Agnes Hunt Orthopaedic & District Trust | 61.5% | 761 | | 330 | | 11 | | 2885 |
| Shrewsbury & Telford Hospital NHS Trust | 66.6% | 796 | | 297 | | 0 | | 3894 |
| Wye Valley Trust | 65.7% | 738 | | 204 | | 0 | | 3500 |
| Total | 65.1% | 2347 | | 843 | | 11 | | 10584 |

What the data tells us

- Welsh commissioned provider performance has seen limited change (common cause variation) against the under 26 week position with a slight improvement to 57.2% reported in March. Patient pathways over 36 weeks has decreased slightly to 2,377 but remain special cause for concern, patient pathways waiting over 1 year have reduced to 1435 (special cause improvement), and finally the extremely long patient pathways (104+ weeks) has seen a reduction trend (419 Mar-23) since Mar-22 and report special cause improvement.
- English commissioned services report a slight increase in under 26-week pathway performance in Feb-23 (65.1%) remaining common cause variation. The number of pathways over 36 weeks have decreased slightly from the previous month (2,347 Feb-23) remaining special cause for concern. Patient pathways over 1 year have decreased reporting 843 in Jan-22 (special cause concern), but pathways waiting 104+ weeks remains very low (11) showing special cause improvement.

Data Quality & Source

DHCW

SPC variance is the latest position (month) calculated over a 36 month rolling period with intervention for COVID-19 shift in March 2020.

[Detailed SPC's by provider in Appendix 1](#)

Quadruple Aim 2

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Referral to Treatment (RTT) Commissioned continued...

Performance of patient pathways within commissioned services against Welsh NHS targets

| Issues | Actions | Mitigations |
|--|---|---|
| <ul style="list-style-type: none"> Recent service pressures as a result of industrial action, increased sickness, bed capacity pressures, and winter weather during Q3 & Q4 have resulted in suspension of elective activity in some providers, this will impact on patient waits and delay recovery progress to meet Q4 national targets. Recovery forecasts for waiting lists across all providers are particularly challenging with increased demand, and staffing fragility impacting through put. Powys residents are being impacted by significant geographical equity for care, especially those who have waited and remain waiting over 2 years for treatment. Patients who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing a better service for residents in the North & East of the county. Those residents who live within the south west health economy have the poorest access times for treatment and wait the longest. Data access and quality provide ongoing challenges for waiting list review and engagement in a timely manner. | <ul style="list-style-type: none"> Welsh & English providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity. Ongoing work with NHS Wales Delivery Unit around weekly Welsh waiting list provision including information on pathways such as staging, actual wait time, and identifiers to help with commissioned service engagement. Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within the provider or alternative private service. Examples of repatriation to date include endoscopy patients from Wye Valley NHS Trust and Cwm Taf Morgannwg University Health Board, Echo Cardiograms repatriation from English commissioned services to have diagnostics in the provider. The health board continues to engage on a regular basis with all commissioned providers via commissioning, quality and performance meetings. These meetings are used to discuss challenges, and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts. Also note progress against GIRFT pathway and casemix recommendations are discussed and noted. 3 month extension of insourcing contract to provide additional capacity within PTHB. Opportunities being explored with RJAH for increased insourcing capacity for high volume, low complexity long waiting orthopaedic patients to be repatriated to PTHB. Proposal being developed to submit against Welsh Government Planned Care recovery monies. | <ul style="list-style-type: none"> All patients waiting are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait. |



Quadruple Aim 2

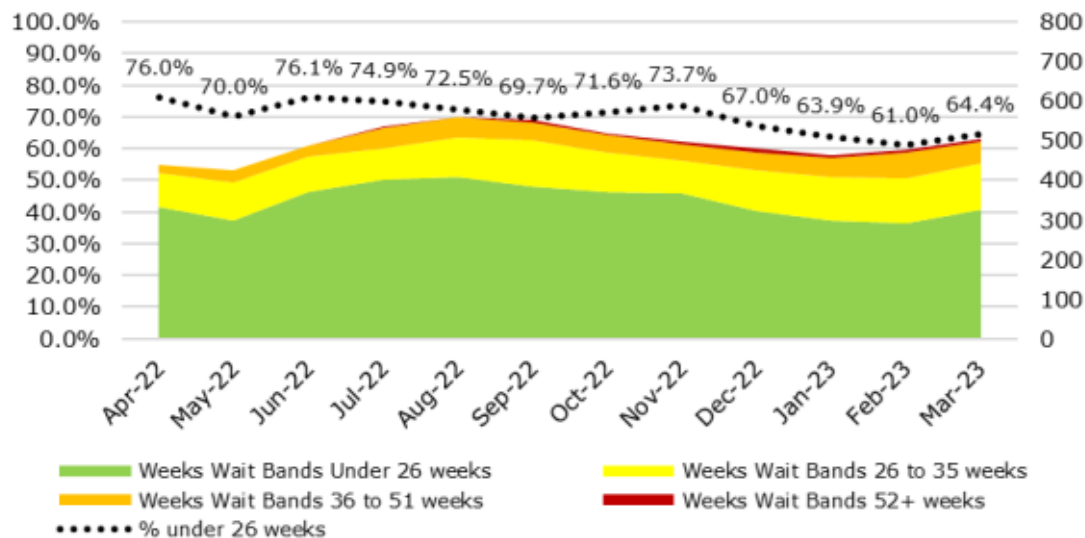
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Insourcing/Outsourcing

Private Dermatology Outsourcing – Referral to Treatment

Private dermatology outsource RTT performance - Source provider direct feed - 2022/23 FY



| | |
|---------------------|---|
| Executive Lead | Director of Performance and Commissioning |
| Officer Lead | Assistant Director of Performance and Commissioning |
| Data Quality/Source | Direct feed – private provider |

| Snapshot month | % under 26 weeks | Pathway count by weeks wait bands | | | | Total Waiting |
|----------------|------------------|-----------------------------------|----------------|----------------|-----------|---------------|
| | | Under 26 weeks | 26 to 35 weeks | 36 to 51 weeks | 52+ weeks | |
| Apr-22 | 76.0% | 333 | 87 | 18 | | 438 |
| May-22 | 70.0% | 299 | 97 | 31 | | 427 |
| Jun-22 | 76.1% | 372 | 88 | 29 | | 489 |
| Jul-22 | 74.9% | 400 | 80 | 53 | 1 | 534 |
| Aug-22 | 72.5% | 407 | 100 | 52 | 2 | 561 |
| Sep-22 | 69.7% | 385 | 117 | 44 | 6 | 552 |
| Oct-22 | 71.6% | 371 | 98 | 45 | 4 | 518 |
| Nov-22 | 73.7% | 367 | 83 | 41 | 7 | 498 |
| Dec-22 | 67.0% | 323 | 101 | 48 | 10 | 482 |
| Jan-23 | 63.9% | 297 | 113 | 47 | 8 | 465 |
| Feb-23 | 61.0% | 291 | 113 | 68 | 5 | 477 |
| Mar-23 | 64.4% | 326 | 116 | 57 | 7 | 506 |

What the chart tells us

Please note that data for month 10 (Dec-2022) was incorrectly reported. This has been validated following a Q4 update and a corrected 2022/23 position has been provided.

Performance within the private dermatology provider has been inline with other English providers for RTT pathways. Since July a small number of pathways have exceeded 1 years wait, the longest wait in March reported at 70 weeks although the pathway is now booked.

Actions

Mitigations

- Provider reviewing capacity to be able to see more new patients and reduce waiting times.
- Private provider has advised extra capacity available from Q4 2022/23.



Quadruple Aim 2

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Provider Single Cancer Pathway (SCP) Reported Performance

Patient referrals and downgrade performance against 28 day best practice.

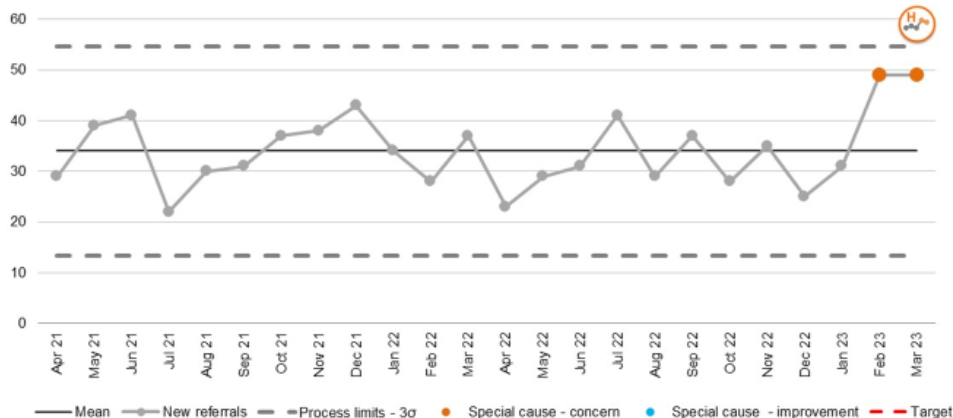
Executive Lead

Executive Director of Operations / Director of Community and Mental Health

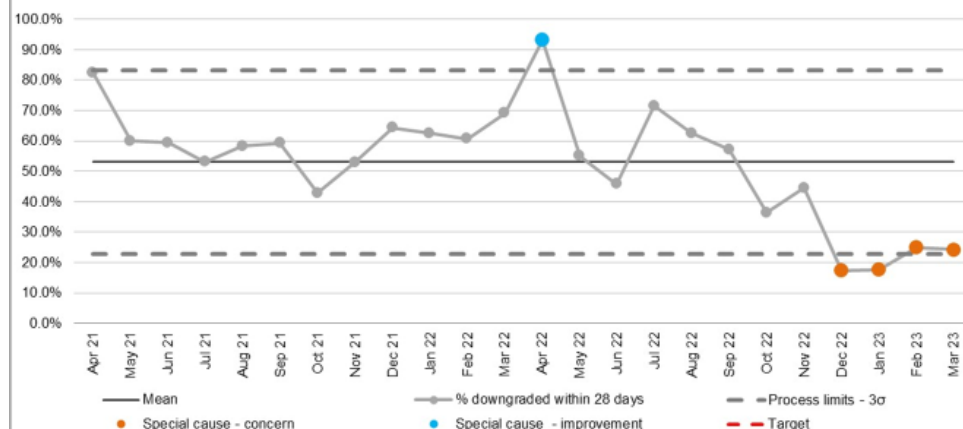
Officer Lead

Assistant Director of Community Services

SCP referrals into Powys Provider - Source WPAS CWS starting 01/04/21



Single cancer pathway downgrades within 28 days best practice- Source WPAS CWS starting 01/04/21



What the data tells us

- The provider reports 2 consecutive months of increased referral demand. Both February and March have reported 49 new pathways being recorded within the SCP cancer waits tracking system. These 2 months both flag as a special cause for concern and are the highest demand recorded in Powys since the SCP started. PTHB does not provide cancer treatment but does provide key outpatient appointments and diagnostics inc. endoscopy.
- The downgrade performance in for the last four months has been poor against the recommended NICE guidance that patients who **DO NOT** have cancer are told within 28 days. Powys performance reported 24.3% in March and links to a large number of pathways where the downgrade confirmation is outstanding or delayed primarily linked to in-reach services South Powys.

Issues

- Compliance against the component parts of cancer pathways is directly linked to service fragility as described in measure 39 and main RTT planned care measures 40, 45, 46, and 47.
- Powys has higher than average median to first diagnostic and outpatient appointments when compared to the All Wales picture as a result of DGH reliant diagnostic scans and in-reach clinician availability.

Actions

- Provider patient services teams work with in-reach clinical leads and DGH diagnostics to monitor patients on the WPAS cancer waits tracker.
- Work with Welsh Government and DHCW reporting team ongoing to assess validation of records submitted, the methodology and its appropriateness for PTHB pathways as reported nationally.

Mitigations

- Limited referrals come via Powys as a provider, the majority flow direct into acute care centres.

Data Quality & Source

WPAS CWT



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Cancer performance reporting, commissioned services

Welsh Single Cancer Pathway Performance Powys Residents "Percentage of patients who started treatment within target (62 days from point of suspicion)" target 75% - Source DHCW

Executive Lead

Director of Performance and Commissioning

Officer Lead

Assistant Director of Performance and Commissioning

Strategic Priority

7

Welsh Single Cancer Pathway Performance Powys Residents "Percentage of patients who started treatment within target (62 days from point of suspicion)" target 75% - Source DHCW

| Provider | 2022-03 | 2022-04 | 2022-05 | 2022-06 | 2022-07 | 2022-08 | 2022-09 | 2022-10 | 2022-11 | 2022-12 | 2023-01 | 2023-02 | 2023-03 |
|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Aneurin Bevan Local Health Board | 57% | 89% | 80% | 58% | 77% | 67% | 65% | 67% | 48% | 48% | 56% | 82% | 85% |
| Betsi Cadwaladr University Local Health Board | | 100% | 0% | 0% | 100% | 100% | 0% | 30% | 38% | 53% | 29% | 20% | 29% |
| Cardiff & Vale University Local Health Board | | | | | | | 50% | | 100% | 0% | 0% | | |
| Cwm Taf Morgannwg University Local Health Board | 100% | 33% | 33% | 67% | 14% | 20% | 22% | 57% | 0% | 50% | 20% | 25% | 33% |
| Hywel Dda Local Health Board | 43% | 80% | 30% | 40% | 25% | 33% | 50% | 50% | 57% | 57% | 20% | 57% | 20% |
| Swansea Bay University Local Health Board | 75% | 0% | 50% | 67% | 25% | 83% | 67% | 67% | 60% | 100% | 38% | 67% | 50% |
| Total number treated within target (numerator) | 14 | 15 | 14 | 17 | 14 | 20 | 22 | 22 | 26 | 26 | 19 | 20 | 29 |
| Total pathways that started treatment (denominator) | 22 | 21 | 28 | 33 | 29 | 32 | 48 | 41 | 52 | 50 | 51 | 37 | 46 |
| Total monthly percentage compliance | 64% | 71% | 50% | 52% | 48% | 63% | 46% | 54% | 50% | 52% | 37% | 54% | 63% |

Data Quality & Source

DHCW - Please note SCP data is not finalised until quarterly refresh is carried out by submitting health boards

Commissioned services key notes on performance

Welsh Providers

- Provisional data for March shows that 17 patients missed the 62 day cancer target (63% compliance), it should be noted that individual provider performance can be adversely affected by low numbers starting treatment in that month e.g., low numbers effecting percentage calculations. However key challenges reported include service flow, surgical, and diagnostic capacity in secondary care. Another challenge is the marked variation across health boards particularly in relation to Breast, Gynaecology and Head and Neck SCP performance within Wales. Finally it should also be noted that patients flowing into Cwm Taf Morgannwg could have initial diagnostics and outpatient appointments carried out by the Powys hosted in-reach services (PTHB has one of the highest median waits for first outpatients in Wales and this could impact target compliance).

English Providers

- Shrewsbury and Telford Hospital (SATH) NHS Trust reported 5 breaches of their cancer pathway reported for February 2023. All breaches were patients waiting over 104 days, key breach tumour sites include Breast, Urology and Upper Gastrointestinal (UGI). Reasons for breaches included screening, diagnostic and outpatient capacity, and patient choice.
- Wye Valley NHS Trust (WVT) – The latest data for Powys residents breaches available is December 2022, 4 breaches were reported and 1 of these breaches were over 104 days. Lung and Urology are the two breaching tumour types in this period. Ongoing risk for the unavailability of harm reviews, and timely cancer breach assurance following capacity challenges in the WVT team during 2022/23. This risk is a key topic within escalated commissioned quality and performance meetings with the provider.



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Cancer performance reporting, commissioned services continued...

Executive Lead

Director of Performance and Commissioning

Officer Lead

Assistant Director of Performance and Commissioning

Strategic Priority

7

Issues

- Commissioned services in England & Wales are showing increased demand pressures with increased referrals & later staging of patients.
- Risk of increasing backlog of all patients (not just residents) waiting over 62 & 104 days in SATH. Capacity challenge includes increased referrals, radiology delays, complex pathways, and patient choice e.g., declining/delaying invitation for appointments due to holiday etc.
- Tumour site specific performance variation has been flagged across Welsh providers.

Actions

- Cancer breaches are part of the agenda for each Commissioning, Quality & Performance Review (CQPR) Meetings led by the Commissioning Team.
- Escalation of Wye Valley specific breach harm review reporting delays via CQPR.
- The PTHB Renewal Programme is working with the Wales Cancer Network to develop an intelligence tool to track Powys patients currently active on the on the Suspected Cancer Pathway for Welsh providers. Initial discussions have taken place to include English flows so that the tracking tool includes all Powys residents.
- The Cancer Renewal Programme has established a clinically led Harm Review Panel reviewing the harm reviews undertaken in different health boards and NHS Trusts for Powys patients.

Mitigations

- New BI tool is available for Welsh provider data, but currently it is waiting for English provider information source.
- Wales Cancer Network non recurrent funding will enable further refinement of the tool to take place October 22 – March 23.
- The pilot of the temporary cancer tracker support will be evaluated.
- Organisationally, through operational and commissioning routes, validation of waiting lists continues.

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Quadruple Aim 2

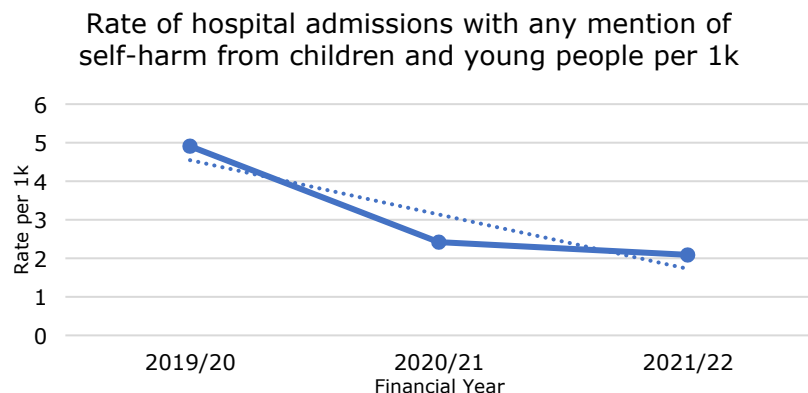
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48

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Self-Harm

Rate of hospital admissions with any mention of intentional self-harm from children and young people (age 10-24 years) per 1,000 population – Powys as a provider



| Performance 2021/22 | |
|-----------------------------------|---------------------|
| Provider Performance | All Wales Benchmark |
| 2.09 | 1st (3.95) |
| Variance Type | |
| N/A | |
| Target | |
| Annual Reduction | |
| Data Quality & Source | |
| Welsh Government Performance Team | |

Executive Lead n

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"Early identification, accurate diagnosis and treatment of mental health issues can prevent suicide and self-harm.

Hospital admission rates are a useful indicator of the success of preventative action as set out in the Suicide and Self-Harm Strategy for Wales."

What the data tells us

Please note that the data available via Welsh Government has been refreshed/updated compared to the previous IPR.

Reported self harm rates within hospital admissions meets the annual reduction target reporting 2.09 per 1k in 2021/22. Through benchmarking PTHB ranks first against the All Wales position of 3.95 per 1k population.

Issues

Presentations of self harm amongst Young people has increased during the pandemic, although incidents of self harm are amongst the lowest in Wales.

Actions

- Suicide and Self harm coordinator is leading an all age focused intervention to reduce the impact of harm. CAMHS is included and involved in a working group as well as training opportunities for staff, this has included training for Minor Injury staff.
- The Powys Forum for the Prevention of Suicide & Self Harm was officially launched on the 30th of June 2022.
- School CAMHS outreach is now operational (through the WG funded programme) to provide MH and Wellbeing practitioners in every Powys secondary school. They are providing training and support around self harm.

Mitigations

See actions.



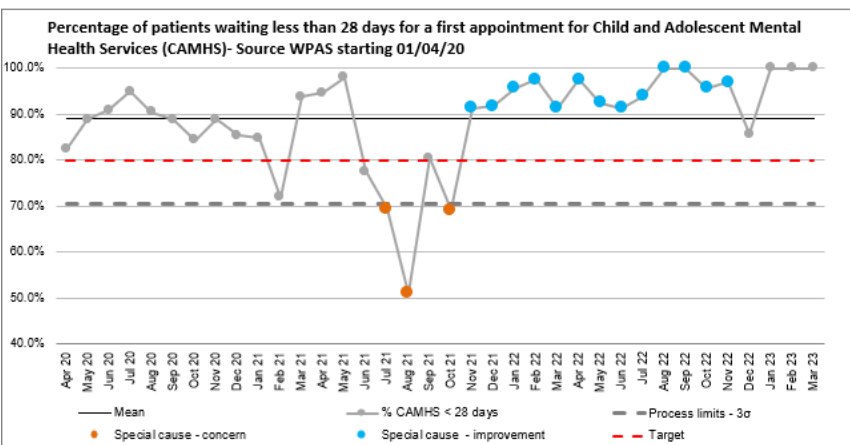
Quadruple Aim 2

No.

49

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

CAMHS
Percentage of patients waiting less than 28 days for a first appointment for Child and Adolescent Mental Health Services (CAMHS) – **Powys as a provider**



| March 2023 Performance | |
|------------------------|---------------------|
| Provider Performance | All Wales Benchmark |
| 100% | 1st (92.1%)* |
| Variance Type | |
| Common cause variation | |
| Target | |
| 80% | |
| Data Quality & Source | |
| WPAS | |

| | |
|--------------------|--|
| Executive Lead | Executive Director of Operations / Director of Community and Mental Health |
| Officer Lead | Assistant Director of Mental Health |
| Strategic Priority | 10 |

*"Improving the mental health and the well-being of children and young people is a priority of Welsh Government's 10-year strategy Together for Mental Health.
To ensure that children and young people experiencing mental ill health get better sooner, it is important that they have early access to intervention and treatment services (CAMHS)."*

| What the data tells us | Issues | Actions | Mitigations |
|--|---|--|---------------------|
| <p>Performance has reported 100% compliance for the last 2 months.</p> <p>Powys benchmarked 1st in February compared to the All Wales performance of 92.1%</p> <p><i>Patterson, Liz 23/05/2023 11:25:01</i></p> | <ul style="list-style-type: none">Recruitment to vacant posts remains a significant challenge within CAMHS. We had recruited into vacant posts reported in the last quarter but subsequently, additional vacancies have arisen. Recently lost a staff member from SPOA.All options to further skill mix are being considered, including further training in CBT and DBT for existing practitioners. This will enable the service to respond to changing needs. | <p>New recruitment campaign continues and has achieved a number of successful appointments.</p> <p>Providing children and young people with a timely assessment is a priority</p> <p>Single Point of Access (SPOA) service has been operational since July. By offering a service dedicated to providing the majority of Part 1 assessments as well as screening and triaging all referrals into CAMHS, it has now given both Primary Mental Health and SCAMHS practitioners capacity to provide more timely intervention support.</p> | <p>See actions.</p> |



Quadruple Aim 2

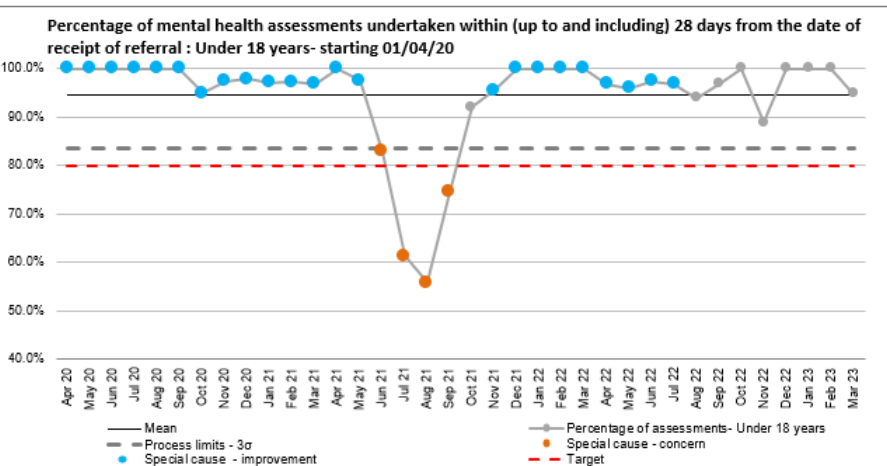
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50

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Mental Health Assessments, <18s

Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral : Under 18 years – Powys as a provider



Performance March 2023

| Provider Performance | All Wales |
|----------------------|--------------------------|
| 94.8% | 1 st (68.8%)* |

Variance Type

Common cause variation

Target

80%

Data Quality & Source

PTHB Mental Health Service

Executive Lead

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to assess the nature of a patient's mental health needs within 28 days from the receipt of referral."

What the data tells us

Performance has reported 94.8% compliance in March a slight reduction on the previous 3 months where 100% compliance was recorded.

In February PTHB benchmarked 1st in Wales against the All Wales position of 68.8%

Issues

- No specific issues with CAMHS Part 1 compliance, capacity can often be an issue when we have high staff turnover/ vacancies/ staff sickness however the service always aims to provide all referrals with an assessment within the timeframes. CAMHS have seen a significant increase in referrals into their services in the last two years in comparison to the previous years.
- Data quality challenge including post submission revisions.

Actions

The introduction of Single Point Of Access (SPOA) team is instrumental in supporting the compliance with Part 1 Measure

Awaiting appointment of new starters to support SPOA

Awaiting appointment of intervention workers so that PMH can support SPOA when capacity increases.

A number of vacant posts within CAMHS have now been filled.

Mitigations

See actions



Quadruple Aim 2

No.

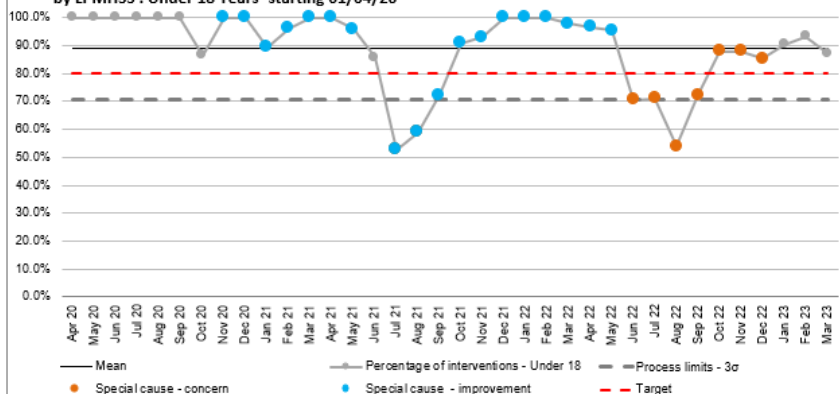
51

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Mental Health Interventions, <18s

Percentage of mental health Interventions undertaken within (up to and including) 28 days from the date of receipt of referral : Under 18 years - **Powys as a provider**

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS : Under 18 Years- starting 01/04/20



Performance March 2023

| Provider Performance | All Wales |
|----------------------|--------------------------|
| 87.2% | 1 st (35.1%)* |

Variance Type

Common cause variation

Target

80%

Data Quality & Source

PTHB Mental Health Service

Executive Lead

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to provide patients with therapeutic interventions within 28 days of their assessment."

What the data tells us

- Performance in March meets the national 80% target reporting 87.2% compliance, the last 3 months of performance are showing common cause variation and have improved above mean.
- In February PTHB benchmarked 1st in Wales against a reported All Wales position of 35.1%.

Issues

- Performance in terms of interventions within 28 days dropped due to reorganisation of the Single Point Of Access (SPOA)
- Staff sickness, vacant posts, annual leave within the team and demand outstripped capacity in the service.
- CAMHS service, increased referral demand.
- Data quality challenge including post submission revisions.

Actions

- Development of the SPOA – DUTY and Assessment team where a team of dedicated staff conduct all the duty calls and part 1 assessments in a timely manner, thus freeing up the rest of Local primary mental health support (LMPHS) and specialist child and adolescent mental health services (SCAMHS) to provide timely interventions.
- Recruitment of an intervention worker to south Powys Primary Mental Health and further recruitment into the North Team will aid compliance to provide therapeutic assessments within 28 days.

Mitigations

See Actions



Quadruple Aim 2

No.

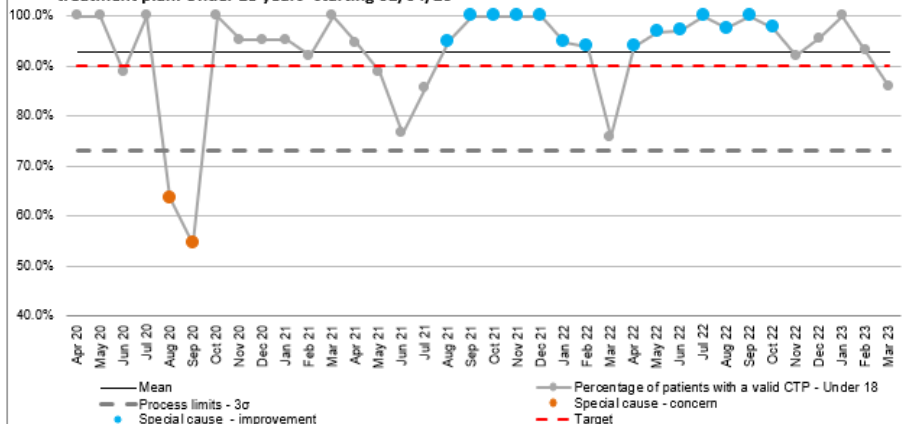
52

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Mental Health CTP, <18s

Percentage of health board residents under 18 years in receipt of secondary mental health services who have a valid care and treatment plan - **Powys as a provider**

Percentage of health board patients in receipt of secondary mental health services who have a valid care and treatment plan: Under 18 years- starting 01/04/20



Performance March 2023

| | |
|----------------------|--------------------------|
| Provider Performance | All Wales |
| 86.0% | 6 th (92.9%)* |

Variance Type

Common cause variation

Target

90%

Data Quality & Source

PTHB Mental Health Service

Executive Lead

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"This indicator measures compliance with Part 2 of the Mental Health (Wales) Measure 2010 which places duties on health boards and local authorities to provide all patients in secondary mental health services with a valid care and treatment plan."

What the data tells us

Performance at the end of March fell below the required 90% target of compliance (86% reported). This is the first period during 2022/23 that the health board has not been compliant.

In February PTHB benchmarked 6th against and All Wales position of 92.9%.

Issues

Service demand challenge through Q4 22/23. When compared to the same period for the previous financial year there has been a 21.5% increase in referrals into the service. Further challenge includes the number of CTP's required with a 25% increase in demand since April 2022.

Staffing fragility was also complicit to the breaches reported in March with staff changes challenging caseload compliance before deadline.

Data quality challenge including post submission revisions.

Actions

CTP compliance is a standing agenda item on caseload supervision.

Due to the (relatively) small number of relevant patients under Part 2 of the MHM, one patient's over-due CTP can lead to a significant variation in performance.

Mitigations



Quadruple Aim 2

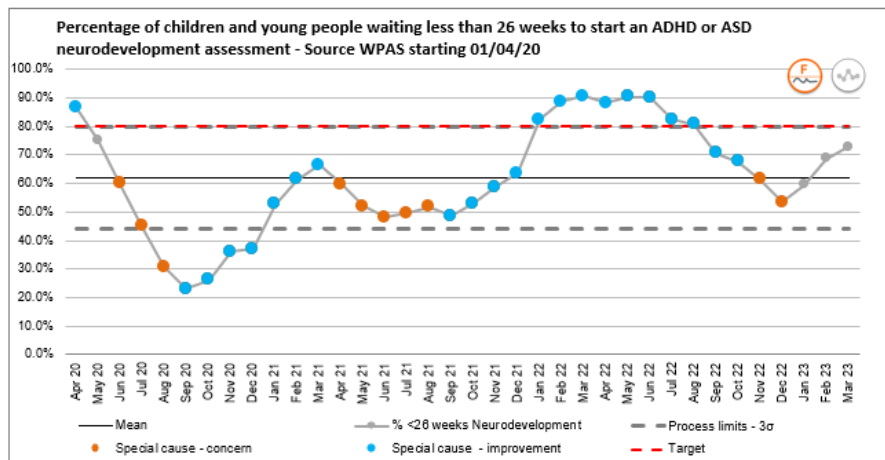
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53

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Neurodevelopment (ND) Assessment

Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment - Powys as a provider



Performance March 2023

| | |
|------------------------|--------------------------|
| Provider Performance | All Wales Benchmark |
| 72.7% | 1 st (31.1%)* |
| Variance Type | |
| Common cause variation | |
| Target | |
| 80% | |
| Data Quality & Source | |
| WPAS | |

Executive Lead

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Women's and Children's Services

Strategic Priority

10

"There has been an increase in the number of children and young people waiting for a neurodevelopmental assessment, these waits have been exacerbated by the COVID-19 pandemic.

A demand and capacity review of neurodevelopmental services has been commissioned to better understand the increased waiting times and pressures on the neurodevelopmental services."

What the data tells us

Performance for neurodevelopmental assessment has reported 3 months of improvement with compliance reaching 72.7% at the end of March 2023.

In the February Powys benchmarked 1st in Wales against a reported position of 31.1%

Issues

- The average referral rate of 20 per month pre COVID has drastically increased to 54 per month in 2022/23.
- Capacity remains insufficient to meet this ongoing demand, even with additional temporary Renewal work force colleagues.
- The Referral To Treatment (RTT) time position, and the 'Assessments in progress' backlog has not reduced as anticipated due to the overwhelming referral demand and deficient workforce.
- Given the consistent increase in referral demand since June 2021, ND waiting lists have not been addressed to a satisfactory position as at 31st March 2023.

Actions

- During Qtr4, the first appointments were prioritised but this in isolation did not improve the ND service RTT waiting time position.
- The above action consequently also increased the 'assessments in progress' waiting list.

Mitigations

- A business case (BC) has been drafted to secure core recurrent monies beyond March 2023. This will support the essential capacity required to meet the increase in referral demand long term.
- In the interim, five ND temporary posts have been extended to June 2023 to reduce the waiting list position whilst the BC is being considered.
- Non recurrent grant funding streams are being applied for to support additional workforce for 2023-25.



Quadruple Aim 2

No.

54

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services
- **Powys as a provider**

Rationale – "The CAMHS in-reach is a response to concerns that pupil and mental health and well-being is deteriorating (exacerbated by the COVID-19 pandemic), whilst specialist CAMHS is struggling to meet rising demand. The CAMHS in-reach service provides mental health and wellbeing support to children in primary and secondary schools. It ensures that pupils experiencing difficulties such as feeling low or anxiety receive early help in school, avoiding preventing more serious problems occurring later in life. This indicator measures the progress that health boards have made towards building capacity in schools to deliver this service and to improve access of schools to specialist liaison, consultancy and advice when needed. "

| | |
|--------------------|--|
| Executive Lead | Executive Director of Operations / Director of Community and Mental Health |
| Officer Lead | Assistant Director of Mental Health |
| Strategic Priority | 10 |

Performance Apr - Aug 2022 (Bi-annual submissions)

Powys provider awarded RAG status

Green

Target

Evidence Improvement

Reason for RAG status

(Welsh Government policy lead narrative)

- The health board is clearly committed to addressing maternal smoking and has made good progress in advancing this work. We look forward to seeing further progress in the next return.

Llatterton, Liz
23/05/2023 11:25:01

Areas done well

(Welsh Government policy lead narrative)

- The organisation has demonstrated clear integration of this agenda within its organisational policies and by its strategic leadership.
- We are pleased to see the health board is seeking to understand the needs of its population in order to inform service delivery and improvements.
- The health board has robust mechanisms in place for monitoring progress and outcomes.

Areas for improvement

(Welsh Government policy lead narrative)

- We would like to see the organisation address the identified risks so that they can continue to build on and make further progress with a sustainable integrated service.
- We welcome the health board's commitment to reducing maternal smoking and willingness to participate in the national work that will look at maternal smoking across Wales being led by Welsh Government and Public Health Wales.

PTHB comments

CAMHS Schools in reach services are fully operational in all of Powys schools. However, we have labelled them as 'Wellbeing support' within schools in order to not stigmatise Young people with a Mental Illness 'label' or diagnosis. Further work is required to raise awareness with Teachers about this service and support their understanding that the Wellbeing service is part of the CAMHS offer to Schools.



Quadruple Aim 2

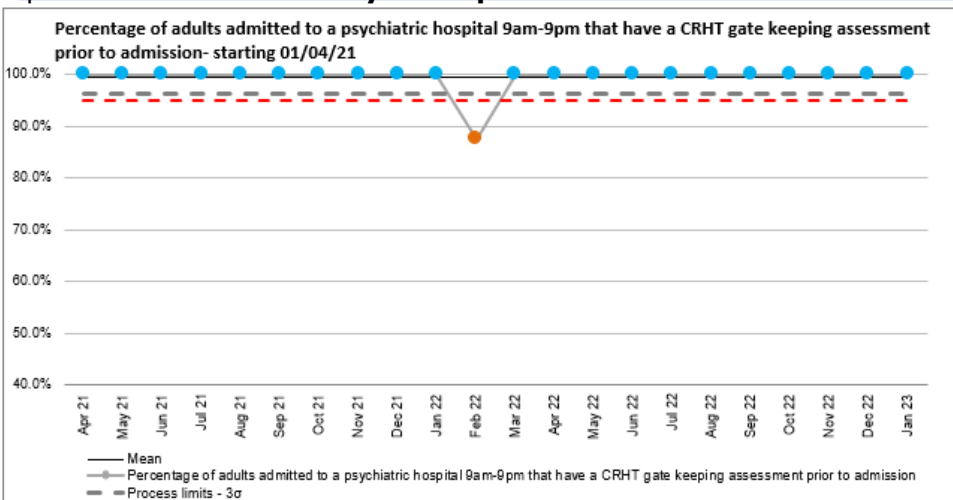
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55

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Gatekeeping Assessments, Adults

Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate keeping assessment by the CRHT service prior to admission - **Powys as a provider**



Performance January 2023

| | |
|----------------------|-------------------------|
| Provider Performance | All Wales Benchmark |
| 100% | 1 st (95.9%) |

Variance Type

Special Cause - Improvement

Target

95%

Data Quality & Source

Welsh Government Performance Team

Executive Lead

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"Crisis Resolution Services were implemented in 2005 in response to WHC (2005)048 Policy Implementation Guidance on the development of Crisis Resolution/Home Treatment Services in Wales.

Its main aim is to provide responsive gatekeeping assessment of an individual's needs to help prevent unnecessary admissions to inpatient services and help individuals to be safely managed by their community home care services if possible."

What the data tells us

Performance is 100% compliant with the national target.

PTHB benchmarks 1st against an All Wales position of 95.9% for January.

Issues

- As this is a new measure, PTHB do not yet have a means of recording this data due to a variance in responsibility for gate keeping assessment in hours.

Actions

- Standardise gate keeping assessment responsibility for both North and South Powys.
- Implement a means of recording this measure data.

Mitigations



Quadruple Aim 2

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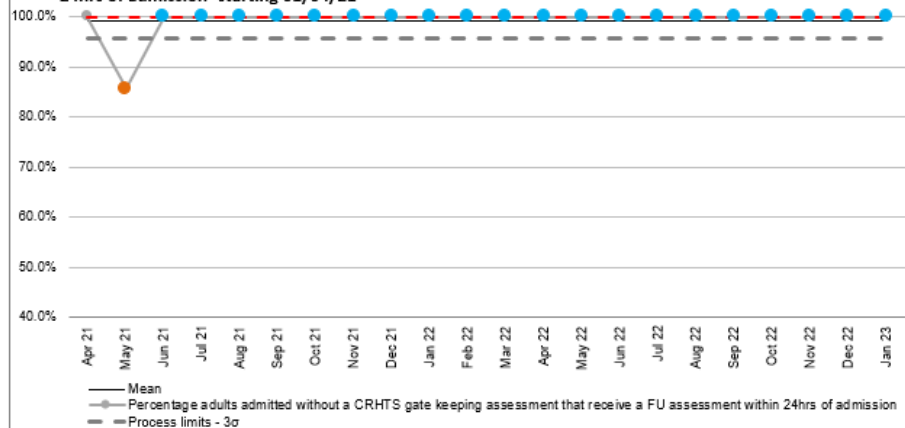
56

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Gate Keeping Assessments, Adults

Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission - **Powys as a provider**

Percentage adults admitted without a CRHTS gate keeping assessment that receive a FU assessment within 24hrs of admission- starting 01/04/21



Performance January 2023

| Provider Performance | All Wales Benchmark |
|----------------------|------------------------|
| 100% | 1 st (100%) |

Variance Type

Special cause - Improvement

Target

100%

Data Quality & Source

Welsh Government Performance Team

Executive Lead

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"Crisis Resolution Services were implemented in 2005 in response to WHC (2005)048 Policy Implementation Guidance on the development of Crisis Resolution/Home Treatment Services in Wales.

Its main aim is to provide responsive gatekeeping assessment of an individual's needs to help prevent unnecessary admissions to inpatient services and help individuals to be safely managed by their community home care services if possible."

What the data tells us

Performance is reported at 100% for the last 17 months and compliant with the national target.

All health boards in Wales have 100% compliance against this measure.

Issues

- There are no issues to report, PTHB are reporting 100%.

Actions

Mitigations



Quadruple Aim 2

No.

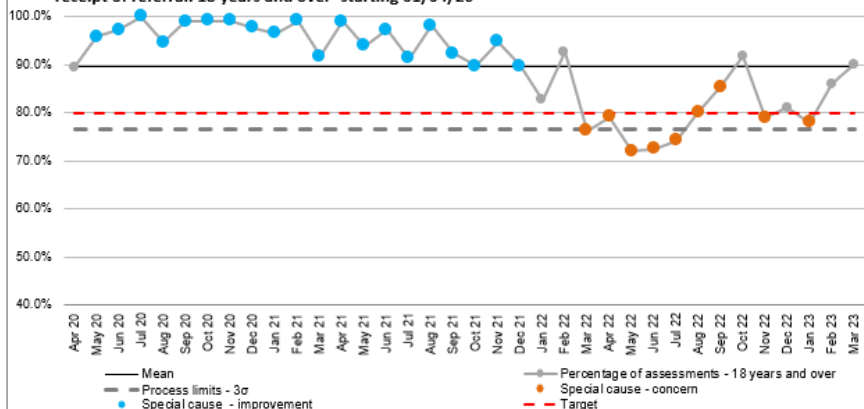
57

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Mental Health Assessments, Adults

Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral : 18+ years - **Powys as a provider**

Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral: 18 years and over- starting 01/04/20



Performance March 2023

| Provider Performance | All Wales Benchmark |
|----------------------|--------------------------|
| 90.0% | 6 th (87.9%)* |

Variance Type

Common cause variation

Target

80%

Data Quality & Source

PTHB Mental Health Service

Executive Lead

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to assess the nature of a patient's mental health needs within 28 days from the receipt of referral."

What the data tells us

Performance at the end of March has been reported at 90% vs the 80% target.

PTHB benchmarked 6th against an All Wales position of 87.9% for the February 2023 snapshot.

Issues

Challenges with performance are a direct result of staffing sickness which continue to impact on the service, reducing service capacity and inevitably building the waiting list.

Referrals into the service remain high, further impacting the ability of the service to meet increasing need.

Actions

Additional resource for LPMHSS has been awarded by WG via the 2022 Service Improvement Fund and recruitment to implement additional capacity is underway. However, additional demand is growing more quickly than LPMHSS service can increase capacity – this is despite good availability and take up of self help and third sector services.

Mitigations

Delivery of waiting list initiative.



Quadruple Aim 2

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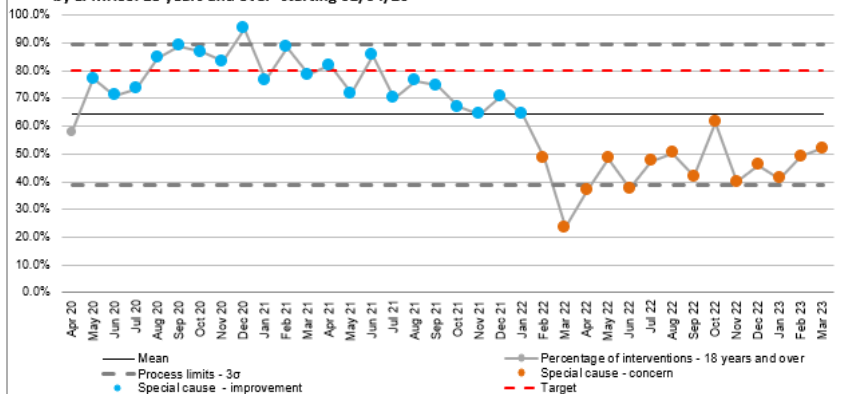
58

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Mental Health Interventions, Adults

Percentage of mental health Interventions undertaken within (up to and including) 28 days from the date of receipt of referral : 18+ years - **Powys as a provider**

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS: 18 years and over- starting 01/04/20



Performance March 2023

| Provider Performance | All Wales Benchmark |
|----------------------|------------------------|
| 52.0% | 6 th (74%)* |

Variance Type

Special Cause - Concern

Target

80%

Data Quality & Source

PTHB Mental Health Service

Executive Lead

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to assess the nature of a patient's mental health needs within 28 days from the receipt of referral."

What the data tells us

Interventions in adult and older patients continues to report special cause concern (52% compliance), performance is consistently below mean for the last 13 months as displayed in the SPC chart and is considered under escalation.

In February Powys benchmarked 6th against the other health boards. All Wales position was reported as 74%

Issues

- Performance in terms of interventions within 28 is below target due to;
- Staffing sickness which impacted significantly into 2022, reducing service capacity and building the waiting list.
 - Referrals into the service remain high, impacting the ability of the service to meet increasing need.
 - Nature of referrals are noted as becoming more complex, requiring longer, more specialist interventions e.g. Eye Movement Desensitization and Reprocessing (EMDR) and cognitive behavioural therapy (CBT) and complex trauma presentations.
 - Data quality challenge including post submission revisions.

Actions

Continued promotion of Silvercloud to enable self help as well as other 3rd Sector Tier 0/1 interventions).

Additional resource for local primary mental health support (LPMHSS) has been awarded by WG via the 2022 Service Improvement Fund.

Mitigations

Due to critical mass and the geography of Powys, LPMHSS services in Powys deliver both high and low intensity interventions. Data cleansing exercise to separate high intensity interventions (which should be counted within the 26 week RTT) from low intensity interventions that are relevant to this target.



Quadruple Aim 2

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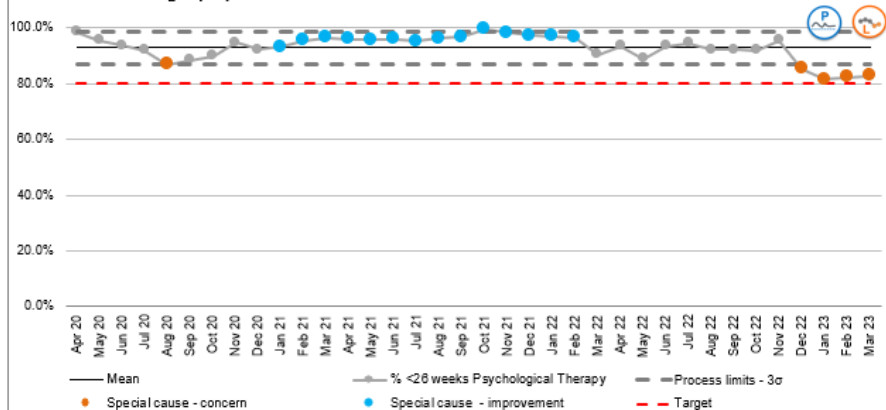
59

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Psychological Therapy

Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health - **Powys as a provider**

Percentage of patients waiting less than 26 weeks to start a Psychological therapy in Specialist Adult Mental Health- starting 01/04/20



Performance March 2023

| | |
|-------------------------|------------------------|
| Provider Performance | All Wales Benchmark |
| 82.8% | 2 nd (69%)* |
| Variance Type | |
| Special Cause - Concern | |
| Target | |
| 80% | |
| Data Quality & Source | |
| WPAS | |

Executive Lead

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"The aim is to bring the waiting time for referral to assessment and assessment to treatment for psychological therapy in line with the recommended times for treatment for physical health domains."

What the data tells us

Performance remains above target (82.8%) but has flagged special cause concern for the last 4 reported months significantly below the mean.

In the latest benchmarking available for the January period PTHB achieved 81.5% and benchmarked 2nd against an All Wales position of 69%.

Issues

- Waiting list data is reviewed weekly to ensure that patients with a clinical condition of "Psychology - Neuropsychological Assessment" are not included in the 26 week wait list (as neuro assessment does not fall under the 26-week target).
- Since the neuro assessment patients have been removed from the 26-week waiting list, the number of valid waiters has reduced, providing an accurate waiting list in terms of this target.
- Data quality challenge including post submission revisions.

Actions

Head of Psychology to continue weekly validation of waiting lists to identify data anomalies and long waiters.

Mitigations

see actions



Quadruple Aim 2

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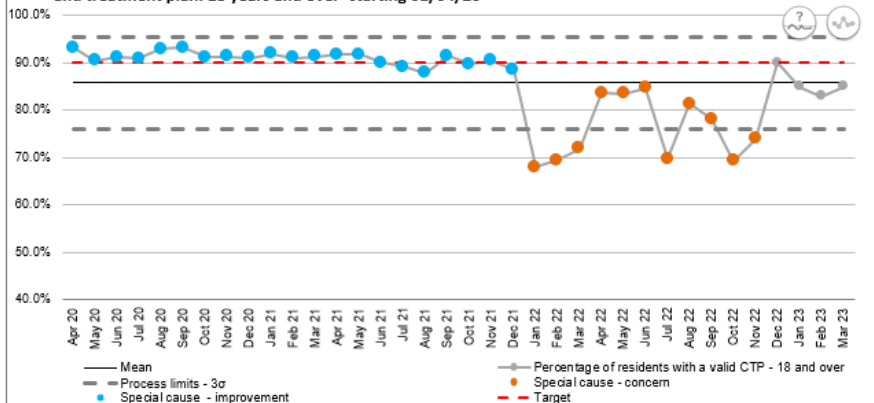
60

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Mental Health CTP, Adults

Percentage of health board residents 18+ years in receipt of secondary mental health services who have a valid care and treatment plan – **Powys as a provider**

Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan: 18 years and over- starting 01/04/20



Performance March 2023

Provider Performance

All Wales

85.0%

5th (83.6%)*

Variance Type

Common cause variation

Target

90%

Data Quality & Source

PTHB Mental Health Service

Executive Lead

Executive Director of Operations / Director of Community and Mental Health

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

"This indicator measures compliance with Part 2 of the Mental Health (Wales) Measure 2010 which places duties on health boards and local authorities to provide all patients in secondary mental health services with a valid care and treatment plan."

What the data tells us

Adult and older CTP compliance has improved slightly to 85% and reports common cause variation.

In February PTHB benchmarked 5th against an All Wales position of 83.6%.

Issues

- North Powys services continue to face significant challenges in terms of staff vacancies.
- The service is further impacted by Social Services inability to undertake their share of Office Duty, and recruit to their Social worker vacancies, which placed additional demand on NHS staff.
- An improvement initiative is underway to improve accuracy of data, and the service is currently seeking additional administrative support.
- The recent migration to SharePoint continues to cause significant issues to teams' ability to access the Microsoft Access database where the MH Measure data is stored due to a change in permissions / licensing.
- Data quality challenge including post submission revisions.

Actions

- Series of meetings undertaken with Director of Social Services and Head of Adults over Powys County Council's responsibilities in Community Mental Health Teams. However, this has not resolved PCC Social worker capacity challenges.
- Continue to advertise recruitment positions.
- A data cleansing project is underway to review WCCIS usage in North Powys in partnership with WCCIS Team and Information Team.

Mitigations

- Clinical assessment and prioritisation of case loads.
- Prioritising data cleansing and data accuracy.
- Currently investigating a 'MH Measure' data recording area of WCCIS to replace and centralise current means of data collection.
- Recruitment to vacant posts within the service.



Quadruple Aim 2

No.

62

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities - **Powys as a provider**

Rationale – "Evidence indicates that people with a learning disability suffer a disproportionately higher level of health inequalities and mortality at a younger age in comparison with the general population. To address this, the Learning Disability – Strategic Action plan (published 31 May 2022) outlines a series of health actions that will strengthen NHS services and subsequently improve the lives of people with a learning disability."

| | |
|--------------------|--|
| Executive Lead | Executive Director of Operations / Director of Community and Mental Health |
| Officer Lead | Assistant Director of Mental Health |
| Strategic Priority | 10 |

August 2022 submission (Bi-annual submissions)

Powys provider awarded RAG status

Green

Target

Evidence Improvement

| Reason for RAG status (Welsh Government policy lead narrative) | Areas done well (Welsh Government policy lead narrative) | Areas for improvement (Welsh Government policy lead narrative) | PTHB comments |
|--|--|--|---------------|
| <ul style="list-style-type: none">Good achievement across all but one priority area and the lack of evidence regarding reducing reliance on medication priority may be related to the very small numbers of inpatients. <p>Llatterson, Liz 23/05/2023 11:25:01</p> | <ul style="list-style-type: none">Strong focus on transition, early intervention and crisis prevention for young people, including identifying young people requiring support from adult LD team and ensuring smooth transition planning prevent crisis into adult services.Robust discharge planning resulting in no lengthy stays in Assessment & Treatment Units and no delayed discharges.Implementation of the Paul Ridd Foundation Module – supporting NHS mainstream staff to identify and respond appropriately to the needs of an individual with LD – making reasonable adjustments. | <ul style="list-style-type: none">No areas for improvement requested by policy lead. | |



Quadruple Aim 2

No.

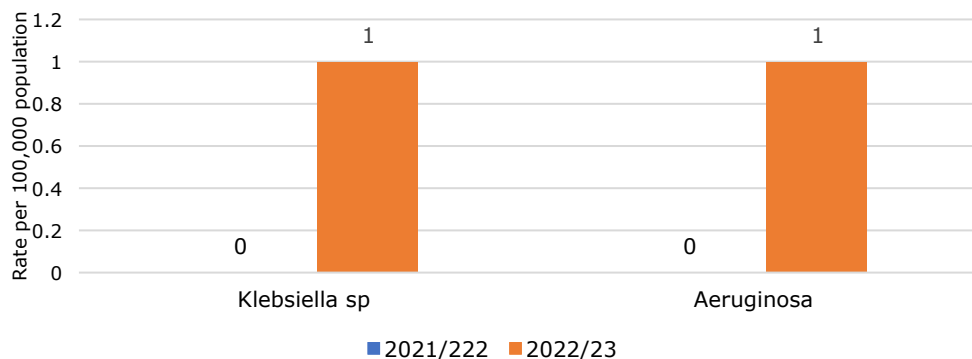
63

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

HCAI

Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp, and Aeruginosa **Powys as a provider**

February comparison snapshot of cumulative reported cases by bacteraemia type – source PHW



Performance March 2023

Provider Performance No.

| Infection Type | Performance |
|----------------|-------------|
| Klebsiella sp | 1 |
| Aeruginosa | 1 |

Target

Local

Data Quality & Source

Workbook Wales

Executive Lead

Executive Director of Nursing and Midwifery

Officer Lead

Deputy Director of Nursing

Strategic Priority

22

"Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status..."

In order to reduce AMR, there is a need to lower the burden of infection and a key part of this work is to lower the burden of healthcare associated infections (HCAI) through improvements in Infection Prevention and Control across our health and social care systems."

What the data tells us

Powys has had 1 inpatient specimen of Klebsiella.sp in July but none reported since.

Powys has had 1 inpatient specimen of Aeruginosa reported in September.

Issues

Although Powys has low rates of bacteraemia and is not benchmarked against other health boards, the ambition is to strive for zero tolerance of preventable health care associated infections.

Actions

The health board remains vigilant with proactive management to maintain low infection rates, and high performance against all the national infection measures.

Mitigations

- Robust IPC audit processes and link-worker programmes
- Focus on statutory and mandatory infection prevention and control training along with Aseptic Non-Touch Technique practices.



Quadruple Aim 2

No.

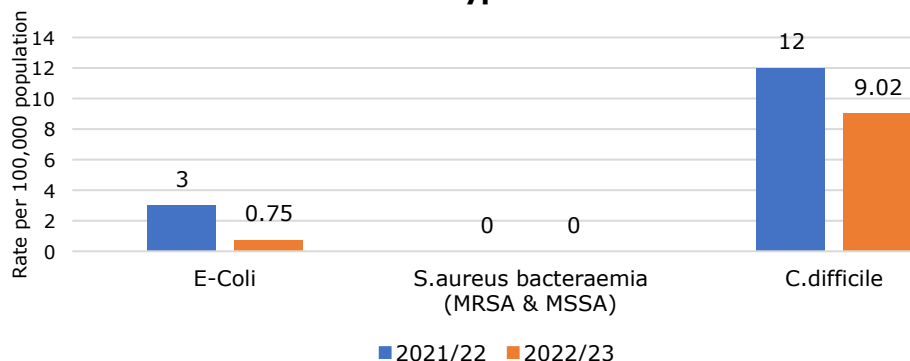
64

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

HCAI

Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-Coli, S.aureus bacteraemia (MRSA & MSSA), and C.difficile - Powys as a provider

February comparison snapshot of cumulative cases by bacteraemia type – source PHW



Performance March 2023

Provider Performance per 100k

| Infection Type | Performance |
|------------------------|-------------|
| E-coli | 0.75 |
| S.Aureus (MRSA & MSSA) | 0 |
| C.Difficile | 9.02 |

Target

Local

Data Quality & Source

Workbook Wales

Executive Lead

Executive Director of Nursing and Midwifery

Officer Lead

Deputy Director of Nursing

Strategic Priority

22

"Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status..."

In order to reduce AMR, there is a need to lower the burden of infection and a key part of this work is to lower the burden of healthcare associated infections (HCAI) through improvements in Infection Prevention and Control across our health and social care systems."

What the data tells us

PTHB infection rates for the monitored and reported bacteraemia are very low and are not benchmarked with the other health boards.

E-coli cumulative rate for 2022/23 is 0.75 per 100k below the rate for the same period in 2021/22.

Nil, S.aureus infections have been reported in 2021/22 or 2022/23.

The C.difficile reported rate in March below the previous year for the same period at 9.02 compared to 12 per 100k in 2021/22.

Issues

- Powys has seen a large increase in prescribing of the 4-Cs (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin) in primary care. This is a nationally recognised problem and not specific to Powys.
- The 4 Cs are most commonly implicated in *Clostridioides Difficile* infection as they are broad spectrum antibiotics which are more likely to disturb the gut flora, potentially enabling other pathogens to become established and cause disease.

Actions

- The health board remains vigilant with proactive management to maintain low infection rates, and high performance against all the national infection measures.

Mitigations

- Work underway to reduce the inappropriate prescribing of antimicrobials through direct contact to Primary Care, promoting engagement with infection review processes and feedback of learning where appropriate.
- Engagement with guidelines for appropriate prescribing



Quadruple Aim 3

No.

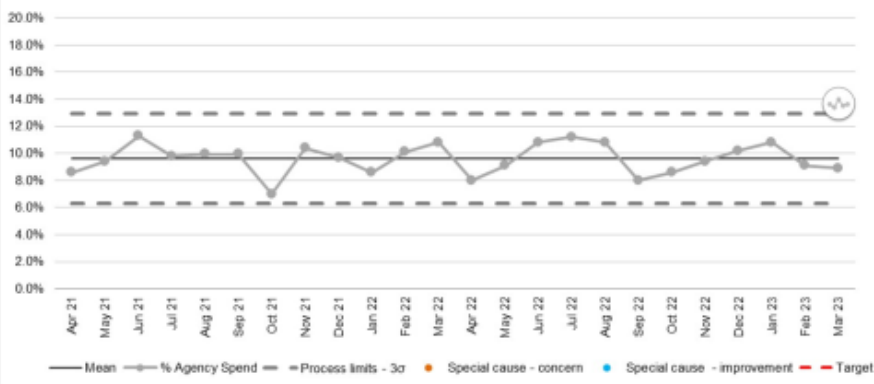
67

The health and social care workforce in Wales is motivated and sustainable

Agency Spend

Agency spend as a percentage of the total pay bill

Agency spend as a percentage of the total pay bill - starting 01/04/21



Performance March 2023

| Provider Performance | All Wales Benchmark |
|----------------------|---------------------------------|
| 8.9% | 12 th 6.9% (Nov-22)* |

Variance Type

Common cause variation

Target

PTHB submitted target (8.4%)

Data Quality & Source

PTHB Finance

Executive Lead

Executive Director of Finance, IT and Information

Officer Lead

TBC

Strategic Priority

13

"To ensure safe and sustainable NHS services across Wales, there is need to drive down agency and locum deployment and encourage people to return to the NHS labour market.

This will provide a regular supply of staff who can provide a quality and consistent approach to patient care, whilst reducing overall spend."

What the data tells us

The provider agency spend as a percentage of total pay bill varies as a response to demand. The trajectory thus target set by the health board for the Ministerial priorities has not been met in March with reported spend of 8.9% vs the 8.5% prediction.

Issues

- Changes in operational footprint including escalation / surge capacity
- Limited substantive Professional workforce availability
- Rurality
- COVID & impacts of short term Sickness absence
- Patient acuity & dependency

Actions

- Reviewing operational footprint to further reduce reliance on temporary staffing
- Negotiating with on-contract agencies for additional recruitment and long-lining of staff
- refresh of actions from establishment review
- Additional recruitment of OSCE Nurses in April 2023

Mitigations

- Further tightening of operational processes including;
- Earlier roster planning
- Improved roster compliance and sign off
- Targeting of Bank over agency
- Targeted recruitment campaigns
- Long lining of on contract agency
- Establishment review
- Recruitment of 5 overseas RN into Welshpool
- Roster scrutiny and accountability.
- Targeted analysis of enhanced levels of care to support pre planning of staffing requirements.



Quadruple Aim 3

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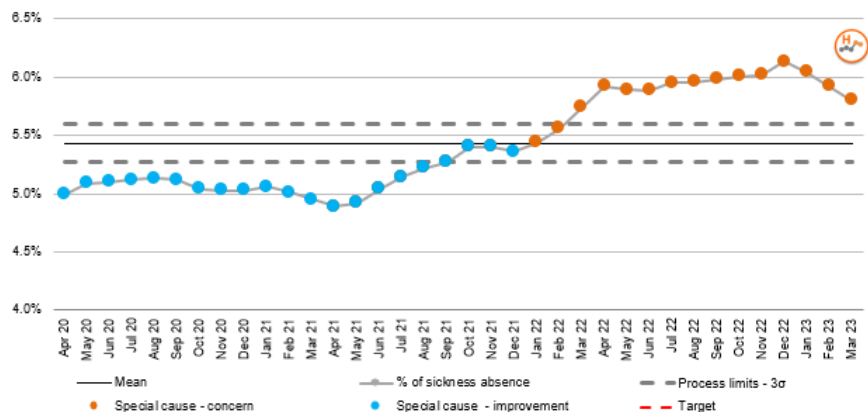
68

The health and social care workforce in Wales is motivated and sustainable

Sickness Absence (R12)

Percentage of sickness absence rate of staff – **Provider services**

Percentage of sickness absence rate of staff - starting 01/04/20



Performance March 2023

Provider Performance

5.8%

All Wales Benchmark

4th (6.94%)
(Dec-22)*

Variance Type

Special Cause - Concern

Target

PTHB submitted target (5.1%)

Data Quality & Source

PTHB ESR

Executive Lead

Executive Director of Workforce and Organisational Development

Officer Lead

Head of Workforce

Strategic Priority

14

"Reducing sickness absence rates, via effective management processes, can create significant savings and improve the quality of the services provided by NHS Wales."

What the data tells us

- PTHB sickness performance remains as special cause of concern. The rolling 12 months performance is reported as 5.8% for March a reduction but not meeting the submitted trajectory, monthly actual 4.9% which consists of 1.69% short term and 3.24% long term sickness.

Issues

- Absences relating to Stress & Anxiety remain high. Covid-19 also continues to have an impact on sickness absence percentage.

Actions

- We continue to deliver bespoke training sessions for managers on All Wales Managing Attendance at Work policy.
- New Counselling service provider has been live since the 5th of September (VIVUP)
- New managers toolkit for Attendance Management published.

Mitigations

- Training for managers on Managing Attendance at Work Policy.
- Well being action plan.
- Staff counselling service.
- Online Cognitive behavioural therapy (CBT).
- Long Covid Programme.
- Occupational Health Service offer.
- Case reviews for all long term absences undertaken weekly.
- Review of short term absence prompts is monitored to ensure compliance with the Managing Attendance at Work Policy.



Quadruple Aim 3

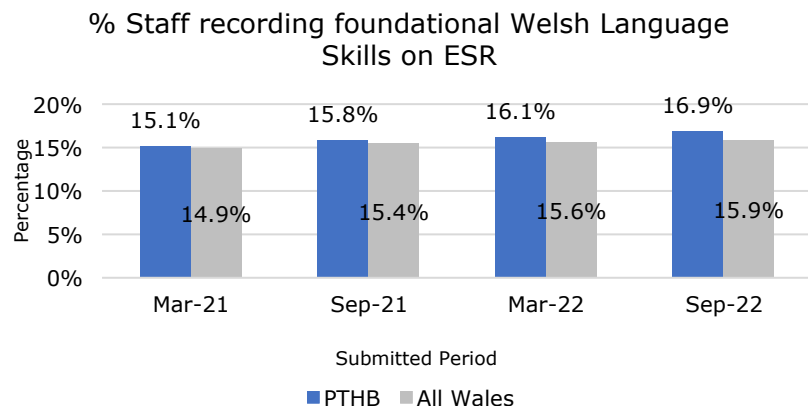
No.

69

The health and social care workforce in Wales is motivated and sustainable

Welsh Language

Percentage of staff who have recorded their Welsh language skills on ESR who have Welsh language listening/speaking skills level 2 (foundational level) and above – **Provider measure**



| Performance 6 months ending September 2022 | |
|--|---------------------|
| Provider Performance | All Wales Benchmark |
| 16.9% | 15.9% |
| Variance Type | |
| N/A | |
| Target | |
| Bi annual Improvement | |
| Data Quality | |
| WG Performance Scorecard | |

Executive Lead

Executive Director of Workforce and Organisational Development

Officer Lead

Service Improvement Manager: Welsh Language & Equalities

Strategic Priority

14

"Welsh language skills of the NHS Wales workforce are critical to effectively engaging with Welsh speaking patients, their family and friends... As part of the More Than Just Words plan NHS organisations are required to: offer opportunities for staff to learn Welsh or improve their existing language skills and to record the Welsh language skills of their staff on ESR."

What the data tells us

PTHB is compliant with target. For the 6 months ending September 2022/23, 16.9% of PTHB employees had recorded Welsh language speaking and listening skills at foundational level or above on electronic staff record (ESR), this is above the national average of 15.9%.

Staff with these skills are unevenly distributed across the Health Board (e.g. for this metric, the Machynlleth based staff body is at 56% whilst the Brecon Hospital staff body is at 10%).

Issues

- Not all staff reporting a certain level of skills will be willing/have confidence to use their Welsh with the patients.
- Wider issues around recruitment make it difficult to make inroads in this area by favouring Welsh skills in recruitment.
- Staff with Welsh language skills may be concentrated in particular areas and/or departments, leaving others unable to provide services in Welsh.
- Growth in figures may merely represent improved ESR completion

Actions

- Beginners' classes and confidence building courses available via Health Education Improvement Wales (HEIW) and Aberystwyth University and Work Welsh scheme will be promoted to all staff
- Working Welsh resources promoted to staff on sharepoint via the Welsh language team.
- Encourage recruiters to consider the Welsh skills needed for new posts and Welsh team to support.
- Rolling 'Welsh Essential' RN and HCSW vacancies to encourage applicants.

Mitigations

- Concentrations of Welsh-speaking staff map concentrations of Welsh speakers in the wider population, meaning the best-equipped sites are those most likely to see demand for the use of Welsh (Machynlleth, Ystradgynlais).



Quadruple Aim 3

No.

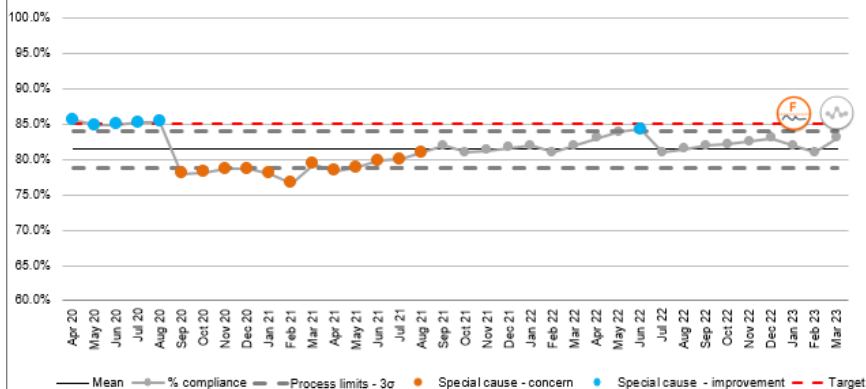
70

The health and social care workforce in Wales is motivated and sustainable

Core Skills Mandatory Training

Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation – **Powys as a provider**

Mandatory Training Compliance-Source PTHB WOD starting 01/04/20



Performance March 2023

| | |
|----------------------|---------------------|
| Provider Performance | All Wales Benchmark |
|----------------------|---------------------|

82.5%

3rd(82%)
(Dec-22)

Variance Type

Common cause variation

Target

85%

Data Quality

PTHB WOD

Executive Lead

Executive Director of
Workforce and
Organisational
Development

Officer Lead

Head of Workforce

Strategic Priority

14

"The Core Skills Training Framework is the recognised minimum standard for statutory and mandatory training for all staff working for NHS Wales."

What the data tells us

Performance in March is reported at 82.5%, this remains common cause variation and goes above the mean.

Patterson, Liz
23/05/2023 11:25:01

Issues

- Continued service pressures due to staff absence and vacancies has created challenge in the completion of mandatory training.

Actions

- Workforce & Organisational Directorate (WOD) HR Business Partners are discussing mandatory compliance at senior management groups within services.
- Ongoing performance relating to compliance will be addressed with directorates via directorate performance review meetings.

Mitigations

- Services have been asked to prioritise staff groups to undertake essential training relevant to role.



Quadruple Aim 3

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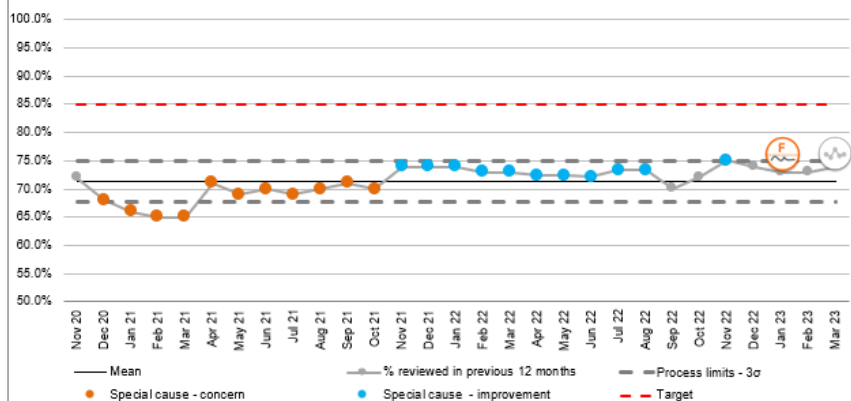
71

The health and social care workforce in Wales is motivated and sustainable

PADR Compliance

Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (incl. Doctors and Dentists in training)

PADR Compliance - Source PTHB WOD starting 01/11/20



Performance March 2023

| Provider Performance | All Wales Benchmark |
|----------------------|---------------------|
| 74.4% | 5th(66.2% Sep-22) |

Variance Type

Common cause variation

Target

85%

Data Quality

PTHB WOD

Executive Lead

Executive Director of Workforce and Organisational Development

Officer Lead

Head of Workforce

Strategic Priority

14

of NHS Wales is the provision of an annual personal appraisal and development review.

This allows staff at all levels to have clear performance objectives, with an agreed development plan, that supports them to deliver their roles."

What the data tells us

PTHB PADR performance reported at 74.4% for March, which is below the 85% target and reports common cause variance.

Patterson, Liz
23/05/2023 11:25:01

Issues

- Staff absence and vacancies has caused challenges in delivery of PADRs. This continues to be a challenge post pandemic with increase service demand and inability to recruit.
- Pay progression policy reinstated from October 22. Systems have been introduced during the transitions phase to ensure that PADRs are undertaken for staff who are due for consideration of pay progression.

Actions

- WOD HR Business Partners are discussing PADR compliance at senior management groups within services.
- Monthly detailed analysis of compliance is shared via Assistant Directors.
- Ongoing performance relating to PADR compliance will be addressed with directorates via directorate performance review meetings once these are reinstated.
- FAQs for managers and staff developed by WOD and circulated.
- Managers toolkit on Pay progression developed

Mitigations

- Business Partners discuss alternative methods of PADR delivery with Service Managers eg Group PADRs and delegated responsibility.



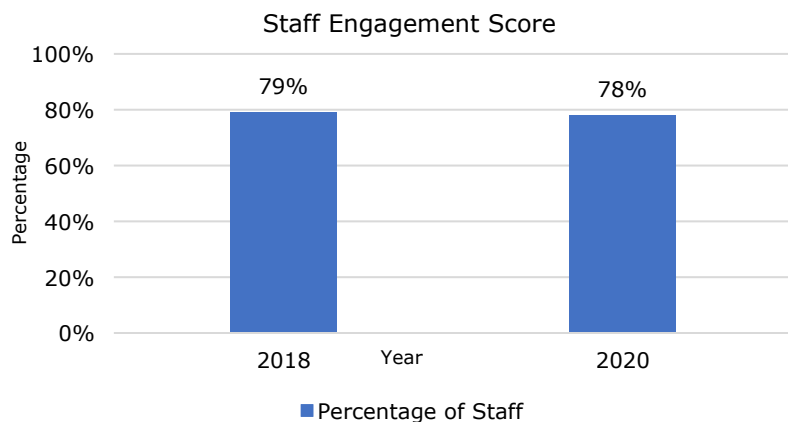
Quadruple Aim 3

No.

72

The health and social care workforce in Wales is motivated and sustainable

Overall Staff Engagement Score



| Performance 2020 | |
|-----------------------------------|-----------------------|
| Local Performance | All Wales Benchmark |
| 78.0% | 1 st (75%) |
| Variance Type | |
| N/A | |
| Target | |
| Annual Improvement | |
| Data Quality & Source | |
| Welsh Government Performance Team | |

Executive Lead

Executive Director of Workforce and Organisational Development

Officer Lead

Head of Workforce

Strategic Priority

15

"All NHS services should have key employment practices and actions in place to support and engage staff so that they are fully aligned and committed to delivering excellent care... The success of these mechanisms is monitored via the NHS Wales Staff Survey."

What the data tells us

Performance is good when compared to the All Wales benchmark, the health board ranks 1st in Wales. However, PTHB has not met the improvement target when compared to the 2018 data point.

Issues

The engagement index score is provided out of the national staff survey and the next iteration is not due to be undertaken until 2023.

Actions

Mitigations



Quadruple Aim 3

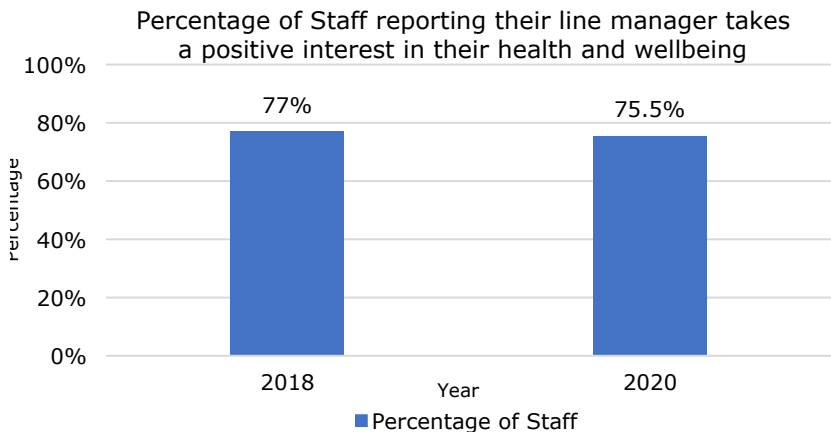
No.

73

The health and social care workforce in Wales is motivated and sustainable

Line Management

Percentage of staff reporting their line manager takes a positive interest in their health and wellbeing



| 2020 Performance | |
|----------------------------|-------------------------|
| Local Performance | All Wales Benchmark |
| 75.5% | 2 nd (65.9%) |
| Variance Type | |
| N/A | |
| Target | |
| Annual Improvement | |
| Data Quality & Source | |
| Welsh Government Scorecard | |

| | |
|--------------------|--|
| Executive Lead | Executive Director of Workforce and Organisational Development |
| Officer Lead | Head of Workforce |
| Strategic Priority | 15 |

"The workforce is the NHS' greatest asset and it is important that their health and well-being is prioritised and supported."

| What the data tells us | Issues | Actions | Mitigations |
|---|---|---------|-------------|
| <div>Performance is good when compared to the All Wales benchmark, the health board ranks 2nd in Wales. However, PTHB has not met the improvement target when compared to the 2018 data point.</div> <div>Patterson, Liz 23/05/2023 11:25:01</div> | <div>The percentage of staff reporting their line manager takes a positive interest in their health and wellbeing is provided out of the national staff survey and the next iteration is not due to be undertaken until 2023.</div> | | |



Quadruple Aim 4

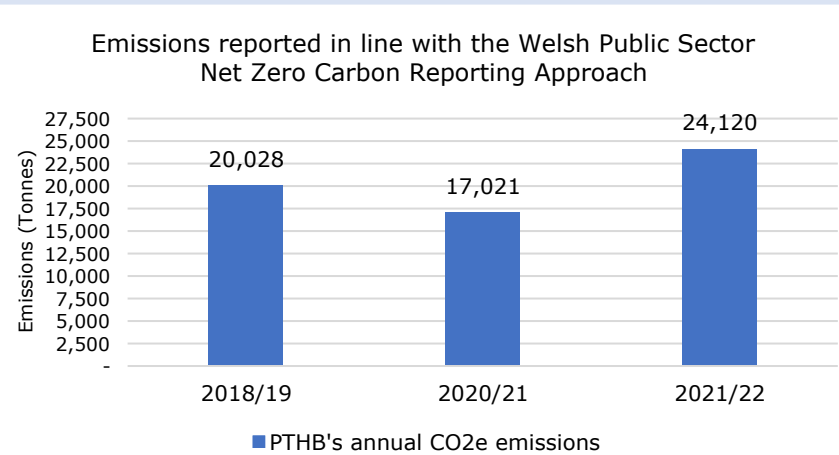
No.

74

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Decarbonisation

Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach



| Performance 2020/21 | |
|---|------------------------------|
| Local Performance | All Wales Benchmark |
| 24,120 | 2 nd (1,001,378)* |
| Variance Type | |
| N/A | |
| Target | |
| 16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position (tCO2e) | |
| Data Quality (RAG) & Source | |
| PTHB Environments and Estates | |

| | |
|--------------------|--|
| Executive Lead | Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships |
| Officer Lead | Environment and Sustainability Manager |
| Strategic Priority | 20 |

"Wales has legally binding targets to deliver the goal of Net Zero emissions by 2050, this target is underpinned by an ambition for the Public Sector to be collectively Net Zero by 2030."

| What the data tells usa | Issues | Actions | Mitigations |
|--|---|--|--|
| <div>PTHB's target is to reduce the emissions to 16,823 tCO2e by 2025 - a reduction of 16% against 2018/19 baseline of 20,028 tCO2e. The health board is currently not meeting this target.</div> <div>Liz Watterson 23/05/2023 11:25:01</div> | <div>Data reporting and sources of emissions nationally remain in a state of developing maturity. Data collection methods will need to be developed for particular measures.</div> <div>This increased data collection will likely lead to an increase in reported carbon output.</div> | <div>Annual quantitative carbon emissions report submitted to Welsh Government in September. Carbon reporting update provided to IEG in October.</div> | <div>One must be mindful of the impact on carbon during the Covid-19 pandemic. Restrictions affected nearly all healthcare services, with expected impact on building, travel, waste and procurement emissions.</div> <div>Data mining reveals that scope 3 emissions have been negatively impacted by RPI increase, major capital investment and increased commissioned inpatient care.</div> <div>Data accuracy is being reported and discussed within meetings and Programme Boards with WG and other public sector bodies.</div> |



Quadruple Aim 4

No.

75

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Qualitative report detailing the progress of NHS Wales contribution to decarbonisation as outlined in the organisation's plan - **Powys as a provider**

Rationale – "Wales has legally binding targets to deliver the goal of Net Zero emissions by 2050, this target is underpinned by an ambition for the Public Sector to be collectively Net Zero by 2030. Action is needed not only because NHS Wales is the biggest public sector emitter, but also because the health and social care system are at the forefront of responding to the impact of climate and nature emergency on health outcomes. NHS organisations are required to embed the climate agenda in their strategic decision making, planning and allocation of resources and provide robust reporting to demonstrate collective progress is being made."

| | |
|--------------------|--|
| Executive Lead | Deputy Chief Executive and Executive Director of Strategy, Primary Care and Partnerships |
| Officer Lead | Environment and Sustainability Manager |
| Strategic Priority | 20 |

| August Submission 2022 (Bi-annual submissions) |
|--|
| Powys provider awarded RAG status |
| Amber |
| Target |
| Evidence Improvement |

| Reason for RAG status (Welsh Government policy lead narrative) | Areas done well (Welsh Government policy lead narrative) | Areas for improvement (Welsh Government policy lead narrative) | PTHB comments |
|--|--|--|---|
| <ul style="list-style-type: none">PTHB report that a high percentage of their initiatives are 'on track' and their overall delivery confidence for reducing emissions by 2025 is higher than other NHS organisations. The information provided suggests there are several initiatives awaiting surveys or reports to be completed and so it is currently difficult to fully assure progress. | <ul style="list-style-type: none">PTHB has an established Environment and Sustainability Team which has meant they are well-placed to move this agenda forward and to drive Board level engagement. Monthly and quarterly review processes should mean they have a grip of progress and any risks to delivery.New staff car park at Brecon War Memorial Hospital has been designed with a new electrical feed, which can support current 10% provision, plus over 100% charge point growth, including WAST requirements. Expansion is possible further through smart array technology and load sharing amongst charge points.The Health Board has created and maintains a tree nursery which supports their Biodiversity Action Plan promise to plant 2 trees for any felled across their estate and has planted over 100 saplings around Bronllys Hospital this year with staff and volunteers. | <ul style="list-style-type: none">Report provides a lot of information but evidence on actual progress is difficult to assure. | <p>Granularity on decarbonisation tracking has been enhanced with decarbonisation progress on track with current progress at 61% against 2030 target progress of 59%.</p> <p>Many decarbonisation initiatives are intertwined, which is why our Re:fit programme is intrinsically valuable for reducing our operational emissions. Have an extant process with Re:fit framework and actively working with four energy contractors to visualise what efficiency savings can be met through the scheme. Re:fit process is currently at point of contract award to successful bidder.</p> <p>Bi-annual qualitative reporting to WG submitted in April.</p> |



Quadruple Aim 4

No.

77

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Qualitative Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes - **Powys as a provider**

| | |
|--------------------|--|
| Executive Lead | Executive Director of Finance, IT and Information & Medical Director |
| Officer Lead | Assistant Director of Transformation and Value |
| Strategic Priority | 24 |

Rationale – "Value Based Health Care is the equitable and sustainable use of available resources to achieve better outcomes and experience for every person. It focuses on: reducing unwarranted variation in care pathways; investing in secondary prevention approaches; reducing adverse clinical outcomes and; collecting and using clinical and patient reported outcomes to inform decision making and clinical care. To achieve this approach, NHS organisations are required to embed Value Based Health Care in their strategic decision making, planning and allocation of resources."

August Submission 2022 (Bi-annual submissions)

Powys provider awarded RAG status

Red

Target

Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)

Reason for RAG status (Welsh Government policy lead narrative)

Value Based Health and Care (VBHC) is still in its infancy. Powys THB has demonstrated that it is taking some steps towards VBHC, but that there is a need for a large amount of work to plan and create a structure and systems to ensure that if the organisation becomes a VBHC organisation:

PTHB comments

Powys THB's VBHC approach is embedded in its organisational IMTP and Delivery Plan, which is supported by a detailed programme plan where 92% of planned actions are complete or being delivered. Although the RAG status was Red in August 2022, members of the Welsh Value in Health Centre (WViHC) visited Powys THB on 21 Nov 2022 and recognised that the ranking for Powys THB needed to be uplifted against the WViHC's maturity matrix due to the progress made, which included:

- A well attended multidisciplinary VBHC Programme Board is in place, jointly chaired by the Executive Leads
- VBHC priority areas identified and embedded in the Integrated Plan for 2023 onwards
- VBHC Opportunities Subgroup, chaired by Director of Clinical Strategy, has identified how value can be improved within the Wet AMD and Cataract pathways, with implementation plans in place to take the work forward. The Subgroup has reviewed the MSK Shoulder Pathway and this work is part of the MSK Redesign Workstream. Clinical Education Events are planned for Summer 2023 to discuss these opportunities with clinical teams which treat Powys patients to support embedding the work
- Interventions Not Normally Undertaken Subgroup examined outlying providers at specialty level to understand variance, with a dashboard created to support the identification of low value procedures. The Top 10 procedures are being analysed in further detail
- £206k non-current funding secured for two additional VBHC projects focussing on a multiagency approach to prevention of falls and diagnosis of cardiac arrhythmias, implemented in 2022/23. Evaluation work is being finalised
- Approval by Exec Committee for EQ-5D-5L as the generic organisation Powys THB PROM, with condition-specific PROMs layered on top, aligned to the work underway on the All Wales Outcomes Framework. PTHB Task & Finish Group established to look at options for a digital PROMs platform for Powys
- Engagement activities to embed VBHC across the organisation being implemented
- A series of Getting It Right First Time Reviews have been supported. Participation in Welsh Value Leads and other best practice sharing fora. The WViHC agreed to continue to support Powys THB with specific VBHC priorities. PTHB presented its progress to National Value Finance Leadership Group on 03/03/23.



Quadruple Aim 4

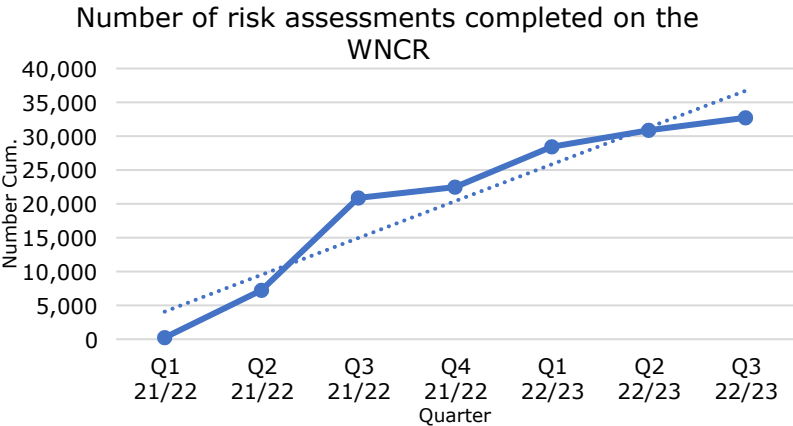
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78

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Welsh Nursing Clinical Record

Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust – Powys as a provider



| Performance Q3 2022/23 | |
|-----------------------------|---------------------------|
| Provider Performance | All Wales Benchmark |
| 32,716 | 5 th (889,149) |
| Variance Type | |
| N/A | |
| Target | |
| 4 quarter improvement trend | |
| Data Quality & Source | |
| Welsh Government Scorecard | |

| | |
|--------------------|--|
| Executive Lead | Executive Director of Finance, IT and Information & Medical Director |
| Officer Lead | Lead Nurse for Informatics and Nurse Staffing |
| Strategic Priority | 22 |

"The Welsh Nursing Clinical Record enables nurses to complete assessments at a patient's bedside on a mobile tablet (or other handheld device) saving time and improving accuracy. It also minimises duplication as the digital assessment follows the patient wherever their care is provided in Wales."

| What the data tells us | Issues | Actions | Mitigations |
|--|--|---------|-------------|
| Usage of the Welsh Nursing Clinical Record in Powys has increased to 32,716 assessments in Q3 2022/23, performance is target compliant. Patterson, Liz 23/05/2023 11:25:01 | <ul style="list-style-type: none">No issues identified | | |



Quadruple Aim 4

No.

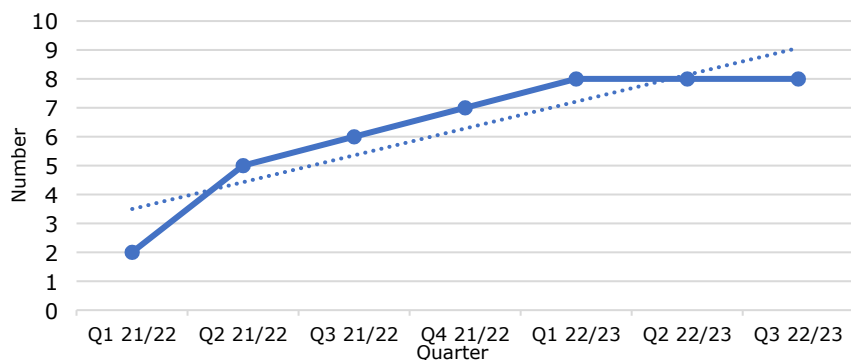
79

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Welsh Nursing Clinical Record

Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust – **Powys as a provider**

Number of wards using the WNCR



Performance Q3 2022/23

| Provider Performance | All Wales Benchmark |
|----------------------|---------------------|
| 8 | 6th (220) |

Variance Type

N/A

Target

4 quarter improvement trend

Data Quality & Source

Welsh Government Scorecard

Executive Lead

Executive Director of Finance, IT and Information & Medical Director

Officer Lead

Lead Nurse for Informatics and Nurse Staffing

Strategic Priority

22

"The Welsh Nursing Clinical Record enables nurses to complete assessments at a patient's bedside on a mobile tablet (or other handheld device) saving time and improving accuracy.

It also minimises duplication as the digital assessment follows the patient wherever their care is provided in Wales."

What the data tells us

The number of wards using the Welsh Nursing Clinical Record in Powys remains at 8 in Q3 2022/23, this still meets the national target of 4 quarter improvement trend.

Patterson, Liz
23/05/2023 11:25:01

Issues

- Pre-Go Live Wi-Fi survey at Bronllys completed 17/11/2021 identified the following issues:
 - Coverage was patchy and ranged from 0%-45%
 - FSEs were unable to find any Access Points
 - Potential asbestos in attic space limited investigations
- Clinical Decision: Determined not clinically safe to Go Live with WNCR on Llewellyn ward (Bronllys) until Wi-Fi improvements completed
- Jan 2022, IT investigated using additional access points - unsuccessful
- April 2022 external suppliers reviewed infrastructure as part of wider survey to determine cabling improvement requirements across health board sites

Actions

- Project Manager appointed October 2022 to Digital Transformation Team to lead on Wi-Fi infrastructure improvements

Mitigations

- Infrastructure improvements required to deliver Wi-Fi solution that is 'fit for purpose'
- Ward continue to use standardised All Wales documentation and risk assessments in paper format



Quadruple Aim 4

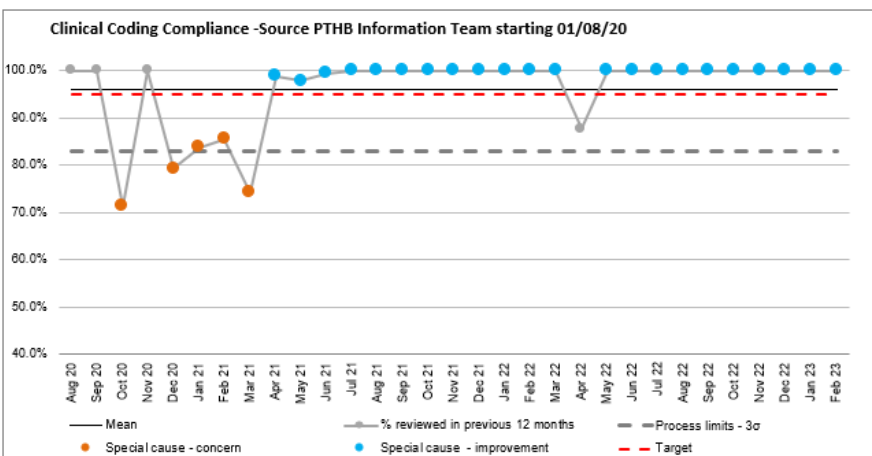
No.

80

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Clinical Coding

Percentage of episodes clinically coded within one reporting month post episode discharge end date



Performance February 2022

| Local Performance | All Wales Benchmark |
|-------------------|--------------------------|
| 100% | 1 st (78.8%)* |

Variance Type

Special Cause - Improvement

Target

95% or a 12 month improvement trend

Data Quality & Source

PTHB Information Team

Executive Lead

Executive Director of Finance, IT and Information & Medical Director

Officer Lead

Head of Data Architecture & Business Intelligence

Strategic Priority

22

"Information from clinical coding is used to monitor clinical outcomes, mortality rates, effectiveness of treatment and clinical governance; it informs patient and service level costings and; is used to examine public health trends."

What the data tells us

PTHB performance is reporting 100% in February 2022, it should be noted that performance in May was incorrectly reported and has been revised to 100% inline with DHCW reported compliance. The All Wales performance for January was 78.8%, PTHB traditionally benchmarks 1st in Wales.

Issues

Actions

Senior Coder continues to assess the number of records that require coding to ensure that compliance is met Management reports used regularly during month to identify any records that have not been submitted for coding

Mitigations

- Use of management reports allows senior coder to liaise with wards/departments to chase for outstanding records if not submitted



Quadruple Aim 4

No.

81

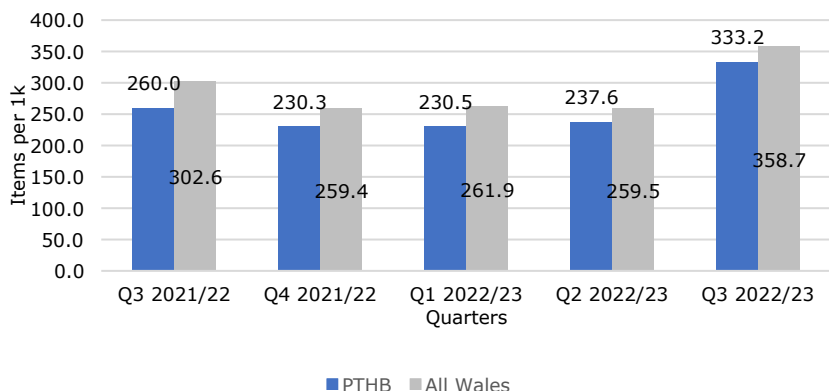
Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Total Antibacterial Items per 1,000 STAR-PUs

Total antibacterial items per 1,000 specific therapeutic age-sex related prescribing units (STAR-PU) –

Powys as a provider

Total Antibacterial Items per 1,000 STAR-PUs



| Q3 2022/23 Performance | |
|--|---------------------|
| Provider Performance | All Wales Benchmark |
| 333.20 | 2nd (358.67) |
| Variance Type | |
| N/A | |
| Target | |
| ≤206 | |
| Data Quality & Source | |
| PTHB Pharmacy and Medicines Management | |

| | |
|--------------------|------------------|
| Executive Lead | Medical Director |
| Officer Lead | Chief Pharmacist |
| Strategic Priority | 24 |

"Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status... Optimal use of antibiotics is key to reducing the overall burden of antimicrobial usage driving antimicrobial resistance."

| What the data tells us | Issues | Actions | Mitigations |
|---|--|---|---------------------|
| <p>PTHB performance for Q3 2022/23 reported 333.30, this does not meet the set target of under 206 per 1,000 STAR-PUs</p> <p>No health boards in Wales are meeting the target of ≤206 items per 1,000 STAR-PUs</p> <p>Powys is currently showing the second best performance against this indicator in Wales.</p> <p>Although PTHB has below average prescribing in Wales, when compared to English NHS organisations, prescribing is above the English average.</p> <p>There is considerable scope and need for improvement.</p> <p>New target to be introduced for 2023/24 – 10% reduction on 2019/20</p> | <ul style="list-style-type: none">All health boards saw a dramatic increase in antimicrobial prescribing between Q2 and Q3 2022/23 due to the Strep A issue and reduced threshold for antimicrobial prescribing.The health board does not have a dedicated antimicrobial stewardship pharmacist in post – this is on the risk register.Powys has the highest use of the 4C antimicrobials – prescribing of co-amoxiclav and quinolones is of particular concern. | <ul style="list-style-type: none">Antimicrobial Stewardship Group in place (meets quarterly) – reports to IPC Group.Antimicrobial stewardship improvement plan in place.Monthly antimicrobial KPI data provided to practicesPlan to highlight to practices that PTHB has the highest level of 4C antimicrobial prescribing in Wales.Antimicrobial prescribing discussed during practice meetings. Targeted conversations to be introduced where antimicrobial prescribing is identified as a concern with a practice.Antimicrobial KPIs included in Medicines Management Incentive Scheme and practice SLAsAbsence of dedicated antimicrobial pharmacist included in meds management risk register.Microguide launched and to be more widely promoted. | <p>See actions.</p> |



Quadruple Aim 4

No.

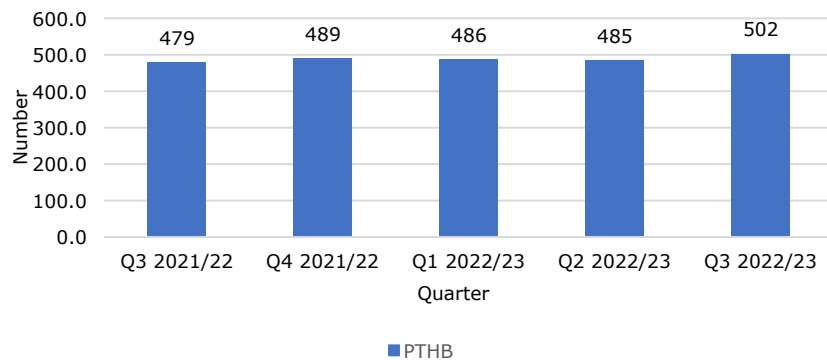
83

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Older Age Adult Anti-Psychotics

Number of patients age 65 years or over prescribed an anti-psychotic – Powys as a provider

Number of patients age 65 years or over prescribed an antipsychotic



| Q3 2022/23 Performance | |
|--|---------------------|
| Provider Performance | All Wales Benchmark |
| 502 (1.29%) | 10,342 (1.49%) |
| Variance Type | |
| N/A | |
| Target | |
| Quarter on Quarter Reduction | |
| Data Quality & Source | |
| PTHB Pharmacy and Medicines Management | |

| | |
|--------------------|------------------|
| Executive Lead | Medical Director |
| Officer Lead | Chief Pharmacist |
| Strategic Priority | 24 |

"Evidence shows that antipsychotic medicines only have a limited benefit in treating the behavioural and psychological symptoms of dementia, whilst carrying a significant risk of harm."

| What the data tells us | Issues | Actions | Mitigations |
|---|--------|---|---|
| <p>Between Q2 and Q3 2022/23 PTHB has seen an increase in prescribing of antipsychotics in patients age 65 years and over.</p> <p>PTHB has the lowest percentage of people aged 65 and over who are prescribed an antipsychotic (range 1.29%-1.73%)</p> <p>Further development of this indicator is required to allow comparisons between health boards in Wales (i.e. the indicator should show % of people aged 65 years and over who are prescribed an antipsychotic).</p> | | <ul style="list-style-type: none">Patients aged ≥ 65 prescribed an antipsychotic as a percentage of all patients aged ≥ 65 monitored through national medicines safety dashboard.The national figure is 1.49%, our figure is 1.29%. Powys has the lowest level of prescribing in this area of all Welsh Health Boards. | <ul style="list-style-type: none">Regular monitoringRisks associated with antipsychotic prescribing in elderly patients with dementia reiterated on a regular basis.Plan to provide regular reports to primary care as soon as resource allows. |



Quadruple Aim 4

No.

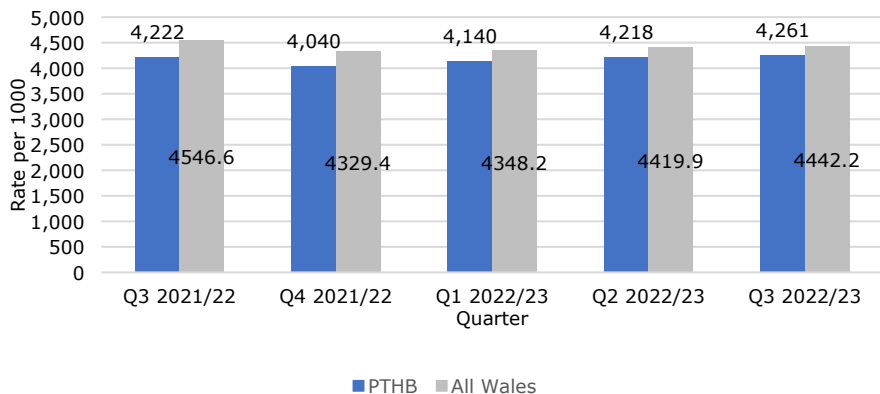
84

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Opioid Usage

Opioid average daily quantities per 1,000 patients - Powys as a provider

Opioid average daily quantities per 1,000 patients



| Q3 2022/23 Performance | |
|--|---------------------------|
| Provider Performance | All Wales Benchmark |
| 4,261.3 | 2 nd (4,442.2) |
| Variance Type | |
| N/A | |
| Target | |
| < 3460 | |
| Data Quality & Source | |
| PTHB Pharmacy and Medicines Management | |

| | |
|--------------------|------------------|
| Executive Lead | Medical Director |
| Officer Lead | Chief Pharmacist |
| Strategic Priority | 24 |

"Between 2007 and 2017 the number of prescriptions for opioid analgesic dispensed across Wales increased by 50% whilst the number of opioid related deaths increased by 59.4%. ...
The aim of this measure is to encourage health professionals to adopt a prudent approach to prescribing opioid analgesics, taking into account the risks and the benefits."

| What the data tells us | Issues | Actions | Mitigations |
|---|--|---|--------------------|
| <p>PTHB has seen an increase in opioid prescribing volume since Q4 2021/22.</p> <p>PTHB has the second lowest level of opioid burden (ADQ per 1,000 patients), but has seen the steepest increase in prescribing since Q4 2021/22</p> | <p>There has been an increase in the overall prescribing of opioids, although there has been a slight reduction in the use of high strength opioids.</p> | <ul style="list-style-type: none">Raising awareness of the issues associated with opioid prescribing and the variation in prescribing practice across the health board with clinicians and health board executives.Raising awareness of opioids aware resource for clinicians and patients.Regular monitoring through the national indicators.Regularly discussed during practice visits.Regular provision of prescribing data to primary care (monthly)Introduction of prescribing analysis to identify 'excessive' prescribingInclusion of opioid prescribing in the Medicines Management Incentive Scheme (MMIS)Access to the PrescQIPP training module on opioid prescribing commissioned and requirement to complete included in MMIS | <p>See actions</p> |



Operational Measures

No.

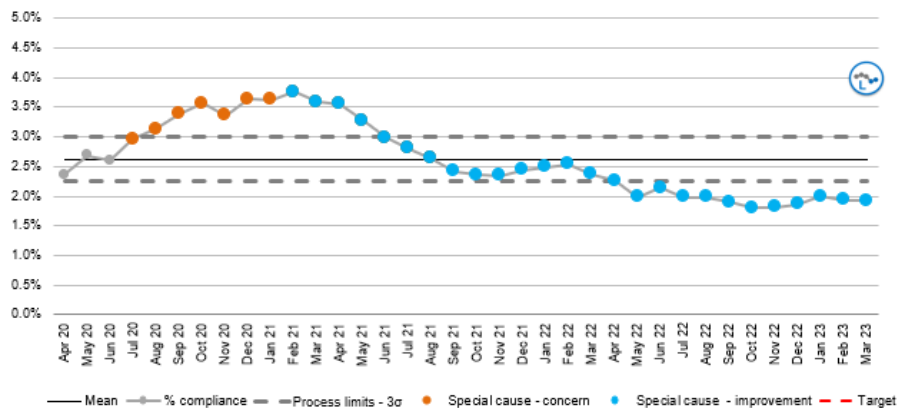
A

Operational Measures are not routinely reported nationally

Crude Hospital Mortality Rate (R12)

Crude hospital mortality rate (74 years of age or less) - **Powys as a provider**

Crude Mortality Rate-Source CHKS starting 01/04/20



Performance March 2023

| Provider Performance | All Wales Benchmark |
|----------------------|---------------------|
| 1.92% | N/A |

Variance Type

Special Cause - Improvement

Target

12 month reduction trend

Data Quality & Source

CHKS

Executive Lead Medical Director

Officer Lead TBC

Strategic Priority 24

What the data tells us

The crude mortality rate in Powys has continued to show a special cause improvement predominately due to the increase in the denominator of admissions into provider services. It should be noted that Powys normally has a higher than All Wales average crude mortality as a non acute care provider who also supports end of life within inpatient wards.

Issues

No issues actual monthly deaths within expected values.

Actions

Mitigations

No mitigations are considered needed at this time.

COVID mitigations are in place.

Renewal work is exploring reinstating care pathways that have been disrupted due to COVID.



Operational Measures

No.

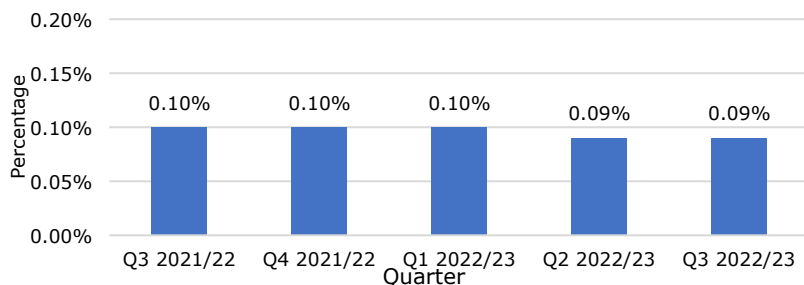
C

Operational Measures are not routinely reported nationally

Valproate Usage

Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age - **Powys as a provider**

Percentage of women of child bearing age prescribed valproate



| Q3 2022/23 Performance | |
|--|---------------------|
| Provider Performance | All Wales Benchmark |
| 0.09% | 0.12% |
| Variance Type | |
| N/A | |
| Target | |
| Quarter on Quarter Reduction | |
| Data Quality & Source | |
| PTHB Pharmacy and Medicines Management | |

Executive Lead Medical Director

Officer Lead Chief Pharmacist

Strategic Priority 24

| What the data tells us | Issues | Actions | Mitigations |
|--|--|---|---|
| <p>0.09% of female patients aged 14-45 were prescribed valproate in Q3 2022/23.</p> <p>Prior to Q4, PTHB had the lowest prescribing rate of valproate in women of child bearing age in the whole of Wales. We have now moved to second lowest position (C&V now 0.08%)</p> | <p>Nationally Q3 2022/23 – 787 female patients aged 14-45 were issued with a prescription for sodium valproate in Wales = 0.12% of female patients aged 14-45.</p> | <ul style="list-style-type: none">Regularly monitored through national medicines safety dashboard.Regular reminders about prescribing valproate in women of child bearing age.Reminder about Pregnancy Prevention Plan (PPP)Cascade of patient information to primary care and community pharmacy. | <p>See actions</p> <p>Plan to provide regular reports to primary care as soon as resource allows.</p> |



Operational Measures

No.

G

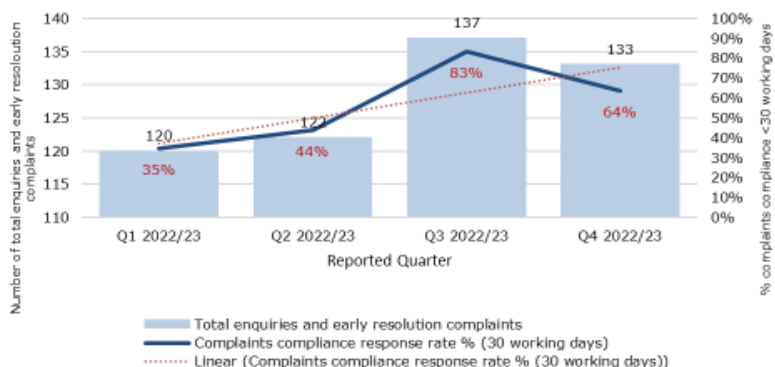
Operational Measures are not routinely reported nationally

Concerns and Complaints

Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation

| | |
|--------------------|--|
| Executive Lead | Director of Nursing |
| Officer Lead | Assistant Director of Quality & Safety - Nursing |
| Strategic Priority | 24 |

Complaints compliance response rate & number of enquiries and early resolutions by quarter - Source Datix CloudIQ - Q4 2021/22 to Q4 2022/23



What the chart tells us

- Q4 reports a decrease in concerns and complaints compliance to 64%. It should be noted that for 2022/23 overall there has been a significant reported improvement trend when compared to 2021/22
- The number of concerns managed as early resolutions and enquires remains high with services managing these contacts quickly, this proactive approach means that more contacts are being dealt with in an appropriate and timely manner.

Q4 2022/23 Performance

| | |
|-----------------------|---------------------|
| Local Performance | All Wales Benchmark |
| 64% | N/A |
| Target | |
| 75% | |
| Data Source & Quality | |
| PTHB Q&S Team | |

Issues

- Timely responses not received from other Health Boards/Trusts impacting lengthy delays

Patterson, Liz
23/05/2023 11:25:01

Actions

- Implement clear process for learning and improvement from concerns
- Continued proactive management of concerns and increase in numbers of enquiries/Early resolution resolved quickly.
- Implementation of a concerns feedback process 'How was the process for the complainant' with the use of CIVICA

Mitigations

- Overwhelming positive feedback regarding the concerns process from individuals who have raised a concern during Q2&Q3, obtained via CIVICA



Next Steps

- With the Integrated Performance Framework scope agreed the health board is implementing the required process to provide effective challenge, support, and scrutiny of both provider and commissioned services with the aim to improve patient outcomes.
- Ongoing work to address the backlog of long waiting patients and capacity challenges remains the single largest risk for Powys residents and their required health care, opportunities being explored including repatriating patients where their treatment can be carried out in Powys provider facilities.
- The Performance team is working with both PTHB provider and commissioned service providers to obtain understanding of referral demand, demand and capacity gaps, waiting list profiles at specialty level and convert outputs into indicative activity plans (IAP). This includes work to model robust performance trajectories in line with the NHS Wales Planning Framework targets 2023/24 for Powys provider, Welsh commissioned service providers; and NHS England targets 2023/24 for English commissioned service providers.

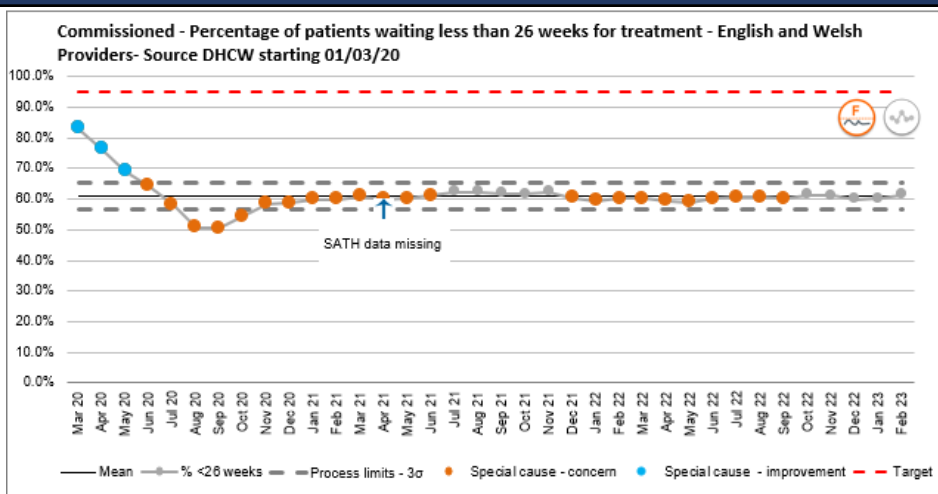
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Appendix 1

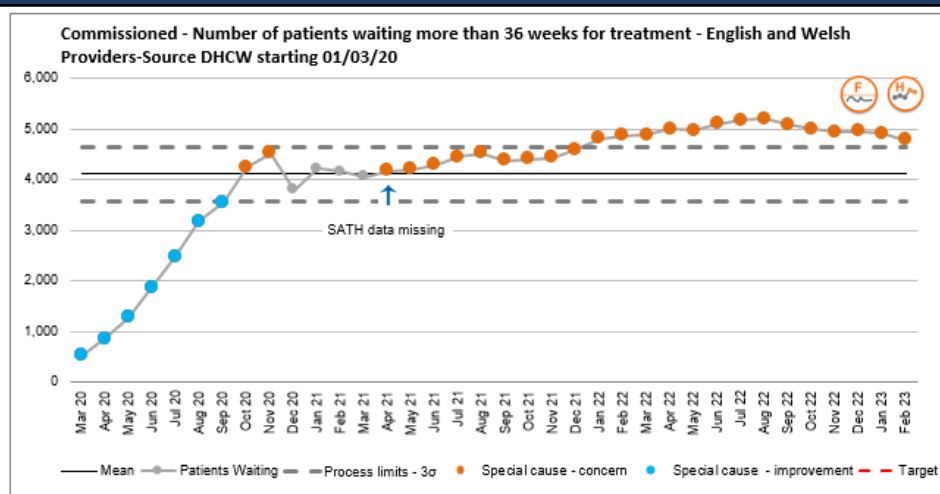
Referral to Treatment (RTT) – Powys Teaching health board as a Commissioner (excludes Powys as a provider) Combined Welsh and English Health Boards

Percentage of RTT pathways <26 weeks

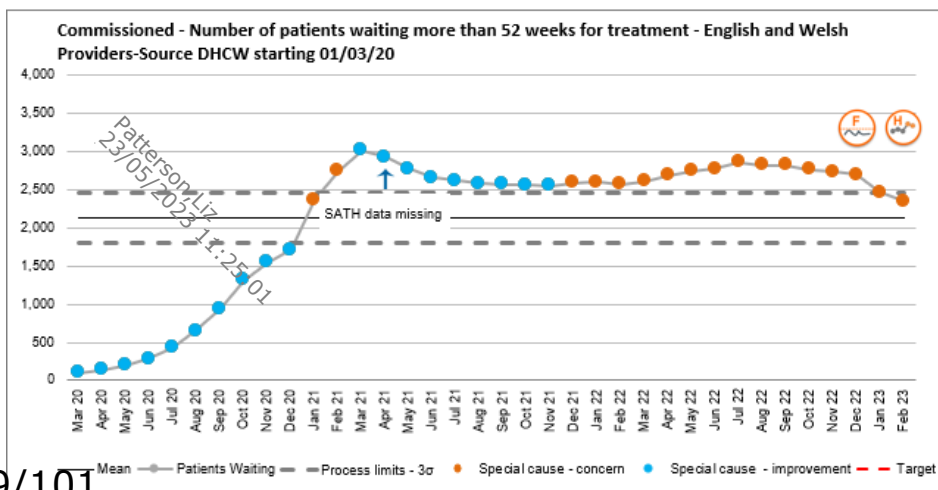


Number of RTT pathways 36+ weeks

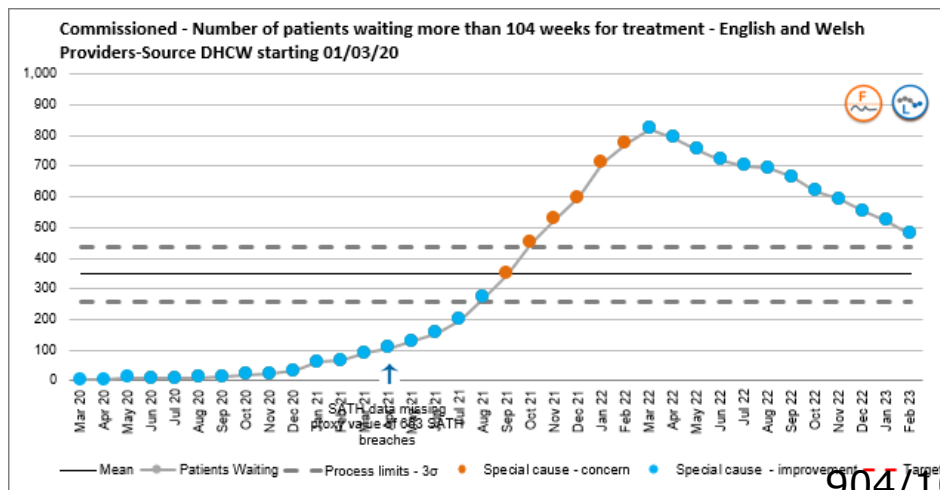
(inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks



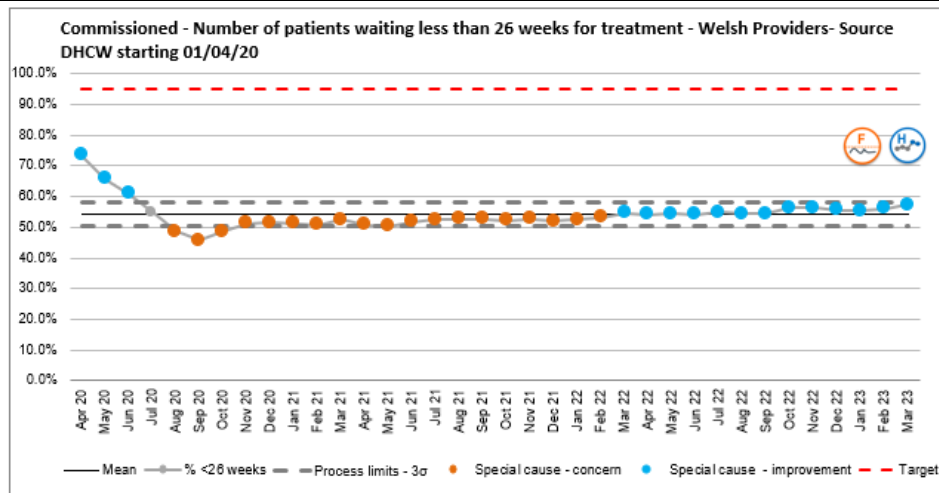


Appendix 1

Referral to Treatment – Powys Teaching health board as a Commissioner (excludes Powys as a provider)

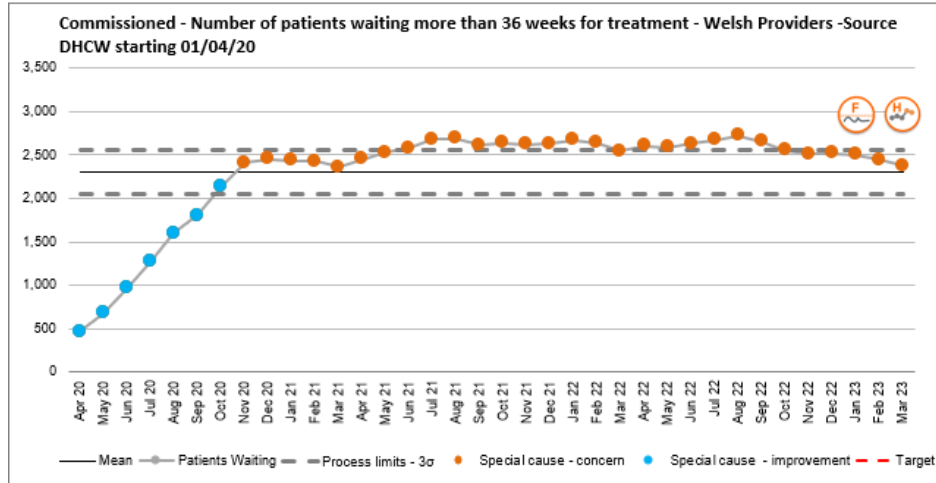
Combined Welsh Health Boards

Percentage of RTT pathways <26 weeks

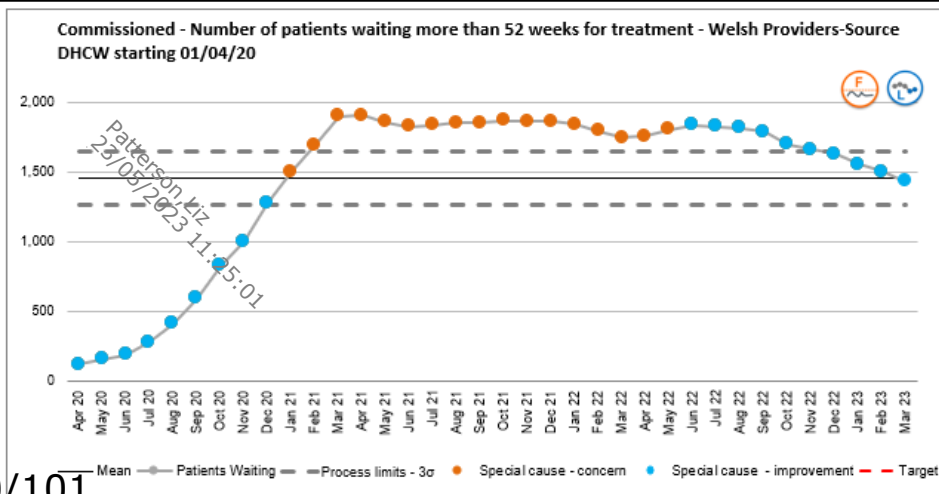


Number of RTT pathways 36+ weeks

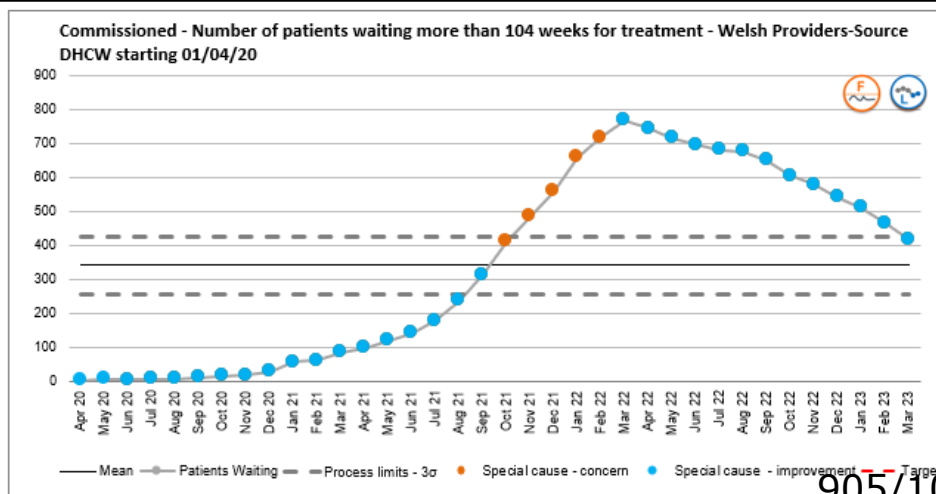
(inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks



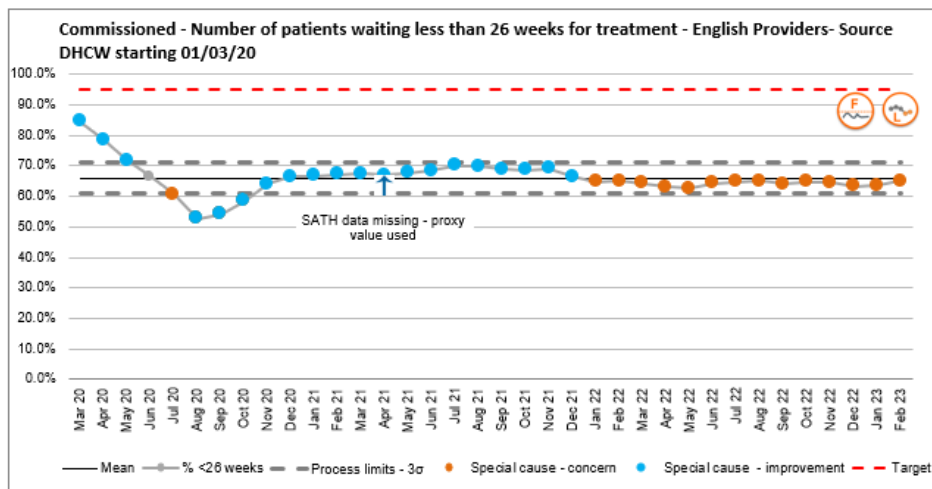


Appendix 1

Referral to Treatment – Powys Teaching health board as a Commissioner

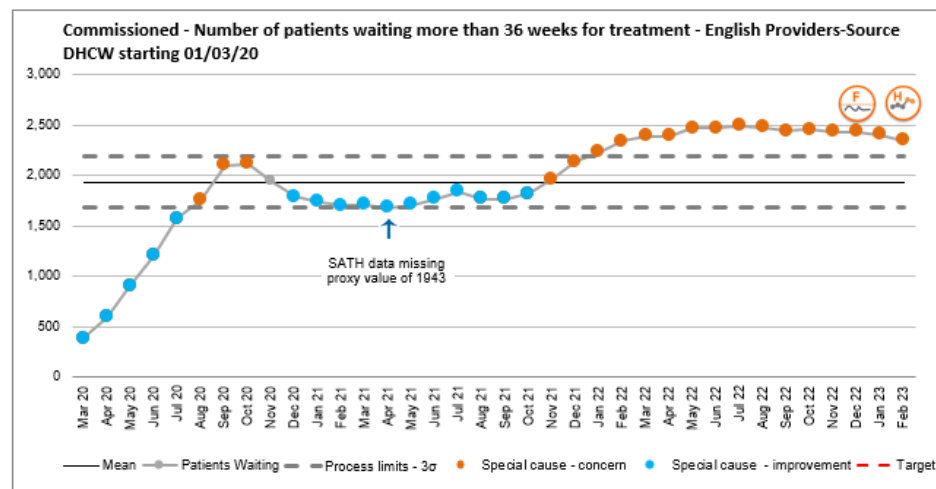
Combined English Health Boards

Percentage of RTT pathways <26 weeks

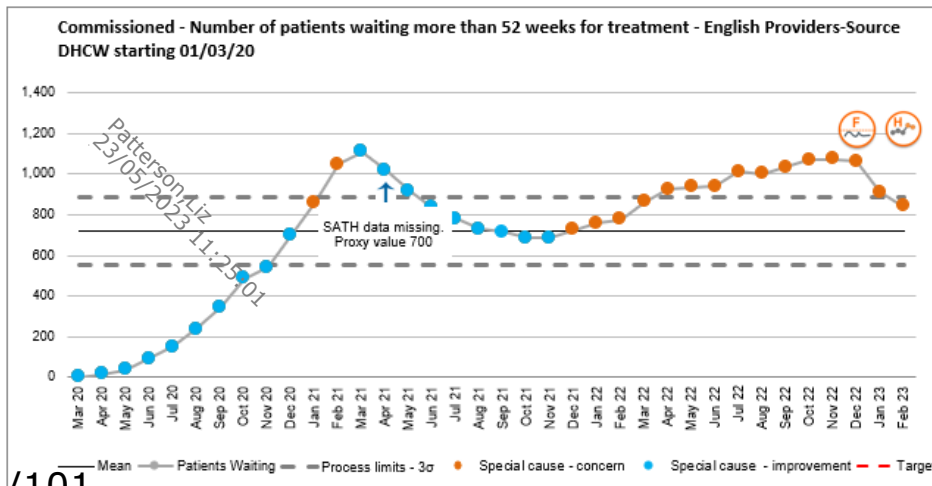


Number of RTT pathways 36+ weeks

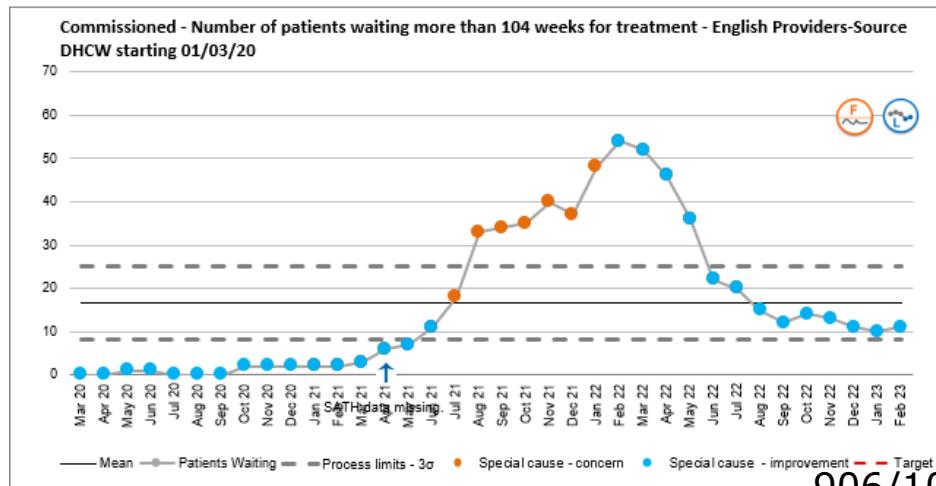
(inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks

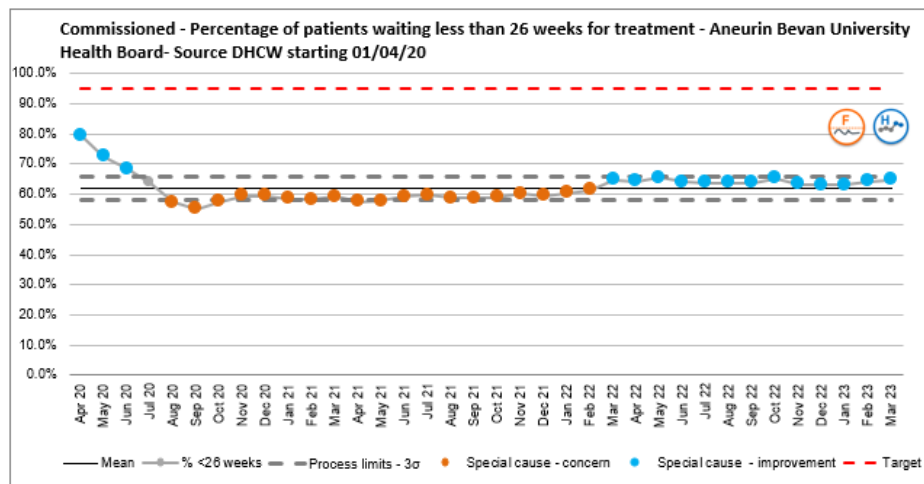




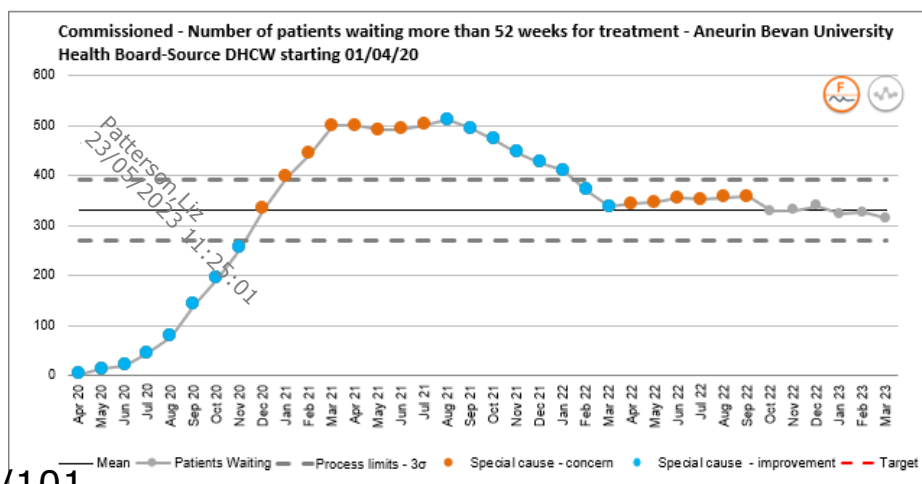
Appendix 1

Aneurin Bevan University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks



Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)



ABUHB March 2023
Data source for profile and
commissioned actual from WG
scorecard

<26
week
%

+36
week
s

Over
104
weeks

New OP
over 52
weeks

Their Profile (for all patients)

63%

30,000

8,900

9,300

Their actual for all patients (inc.
Powys)

61.9%

33,997

3,030

9,552

Powys resident performance

64.9%

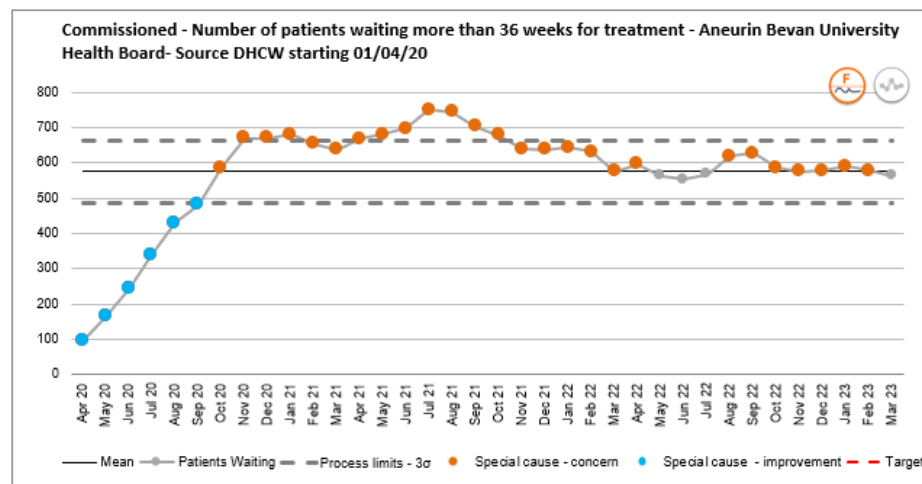
564

47

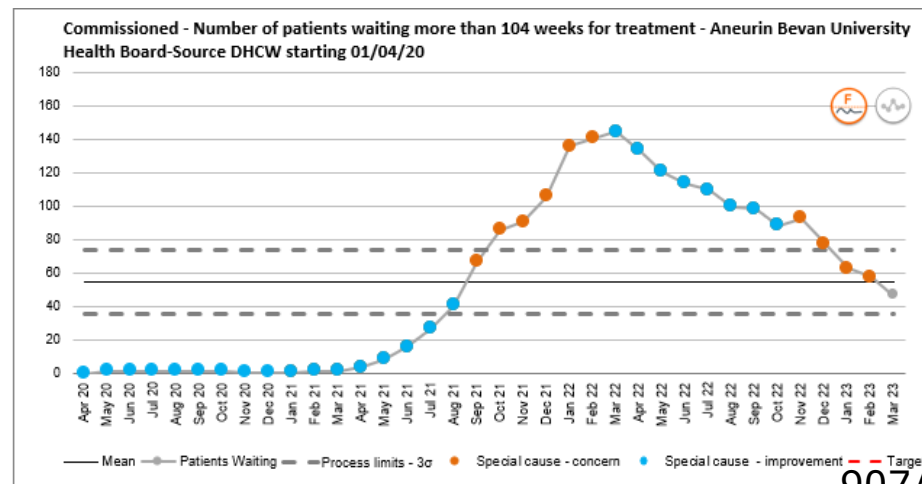
116

Number of RTT pathways 36+ weeks

(inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 104 weeks

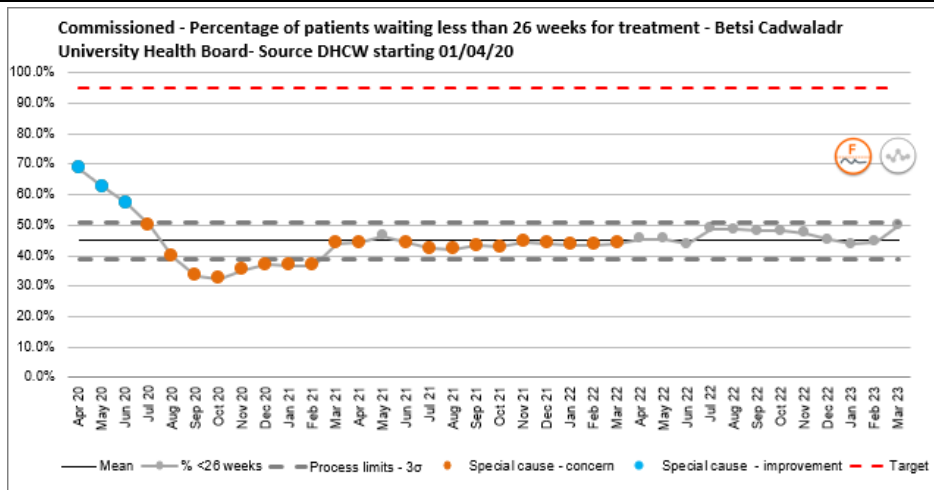




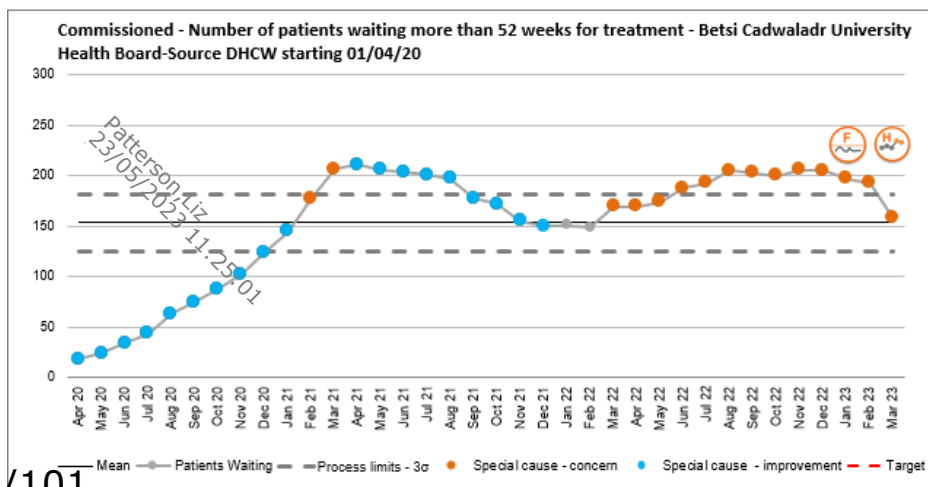
Appendix 1

Betsi Cadwaladr University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks



Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)



BCUHB March 2023
Data source for profile and
commissioned actual from WG
scorecard

<26
week
%

+36
weeks

Over
104
weeks

New OP
over 52
weeks

Their Profile (for all patients)

22.8%

16,035

4,928

290

Their actual for all patients (inc.
Powys)

57.9%

56,339

9,515

12,090

Powys resident performance

49.9%

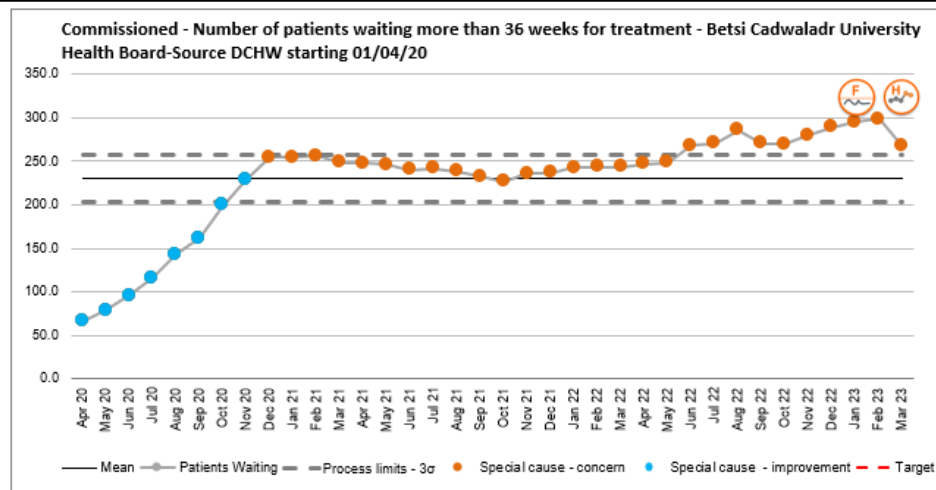
268

52

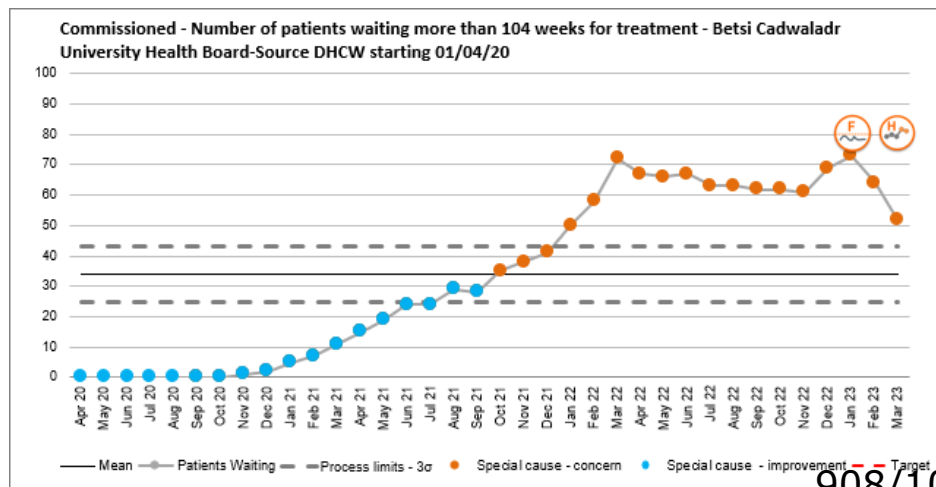
75

Number of RTT pathways 36+ weeks

(inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 104 weeks

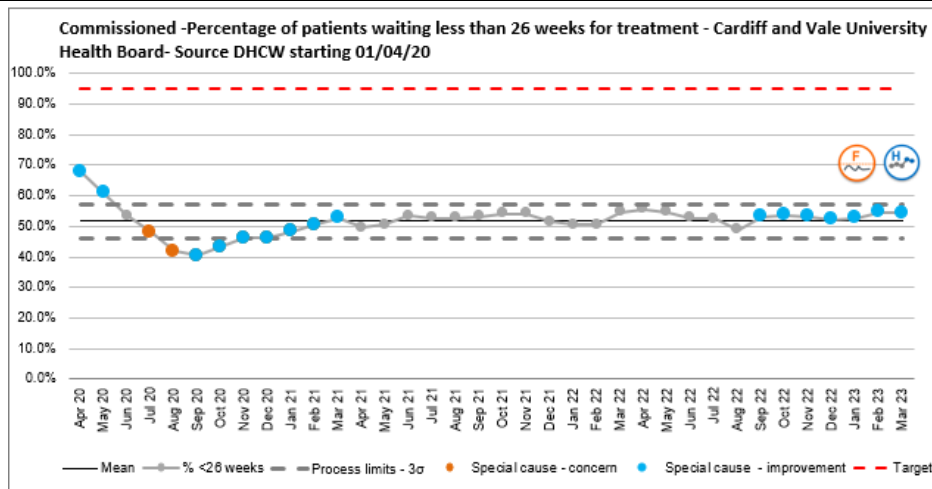




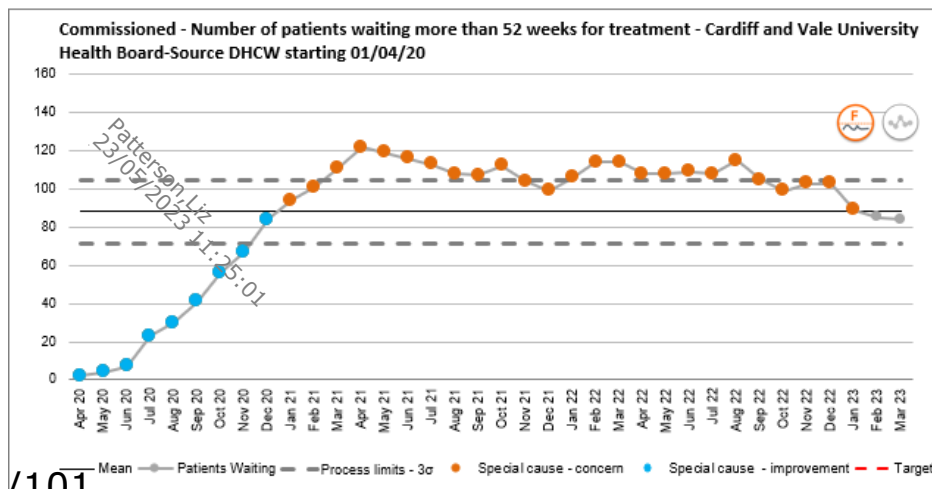
Appendix 1

Cardiff and Vale University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks



Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)



C&V March 2023
Data source for profile and
commissioned actual from WG
scorecard

<26
week
%

+36
weeks

Over
104
weeks

New OP
over 52
weeks

Their Profile (for all patients)
Their actual for all patients (inc.
Powys)

55.0%
58.2%

43,260
37,897

750
3,601

17,940
9,799

Powys resident performance

54.5%

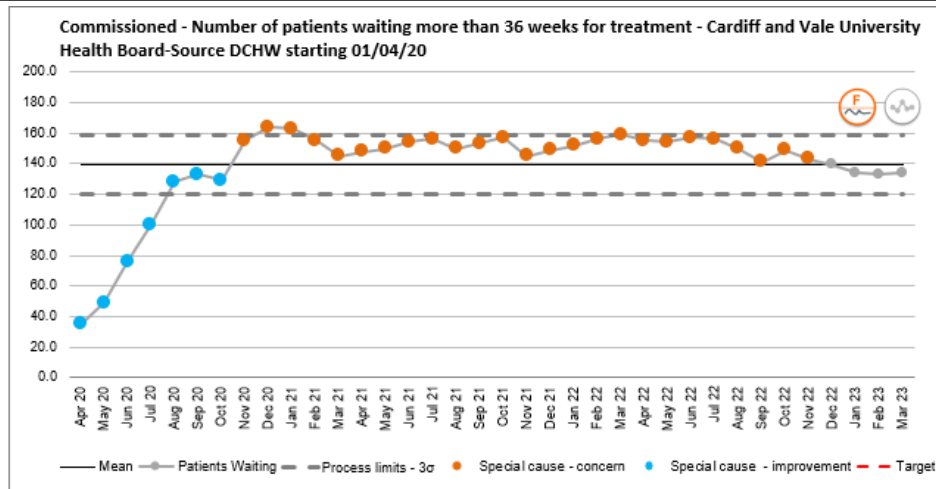
134

22

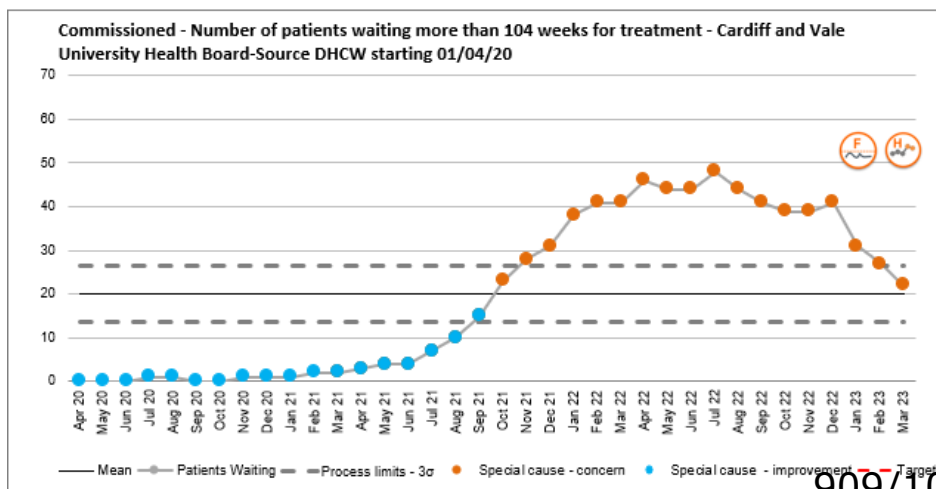
46

Number of RTT pathways 36+ weeks

(inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 104 weeks

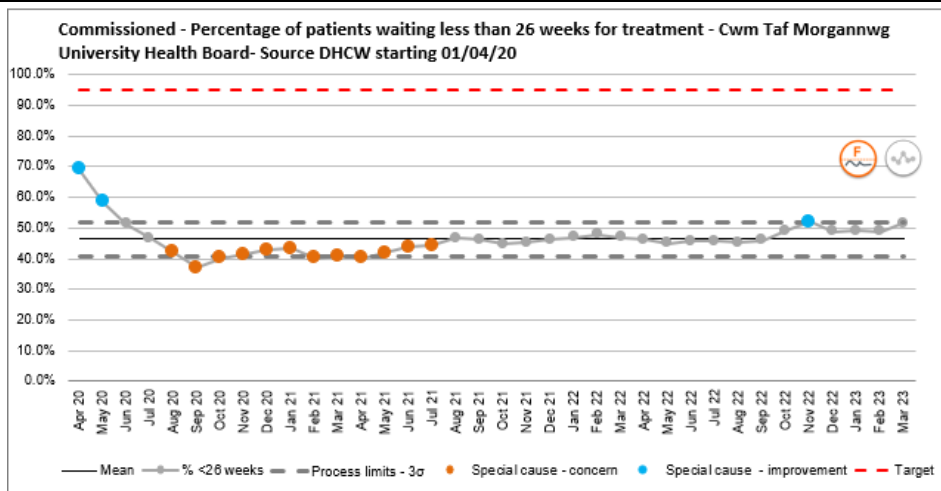




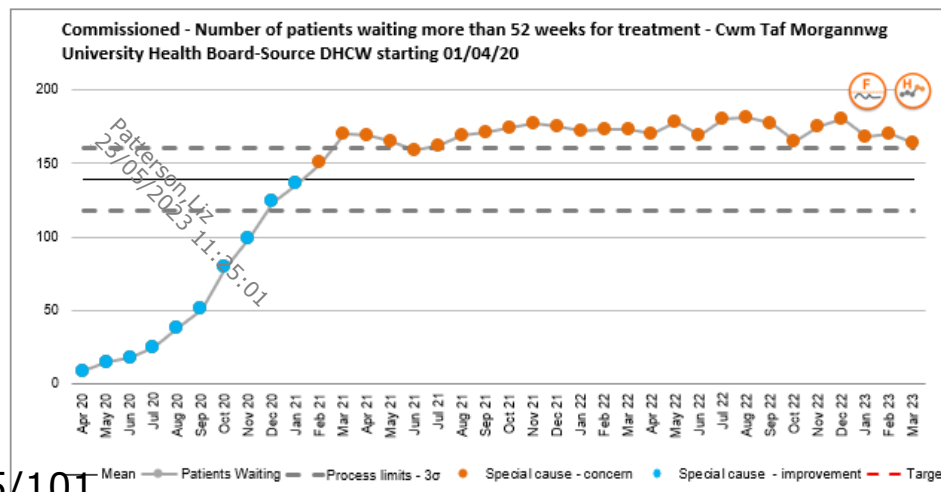
Appendix 1

Cwm Taf Morgannwg University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks



Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)



CTM March 2023
Data source for profile and
commissioned actual from WG
scorecard

<26
week
%

+36
weeks

Over
104
weeks

New OP
over 52
weeks

Their Profile (for all patients)

45%

53,779

13,846

12,884

Their actual for all patients (inc.
Powys)

51.3%

43,674

6,151

14,017

Powys resident performance

51.6%

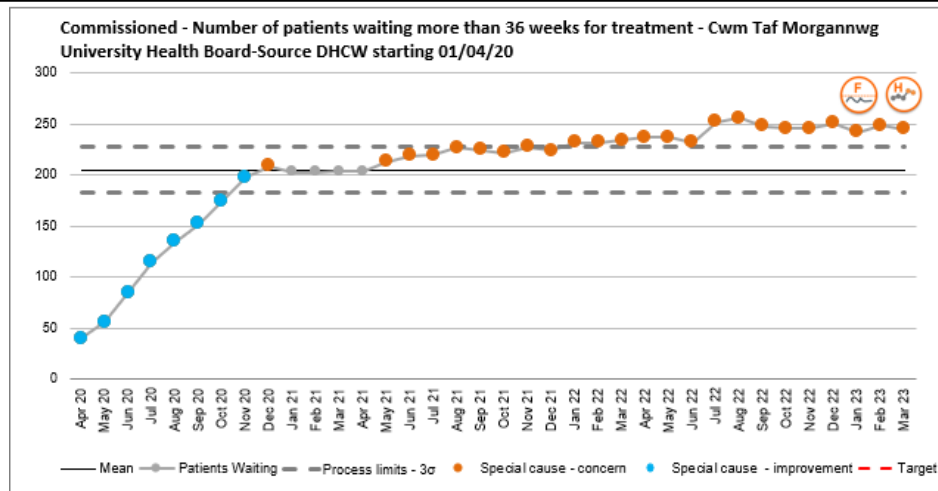
245

52

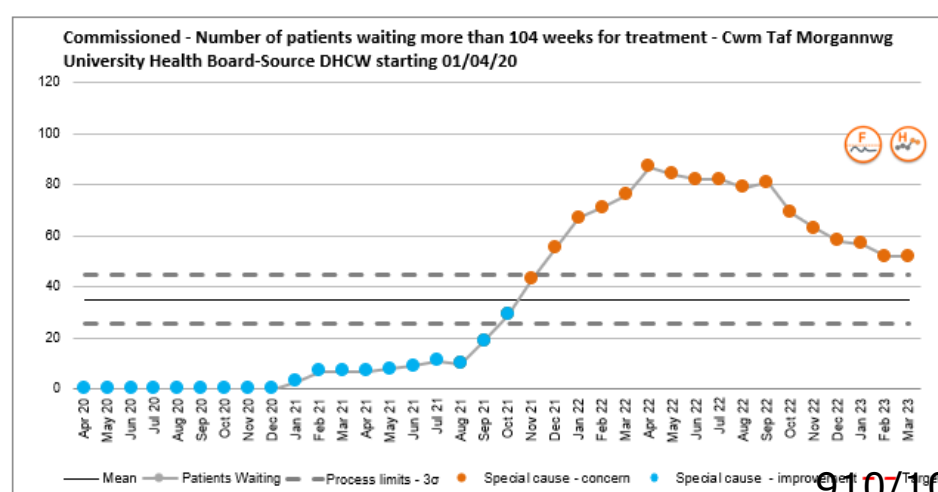
41

Number of RTT pathways 36+ weeks

(inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 104 weeks

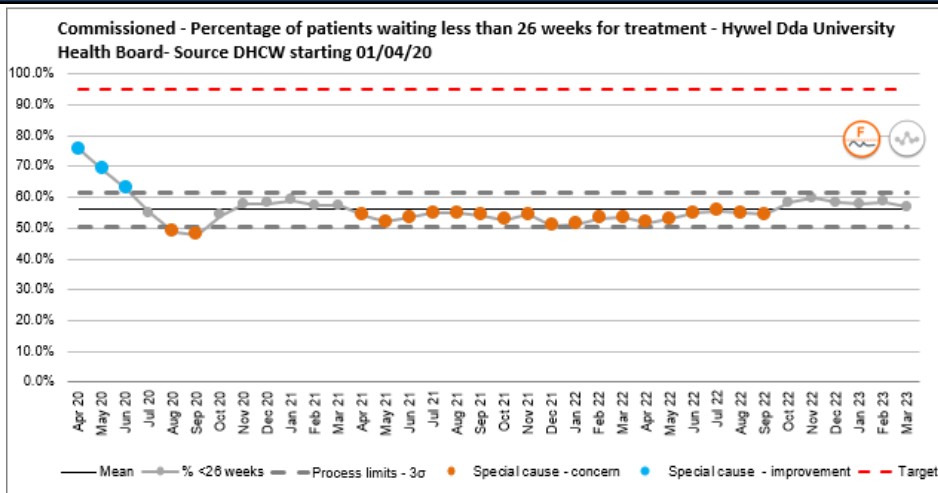




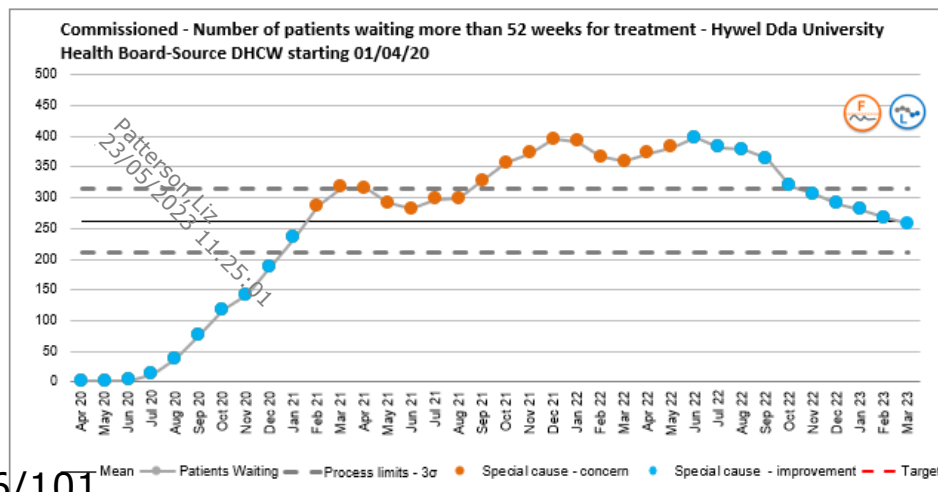
Appendix 1

Hywel Dda University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

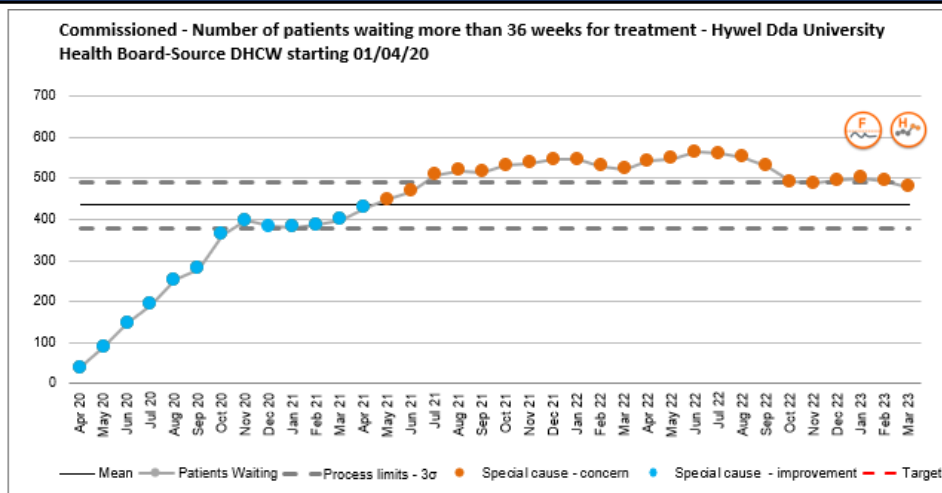


Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)

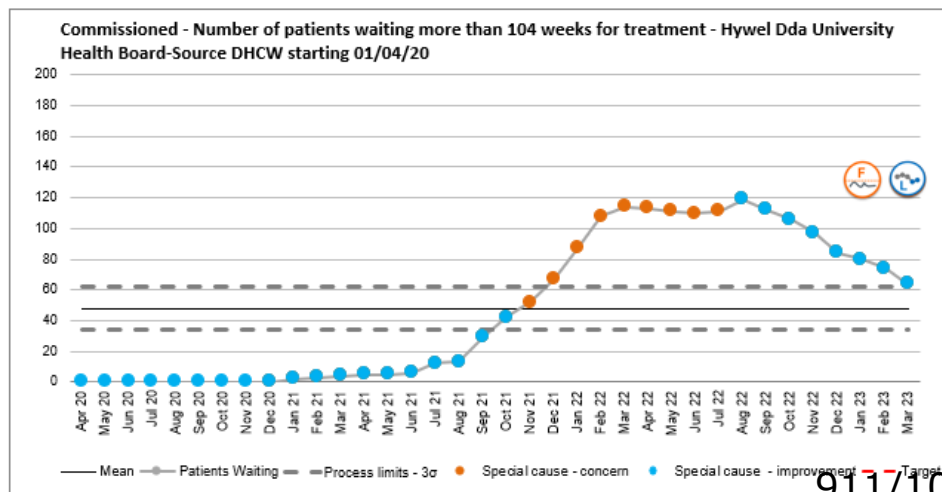


| HDUHB March 2023 Data source for profile and commissioned actual from WG scorecard | <26 week % | +36 weeks | Over 104 weeks | New OP over 52 weeks |
|---|------------------|--------------|----------------------|----------------------------|
| Their Profile (for all patients) | 52.5% | 17,114 | 4,087 | 2,573 |
| Their actual for all patients (inc. Powys) | 60.2% | 27,973 | 3,495 | 3,751 |
| Powys resident performance | 56.7% | 378 | 64 | 44 |

Number of RTT pathways 36+ weeks (inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 104 weeks

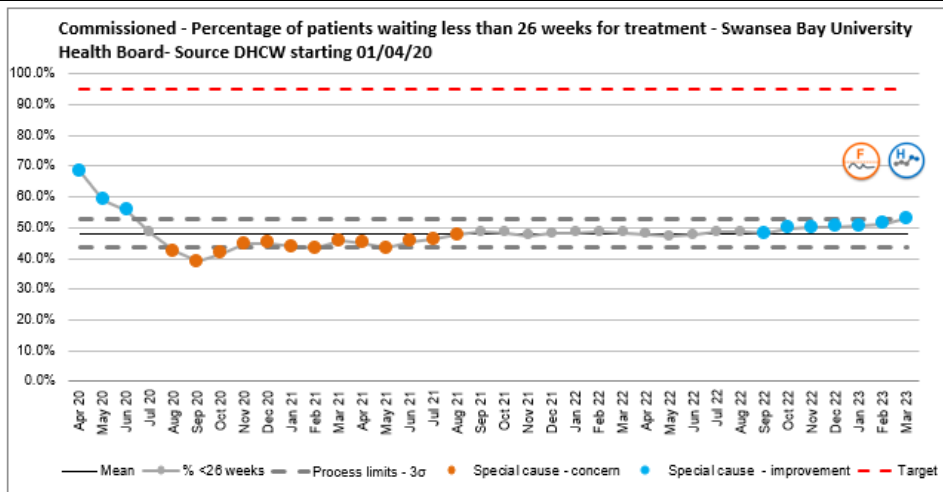




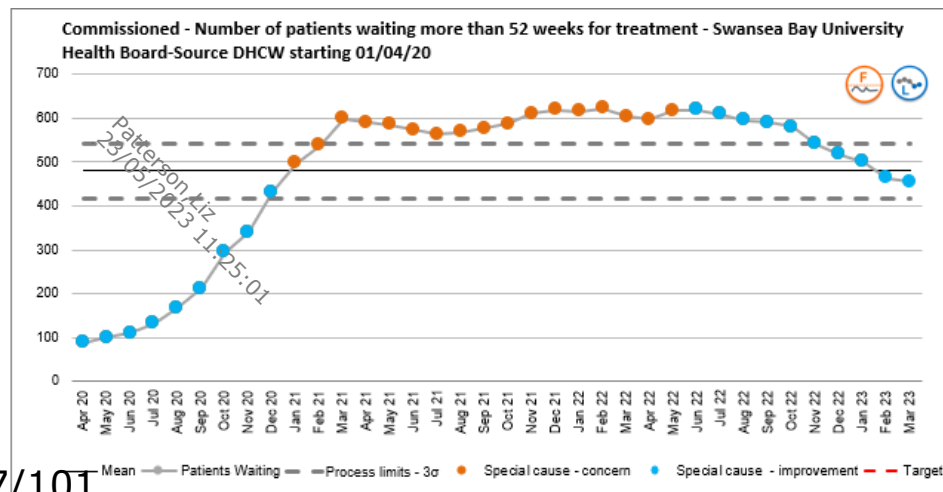
Appendix 1

Swansea Bay University Health Board Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks



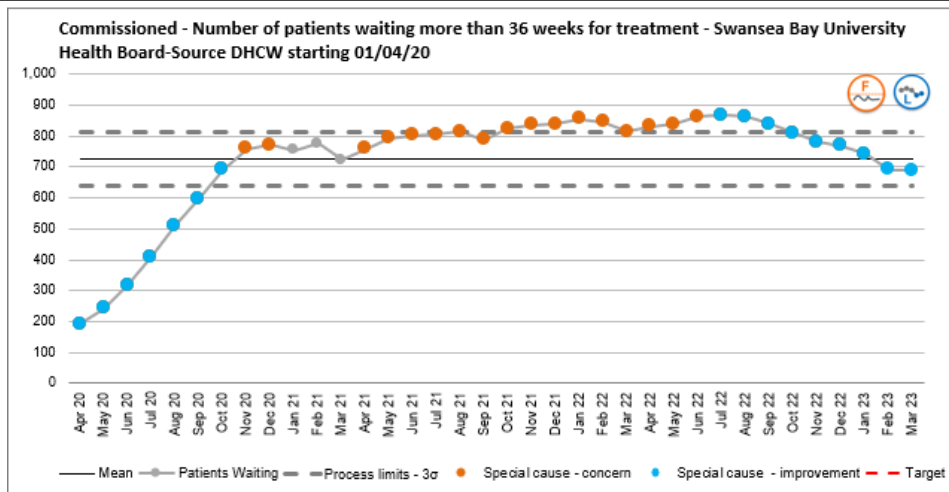
Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)



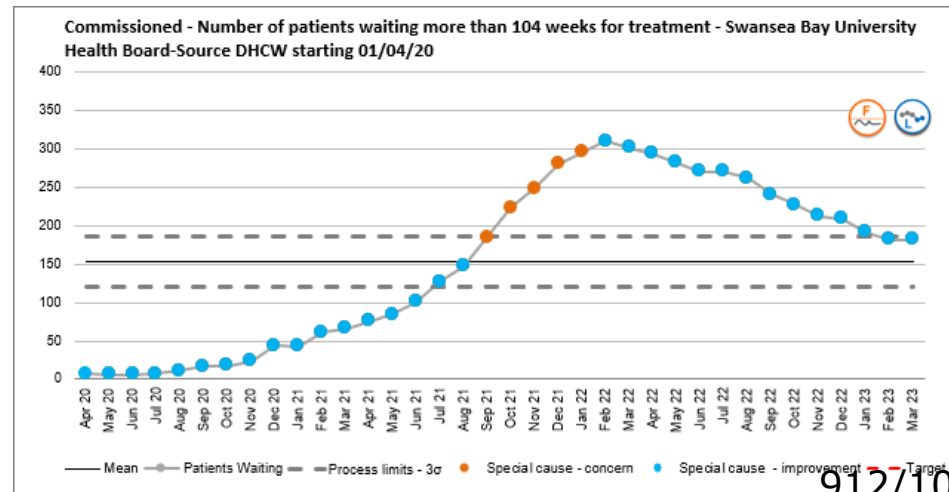
| SBUHB March 2023 Data source for profile and commissioned actual from WG scorecard | <26 week % | +36 weeks | Over 104 weeks | New OP over 52 weeks |
|---|------------------|--------------|----------------------|----------------------------|
| Their Profile (for all patients) | 47.4% | 43,730 | 6,070 | 7,220 |
| Their actual for all patients (inc. Powys) | 58.4% | 27,977 | 5,934 | 3,751 |
| Powys resident performance | 53% | 688 | 182 | 81 |

Number of RTT pathways 36+ weeks

(inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 104 weeks



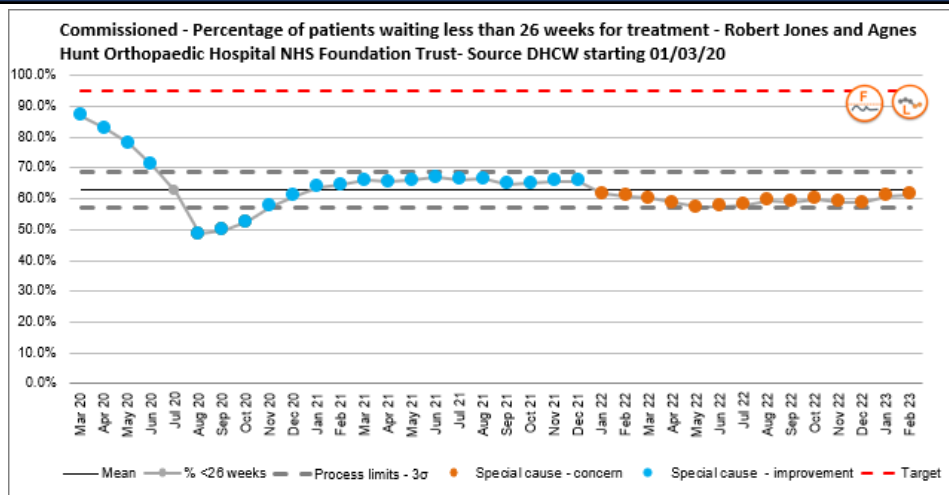


Appendix 1

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

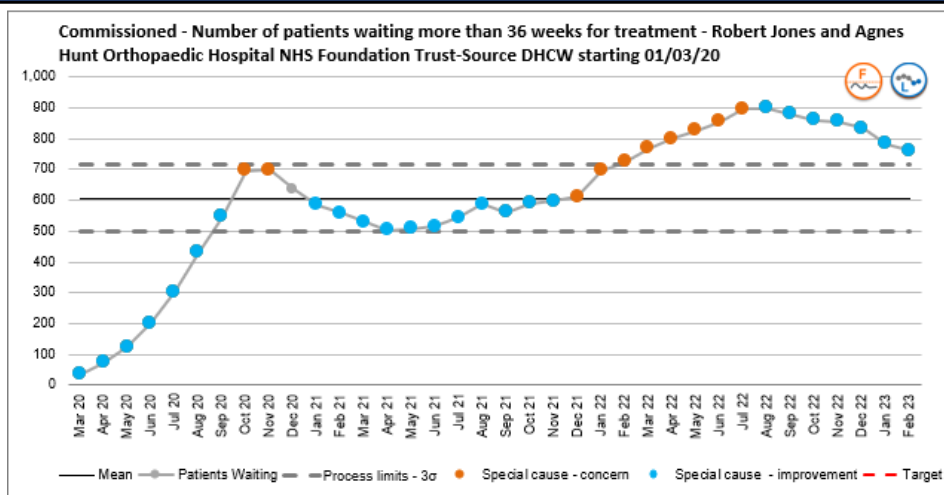
Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

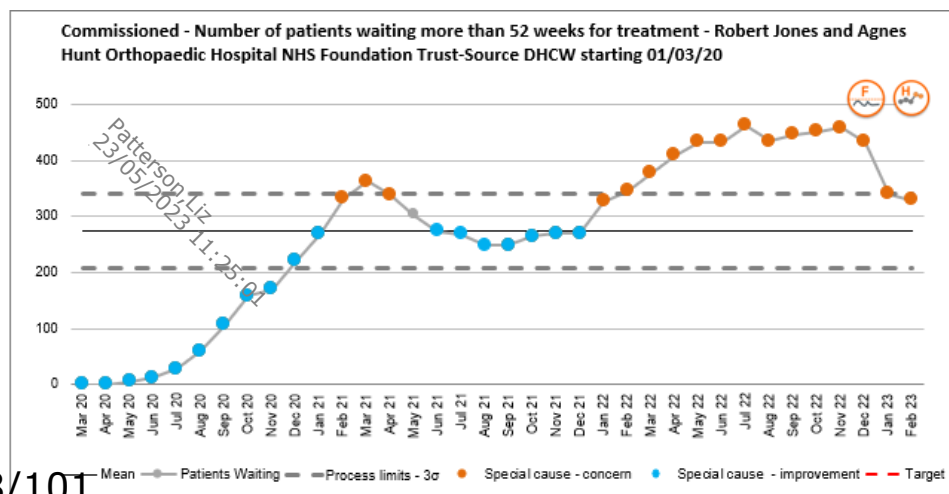


Number of RTT pathways 36+ weeks

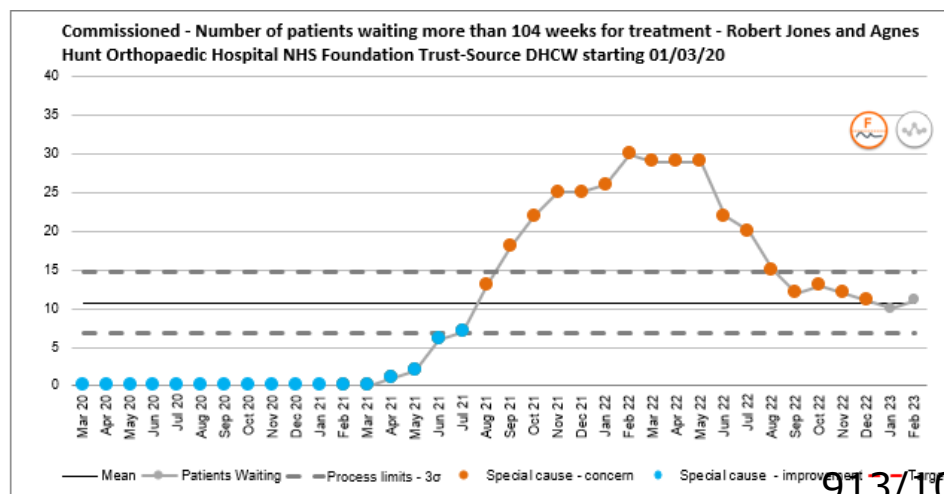
(inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks



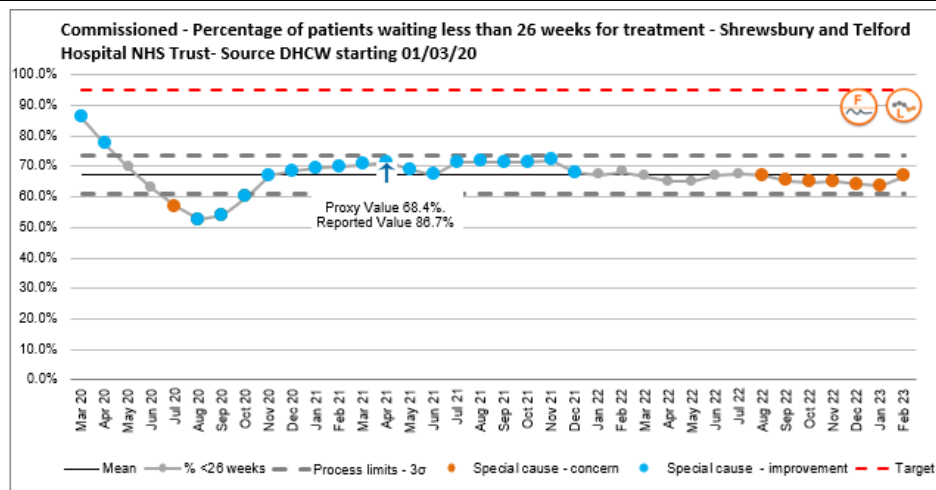


Appendix 1

Shrewsbury and Telford Hospital NHS Trust

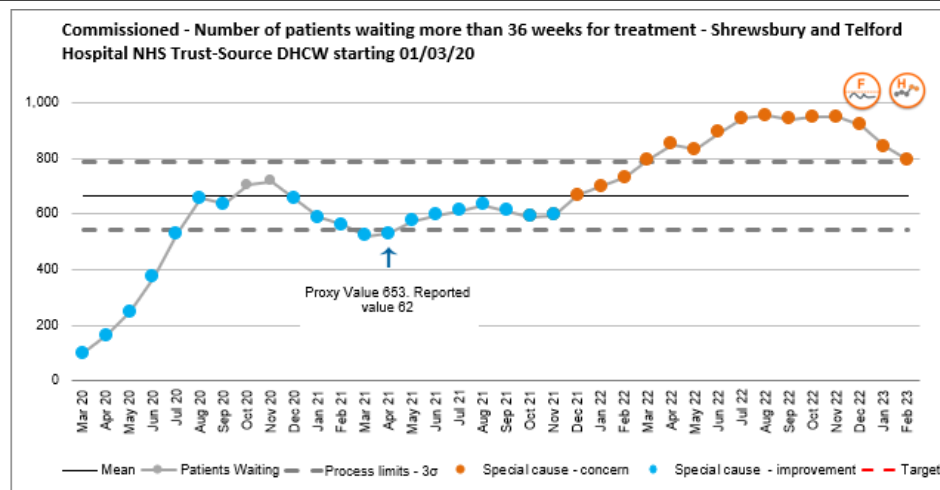
Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

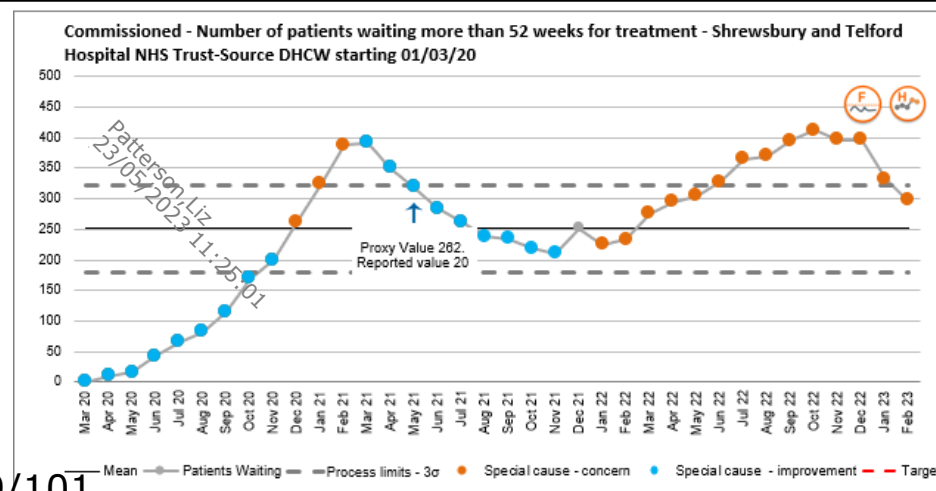


Number of RTT pathways 36+ weeks

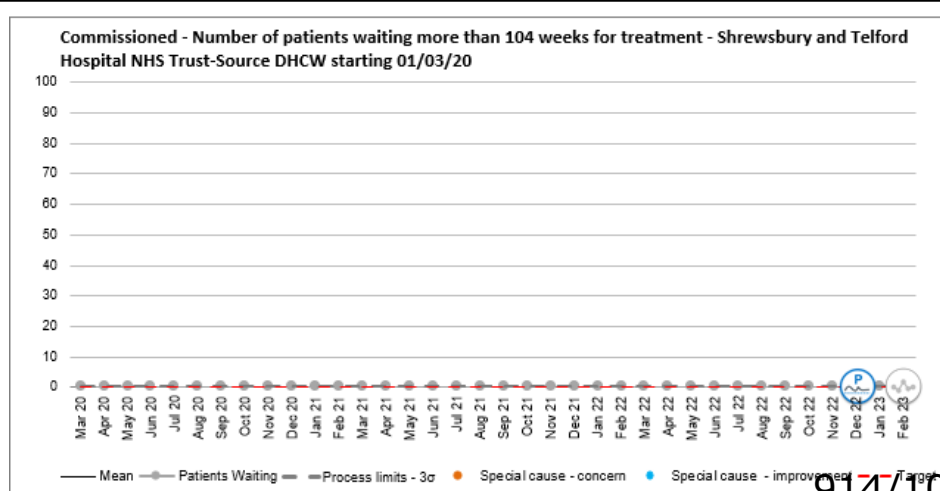
(inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks



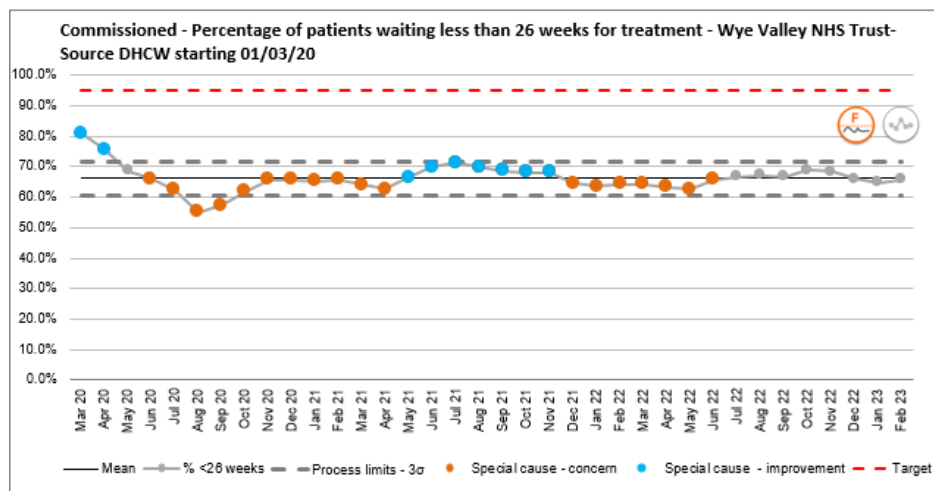


Appendix 1

Wye Valley NHS Trust

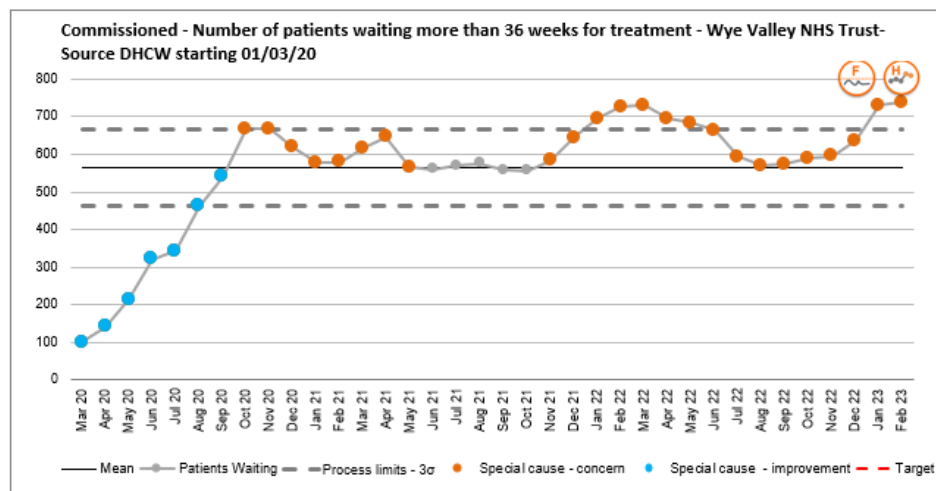
Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

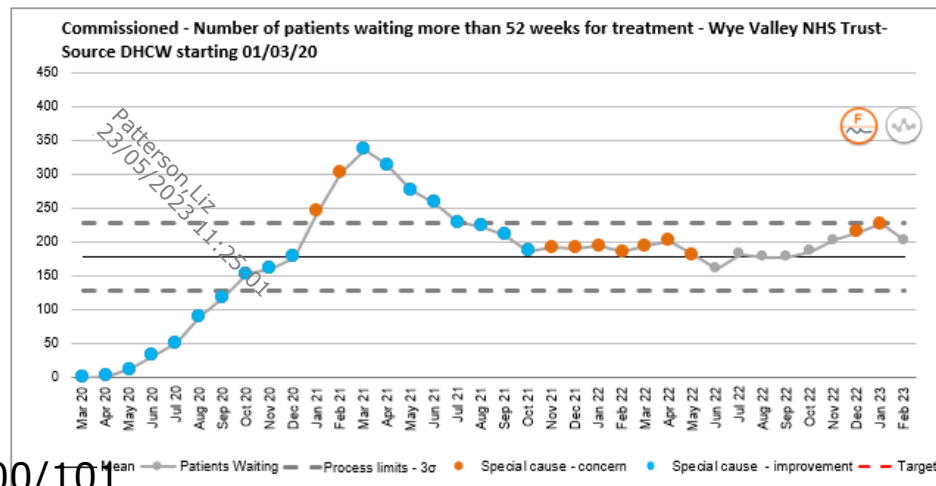


Number of RTT pathways 36+ weeks

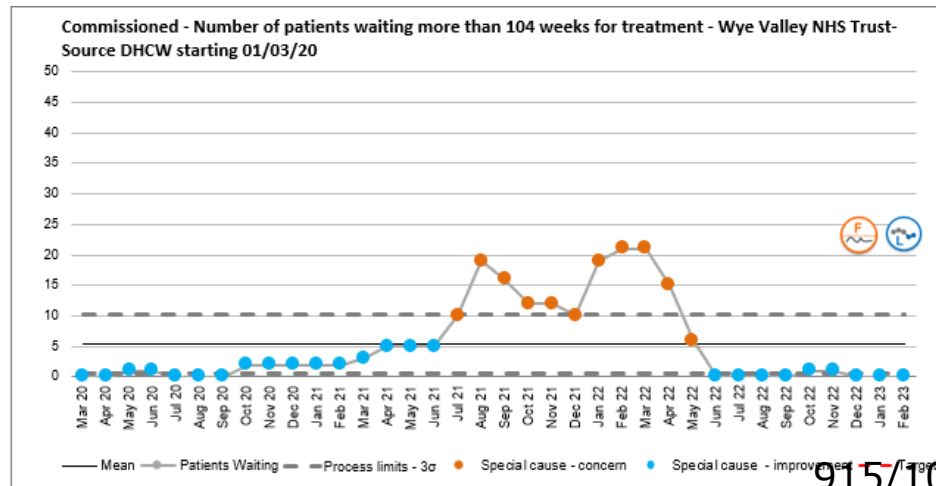
(inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks



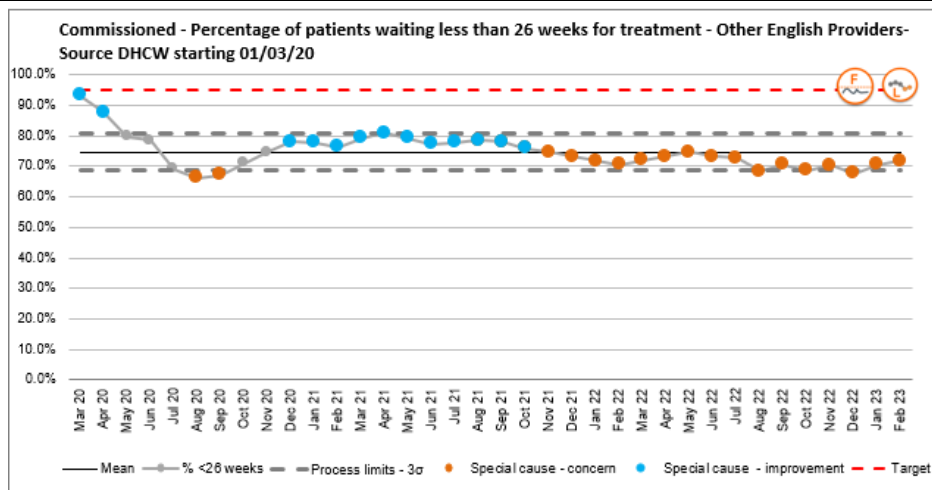


Appendix 1

Other English Providers (all low volume providers including specialist pathways)

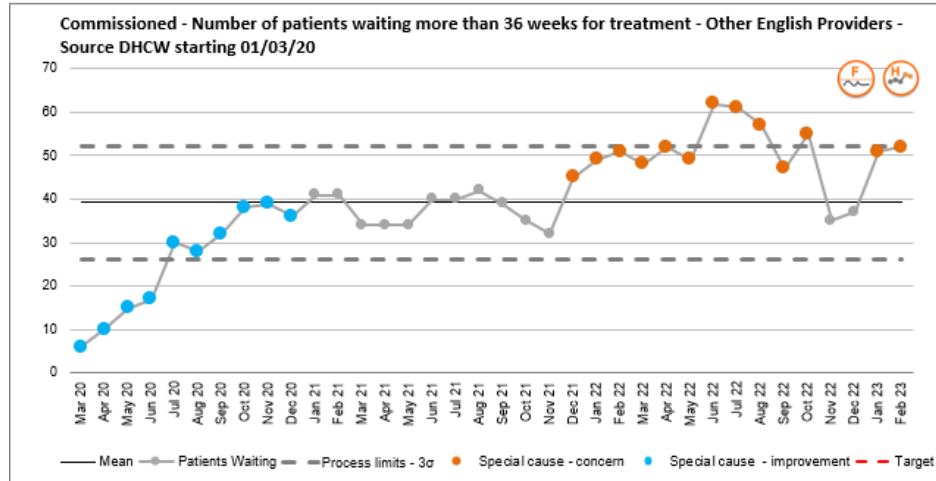
Referral to Treatment – Powys Teaching health board as a Commissioner

Percentage of RTT pathways <26 weeks

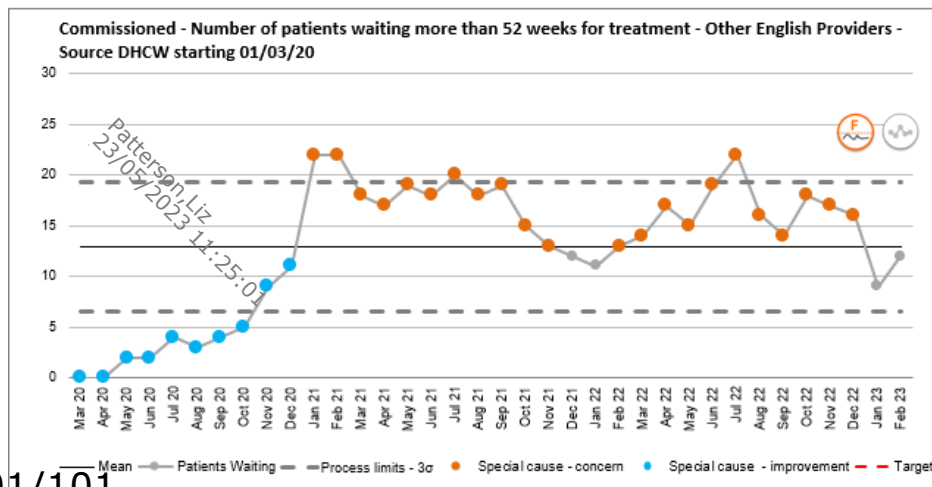


Number of RTT pathways 36+ weeks

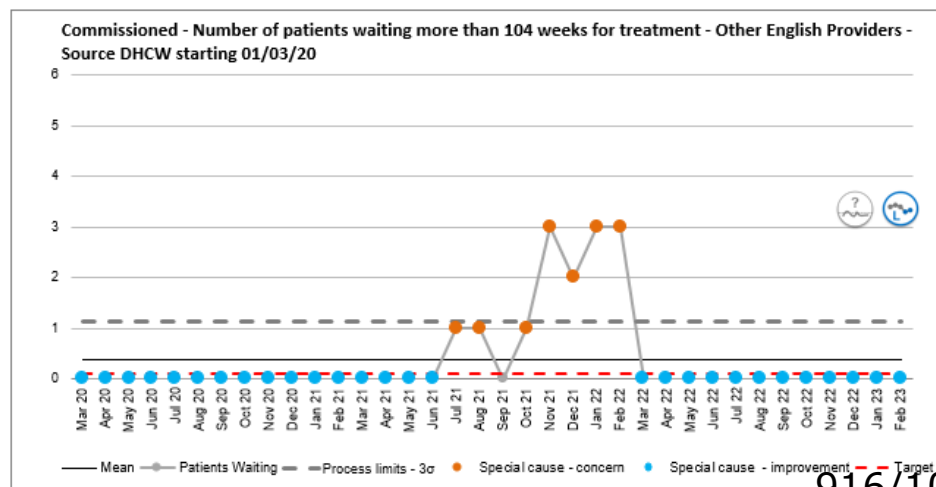
(inclusive of those patients waiting in the over 52 & over 104 week band)



Number of RTT pathways over 52 weeks (inclusive of those patients waiting in the over 104 week band)



Number of RTT pathways over 104 weeks



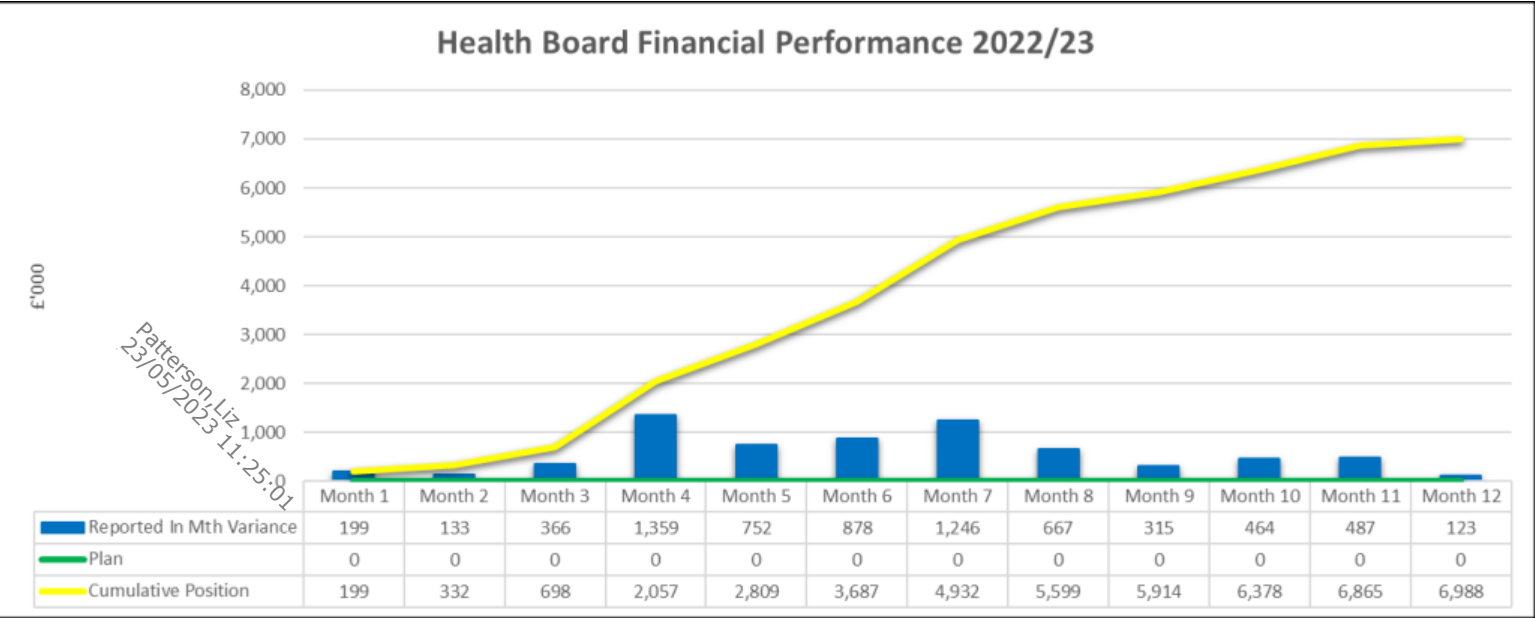
Powys THB Finance Department Financial Performance Report Board

Period 12 (March 2023)
FY 2022/23

Board
24 May 2023
Item 3.1a

Patterson, Liz
23/05/2023 11:25:01

| Revenue | | | Capital | | |
|--|----------------|-------|--|----------------|-------|
| Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government | Value £'000 | Trend | | Value £'000 | Trend |
| Reported in-month financial position – (deficit)/surplus – Red | -123 | ↓ | Capital Resource Limit | 12,690 | → |
| Reported Year To Date financial position – (deficit)/surplus – Red | -6,988 | ↓ | Reported Year to Date expenditure | 12,622 | → |
| Year end – (deficit)/surplus – Red | -6,988 | ↑ | Reported year end – (deficit)/surplus – Forecast | 68 | ↓ |



Powys THB developed a financially balanced plan for 2022/23, which was approved by the Minister in July 2022. In the latter half of the year a deficit of £7.5m has been forecast against the revenue resource allocation. The actual position for the year has come in at £7.0m revenue overspend and a £0.1m capital underspend.

The hard work of the many teams in relation to managing the capital programme yet again this year is recognised.

- The areas of revenue overspend which are a concerning are the:
- growth in CHC costs;
 - ongoing increase above historic trend in variable pay; and
 - underlying secondary healthcare commissioning pressures.

These are all areas, which feature in the financial plan for 2023/24 and for which action is being determined to help mitigate.

Powys THB Finance Department Financial Performance Report

Period 01 (April 2023)
FY 2023/24
Board
24 May 2024
Item 3.1b

Patterson, Liz
23/05/2023 11:25:01

| Revenue | | |
|--|----------------|-------|
| Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government | Value £'000 | Trend |
| Reported in-month financial position – (deficit)/surplus – Red | -2,738 | ↓ |
| Reported Year To Date financial position – (deficit)/surplus – Red | -2,738 | ↓ |
| Year end – (deficit)/surplus – Red | -33,474 | ↓ |

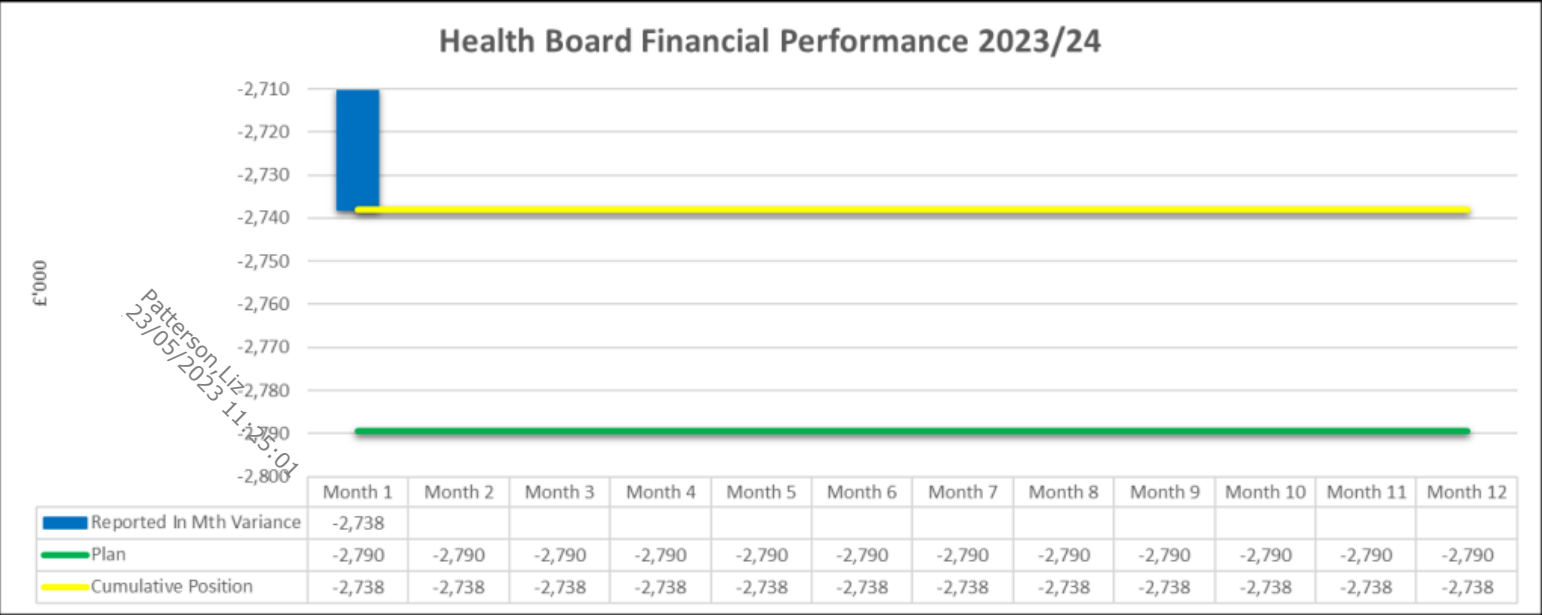
For month 1 this is a high level summary of the revenue financial position. A fuller report containing trend analyses will be presented from month 2 onwards.

Powys THB 2023/24 Plan was agreed by the Board and submitted to WG on 31 March 2023. It included a financial deficit of £33.474m.

At Month 01, there is a £2.738m over spend. This comprises a twelfth of the planned deficit £2.790m less an operational underspend of £0.052m.

The year end forecast is in line with the submitted plan at £33.474m

The position in respect of capital expenditure is reported from Month 02 onwards.



| Board Meeting | | Date of Meeting: 24 May 2023 |
|---|--|---------------------------------|
| Subject: | CORPORATE RISK REGISTER (April 2023) | |
| Approved and Presented by: | Director of Corporate Governance and Board Secretary | |
| Prepared by: | Director of Corporate Governance and Board Secretary Interim Corporate Governance Manager | |
| Other Committees and meetings considered at: | Executive Committee, 17 May 2023 | |

PURPOSE:

The purpose of this paper is to provide the Board with the April 2023 version of the Corporate Risk Register (CRR) for discussion and endorsement.

RECOMMENDATION(S):

It is recommended that the Board:

- RECEIVE the April 2023 version of the Corporate Risk Register included at **Appendix 1**, ensuring that it is a complete and a true reflection of the health board's current high-level risks, recognising that a broader review of the organisation's risks is currently underway.
- REVIEW and CONSIDER the proposed amendments set out within this paper to those risks already recorded within the Corporate Risk Register.
- NOTE that CRR 009 (Cyber Security) will be reported to the In-Committee Board due to the confidential nature of its content.
- NOTE the allocation of senior risk owners.
- NOTE the approach to the refresh of the CRR.

| Approval/Ratification/Decision | Discussion | Information |
|--------------------------------|------------|-------------|
| ✓ | ✓ | ✗ |

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

| | | |
|----------------------------|--|---|
| Strategic Objectives: | 1. Focus on Wellbeing | ✓ |
| | 2. Provide Early Help and Support | ✓ |
| | 3. Tackle the Big Four | ✓ |
| | 4. Enable Joined up Care | ✓ |
| | 5. Develop Workforce Futures | ✓ |
| | 6. Promote Innovative Environments | ✓ |
| | 7. Put Digital First | ✓ |
| | 8. Transforming in Partnership | ✓ |
| Health and Care Standards: | 1. Staying Healthy | |
| | 2. Safe Care | |
| | 3. Effective Care | |
| | 4. Dignified Care | |
| | 5. Timely Care | |
| | 6. Individual Care | |
| | 7. Staff and Resources | |
| | 8. Governance, Leadership & Accountability | ✓ |

BACKGROUND AND ASSESSMENT:

The Corporate Risk Register provides a summary of the significant risks to the delivery of the health board's strategic objectives. To be included in the Corporate Risk Register a risk must:

- represent an issue that has the potential to hinder achievement of one or more of the health board's strategic objectives;
- be one that cannot be addressed at directorate level;
- further control measures are needed to reduce or eliminate the risk;
- a considerable input of resource is needed to treat the risk (finance, people, time, etc.).

The Corporate Risk Register is presented for assurance at each meeting of the Board. Development of a revised Corporate Risk Register is currently underway to ensure that going forward the register accurately reflects the organisations current strategic risks following Board approval of the Integrated Medium Term Plan 2023-26 in March 2023. The review will be led by the Director of Corporate Governance, in collaboration with Executive Leads, whilst this work is underway the extant risks have been updated for reporting to the May Board, with an anticipation that the revised CRR will be presented to the July Board.

Changes to the Corporate Risk Register

The Board is asked to **NOTE** that there have been no proposed changes to risk ratings or descriptions since the last review by the Board on 29 March 2023. Any changes to CRR 009 will be discussed and endorsed by the Board In-Committee.

The full Corporate Risk Register is attached to this report as **Appendix 1**. For ease of reference, updates to mitigating actions and progress is included within the risk register and included in red font.

Revised Senior Executive Risk Owners

Following Executive change and interim arrangements being confirmed, some risks require new Senior Risk Owners, the table below outlines the new senior risk owners as agreed by the Executive team:

| Risk ID | Risk Category | Risk Description | Current Owner | New Owner |
|---------|--------------------------|---|---------------|-----------|
| CRR 001 | Financial sustainability | The health board fails to manage its financial resources in line with statutory requirements | DFIIT | No change |
| CRR 002 | Financial sustainability | The health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities | DFIIT | No change |
| CRR 003 | Quality | Citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers | DoNM/MD | No change |
| CRR 004 | Safety | The urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens | DoO | No change |
| CRR 005 | Quality | Inequity of access to planned, secondary and specialised care results in poorer outcomes and | DPC | No change |

| | | | | |
|---------|--|---|--------|---|
| | | experience for some Powys citizens | | |
| CRR 006 | Quality | Failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services | DWOD | No change |
| CRR 007 | Partnerships | Ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys | DSPC&P | CEO |
| CRR 008 | Safety | The demand and capacity pressures in the primary care system lead to services becoming unsustainable | DSPC&P | Director of Finance, Information and IT |
| CRR 009 | Performance and service sustainability | A cyber-attack results in significant disruption to services and quality of patient care | DFIT | No change |
| CRR 010 | Quality | The care provided in some areas is compromised due to the health board's estate being not fit for purpose | DSPC&P | Associate Director of Capital, estates and Property |
| CRR 011 | Performance and service sustainability | A significant public health event/emergency impacts on provision, continuity and sustainability of services | DPH | No change |

Approach to refreshing the CRR

In April, executive colleagues held a discussion about the current risks and identified a number of areas that require change or addition. Discussions have also taken place at Board Committees across April/May and feedback provided

in relation to the current risks. To achieve a fully refreshed corporate risk register, the following steps will be implemented:

- senior (executive) risk owners will be reviewed to work with the DCG to scope out new risks descriptors
- an executive workshop is scheduled for the 7 June to consider the new risk proposals and sense check their relevance against the IMTP and delivery plan
- Discussion with the Board scheduled for the Board Development session on the 29 June
- Full development of new risks throughout July ready for formal Board consideration on the 26 July.

The refreshed risk register will also include more information on relevant assurances and contribute more directly to the Board Assurance Framework.

NEXT STEPS:

The Director of Corporate Governance is due to hold further engagement with both the Board and Executive Leads in May/June 2023 in order to progress with the review of the Corporate Risk Register, with the intention to present the revised register to the Executive Committee and Board in July 2023 (see details above).

Directorates and Executive Committee will continue to monitor organisational risks, proposing risks for escalation to the Corporate Risk Register where appropriate, to ensure that the Corporate Risk Register articulates the strategic risks that are deemed to impact delivery of the organisation's strategic objectives.

The Risk and Assurance Group is due to reconvene in September to then play its full role in the risk management framework for the organisation.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Corporate Risk Register April 2023

Patterson.Liz
23/05/2023 11:25:01

CORPORATE RISK HEAT MAP: April 2023

There is a risk that...

| In-Committee Risks (Private) | | <ul style="list-style-type: none"> A cyber-attack results in significant disruption to services and quality of patient care | | | | | |
|------------------------------|--------------|--|--|--|---|---|---|
| Impact | Catastrophic | 5 | | | | <ul style="list-style-type: none"> the health board fails to manage its financial resources in line with statutory requirements the urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens | |
| | Major | 4 | | | <ul style="list-style-type: none"> a significant public health event/emergency impacts on provision, continuity and sustainability of services | <ul style="list-style-type: none"> the health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services the care provided in some areas is compromised due to the health board's estate being not fit for purpose | <ul style="list-style-type: none"> inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens the demand and capacity pressures in the primary care system lead to services becoming unsustainable |
| | Moderate | 3 | | | <ul style="list-style-type: none"> ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys | | |
| | Minor | 2 | | | | | |

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| | | | | | | | | |
|--|-------------------|-------------------|-----------------|-----------------|---------------|-----------------------|--|--|
| | Negligible | 1 | | | | | | |
| | | 1 | 2 | 3 | 4 | 5 | | |
| | | Rare | Unlikely | Possible | Likely | Almost Certain | | |
| | | Likelihood | | | | | | |

CORPORATE RISK DASHBOARD – April 2023

| Risk Lead | Risk ID | Main Risk Category | Risk Description There is a risk that: | SCORE (Likelihood x Impact) | Board Risk Appetite | Risk Target | At Target ✓/✗ | Lead Board Committee | Risk Impacts on |
|------------------|----------------|---------------------------------|---|--|----------------------------|--------------------|--------------------------------|--|---|
| DFIIT | CRR 001 | Financial Sustainability | The health board fails to manage its financial resources in line with statutory requirements | 4 x 5 = 20 | Cautious | 8 | ✗ | Delivery and Performance | Organisational Priorities underpinning all WBOs |
| DFIIT | CRR 002 | Financial Sustainability | The health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities | 4 x 4 = 16 | Cautious | 8 | ✗ | Delivery and Performance | Organisational Priorities underpinning all WBOs |
| DoNM/MD | CRR 003 | Quality | Citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers | 4 x 4 = 16 | Minimal | 6 | ✗ | Patient Experience, Quality and Safety | Organisational Priorities Underpinning WBO 1 to 4 |

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| Risk Lead | Risk ID | Main Risk Category | Risk Description There is a risk that: | SCORE (Likelihood x Impact) | Board Risk Appetite | Risk Target | At Target ✓/✗ | Lead Board Committee | Risk Impacts on |
|-----------|---------|--------------------|---|--------------------------------|---------------------|-------------|------------------|--|---|
| DoO | CRR 004 | Safety | The urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens | 4 x 5 = 20 | Averse | 12 | ✗ | Delivery and Performance | Organisational Priorities Underpinning WBO 1 to 4 |
| DPC | CRR 005 | Quality | Inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens | 5 x 4 = 20 | Minimal | 12 | ✗ | Delivery and Performance | Organisational Priorities Underpinning WBO 1 to 4 |
| DWOD | CRR 006 | Quality | Failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services | 4 x 4 = 16 | Minimal | 8 | ✗ | Workforce and Culture Committee | Organisational Priorities Underpinning all WBOs |
| CEO | CRR 007 | Partnerships | Ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys | 3 x 3 = 9 | Open | 6 | ✗ | Planning, Partnerships and Population Health | Organisational Priorities underpinning WBO 8 |
| DFIT | CRR 008 | Safety | The demand and capacity pressures in the primary care system lead to services becoming unsustainable | 5 x 4 = 20 | Averse | 8 | ✗ | Planning, Partnerships and Population Health | Organisational Priorities WBO 4 |

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| Risk Lead | Risk ID | Main Risk Category | Risk Description There is a risk that: | SCORE (Likelihood x Impact) | Board Risk Appetite | Risk Target | At Target ✓/✗ | Lead Board Committee | Risk Impacts on |
|-----------|---------|--|---|--------------------------------|---------------------|-------------|------------------|--------------------------|---|
| DFIT | CRR 009 | | A cyber-attack results in significant disruption to services and quality of patient care | RISK CONSIDERED IN COMMITTEE | | | | Delivery and Performance | |
| ADCE&P | CRR 010 | Quality | The care provided in some areas is compromised due to the health board's estate being not fit for purpose | 4 x 4 = 16 | Minimal | 9 | ✗ | Delivery and Performance | Organisational Priorities Underpinning WBO 1 to 4 |
| DPH | CRR 011 | Performance and Service Sustainability | A significant public health event/emergency impacts on provision, continuity and sustainability of services | 3 x 4 = 12 | Cautious | 12 | ✓ | Delivery and Performance | Health and wellbeing of the population |

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KEY

Risk Appetite Descriptors and Categories

| Risk Appetite | Description |
|---------------|--|
| Averse | Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk. |
| Minimal | Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk. |
| Cautious | Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent. |
| Open | Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk. |
| Eager | Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk. |

Risk Scoring

| LIKELIHOOD | IMPACT | | | | |
|---------------------|--------------------|------------|---------------|------------|-------------------|
| | Insignificant 1 | Minor 2 | Moderate 3 | Major 4 | Catastrophic 5 |
| Almost Certain 5 | 5 | 10 | 15 | 20 | 25 |
| Likely 4 | 4 | 8 | 12 | 16 | 20 |
| Possible 3 | 3 | 6 | 9 | 12 | 15 |
| Unlikely 2 | 2 | 4 | 6 | 8 | 10 |
| Rare 1 | 1 | 2 | 3 | 4 | 5 |

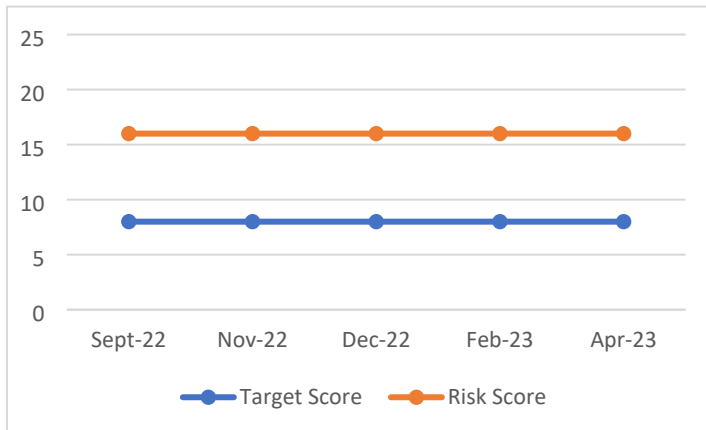
| | | | |
|-----------------|------------|------------------|---------------|
| Very Low 1-3 | Low 4-8 | Moderate 9-12 | High 15-25 |
|-----------------|------------|------------------|---------------|

| RISK APPETITE | |
|--|-------------------|
| Category | Appetite for Risk |
| Safety | Averse |
| Quality | Minimal |
| Regulation and Compliance | Cautious |
| Reputation and Public Confidence | Cautious |
| Performance and Service Sustainability | Cautious |
| Financial Sustainability | Cautious |
| Workforce | Cautious |
| Partnerships | Open |
| Innovation and Strategic Change | Open |

| CRR 001 | | Executive Lead: Director of Finance, Information and IT | | | | | | | | | | | | | | | | | | |
|--|--|--|--------------|------------|---------|----------|---|--------|---------------------------------|---|--------|----------|---|--------|----------|----|--------|---|----|---|
| Risk that: the health board fails to manage its financial resources in line with statutory requirements | | Assuring Committee: Delivery and Performance | | | | | | | | | | | | | | | | | | |
| Risk Impacts on: Organisational Priorities underpinning all WBOs | | Date last reviewed: April 2023 | | | | | | | | | | | | | | | | | | |
| <div>Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 2 x 4 = 8</div> <div>Date added to the risk register Risk Updated September 2022</div> | <table border="1"><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>8</td><td>20</td></tr><tr><td>Nov-22</td><td>8</td><td>20</td></tr><tr><td>Dec-22</td><td>8</td><td>20</td></tr><tr><td>Feb-23</td><td>8</td><td>20</td></tr><tr><td>Apr-23</td><td>8</td><td>20</td></tr></tbody></table> | Month | Target Score | Risk Score | Sept-22 | 8 | 20 | Nov-22 | 8 | 20 | Dec-22 | 8 | 20 | Feb-23 | 8 | 20 | Apr-23 | 8 | 20 | <div>Rationale for current score:</div> <ul style="list-style-type: none">Financial planning for 2023/24 has identified that the THB will have a significant deficit.The Plan submitted to WG in March 2023 was for a deficit of £33.5m The IMTP included a balanced core financial plan including a balanced recurrent position. Non recurrent Funding assumed at risk for local COVID response costs and exceptional national pressures in year. This will impact on the underlying position.Deficit forecast of £7.5m for 2022/23 and an underlying deficit of £18.6m reported at month 10.Financial planning for 2023/24 has identified that the THB will have a significant deficit.The THB forecasts that it can manage its capital expenditure within the capital allocation. |
| Month | Target Score | Risk Score | | | | | | | | | | | | | | | | | | |
| Sept-22 | 8 | 20 | | | | | | | | | | | | | | | | | | |
| Nov-22 | 8 | 20 | | | | | | | | | | | | | | | | | | |
| Dec-22 | 8 | 20 | | | | | | | | | | | | | | | | | | |
| Feb-23 | 8 | 20 | | | | | | | | | | | | | | | | | | |
| Apr-23 | 8 | 20 | | | | | | | | | | | | | | | | | | |
| <div>Controls (What are we currently doing about the risk?)</div> <ul style="list-style-type: none">Balanced Clear Financial Plan included in IMTP Submission with mitigating actions of £7.5m.Additional control - Finance and Performance Group established as sub-group of Executive Committee is monitoring the achievement of the mitigating actions.Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework, Budgetary Control Audit rated as substantial assurance.Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks.Service Reviews / Performance reviews to strengthen financial monitoring of performance and longer-term impact on financial plan (support better decision making).Contracting Framework to monitor and forecast the impact of | | <div>Mitigating actions (What more will we do?)</div> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery</td><td>DFIIT</td><td>Structure realignment completed</td></tr><tr><td>Revisit the assessment of cost pressures in the Financial Plan for 2023/24.</td><td>DFIIT</td><td>Underway</td></tr><tr><td>being developed, including robust assessment of cost pressures and establishmentConsider whether of saving schemes can achieve more in 2023/24.</td><td>DFIIT</td><td>Underway</td></tr></tbody></table> | | Action | Lead | Deadline | Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery | DFIIT | Structure realignment completed | Revisit the assessment of cost pressures in the Financial Plan for 2023/24. | DFIIT | Underway | being developed, including robust assessment of cost pressures and establishment Consider whether of saving schemes can achieve more in 2023/24. | DFIIT | Underway | | | | | |
| Action | Lead | Deadline | | | | | | | | | | | | | | | | | | |
| Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery | DFIIT | Structure realignment completed | | | | | | | | | | | | | | | | | | |
| Revisit the assessment of cost pressures in the Financial Plan for 2023/24. | DFIIT | Underway | | | | | | | | | | | | | | | | | | |
| being developed, including robust assessment of cost pressures and establishment Consider whether of saving schemes can achieve more in 2023/24. | DFIIT | Underway | | | | | | | | | | | | | | | | | | |

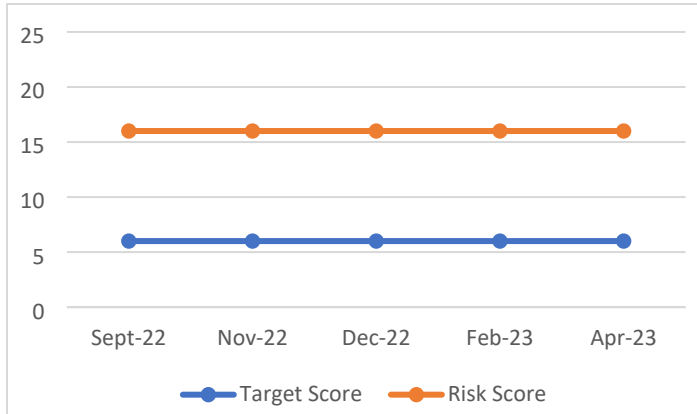
| | | | |
|---|--|------------|-------------|
| arrangements in 2023/24 and going forward. ▪ Task and Finish Groups established for CHC, Variable Pay and Contracting with identified leads and clear expectation re delivery, these groups will have a short and longer-term focus for delivery. ▪ Savings Plan monitoring and reporting linked to the Efficiency Framework and Investment Benefits Group and supporting the VBHC approach. ▪ Regular communication and reporting to Welsh Government and Finance Delivery Unit regarding the impact of pressures and ongoing Covid-19 and expectations regarding funding and impact on Financial Plan and underlying position. Additional control – Finance and Performance Group established as sub-group of Executive Committee. Initial focus on savings and opportunities. | Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency Framework approved and live and Value Based Healthcare Board established. | DFIIT / MD | Established |
| Current Risk Rating | Update including impact of actions to date on current risk score | | |
| 4 x 5 = 20 | Finance and Performance Group in place from September 2022 is focussing on delivery of £7.5m mitigating actions targeted for 2023/24 opportunities in each Directorate to be developed in addition to continuing focus on key areas such as CHC, variable pay and contracting. | | |

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| CRR 002 Risk that: the health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities | | Executive Lead: Director of Finance, Information and IT | | | | | | | | | | | | | | | | | | | |
|--|--------------|--|--------------|------------|---------|----------|--|--------|----------|---|--------|----------|----|--------|---|----|--------|---|----|--|--|
| Risk Impacts on: Organisational Priorities underpinning all WBOs | | Assuring Committee: Delivery and Performance | | | | | | | | | | | | | | | | | | | |
| Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 2 x 4 = 8 Date added to the risk register September 2022 | | Date last reviewed: April 2023 | | | | | | | | | | | | | | | | | | | |
|  <table><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>8</td><td>16</td></tr><tr><td>Nov-22</td><td>8</td><td>16</td></tr><tr><td>Dec-22</td><td>8</td><td>16</td></tr><tr><td>Feb-23</td><td>8</td><td>16</td></tr><tr><td>Apr-23</td><td>8</td><td>16</td></tr></tbody></table> | | Month | Target Score | Risk Score | Sept-22 | 8 | 16 | Nov-22 | 8 | 16 | Dec-22 | 8 | 16 | Feb-23 | 8 | 16 | Apr-23 | 8 | 16 | Rationale for current score: <ul style="list-style-type: none">Forecast Planned deficit of £337.5m for 20223/234 and overspend of £6.4m at month 10 indicates that resources are being consumed above planned and allocated levels (IMTP Financial Plan).Lack of data re Patient Outcome and Experience to support understanding.Value Based Healthcare approach introduced, but not yet fully embedded into financial plan and budget allocation fully.Value Board established and key action is to develop the Health Board approach to PROMs and PREMs (to measure patient experience and outcomes) to inform future resource allocation.PTHB is working with national groups to ensure that dashboards show a resident health board position, including English flows, rather than a Welsh provider position, so that they are reliable for corporate decision making in Powys.Nationally the PROMS and PREMS electronic platforms have been procured separately. The platform for patient experience is in place, but does not have all the necessary functionality for PROMS collection and analysis. | |
| Month | Target Score | Risk Score | | | | | | | | | | | | | | | | | | | |
| Sept-22 | 8 | 16 | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 8 | 16 | | | | | | | | | | | | | | | | | | | |
| Dec-22 | 8 | 16 | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 8 | 16 | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 8 | 16 | | | | | | | | | | | | | | | | | | | |
| Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Value Board established (report via Transformation and Value Group) and reporting into Executive Committee.Value approach embedded in IMTP focused on outcome, experience and cost.Organisational position in relation to PROMs-and PREMs (to inform resource allocation and actions) approved in principle by Executive Committee, based on EQ5DL for PROMS, overlaid with condition specific outcomes.CIVICA in place for the collection of patient experience. | | Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Action as identified in Value Group Workplan including approach to developing PROMs and PREMs.</td><td>AD T&V</td><td>Ongoing.</td></tr><tr><td>Ongoing Action as per the Value Group Workplan.</td><td>AD T&V</td><td>Ongoing.</td></tr></tbody></table> | | Action | Lead | Deadline | Action as identified in Value Group Workplan including approach to developing PROMs and PREMs. | AD T&V | Ongoing. | Ongoing Action as per the Value Group Workplan. | AD T&V | Ongoing. | | | | | | | | | |
| Action | Lead | Deadline | | | | | | | | | | | | | | | | | | | |
| Action as identified in Value Group Workplan including approach to developing PROMs and PREMs. | AD T&V | Ongoing. | | | | | | | | | | | | | | | | | | | |
| Ongoing Action as per the Value Group Workplan. | AD T&V | Ongoing. | | | | | | | | | | | | | | | | | | | |

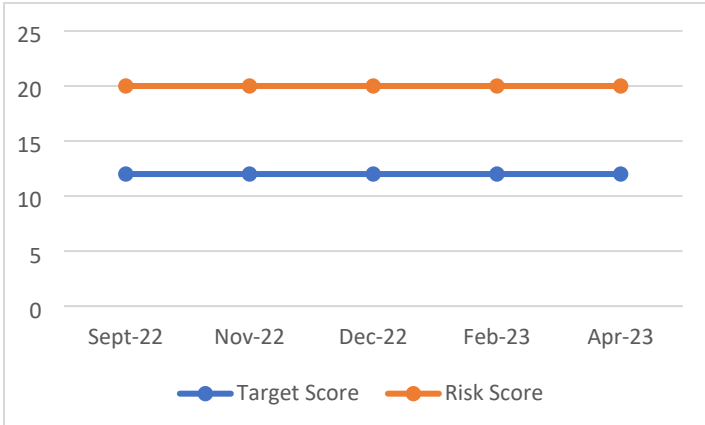
| | | | |
|--|--|----------------|-------|
| <ul style="list-style-type: none"> ▪ PROMS Group established to assist with technical implementation of PROMS. Value Opportunities Group established. ▪ Interventions Not Normally Undertaken Group established. ▪ Information and Data Dashboards under development to inform reporting re outcomes and experiences, with work undertaken to ensure national dashboards are amended to show resident health board position including English patient flows. ▪ Accelerated Sustainable Model Programme in place with Discovery Report completed, embedding value approach, to help guide prioritisation and resource allocation for maximum value impact. ▪ Approach agreed with WOAD and Programme Board to develop and embed organisational understanding of value from induction through to leadership development. ▪ Series of Getting It Right First Time Reviews completed with implementation underway. ▪ Full Board involvement in development of priorities and financial plans for 2023/24. | Continue to progress work on the Accelerated Sustainable Model including Design and Delivery phases. | Execs and ADTV | 23/24 |
| Current Risk Rating | Update including impact of actions to date on current risk score | | |
| 4 x 4 = 16 | N/A | | |

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| CRR 003 Risk that: citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers | | Executive Lead: Director of Nursing and Midwifery, Medical Director Assuring Committee: Patient Experience, Quality and Safety | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|--------------|---------|------|----------|---|------|-----------|--|------|---------|-------------------|----|---------|--------------------------------|------------------------------|---------|--|--|----------|
| Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4 | | Date last reviewed: April 2023 | | | | | | | | | | | | | | | | | | | | |
| Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 2 x 3 = 6 |  <table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>16</td><td>6</td></tr><tr><td>Nov-22</td><td>16</td><td>6</td></tr><tr><td>Dec-22</td><td>16</td><td>6</td></tr><tr><td>Feb-23</td><td>16</td><td>6</td></tr><tr><td>Apr-23</td><td>16</td><td>6</td></tr></tbody></table> | Month | Risk Score | Target Score | Sept-22 | 16 | 6 | Nov-22 | 16 | 6 | Dec-22 | 16 | 6 | Feb-23 | 16 | 6 | Apr-23 | 16 | 6 | Rationale for current score: <ul style="list-style-type: none">Intelligence from incidents, concerns and complaintsIntelligence from patient engagementIntelligence and communication from all stakeholders and partnersIncreased pressure on the NHS as a result of multiple factors (aging population, winter pressures, post Covid-19 pandemic) | | |
| Month | Risk Score | Target Score | | | | | | | | | | | | | | | | | | | | |
| Sept-22 | 16 | 6 | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 16 | 6 | | | | | | | | | | | | | | | | | | | | |
| Dec-22 | 16 | 6 | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 16 | 6 | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 16 | 6 | | | | | | | | | | | | | | | | | | | | |
| Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Integrated Performance FrameworkPowys Clinical Audit planInternal Audit annual plan of auditsNHS Wales collaborative management groups and associated peer groupsCollaboration with the Delivery Unit (NHS Wales)Review of CQC and HIW reports for all providers where Powys residents receive careTriangulation of concerns, complaints (PTR) and incidentsOperational arrangements for operational delivery (e.g DCG)Partnership with PCCCommunication and engagement with the public and stakeholders | | Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Improve and refine the Integrated Performance Framework</td><td>DoPP</td><td>Sept 2022</td></tr><tr><td>Monitor fundamentals of care (provider services)</td><td>DoNM</td><td>Ongoing</td></tr><tr><td>Mortality Reviews</td><td>MD</td><td>Ongoing</td></tr><tr><td>Address inequalities of access</td><td>DoPP/ DOMHP PC DoTH</td><td>Ongoing</td></tr><tr><td>Implement Patient experience system (Civica)</td><td></td><td>Dec 2022</td></tr></tbody></table> | | | Action | Lead | Deadline | Improve and refine the Integrated Performance Framework | DoPP | Sept 2022 | Monitor fundamentals of care (provider services) | DoNM | Ongoing | Mortality Reviews | MD | Ongoing | Address inequalities of access | DoPP/ DOMHP PC DoTH | Ongoing | Implement Patient experience system (Civica) | | Dec 2022 |
| Action | Lead | Deadline | | | | | | | | | | | | | | | | | | | | |
| Improve and refine the Integrated Performance Framework | DoPP | Sept 2022 | | | | | | | | | | | | | | | | | | | | |
| Monitor fundamentals of care (provider services) | DoNM | Ongoing | | | | | | | | | | | | | | | | | | | | |
| Mortality Reviews | MD | Ongoing | | | | | | | | | | | | | | | | | | | | |
| Address inequalities of access | DoPP/ DOMHP PC DoTH | Ongoing | | | | | | | | | | | | | | | | | | | | |
| Implement Patient experience system (Civica) | | Dec 2022 | | | | | | | | | | | | | | | | | | | | |

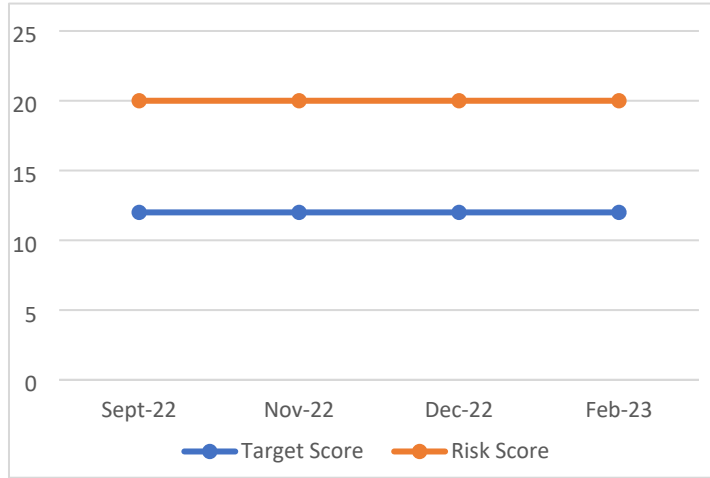
| Current Risk Rating | Update including impact of actions to date on current risk score |
|--------------------------|---|
| <p>4 x 4 = 16</p> | <p>This risk will continue to be reviewed at PEQs. The integrated Quality Report informs the Committee of triangulated data. Key matters at February meeting include an update of Maternity Services (Powys Provider), preparation for the implementation of the Duty of Quality and Duty of Candour and progress with the National Nosocomial Framework. Focus on concerns/ complaints will now focus on themes and trends identifying priorities for learning, now that process matters have been addressed.</p> <p>Integrated Performance framework - Approved by the Board in September 2022, implementation to be reported through Delivery and Performance Committee. A project group has been established, chaired by the AD Performance and Commissioning, with representatives from commissioning, performance, finance, nursing, workforce and service group colleagues. Duty of Quality and the implementation of a Total Quality Management System as part of the IPF will be Powys THB vehicle for quality control and quality planning.</p> |

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| CRR 004 Risk that: the urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens | | Executive Lead: Director of Operations/Director of Community and Mental Health Assuring Committee: Delivery and Performance Committee | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--------------|-----------------|---------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--|--|--|
| Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4 | | Date last reviewed: April 2023 | | | | | | | | | | | | | | | | | | | | |
| Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 3 x 4 = 12 Date added to the risk register September 2022 |  <table><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>12</td><td>20</td></tr><tr><td>Nov-22</td><td>12</td><td>20</td></tr><tr><td>Dec-22</td><td>12</td><td>20</td></tr><tr><td>Feb-23</td><td>12</td><td>20</td></tr><tr><td>Apr-23</td><td>12</td><td>20</td></tr></tbody></table> | Month | Target Score | Risk Score | Sept-22 | 12 | 20 | Nov-22 | 12 | 20 | Dec-22 | 12 | 20 | Feb-23 | 12 | 20 | Apr-23 | 12 | 20 | Rationale for current score: <ul style="list-style-type: none">▪ Fragility and rising demand on the unscheduled care system, including 111, GP In and Out of Hours, WAST response times, delays and pressures within the acute system. This includes delays in discharges and flow from acute and community hospital settings. This leads to an impact/effect on the quality of timely care provided to patients, delays in care and poorer outcomes, increased incidents of a serious nature relating to handover delays at the Emergency departments front door and delayed ambulance response to community emergency calls, increasing pressure on adverse patient experience, reduction in stakeholder confidence and increased scrutiny from regulators.▪ Planned industrial action and potential impact on the urgent and emergency health system capacity to meet demand and timely response for care.▪ Fragility and gaps in social care assessment, delivery and social care market provision (including both domiciliary care and independent care home sector) resulting in substantial delays and patients being stranded in community hospitals and out of county beds.▪ Delays in assessment of complex care cases and inefficient brokering resulting in increased delays and cost. | | |
| Month | Target Score | Risk Score | | | | | | | | | | | | | | | | | | | | |
| Sept-22 | 12 | 20 | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 12 | 20 | | | | | | | | | | | | | | | | | | | | |
| Dec-22 | 12 | 20 | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 12 | 20 | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 12 | 20 | | | | | | | | | | | | | | | | | | | | |
| Controls (What are we currently doing about the risk?) | | Mitigating actions (What more will we do?) | | | | | | | | | | | | | | | | | | | | |
| | | Action | Lead | Deadline | | | | | | | | | | | | | | | | | | |

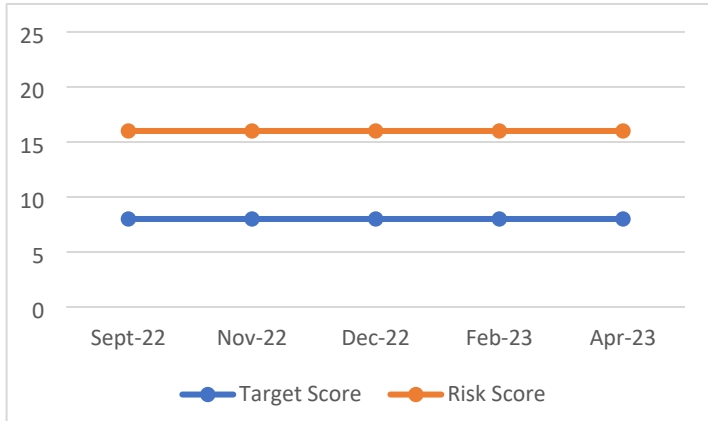
| | | | |
|---|---|--------|---------------|
| <ul style="list-style-type: none"> ▪ Daily management system in place to manage patient flow including multiple daily local and national calls. ▪ Continuous focus on reducing delays for health and social care reasons including complex care management, fast track cases and implementation of a home first ethos. ▪ Regular reviews of long stay patients in community hospitals to reduce average length of stay. ▪ Training on discharge and complex care management is provided to ward based staff through the Complex Care and Unscheduled Care Team. ▪ Review of urgent care team arrangements, with exploration of a business case to advance capacity of Discharge Liaison officers. ▪ Care coordination in place across all acute hospital sites to facilitate timely repatriation of patients back into Powys. ▪ Bed escalation plans activated to support the national programme of 1000 extra community care beds across Wales by end of October 2022 (within limits of staffing availability). ▪ Care Home risk and escalation plans to support care home capacity. ▪ Social care fragility and delays – regular attendance at Head of Service level to Delivery Coordination Group and escalated discussions at Director and CEO level. ▪ Delivery Coordination Group in place to manage operational delivery across whole system. ▪ Winter Plan developed to manage whole system pressures. Urgent review of escalation options in development between health and social care to increase community care capacity and to reduce delays. ▪ Industrial action command and control structure in place to manage service impact and to minimise disruption to services. | Operational delivery of Winter Plan | DPCCMH | Ongoing |
| | <ul style="list-style-type: none"> ▪ Daily operational management of patient flow ▪ Delivery Coordination Group in place to improve performance and delivery at a system level. ▪ System escalation including senior officer daily review and weekly Gold level oversight. ▪ Review of Complex Care arrangements in place to improve system improvements and to reduce delays. ▪ Transformational development of urgent care system (6 Goals) including 1000 beds and focus on handover delays ▪ Urgent escalation plan in development to secure additional system impact to improve community care capacity and flow. ▪ Industrial action management plans in place, coordinated and reporting at bronze, silver and gold levels. | DPCCMH | Ongoing |
| | | | December 2022 |
| Current Risk Rating | Update including impact of actions to date on current risk score | | |
| 4 x 5 = 20 | N/a - new risk September 2022 | | |

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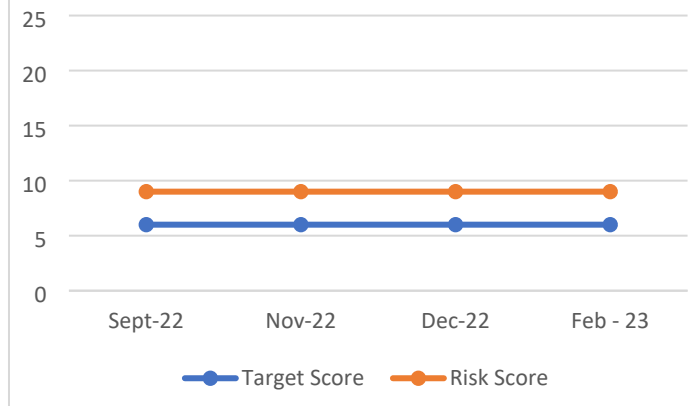
| CRR 005 Risk that: inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens | | Executive Lead: Director of Performance and Commissioning | | | | | | | | | | | | | | | | |
|---|---|--|--------------|------------|---------|----------|---|--------|----------|--|---------|----------|----|--------|----|----|--|--|
| | | Assuring Committee: Delivery and Performance | | | | | | | | | | | | | | | | |
| Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4 | | Date last reviewed: February 2023 | | | | | | | | | | | | | | | | |
| Risk Rating (likelihood x impact): Inherent: 5 x 4 = 20 Current: 5 x 4 = 20 Target: 3 x 4 = 12 |  <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>12</td><td>20</td></tr><tr><td>Nov-22</td><td>12</td><td>20</td></tr><tr><td>Dec-22</td><td>12</td><td>20</td></tr><tr><td>Feb-23</td><td>12</td><td>20</td></tr></tbody></table> | Month | Target Score | Risk Score | Sept-22 | 12 | 20 | Nov-22 | 12 | 20 | Dec-22 | 12 | 20 | Feb-23 | 12 | 20 | Rationale for current score: Baseline as at end of September 2022 indicates current aggregated waiting times as follows (including PTHB provided services): 5,194 patients waiting over 36 weeks, of these 2,795 are waiting over 52 weeks of those 668 wait longer than 104 weeks. Validated position: at end December 2022 in NHS Wales commissioned service providers, 543 Powys residents waiting > 104 weeks; 1092 Powys residents waiting 53-104 weeks. At end of November 2022 in NHS England commissioned service providers, 13 Powys residents waiting > 104 weeks; 1062 Powys residents waiting 53-104 weeks. A number of patients are not getting treatment within published access standards. There is the potential risk of and harm for patients with excessive treatment waiting times. If urgent and emergency care pressures lead to the invoking of the NHS Local Options Framework, planned care will be reduced/suspended resulting in further delays to treatment. | |
| Month | Target Score | Risk Score | | | | | | | | | | | | | | | | |
| Sept-22 | 12 | 20 | | | | | | | | | | | | | | | | |
| Nov-22 | 12 | 20 | | | | | | | | | | | | | | | | |
| Dec-22 | 12 | 20 | | | | | | | | | | | | | | | | |
| Feb-23 | 12 | 20 | | | | | | | | | | | | | | | | |
| Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Performance Trajectories and details on harm reviews for Powys residents requested from commissioned service providers in NHS England and NHS Wales to understand both year end position 2022/23 and for 2023/24 (latter with reference to NHS Wales Planning Framework 2023-26 access target requirements by June 2023; and NHSE access target requirements by March 2024). | | Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Secure performance improvement trajectories from providers.</td><td>DPP</td><td>Jan 2023</td></tr><tr><td>Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government funding release. Insourcing and outsourcing options being considered (subject to capacity). All providers</td><td>DPP/DOF</td><td>Jan 2023</td></tr></tbody></table> | | Action | Lead | Deadline | Secure performance improvement trajectories from providers. | DPP | Jan 2023 | Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government funding release. Insourcing and outsourcing options being considered (subject to capacity). All providers | DPP/DOF | Jan 2023 | | | | | | |
| Action | Lead | Deadline | | | | | | | | | | | | | | | | |
| Secure performance improvement trajectories from providers. | DPP | Jan 2023 | | | | | | | | | | | | | | | | |
| Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government funding release. Insourcing and outsourcing options being considered (subject to capacity). All providers | DPP/DOF | Jan 2023 | | | | | | | | | | | | | | | | |

| | | | |
|---|---|--|--|
| <ul style="list-style-type: none"> Medinet contract extended – proposals being developed to offer Powys residents experiencing long waits in commissioned service providers in NHS Wales to be treated in Powys. Identify key priorities to deliver elective treatments within ministerial access targets. Implementation of Integrated Performance Framework. Ongoing scrutiny and oversight through CQPR meetings utilising Commissioning Assurance Framework with escalation through monthly ICAM meetings and through Integrated Performance Report. Provider issue summary and fragile services log. Develop funding proposal to WG to support recovery of waiting times for Powys activity in English Providers. Ensure Powys residents are included in the activity being sourced through the West Midlands Mutual Aid hub. | <p>now expected to agree improvement trajectories in light of 22/23 guidance published for planned care recovery.</p> | | |
| <p>Current Risk Rating</p> | <p>Update including impact of actions to date on current risk score</p> | | |
| <p>5 x 4 = 20</p> | <p>Improved performance experienced within NHS England commissioned service providers; improvement not being experienced in NHS Wales commissioned service providers creating inequity of access for Powys residents.</p> | | |

Patterson, Liz
23/05/2023 11:25:01

| CRR 006 Risk that: failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services | | Executive Lead: Director of Workforce and Organisational Development Assuring Committee: Workforce and Culture | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|------------|---------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--|--|
| Risk Impacts on: Organisational Priorities underpinning all WBOs | | Date last reviewed: April 2023 | | | | | | | | | | | | | | | | | | | |
| <div>Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 2 x 4 = 8</div> <div>Date added to the risk register September 2022</div> |  <table><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>8</td><td>16</td></tr><tr><td>Nov-22</td><td>8</td><td>16</td></tr><tr><td>Dec-22</td><td>8</td><td>16</td></tr><tr><td>Feb-23</td><td>8</td><td>16</td></tr><tr><td>Apr-23</td><td>8</td><td>16</td></tr></tbody></table> | Month | Target Score | Risk Score | Sept-22 | 8 | 16 | Nov-22 | 8 | 16 | Dec-22 | 8 | 16 | Feb-23 | 8 | 16 | Apr-23 | 8 | 16 | <div>Rationale for current score:</div> <ul style="list-style-type: none">The Temporary Staffing Unit is continuing to provide support to meet the health board staffing deficits. However, this has resulted in a significant and increasing reliance on agency staffing to meet this demand. For the month of March January 2023, RN bank was 18.8515.9 WTE and 37.1110.2 WTE from agency. For Bank HCSW it was 18.0413.9 WTE and 44.9221.3 WTE from agency.The health board currently has 12.5 WTE medical vacancies of which 10.1 WTE are being covered via Locums.The Health Board continues to experience a particularly challenging position in respect of registered nurse vacancies, with an overall vacancy deficit of 31.9%. The greatest proportion of these vacancies are seen in our community ward settings. Recent workforce projection data indicates an overall worsening picture for our workforce vacancy levels over the next 10 years. | |
| Month | Target Score | Risk Score | | | | | | | | | | | | | | | | | | | |
| Sept-22 | 8 | 16 | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 8 | 16 | | | | | | | | | | | | | | | | | | | |
| Dec-22 | 8 | 16 | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 8 | 16 | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 8 | 16 | | | | | | | | | | | | | | | | | | | |
| Controls (What are we currently doing about the risk?) | | Mitigating actions (What more will we do?) | | | | | | | | | | | | | | | | | | | |
| <div><div><div></div><div>A calendar for a rolling programme of recruitment events has been developed which includes student streamlining, department for working pensions and open days across the county which the service areas are supporting.</div></div></div> | | <div><div>Action</div><div></div><div></div></div> | <div><div>Lead</div><div></div><div></div></div> <div><div>Dead line</div><div></div><div></div></div> | | | | | | | | | | | | | | | | | | |

| | | | |
|--|---|--|---|
| <ul style="list-style-type: none"> ▪ All roles on trac continue to be monitored continue to be monitored to improve the time to hire. ▪ Services continue to ensure all key vacant posts are being processed in a timely manner. ▪ Rolling adverts for all substantive and bank nurse vacancies remain open across all sites. ▪ Interviews were held in January for the remainder of phase 1 of the international all Wales nurse recruitment programme, 5 nurses were offered and 4 successful due to start on the 17th April 2023. Offers have been issued and accepted with a target in country date of 11th April 2023 (this is subject to changes with visa applications) ▪ Plans to recruit a further cohort of international nurses ▪ Interviews were held in January for the remainder of phase 1 of the international all Wales nurse recruitment programme, 5 nurses were successful. Offers have been issued and accepted with a target in country date of 11th April 2023 (this is subject to changes with visa applications) ▪ Weekly reports on temporary staffing are produced in order to monitor bank and agency usage and shared with Head of Nursing. ▪ The Executive Director of Nursing and Midwifery has undertaken a formal review of community ward establishments to ensure there are recommended minimum safe staffing levels that align with the current service delivery model. ▪ Further work has commenced on the development of an Accelerated Sustainable Model <ul style="list-style-type: none"> • By the end of Q1 we will have undertaken a wellbeing roadshow at each of the main hospital sites across the county • A variable pay reduction plan developed and variable pay group established. | <ul style="list-style-type: none"> • Working with partners a joint recruitment event across Health and Social Care is being explored. • Develop a proposition for the candidate journey from application to induction, identifying changes or omissions within the current process that are required to improve the candidate journey. • Roll out the organisationally agreed workforce planning model by delivering training which supports services to develop their resource plans. • Undertaken a wellbeing roadshow at each of the main hospital sites across the county | DWO D ADO D ADO D | Q1 23/24 Q1 23/24 Q1 23/24 |
| <p align="center">Current Risk Rating</p> | <p align="center">Update including impact of actions to date on current risk score</p> | | |
| <p align="center">4 x 4 = 16</p> | <p>A Workforce Steering Group has been established to review the existing and future targeted actions aligned to the strategic priorities set out within the IMTP.</p> | | |

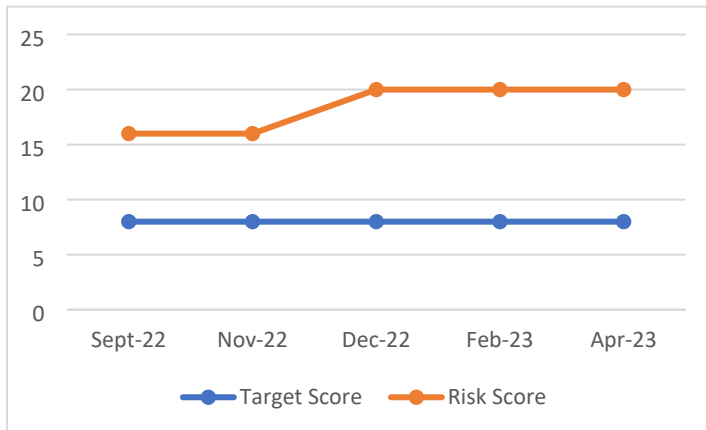
| CRR 007 Risk that: ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys | | Executive Lead: Chief Executive | | | | | | | | | | | | | | | | |
|---|--------------|--|--------------|------------|---------|----------|--|----------|------------|---|----------|------------|--|----------|------------|--|----------|------------|
| Risk Impacts on: Organisational Priorities underpinning WBO 8 | | Assuring Committee: Planning, Partnerships and Population Health | | | | | | | | | | | | | | | | |
| Risk Rating (likelihood x impact): Inherent: 3 x 4 = 12 Current: 3 x 3 = 9 Target: 2 x 3 = 6 | | Rationale for current score: <ul style="list-style-type: none">Effective partnership working arrangements requires strong governance and performance management. There should be a clear approach to ensure and demonstrate that investment in partnerships delivers effective and appropriate outcomes for the local population. In January 2021, Internal Audit reported limited assurance in respect of how the Health Board ensures effective partnership governance.Further, achievement of the health board’s Health and Care Strategy will be dependent on the success of successful working relationships with key partners and stakeholders. | | | | | | | | | | | | | | | | |
| Date added to the risk register Risk Updated September 2022 | | | | | | | | | | | | | | | | | | |
|  <table><caption>Risk Rating Data</caption><thead><tr><th>Period</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>6</td><td>9</td></tr><tr><td>Nov-22</td><td>6</td><td>9</td></tr><tr><td>Dec-22</td><td>6</td><td>9</td></tr><tr><td>Feb - 23</td><td>6</td><td>9</td></tr></tbody></table> | | Period | Target Score | Risk Score | Sept-22 | 6 | 9 | Nov-22 | 6 | 9 | Dec-22 | 6 | 9 | Feb - 23 | 6 | 9 | | |
| Period | Target Score | Risk Score | | | | | | | | | | | | | | | | |
| Sept-22 | 6 | 9 | | | | | | | | | | | | | | | | |
| Nov-22 | 6 | 9 | | | | | | | | | | | | | | | | |
| Dec-22 | 6 | 9 | | | | | | | | | | | | | | | | |
| Feb - 23 | 6 | 9 | | | | | | | | | | | | | | | | |
| Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Health Board attendance at Public Service Board, Regional Partnership Board, Joint Partnership BoardHigh-level reporting to Board from Public Service Board, Regional Partnership Board, Joint Partnership BoardPowys Health and Care Strategy in place with Powys County Council and PAVOActive engagement with Mid Wales Joint CommitteeEngaged in regional planning and partnership arrangements such as South East Wales Central Planning Group; Future Fit | | Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Identify all existing partnerships and collaborations to inform development of a Framework</td><td>BS / DPP</td><td>31/03/2023</td></tr><tr><td>Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes</td><td>BS / DPP</td><td>28/02/2023</td></tr><tr><td>Development and population of a Partnership Register</td><td>BS</td><td>31/03/2023</td></tr><tr><td>Development of the Partnership Governance Framework for presentation to Board in December 2022</td><td>BS / DPP</td><td>31/03/2023</td></tr></tbody></table> | | Action | Lead | Deadline | Identify all existing partnerships and collaborations to inform development of a Framework | BS / DPP | 31/03/2023 | Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes | BS / DPP | 28/02/2023 | Development and population of a Partnership Register | BS | 31/03/2023 | Development of the Partnership Governance Framework for presentation to Board in December 2022 | BS / DPP | 31/03/2023 |
| Action | Lead | Deadline | | | | | | | | | | | | | | | | |
| Identify all existing partnerships and collaborations to inform development of a Framework | BS / DPP | 31/03/2023 | | | | | | | | | | | | | | | | |
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| Development and population of a Partnership Register | BS | 31/03/2023 | | | | | | | | | | | | | | | | |
| Development of the Partnership Governance Framework for presentation to Board in December 2022 | BS / DPP | 31/03/2023 | | | | | | | | | | | | | | | | |
| Current Risk Rating | | Update including impact of actions to date on current risk score | | | | | | | | | | | | | | | | |

Patterson, Liz
 23/05/2023 11:25:01

3 x 3 = 9

No further update

Patterson, Liz
23/05/2023 11:25:01

| CRR 008 Risk that: the demand and capacity pressures in the primary care system lead to services becoming unsustainable | | Executive Lead: Director of Finance and IT | | | | | | | | | | | | | | | | | | | |
|---|--------------|--|--------------|------------|---------|----------|--|--------|---------|----|--------|---|----|--------|---|----|--------|---|----|--|--|
| Risk Impacts on: Organisational Priorities underpinning WBO 4 | | Assuring Committee: Planning, Partnerships and Population Health | | | | | | | | | | | | | | | | | | | |
| Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 5 x 4 = 20 Target: 2 x 4 = 8 | | Rationale for current score: <ul style="list-style-type: none">▪ Sustainability assessment and escalation tool of GP Practices identifying several consistently high risk practices across Powys. Practices may not be able to provide sustainable GMS services.▪ Increasing demand during in and out of hours particularly relating to paediatric demand resulting in impact on routine care.▪ Cybersecurity incident caused by ransomware affecting Adastra system across all NHS (England and Wales). Impact on 111 and Out of Hours Services including access to clinical records available to support consultations. Adastra now up and running however CAS system still not yet operational▪ Dental access, in particular urgent access currently reduced gaps across Powys with demand for access currently greater than capacity. Routine and urgent General Dental Services compromised. | | | | | | | | | | | | | | | | | | | |
| Date added to the risk register Risk Updated September 2022 | | | | | | | | | | | | | | | | | | | | | |
|  <table><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>8</td><td>16</td></tr><tr><td>Nov-22</td><td>8</td><td>16</td></tr><tr><td>Dec-22</td><td>8</td><td>20</td></tr><tr><td>Feb-23</td><td>8</td><td>20</td></tr><tr><td>Apr-23</td><td>8</td><td>20</td></tr></tbody></table> | | Month | Target Score | Risk Score | Sept-22 | 8 | 16 | Nov-22 | 8 | 16 | Dec-22 | 8 | 20 | Feb-23 | 8 | 20 | Apr-23 | 8 | 20 | | |
| Month | Target Score | Risk Score | | | | | | | | | | | | | | | | | | | |
| Sept-22 | 8 | 16 | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 8 | 16 | | | | | | | | | | | | | | | | | | | |
| Dec-22 | 8 | 20 | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 8 | 20 | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 8 | 20 | | | | | | | | | | | | | | | | | | | |
| Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">▪ Close monitoring and liaison with practices to offer support including regular review of the sustainability matrix to monitor changes and sustainability funding application process.▪ Implementation of Accelerated Cluster Development Programme.▪ Health Board management of practices if contracts are handed back until tendering process is successful.▪ Adastra – System now fully reinstated. Continued daily participation in national BCI calls with 111 to manage situation. Following successfully testing Shropdoc Adastra was reinstated on 19/10/22 albeit with limited functionality. System being used for the patient contact/record. Manual admin process still required at the front end. Reactivation of GP OOH report messaging and | | Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td><ul style="list-style-type: none">▪ Primary Care – Ongoing regular review of sustainability matrix and applications for support. Weekly review of Escalation tool▪ Weekly Regular discussions with Cluster Leads regarding to discuss ongoing demands and additional actions to manage peaks▪ Implementation of the Accelerated Cluster Development Programme to meet national milestones.▪ Following the Adastra Cyber incident on the 4th August, that as of today a fully functioning Adastra system is now operational across Wales and</td><td>DFIT</td><td>Ongoing</td></tr></tbody></table> | | Action | Lead | Deadline | <ul style="list-style-type: none">▪ Primary Care – Ongoing regular review of sustainability matrix and applications for support. Weekly review of Escalation tool▪ Weekly Regular discussions with Cluster Leads regarding to discuss ongoing demands and additional actions to manage peaks▪ Implementation of the Accelerated Cluster Development Programme to meet national milestones.▪ Following the Adastra Cyber incident on the 4th August, that as of today a fully functioning Adastra system is now operational across Wales and | DFIT | Ongoing | | | | | | | | | | | | |
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| | | | |
|--|--|------|---------|
| <p>special patient notes now in place. Fully operational Adastra and CAS system hoped to be in place before the 4 day Christmas BH period. 111 and Shropdoc remain in BCI</p> <ul style="list-style-type: none"> ■ GDS- national end of year process caused concern with the profession. 22/23 final year end position will not be confirmed until July 23. This is impacting on Contract Reform sign up for 23/24. 23/24 Contract Variation notices not yet agreed, resulting in urgent access being compromised and Commissioning of urgent access slots across Powys and new contract in place for Llandrindod. Implementation of the new Dental contract 22/23 metrics should increase provision and access. Community Dental Service clinics continue to support urgent access to mitigate against gaps in provision. This is impacting on CDS routine access/appointments. Mid Year Review meetings completed and in year contract adjustments being considered. Awaiting national guidance to support year end. New contract awarded in Newtown effective from 01/05/23 (contract replaces a contract handback due to retirement. | <p>Shropdoc. Therefore 111, Shropdoc and SBUHB will be no longer working under BCI arrangements.</p> <ul style="list-style-type: none"> ■ The national twice weekly Business Continuity & Incident calls have therefore also been stood down as of 16/02/2023 | | |
| | <ul style="list-style-type: none"> ■ Dental – Some urgent access slots commissioned across Powys. Reliant on CDS service for increased input to support urgent access provision as contractors consider Contract Reform metrics for 23/24 ■ Dental contract reform to improve access. Community Dental Service clinics in place to support urgent access to mitigate gaps until procurement processes successful. New contract currently out to tender for Newtown. | DFIT | Ongoing |
| <p>Current Risk Rating</p> <p>5 x 4 = 20</p> | <p>Update including impact of actions to date on current risk score</p> <p>Mitigating actions continue to manage the risks</p> | | |

Patterson Liz
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CRR 009

Risk that: a cyber-attack results in significant disruption to services and quality of patient care

Executive Lead: Director of Finance, Information and IT

Assuring Committee: Delivery and Performance

Date last reviewed: April 2023

RISK CONSIDERED IN-COMMITTEE

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23/05/2023 11:25:01

| CRR 010 Risk that: the care provided in some areas is compromised due to the health board's estate being not fit for purpose | | Executive Lead: Associate Director of Capital, estates and Property Assuring Committee: Delivery and Performance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|------------|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|--------|---|----|---|--|
| Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4 | | Date last reviewed: April 2023 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 3 x 3 = 9 Date added to the risk register January 2017</div> | <table><caption>Risk Score Data</caption><thead><tr><th>Date</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>May-17</td><td>4</td><td>16</td></tr><tr><td>Sep-17</td><td>4</td><td>16</td></tr><tr><td>Jan-18</td><td>4</td><td>16</td></tr><tr><td>May-18</td><td>4</td><td>16</td></tr><tr><td>Sep-18</td><td>4</td><td>16</td></tr><tr><td>Jan-19</td><td>4</td><td>16</td></tr><tr><td>May-19</td><td>4</td><td>16</td></tr><tr><td>Sep-19</td><td>4</td><td>16</td></tr><tr><td>Jan-20</td><td>4</td><td>16</td></tr><tr><td>May-20</td><td>4</td><td>16</td></tr><tr><td>Sep-20</td><td>4</td><td>16</td></tr><tr><td>Jan-21</td><td>4</td><td>16</td></tr><tr><td>Mar-21</td><td>4</td><td>16</td></tr><tr><td>May-21</td><td>4</td><td>16</td></tr><tr><td>Jul-21</td><td>9</td><td>16</td></tr><tr><td>Sep-21</td><td>9</td><td>16</td></tr><tr><td>Nov-21</td><td>9</td><td>16</td></tr><tr><td>Jan-22</td><td>9</td><td>16</td></tr><tr><td>Mar-22</td><td>9</td><td>16</td></tr><tr><td>May-22</td><td>9</td><td>16</td></tr><tr><td>Jul-22</td><td>9</td><td>16</td></tr><tr><td>Sep-22</td><td>9</td><td>16</td></tr><tr><td>Nov-22</td><td>9</td><td>16</td></tr><tr><td>Dec-22</td><td>9</td><td>16</td></tr><tr><td>Feb-23</td><td>9</td><td>16</td></tr><tr><td>Apr-23</td><td>9</td><td>16</td></tr></tbody></table> | Date | Target Score | Risk Score | May-17 | 4 | 16 | Sep-17 | 4 | 16 | Jan-18 | 4 | 16 | May-18 | 4 | 16 | Sep-18 | 4 | 16 | Jan-19 | 4 | 16 | May-19 | 4 | 16 | Sep-19 | 4 | 16 | Jan-20 | 4 | 16 | May-20 | 4 | 16 | Sep-20 | 4 | 16 | Jan-21 | 4 | 16 | Mar-21 | 4 | 16 | May-21 | 4 | 16 | Jul-21 | 9 | 16 | Sep-21 | 9 | 16 | Nov-21 | 9 | 16 | Jan-22 | 9 | 16 | Mar-22 | 9 | 16 | May-22 | 9 | 16 | Jul-22 | 9 | 16 | Sep-22 | 9 | 16 | Nov-22 | 9 | 16 | Dec-22 | 9 | 16 | Feb-23 | 9 | 16 | Apr-23 | 9 | 16 | <div>Rationale for current score:</div> <div><ul style="list-style-type: none">▪ Estates Compliance: 38% of the estate infrastructure was built pre-1948 and only 5% of the estate post-2005. Significant investment and risk-based programmes of work over several years across the compliance disciplines (fire, water hygiene, electric, medical gases, ventilation, etc.) will be required.▪ Capital: the health board has not had the resource or infrastructure in place in recent times to deliver a significant capital programme and this places pressures on systems, capital resource and the wider organisation to fully support major project activity. Furthermore, Discretionary Capital acts as the safety net for overspend on capital projects for the health boards, and with a very limited discretionary allowance in PTHB this is a significant financial risk.▪ Environment & Sustainability: NHS Wales Decarbonisation Strategic Delivery Plan published in 2021 - challenging targets with limited resource.</div> | |
| Date | Target Score | Risk Score | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-17 | 4 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-17 | 4 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-18 | 4 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-18 | 4 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-18 | 4 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-19 | 4 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-19 | 4 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 4 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 4 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 4 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 4 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 4 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-21 | 4 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 4 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-21 | 9 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 9 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-21 | 9 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 9 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar-22 | 9 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-22 | 9 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul-22 | 9 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-22 | 9 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-22 | 9 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-22 | 9 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-23 | 9 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-23 | 9 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Controls (What are we currently doing about the risk?) | | Mitigating actions (What more will we do?) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>ESTATES<ul style="list-style-type: none">▪ Specialist sub-groups for each compliance discipline▪ Risk-based improvement plans introduced▪ Specialist leads identified▪ Estates Compliance Group and Capital Control Group established</div> | | <div>Action Implement the Capital Programme and develop the long-term capital programme.</div> | <div>Lead AD Estates & Property</div> <div>Deadline In line with Annual Plan for 2022-23</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <div>Continue to seek WG Capital pipeline programme funding continuity: seek alternative capital funding opportunities to mitigate funding</div> | <div>AD Estates & Property</div> <div>In line with Annual Plan for</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|-----------------------|--------------------------------------|
| <ul style="list-style-type: none"> Medical Gases Group; Fire Safety Group; Water Safety Group; Health & Safety Group in place. New Ventilation Safety Group set up. Capital Programme developed for compliance and approved Capital and Estates set as a specific Organisational Priority in the health board's Annual Plan Address (on an ongoing basis) maintenance and compliance issues Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards <p>CAPITAL</p> <ul style="list-style-type: none"> Capital Procedures for project activity Routine oversight / meetings with NWSSP Procurement Specialist advice and support from NWSSP Specialist Estates Services Audit reviews by NWSSP Audit and Assurance Close liaison with Welsh Government, Capital Function Reporting routinely to P&R Committee Capital Programme developed and approved Detailed Strategic, Outline and Full Business Cases defining risk Capital and Estates set as a specific Organisational Priority <p>ENVIRONMENT</p> <ul style="list-style-type: none"> ISO 14001 routine external audit to retain accreditation Environment & Sustainability Group NWSSP Specialist Estates Services (Environment) support and oversight Welsh Government support and advice to identify and fund decarbonisation project initiatives Welsh Government Energy Service / Re:fit energy programme of works underway with proposal for £2.5M invest to save project | reduction for 2022/23 and develop projects in readiness for any capital slippage with additional £1.1M received. Estates Funding Advisory Board (EFAB) for 2023/24 and 2024/25 secured. Phase 2 project Llandrindod with endorsed PBC and BJC cases being developed. Machynlleth £15.2 reconfiguration of front of hospital completed March 2023. | | 2022-23 |
| | Develop capacity and efficiency of the Estates and Capital function | AD Estates & Property | In line with Annual Plan for 2022-23 |
| | Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to address establishment staff numbers in Works Team and recruitment challenges. Resource review undertaken by IEG in 2023 with proposal limited by financial position. | AD Estates & Property | March 2023 |
| Current Risk Rating | Update including impact of actions to date on current risk score | | |
| 4 x 4 = 16 | Estates: Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. Workforce challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group. | | |

Fire: Work to improve operational fire structure has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented but are dependent on capital funding.

Property: significant pressure on space with expanding staff numbers alongside implementation of new agile working approach.

Finance: significant cost pressures related to fuel and inflation are acting to increase pressure on Estates Revenue and Capital projects outturn costs and material / Supplier availability. Estates related pressure on revenue (£500K+) due to defects identified and scheduled from new Maintenance Contract roll out.

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| | |
|---|---|
| CRR 011 Risk that: a significant public health event/emergency impacts on provision, continuity and sustainability of services | Executive Lead: Director of Public Health Assuring Committee: Delivery and Performance |
| Risk Impacts on: the health and wellbeing of the population, patients and visitors and on the continuity of a range of NHS systems and services, including workforce, support services and supply chain. | Date last reviewed: April 2023 |
| <p>Risk Rating</p> <p>(likelihood x impact): Inherent: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 3 x 4 = 12</p> <p>Date added to the risk register February 2020</p> | <p>Rationale for current score:</p> <p>Likelihood: 'Possible'. Vaccination has weakened the link between cases and admissions to hospital and provide good protection against severe disease from variant strains of SARS-CoV2, although protection against infection and mild disease is lower and relatively short lived. Recognising that the (direct) risk of Covid-19 overwhelming the NHS has reduced, the likelihood has been adjusted from 'likely' to 'possible' as of February 2022.</p> <p>It should be noted there are still risks including uncertainties regarding the size and timing of potential future waves of Covid-19, winter remains the season when the threat from Covid-19 and other respiratory viruses is greatest. The emergence of new variants of concern cannot be discounted due to the unpredictability of virus evolution over winter 2022 to 2023. Other winter respiratory viruses such as influenza virus and respiratory syncytial virus (RSV) are co-circulate with Covid-19, and there has been over winter 2022/23 there was an increase in Strep A virus. An overlap in waves of infection due to different respiratory and other infectious viruses would pose increased risks to the health of individuals and to the NHS.</p> <p>Throughout the pandemic, Covid-19 has disproportionately affected those in older age groups, residents in care homes for older adults, and those with certain underlying health conditions, particularly those who are severely immunosuppressed.</p> <p>Following vaccination, these same factors continue to identify those persons who are at higher risk of developing severe COVID-19 and it's important that those eligible continue to take up the offer of a vaccine and treatment. The NHS is already operating at near maximum</p> |

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| | <p>capacity, and large numbers of staff isolating due to illnesses may impact on some services. From 1 April 2023 WH has paused testing and tracing for covid-19 and other respiratory infections during spring/summer, with testing decisions being clinically led to support antiviral treatment and the manage high risk closed settings. The risk score will therefore need to be kept under regular review.</p> <p>Impact: 'Major'. COVID-19 presents four harms to the population: -</p> <ol style="list-style-type: none">1. The direct harm arising from the disease itself;2. The harm caused by an overwhelmed NHS;3. The harm caused by stopping other non-COVID activity; and4. The wider harm to wellbeing caused by population level measures in response to COVID-19. | | |
| Controls (What are we currently doing about the risk?) | Mitigating actions (What more will we do?) | | |
| <p>1. Delivery of Autumn (2022) Booster Programme commenced on 1st September 2022 to eligible groups as identified by JCVI with the primary objective to augment immunity in those at higher risk from COVID-19 and thereby optimise protection against severe COVID-19, specifically hospitalisation and death, over winter 2022 to 2023. Walk-ins available at all MVCs and since January 2023 offer of flu vaccine to eligible population, and non-attendees offered reappointments. Commencing Spring (2023) Booster Programme on 3 April 2023 for eligible groups in line with JCVI and WG guidance with the primary objective to augment immunity in those at higher risk of COVID-19 and thereby optimise protection against COVID-19, specifically hospitalisation and death.</p> <p>2. Delivered Autumn Covid'19 Booster programme to eligible booster cohort between September 2022 and March 2023, with walk ins available at all MVC's and between January & March 2023 offer flu vaccine to eligible population, and non-attendees offered reappointment achieving high uptake rates. Joint management and oversight arrangements remain in place with Powys County Council, including a joint Prevention and Response Strategic Oversight Group, which has widening remit to include oversight of other health protection areas e.g. MPox, Ukrainian refugees.</p> | Action | Lead | Deadline |
| | <ul style="list-style-type: none">Plan for delivery of COVID-19 vaccination for 2023/24 in line with WG funding. | MB/SB | 31/03/23 |
| | <ul style="list-style-type: none">Exercise surge vaccination plan and review in response to learning | MB/DB | 30/06/23 |
| | <ul style="list-style-type: none">Continue to deliver flu vaccination programme with monthly review | MB/NB | 31/02/23 |
| | Delivery of COVID-19 vaccination planning and delivery for 2023/24 in line with WG funding and JCVI guidance | MB/SB | 31/03/24 |
| | Incorporate learning from surge plan exercise | MD/DB | 30/06/23 |

| | | | |
|--|--|--------------|-----------------|
| <p>3. Test, Trace Protect programme transitioned in line with 'Together for a Safer Wales' with very small team in place to carry out testing, contact tracing for covid-19 'stable situation' in line with WG guidance:</p> <ul style="list-style-type: none"> • WG patient facing testing framework published 30th March 2023 with approach being test to diagnose to support clinical care and treatment and test to safeguard; • PCR testing remains in place for target/eligible population via Powys CTUs will be focused on those in an outbreak situation and those immunocompromised; • Contact tracing service operating will only take place during period of escalation and to manage high risk outbreaks; • Care home cell meeting regularly and as required will continue with ability to stand up in an incident; • Regional response cell meetings stood down but to reconvene if required. <p>4. Working as part of the wider system in Wales through participation in national planning and response arrangements as these evolve to respond to stage of pandemic and wider health protection issues.</p> <p>5. Continued delivery of 'Together for a Safer Future' transition in line with WG policy decisions and national health protection review.</p> <p>6. Staff testing and protective behaviours (PPE/Social distancing etc) guidance updated regularly in line with WG guidance and local circumstance, overseen by HB Infection Prevention Advisory Group.</p> <p>7. FFP3 mask usage – decision on 29th December 2021 to continue to follow UK IP&C guidance supporting risk assessed use.</p> <p>8. Staff testing guidance and IPC policies kept under review under direction of HB Infection Prevention and Advisory Group.</p> <p>9. Surge vaccination plan developed and submitted to WG in January 2023, and tested in March 2023.</p> <p>10. Delivery of 2022/23 flu vaccination programme delivered by GP Practices & Pharmacies commenced in September, and expended via MVCs to eligible population from January 2023.</p> <p>11. Reviewing vaccination plan (workforce and venues) in line with reduced WG funding.</p> <p>12. Scoping health protection response in line with WG funding and requirements for 2023/24.</p> | <p>Review the flu vaccination programme and commence planning for winter 2023/24 with monthly review</p> | <p>MB/NB</p> | <p>31/07/23</p> |
|--|--|--------------|-----------------|

| Current Risk Rating | Update including impact of actions to date on current risk score |
|---------------------|--|
| 3 x 4 = 12 | |

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AGENDA ITEM: 3.3a

| BOARD MEETING | | DATE OF MEETING: 25 MAY 2023 |
|---|---|---------------------------------|
| Subject : | SUMMARY OF PARTNERSHIP BOARD ACTIVITY | |
| Approved and Presented by: | Hayley Thomas, Interim Chief Executive | |
| Prepared by: | Corporate Governance Business Officer | |
| Considered by Executive Committee on: | Various aspects covered in Executive Committee business | |
| Other Committees and meetings considered at: | Information contained in the papers appended to this report have been considered by the relevant partnership board. | |

PURPOSE:

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:

- NHS Wales Shared Services Partnership Committee (NWSSPC).
- Powys Public Services Board (PSB);
- Regional Partnership Board (RPB);
- Joint Partnership Board (JPB).

RECOMMENDATION(S):

It is recommended that the Board DISCUSSES and NOTES the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.

| Ratification | Discussion | Information |
|--------------|------------|-------------|
| x | ✓ | x |

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

| | | |
|----------------------------|--|---|
| Strategic Objectives: | 1. Focus on Wellbeing | ✓ |
| | 2. Provide Early Help and Support | ✓ |
| | 3. Tackle the Big Four | ✓ |
| | 4. Enable Joined up Care | ✓ |
| | 5. Develop Workforce Futures | ✓ |
| | 6. Promote Innovative Environments | ✓ |
| | 7. Put Digital First | ✓ |
| | 8. Transforming in Partnership | ✓ |
| Health and Care Standards: | 1. Staying Healthy | ✓ |
| | 2. Safe Care | ✓ |
| | 3. Effective Care | ✓ |
| | 4. Dignified Care | ✓ |
| | 5. Timely Care | ✓ |
| | 6. Individual Care | ✓ |
| | 7. Staff and Resources | ✓ |
| | 8. Governance, Leadership & Accountability | ✓ |

BACKGROUND AND ASSESSMENT:

Powys Teaching Health Board is a member of the following partnership boards. This report provides an update in relation to the work of these Partnership Boards.

NHS Wales Shared Services Partnership Committee (NWSSPC): established under Velindre NHS Trust which is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

The Shared Services Partnership Committee met on 23 March 2023. The assurance report from that meeting is attached at **Appendix 1**. The next meeting took place on 18 May 2023. The assurance report from that meeting will be included in the July Board papers.

The Powys Public Services Board (PSB): established by the Well-being of Future Generations (Wales) Act 2015. Its role is to improve the economic, social, environmental and cultural well-being of Powys through better joint working across all public services. This includes a yearly review of the Powys Wellbeing Plan to show progress.

The PSB have not met since the last update to Board in March 2023.

The Powys Regional Partnership Board (RPB): established under the Social Services and Well-being (Wales) Act 2014, which came into force in April 2016. Its key role is to identify key areas of improvement for care and support services in Powys and to identify opportunity for integration between Social Care and Health.

The next meeting is scheduled for 19 May 2023 where the following items will be considered:

- Powys RPB Area Plan, and
- RPB Delivery and Resource Plan

The Joint Partnership Board (JPB): established under The National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000 (S.I. 2000/2993 (W.193)) made under section 33 of the NHS (Wales) Act 2006. JPB brings together County Council and Powys Teaching Health Board to provide strategic leadership to ensure effective partnership working across organisations within the county for the benefit of Powys' citizens.

- The Joint Partnership Board has not met since the last update to Board in March 2023

NEXT STEPS:

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

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ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

| Reporting Committee | Shared Service Partnership Committee |
|---|--|
| Chaired by | Tracy Myhill, NWSSP Chair |
| Lead Executive | Neil Frow, Managing Director, NWSSP |
| Author and contact details. | Peter Stephenson, Head of Finance and Business Development |
| Date of meeting | 23 March 2023 |
| Summary of key matters including achievements and progress considered by the Committee and any related decisions made. | |
| <u>Matters Arising – Recruitment Update</u> | |
| <p>The Recruitment Modernisation Plan is positively impacting performance, with the time to hire for new recruits effectively being halved at the initial sites where the changes have been fully implemented. Actions have included the training of over 1800 Recruitment Managers across NHS Wales in the last twelve months and the provision of regular and dedicated communications. One area still in need of improvement is to receive more comprehensive forecast information from Health Boards, Trusts, and Special Health Authorities, in terms of recruitment plans for the medium and longer term.</p> <p>The Committee NOTED the update.</p> | |
| <u>Chair's Report</u> | |
| <p>The Chair updated the Committee on attendance at recent meetings, both within NWSSP and externally. The Chair also confirmed the dates of further Committee development sessions, on the 9th of June and the 10th of November.</p> <p>The Committee NOTED the update.</p> | |
| <u>Managing Director Update</u> | |
| <p>The Managing Director presented his report, which included the following updates on key issues:</p> <ul style="list-style-type: none"> • The number of fleet electric vehicles has increased but the UK Government trial of electric HGVs is stalled. • Consultation with staff has started regarding the move from Companies House | |

to Cathays Park.

- Brecon House accommodation in Mamhilad continues to have structural issues with the concrete roof structure which means that we will need to look for alternative accommodation to store the primary care records.
- Welsh Government have confirmed that the required capital is not available to support the OBCs for the Laundry Service, and we are therefore working on an alternative “do minimum” plan which will allow us to refurbish three of the existing sites but within a substantially reduced capital envelope.
- There is an ongoing conversation with colleagues in Welsh Government around PPE storage, stock management, ordering, delivery, and the links to supplies to Primary Care and Social Care.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

Duty of Quality

The Committee discussed and **APPROVED** a paper setting out the proposed approach that NWSSP will adopt to take forward compliance with the Duty of Quality. This includes the role of the Partnership Committee to provide oversight and the twofold role NWSSP will have in providing evidence under Duty of Quality.

Chair’s Action – Telephony and Contact Centre

This relates to a joint procurement led by DHCW to award a new contract for telephony and contact centre systems that just missed the deadline for the January Committee. Approval had been given under Chair’s Action on behalf of both the Committee and the Velindre Trust Board.

The Committee **RATIFIED** the contract award.

Energy Procurement

Eifion Williams attended to present this item. Following the withdrawal of British Gas from the commercial energy market, alternative options had been presented to Directors of Finance and a decision taken to establish a revised procurement arrangement with Crown Commercial Service (CCS), due to their substantial presence in the energy market across the public sector. The new arrangements will come into force in October of this year, NHS Wales would participate in fixed price energy baskets to cover the first 18 months of the contract removing financial uncertainty. Existing forward purchases with British Gas will be sold back to the supplier generating a surplus for NHS Wales. The Directors of Finance also suggested a change in governance arrangements and consequently the Energy Price Risk Management Group will be replaced by the Welsh Energy Group and the Welsh Energy Operating Group, with the former being a sub-committee to the Partnership Committee.

The Committee **APPROVED** the transfer to CCS, the fixed purchase price of

energy, the sale back of existing forward purchase to British Gas, and the establishment of the Welsh Energy Group and the Welsh Energy Operating Group.

Items for Noting

Chair's Appraisal

The Chair's appraisal was conducted earlier in the month and included feedback by Committee members. A summary of the appraisal was provided to Committee members.

The Committee **NOTED** the paper.

Overpayment Policy

The Committee Members discussed the Overpayments update report presented by the Director of Finance. It was agreed that further work was needed to develop an all-Wales Overpayment policy as well as to review the end-to-end processes and streamline procedures which would make it easier for managers to submit termination documentation. It was agreed that further updates would be provided to the Committee members once the various Task and Finish Groups and Service Improvement Team had looked into the issues in more detail.

The Committee **NOTED** the paper.

Finance, Performance, People, Programme and Governance Updates

Finance –The position at M11 forecasts a break-even position with £2m re-distributed to Health Boards. The Welsh Risk Pool forecast outturn position remains as forecast in the IMTP, and all allocated capital funding should be utilised by the end of March.

People & OD Update – Sickness absence rates remain very low, and there has been an increase in Statutory and Mandatory Training compliance to 91%. PADR completion is almost at green. The only area of concern is staff turnover, which is higher than expected, and a review is being undertaken to investigate the reasons for this.

Performance – The in-month (January) performance was generally good with 32 out of 37 KPIs achieving target. The one red-rated indicator was Payroll call-handling, but steady improvements are now being noted in this area.

IMTP Q3 Progress Report - 78% of required actions are either complete or on-track, with those actions that are off track are assessed during the quarterly review process within NWSSP.

Project Management Office Update – The Case Management System and the

Laundry Transformation Projects remain red-rated and are also included as red risks on the Corporate Risk Register. All other projects are on track.

Corporate Risk Register – There remain seven red-rated risks covering areas such as energy costs and provision, industrial action, insufficient staff resource, the Legal and Risk and Laundry project risks, and an issue with the roof of Brecon House that may require the lease to be terminated.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only:

- Audit Committee Assurance Report;
- Finance Monitoring Returns (Months 10 and 11).

AOB

N/a

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Matters referred to other Committees

N/A

Date of next meeting

18 May 2023

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| BOARD MEETING | | DATE OF MEETING: 24 May 2023 | |
|---|--|---------------------------------|-------------|
| Subject : | SUMMARY OF JOINT COMMITTEE ACTIVITY | | |
| Approved and Presented by: | Carol Shillabeer, Chief Executive | | |
| Prepared by: | Interim Head of Corporate Governance | | |
| Considered by Executive Committee on: | Various aspects covered in Executive Committee business | | |
| Other Committees and meetings considered at: | Information contained in the papers appended to this report have been considered by the relevant joint committees. | | |
| PURPOSE: | | | |
| <p>The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board</p> <ul style="list-style-type: none">▪ Welsh Health Specialised Services Committee (WHSSC); and▪ Emergency Ambulance Service Committee (EASC); and <p>It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).</p> | | | |
| RECOMMENDATION(S): | | | |
| <p>It is recommended that the Board:</p> <ul style="list-style-type: none">▪ NOTES the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings. | | | |
| Approval/Ratification/Decision | | Discussion | Information |
| x | | ✓ | x |

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

| | | |
|----------------------------|--|---|
| Strategic Objectives: | 1. Focus on Wellbeing | |
| | 2. Provide Early Help and Support | |
| | 3. Tackle the Big Four | ✓ |
| | 4. Enable Joined up Care | ✓ |
| | 5. Develop Workforce Futures | ✓ |
| | 6. Promote Innovative Environments | ✓ |
| | 7. Put Digital First | |
| | 8. Transforming in Partnership | ✓ |
| Health and Care Standards: | 1. Staying Healthy | ✓ |
| | 2. Safe Care | ✓ |
| | 3. Effective Care | ✓ |
| | 4. Dignified Care | ✓ |
| | 5. Timely Care | ✓ |
| | 6. Individual Care | ✓ |
| | 7. Staff and Resources | ✓ |
| | 8. Governance, Leadership & Accountability | ✓ |

EXECUTIVE SUMMARY:

This report provides an update of the recent activities of the two Joint Committees of the PTHB Board:

- Welsh Health Specialised Services Committee (WHSSC); and
- Emergency Ambulance Service Committee (EASC).

It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).

DETAILED BACKGROUND AND ASSESSMENT:

Welsh Health Specialised Services Committee (WHSSC)

The Welsh Health Specialised Services Committee held a virtual meeting on 16 May 2023. The papers for the meetings are available at: [2022/2023 Meeting Papers - Welsh Health Specialised Services Committee \(nhs.wales\)](#)

Briefing reports from this meeting were unavailable when the Board Papers were published and will be included in the July 2023 Board papers. Briefing reports from the previous meetings held on 13 February and 14 March 2023 are now available and are attached at **APPENDICES A and B**.

Emergency Ambulance Services Joint Committee (EASC)

The EAS Committee held a virtual meeting on 16 May 2023. The papers for the meetings are available at: [May 2023 - Emergency Ambulance Services Committee \(nhs.wales\)](#). The minutes from the meeting on 14 March 2023 are

attached at **Appendix C** and the Chair's Report from 16 May 2023 will be included in a report to Board when available.

Mid Wales Joint Committee for Health and Social Care

The Mid Wales Joint Committee have last met on 25 April 2023. The papers for this meeting can be accessed at: [Mid Wales Joint Committee meeting 25th April 2023 - Mid Wales Joint Committee \(nhs.wales\)](#). The next meeting of the Mid Wales Joint Committee is scheduled for 14 November 2023.

NEXT STEPS:

Updates will continue to be brought to each scheduled meeting the Board.

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**WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)
EXTRAORDINARY JOINT COMMITTEE MEETING BRIEFING –
13 FEBRUARY 2023**

The Welsh Health Specialised Services Committee held its latest public meeting on 13 February 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

[2022/2023 Meeting Papers - Welsh Health Specialised Services Committee \(nhs.wales\)](#)

1. Integrated Commissioning Plan (ICP) 2023-2024

Members received a presentation and report presenting the Integrated Commissioning Plan (ICP) 2023-2024 for approval.

Members noted that the ICP had been updated following the Joint Committee ICP workshop on 10 January 2023 and the Management Group (MG) meeting on 26 January 2023 during which the MG considered the Clinical Impact Assessment Group (CIAG) process and horizon scanning prioritisation, strategy planning assumptions, performance assumptions and contingency planning to cover in year pressures and risks. After consideration, a significant number of disinvestments and recommissioning actions were identified, and an assessment of associated risks had also been undertaken as a consequence of the revised position.

Members noted that the indicative 1% shared system savings target was presented in addition to the financial core uplift of 3.11% and that this would be managed through a set of cross cutting commissioning schemes that will be developed and impact assessed. To support this a programme will be developed focussing on further planning and recommissioning work across pathways, working closely with Health Boards (HBs) to firm up schemes, and to explore the opportunities of the new Clinical Networks structure concerning pathway redesign.

Members agreed to approve the ICP in readiness for inclusion in HB Integrated Medium Term Plans (IMTPs). Members requested that an outline governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target be brought back to the Joint Committee for approval on 14 March 2023.

Members (1) **Noted** that the Plan has been finalised following the Joint Committee meeting on 17 January 2023, and subsequent discussions at Management Group, (2) **Approved** the Integrated Commissioning Plan (ICP) 2023-2024 for submission to Welsh Government; and (3) **Approved** the requirements of the Integrated Commissioning Plan (ICP) for inclusion in Health Board Integrated Medium Term Plans (IMTPs); (4) **Agreed** that an outline governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target be brought back to the Joint Committee for approval on 14 March 2023.

2. Any other Business

Members also **noted** updates on other matters of business as follows:

- **WHSSC proposed policy changes to Specialist Fertility Services - CP37, Pre-implantation Genetic Testing-Monogenic Disorders, Commissioning Policy & CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning Policy** – members noted that in an effort to provide better fertility service provision for Wales and more effective outcomes for patients, two fertility policies had been reviewed and were issued for consultation in accordance with the process outlined in the WHSSC 'Policy for Policies' (which aligns to the process used by NICE and the All Wales Medicines Strategy Group (AWMSG)). The consultation documents were sent directly to a wide stakeholder group via email and the consultation was also signposted on the WHSSC website. Some of the proposals had roused concern amongst affected patient groups, which resulted in negative inaccurate reporting in the press. In addition, the Board of Community Health Councils (CHCs) in Wales had written to WHSSC concerning the policy consultation process and their interpretation that the process related to a service change for patients and that Section 183 of the National Health Services (Wales) Act 2006 applied. WHSSC had discussed the matter with them and the interpretation of public law and that WHSSC were seeking legal advice regarding this complex area and the potential implications for other policy consultation processes undertaken by NICE and NHSE.
- **TransVision Cymru – Letter and WHSSC Response** – members noted that Transvision Cymru had written to a number of Joint Committee members advising that they wanted Welsh Government to help resolve issues faced by transgender children and young people in Wales by extending the Welsh Gender Service (WGS) to under 18s. WHSSC had issued a response letter advising that WHSSC commissions gender identity services for children and young people through NHS England (NHSE) and at this time had no plans to change the commissioning arrangements in the absence of the conclusion of the Cass Review. In line with the

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recommendations of the Cass Review interim report and in recognition that the needs of children and young people are very different to those of adults, any service in Wales would need to be led by a Specialist Children's Hospital. This would mean that the Children's Hospital for Wales would be the lead and not the Adult WGS. Early preparatory discussions had commenced with Cardiff and Vale University Health Board (CVUHB) regarding future proposals. In addition, the interim NHSE Specialist Service for Children & Young People with Gender Dysphoria (Phase 1 providers) service specification was consulted upon in 2022 and the outcome of the consultation report and final service specification are awaited.



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Welsh Health Specialised
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WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 14 MARCH 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 14 March 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

[2022/2023 Meeting Papers - Welsh Health Specialised Services Committee \(nhs.wales\)](#)

1. Minutes of Previous Meetings

The minutes of the meetings held on 10 January 2023, 17 January 2023, and 13 February 2023 were **approved** as a true and accurate record of the meeting, subject to one minor amendment.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Governance System and Process – WHSSC & HB Shared Pathway Saving Target

Members received a presentation on the outline governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target, which had been requested following the Joint Committee approving the Integrated Commissioning Plan (ICP) 2023-2024 on 13 February 2023.

Members noted that WHSSC had applied a programme management approach to establishing a mechanism to monitor savings and efficiencies and had developed a Project Initiation Document (PID) outlining that a Programme Board be established comprising of representatives from each Health Board (HB). The PID had been shared with the Management Group in readiness for detailed discussion on the 23 March 2023.

Members noted that updates on progress would be provided as a standing item on the agenda for future Joint Committee meetings.

Members **noted** the presentation.

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4. Chair's Report

Members received the Chair's Report and **noted**:

- The Chair's Action taken on 2 February 2023 to approve urgent patient expenditure for Advanced Medicinal Therapeutic Products (AMTPs) through the Blueteq High Cost Drugs (HCD) software programme,
- The request to extend the interim Chair of the Individual Patient Funding Request (IPFR) Panel from 31 March 2023 to 30 September 2023,
- That the Minister for Health & Social Services had approved a review of the national commissioning functions, linked to the commitment within a "Healthier Wales" on a set of actions to strengthen and streamline the NHS landscape in Wales. Members noted that the joint workshop between EASC and WHSSC planned for 14 March 2023 to enable a facilitated discussion on the review had been postponed as the independent facilitator had been taken ill; and
- Key meetings attended.

Members (1) **Noted** the report, (2) **Ratified** the Chairs action taken on 2 February 2023 to approve expenditure for Advanced Medicinal Therapeutic Products (AMTPs) through the Blueteq High Cost Drugs (HCD) software programme; and (3) **Approved** the recommendation to extend the tenure of the interim Chair of the Individual Patient Funding Request Panel (IPFR) to 30 September 2023 to ensure business continuity.

5. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates:

- **Plastic Surgery Outreach Clinics in BCUHB: Update on Quality Concerns** - During the plastic surgery workshop held with the Management Group on 22 September 2022 to consider the future commissioning model for plastic surgery, significant quality concerns were raised by the clinical leads from St Helen's & Knowsley NHS Trust (SHKNT). Since then further concerns were raised during an SLA meeting in February 2023, WHSSC has discussed the issues with colleagues in Welsh Government (WG), and it was agreed that, given the issues did not lie directly within the WHSSC commissioning responsibility, WG will lead on the escalation process but in liaison with WHSSC. In addition, a Harm Review has been commissioned by BCUHB and the Terms of Reference (ToR) are in the process of being signed off through internal HB processes,
- **Cochlear Implant and Bone Conduction Hearing Implant Hearing Device Service – Engagement Process Update** - the formal engagement ran between 4 January 2023 and 14 February 2023. The consultation feedback is now being analysed and will be presented to members at the Joint Committee meeting on 16 May 2023; and

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- **Spinal Operational Delivery Network (ODN)** - The implementation of the Spinal Operational Delivery Network (ODN) has been delayed due to unforeseen circumstances. A more detailed update will be presented to the Joint Committee meeting on 16 May 2023.

Members **noted** the report.

6. Delivering Thrombectomy Capacity in South Wales

Members received a report outlining WHSSC's position on the commissioning of Mechanical Thrombectomy for the population of Wales.

Members (1) **Noted** the report, (2) **Noted** the WHSSC Position Statement on the Commissioning of Mechanical Thrombectomy, (3) **Noted** the associated risks with the current delivery model for Welsh stroke patients requiring access to tertiary Thrombectomy centres; and (4) **Noted** the NHS Wales Health Collaborative (NWHC) proposal to strengthen and improve regional clinical stroke pathways in Wales to support the Mechanical Thrombectomy pathway to ensure that patients receive this time-critical procedure in a timely manner.

7. Eating Disorder In-Patient Provision for Adults

Members received a report outlining the medium-term options for adult inpatient eating disorder placements following the end of the contract for eating disorder services between WHSSC and Oxford Health NHS Trust (OHNT) and the current interim arrangements.

Members (1) **Noted** the information presented within the report to progress tendering and procurement options with the independent sector in line with service need for Welsh patients requiring specialist eating disorder services, (2) **Noted** the medium-term options for adult inpatient eating disorder placements following the end of the contract for eating disorder services between WHSSC and Oxford Health NHS Trust (OHNT) and the current interim arrangements; and (3) **Received assurance** that there are robust processes in place to ensure delivery of eating disorder services for adults.

In addition, it was agreed to bring the tender specification back to a future meeting to provide assurance to the JC regarding the quality requirements of the new service.

8. Neonatal Transport ODN – Additional Funding Release

Members received a report advising that the Management Group approved the release of £125k for the establishment of the Neonatal Transport Operational Delivery Network (ODN) for Swansea Bay UHB as the host provider in December 2022, and which sought approval from the Joint Committee for an additional £54k of funding to bridge the shortfall from the original funding request from SBUHB and to allow the implementation of the ODN to proceed.

Members (1) **Noted** the report; and (2) **Approved** the release of an additional £54k funding for the Neonatal Transport ODN to allow the implementation of the Operational Delivery Network (ODN) to proceed.

9. Neonatal Cot Configuration Project

Members received a report outlining the outcomes of the Neonatal Cot Configuration project, the proposed preferred option as recommended by the Project Board and seeking approval for the required long-term next steps.

Members discussed the need for broader discussion linked to interdependencies with maternity services and other core paediatric services, in developing the next steps. The challenges associated with meeting the British Association of Perinatal Medicine (BAPM) standards and the historic work previously undertaken through the South Wales plan were also discussed.

Members (1) **Noted** the background within the report, (2) **Noted** the outcomes of the Neonatal Cot Configuration Project, (3) **Noted** the financial assessment, (4) **Noted** the preferred option of the Project Board, (5) **Approved** the recommended preferred option and the release of funding in line with the provision within the 2022/25 Integrated Commissioning Plan (ICP) as an interim measure; and (6) **Did not Approve** the recommendation of the Management Group for a phase 2 programme of works to be undertaken, but agreed that the NHS Wales Directors of Planning Group consider the approach to reviewing the neonatal service model, aligning with Health Boards' strategic plans, regional work, and key service interdependencies. The output of the discussion to be brought back to the Joint Committee in May.

10. IPFR Engagement Update – ToR and All Wales Policy

Members received a report presenting the outcomes from the WHSSC engagement process with key stakeholders to update the WHSSC Individual Patient Funding Request (IPFR) Panel Terms of Reference (ToR) and on the specific and limited review of the All Wales IPFR Policy.

Members (1) **Noted** the report, (2) **Noted** the feedback received from the WHSSC engagement process with key stakeholders to update the WHSSC Individual Patient Funding Request (IPFR) Panel Terms of Reference (ToR) and on the specific and limited review of the All Wales IPFR Policy, (3) **Approved** the proposed changes to the WHSSC IPFR Panel ToR, (4) **Noted** that the additional feedback on the specific and limited review of the All Wales IPFR Policy is being reviewed and an update will be presented to the Joint Committee on 16 May 2023; and (5) **Noted** that when the limited review of the policy was completed and approved by the Joint Committee, the updated All Wales IPFR Policy (including the WHSSC ToR) will go to each Health Board (HB) for final approval.

11. WHSSC Governance & Accountability Framework – SOs and SFIs

Members received a report providing an update on the WHSSC Governance and Accountability Framework.

Members (1) **Noted** the report, (2) **Approved** the proposed changes to the Standing Orders (SOs), prior to being issued to the seven HBs for approval and inclusion as schedule 4.1 within their respective HB SOs, (3) **Approved** the proposed changes of the Memorandum of Agreement (MoA) and Hosting Agreement in place with CTMUHB, prior to being issued to the seven HBs for approval and inclusion as schedule 4.1 within their respective HB SOs; and (4) **Approved** the proposed changes to the financial scheme of delegation and financial authorisation matrix updating the Standing Financial Instructions (SFIs).

12. Performance & Activity Report Month 9 2022-2023

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period, and outlining signs of recovery in specialised services activity. The activity decreases were shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements

Members **noted** the report.

13. Financial Performance Report – Month 10 2022-2023

Members received the financial performance report setting out the financial position for WHSSC for month 10 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 10 for WHSSC is a year-end outturn forecast under spend of (£14.353m). Members noted that the under spend predominantly relates to releasable reserves of (£18m) arising from 2021-2022 as a result of WHSSC assisting Health Boards manage resources over financial years on a planned basis, as HBs could not absorb underspends above their own forecasts and to ensure the most effective use of system resources.

Members **noted** the current financial position and forecast year-end position.

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14. Neonatal Delivery Assurance Group (DAG) Update

Members received a report providing a summary of South Wales Neonatal Transport Delivery Assurance Group (DAG) Report for July-November 2022.

Members (1) **Noted** the information in the report; and (2) **Received assurance** that the Neonatal Transport service delivery and outcomes were being scrutinised by the Delivery Assurance Group (DAG).

15. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

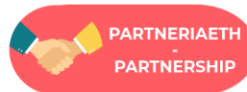
16. Other reports

Members also **noted** update reports from the following joint Sub-committees:

- Audit and Risk Committee (ARC),
- Management Group (MG),
- All Wales Individual Patient Funding Request (IPFR) Panel,
- Integrated Governance Committee (IGC),
- Quality & Patient Safety Committee (QPSC; and
- Welsh Kidney Network (WKN).



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WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 16 MAY 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 16 May 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed using the link below:
[2023/2024 Joint Committee - Welsh Health Specialised Services Committee \(nhs.wales\)](#)

1. Minutes of Previous Meetings

The minutes of the meetings held on the 14 March 2023 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. WHSSC Specialised Services Strategy

Members received a report and presentation presenting the final draft of the Specialised Services Commissioning Strategy for approval.

Members **noted** that following the Joint Committee workshop to discuss the strategy on 17 April the document had been updated to reflect the feedback received from the Joint Committee and Welsh Government.

Members (1) **Approved** the final draft of the Specialised Services Commissioning Strategy; and (2) **Supported** the decision to undertake further detailed work on the development of a set of meaningful success measures for the strategic objectives, with a timescale of September 2023 for completion.

4. WHSSC & HB Shared Pathway Saving Target – Milestones on Governance System & Process

Members **received** a presentation on the outline governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target, which had been requested by the Committee following approval of the Integrated Commissioning Plan (ICP) 2023-2024 on 13 February 2023.

Members **noted** that WHSSC had applied a programme management approach to establishing a mechanism to monitor savings and efficiencies and had developed Project Initiation Document (PID) outlining that a Programme Board be established comprising of representatives from each Health Board (HB). The PID had been shared with the Management Group in readiness for detailed discussion on 23 March 2023.

Members **noted** that an update on progress would be provided as a standing item on the agenda of future Joint Committee meetings.

Members **noted** the presentation.

5. Chair's Report

Members received the Chair's Report and **noted**:

- **Chair's Action** - The Chair's Action taken on 9 May 2023 to extend the tenure of Professor Ceri Phillips, Independent Member (IM), WHSSC from 31 May 2023 until 30 June 2023,
- **WHSSC Independent Member (IM) Recruitment** - that a recruitment process for the third WHSSC IM position will open in May 2023,
- **Welsh Government (WG) Review of National Commissioning Functions** - further to the Minister for Health & Social Services's announcement concerning a review of national commissioning functions a facilitated discussion with Joint Committee members took place on 14 March 2023 to coincide with the EASC and WHSSC meetings scheduled for that day; and
- Key meetings attended.

Members (1) **Noted** the report, (2) **Ratified** the Chair's action taken on 9 May 2023 to extend the tenure of Professor Ceri Phillips, Independent Member (IM), WHSSC from 31 May 2023 until 30 June 2023.

6. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates:

- **Single Commissioner for Mental Health** - Further to the Joint Committee meeting on 10 January 2023, when six of the seven HBs on the Joint Committee supported a recommendation to WG that WHSSC should be the single commissioner for secure Mental Health service in Wales, on 20 March 2023 WHSSC received confirmation from WG that they accepted the recommendation. A letter has been issued to Welsh Government requesting funding for project management support for the associated programme of work,
- **Sacral Nerve Stimulation (SNS) for faecal incontinence in South Wales** - WHSSC has received a request from the Chair of the NHS Wales Health Collaborative Executive Group (CEG) formally requesting that WHSSC take on the commissioning of Sacral Nerve Stimulation (SNS) for faecal incontinence in South Wales. The

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WHSSC Team will undertake an evidence review of the procedure and an estimation of demand and budget impact to feed into the WHSSC Integrated Commissioning Plan. A report outlining the process and timeline, will be brought to the July Joint Committee,

- **Spinal Operational Delivery Network (ODN)** - Following highlighting the delay reported in the March 2023 meeting the Implementation Board have confirmed that the plan is for the ODN to go live in September 2023,
- **Thoracic Surgical Centre Update** - Following further detailed capital planning work undertaken by SBUHB as the host provider of the future single Thoracic Surgical Centre a briefing has been received with a more detailed timeline for the delivery of the scheme. At the Project Board meeting in November 2022 an initial indicative timeline was reported that the Centre will be operational during 2026; and
- **All Wales IPFR Policy Review**
The final draft of the All Wales Individual Patient Funding Panel (IPFR) Policy will be presented to the Joint Committee in July 2023. It has not been possible to complete the work in time for the May committee meeting due to the availability of the KC to consider the draft which has now been agreed by WHSSC and stakeholders.

Members **noted** the report.

7. Review of Specialised Commissioning in Haematology: Acute Myeloid Leukaemia (AML), Acute Lymphoblastic Leukaemia (ALL) and High Risk Myelodysplasia

Members received a report outlining the main findings and proposals of the report on Acute Myeloid Leukaemia (AML), Acute Lymphoblastic Leukaemia (ALL) and High Risk Myelodysplasia (HRM) from the review of specialised commissioning in haematology.

Members (1) **Noted** the findings of the specialised haematology review in relation to the opportunities, risks and challenges for the Acute Myeloid Leukaemia (AML), Acute Lymphoblastic Leukaemia (ALL) and High Risk Myelodysplasia (HRM) service in Wales, (2) **Considered** the options proposed for how specialised commissioning under WHSSC could address the opportunities, risks and challenges in the AML, ALL and HRM service to provide an equitable, high quality and sustainable service for patients in Wales; and (3) **Approved** option 4, the phased implementation of option 1 (all Wales MDT) and option 3 (network service model for Wales), as the preferred option.

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8. Review of Specialised Commissioning in Haematology: Allogeneic Haematopoietic Stem Cell Transplantation, Salvage Therapy in Non-Hodgkin's Lymphoma and Secondary Immunodeficiency

Members received a report outlining the main findings and proposals of the review of specialised commissioning in haematology for Allogeneic Haematopoietic Stem Cell Transplantation (AHSCT), salvage therapy for high grade Non-Hodgkin's Lymphoma (HG NHL) and Secondary Immunodeficiency in haematology patients.

Members (1) **Noted** the findings of the specialised haematology review in relation to the management of AHSCT, salvage therapy for HG NHL and treatment for secondary immunodeficiency in haematology patients, (2) **Noted** the options proposed for how specialised commissioning under WHSSC may address the opportunities, risks and challenges in these service; and (3) **Approved** the following specific recommendations:

- Management of AHSCT:
 - Commissioning responsibility for long term follow up (post 100 days) by the specialist AHSCT team is transferred from HBs to WHSSC,
- Salvage therapy for HG NHL:
 - Current commissioning arrangements are retained,
 - The role of central commissioning is re-evaluated once an agreed national pathway for HG NHL is in place,
- Secondary immunodeficiency:
 - Current commissioning arrangements are retained; and
 - Consideration is given to undertaking work at an all Wales level to evaluate the feasibility of a national sub-cutaneous immunoglobulin therapy service for patients with secondary immunodeficiency.

9. Review of Specialised Commissioning in Haematology: Thrombotic Thrombocytopenic Purpura

Members received a report outlining the main findings and proposals of the review of specialised commissioning in haematology for Thrombotic Thrombocytopenic Purpura (TTP).

Members (1) **Noted** the current model of service delivery for TTP across Wales and the risks to equitable access to best treatment, (2) **Approved** the transfer of commissioning responsibility for TTP from Health Boards to WHSSC; and (3) **Approved** the proposed preferred option to commission TTP for the population of south Wales from a designated comprehensive TTP centre in NHS England.

10. Cochlear and Bone Conduction Hearing Implant (BCHI) Engagement & Next Steps

Members received a report outlining the targeted engagement process undertaken regarding Cochlear and BCHI services for people in South East

Wales, South West Wales and South Powys, the findings from that process and the proposed next steps.

Members (1) **Noted** the process that has been followed both in respect of a) the temporary urgent service change for Cochlear services and b) the requirements against the guidance for changes to NHS services in Wales, (2) **Noted** and **Considered** the feedback received from patients, staff and stakeholders with respect commissioning intent, (3) **Approved** the preferred commissioning model of a single implantable device hub for both children and adults with an outreach support model, (4) **Supported** the next steps specifically the undertaking of a designated provider process; followed by a period of formal consultation, (5) **Noted** the process that has been enabled to seek patient and stakeholder views in line with the requirements against the guidance for changes to NHS services in Wales; and (6) **Agreed** to take the outcome and proposed next steps through Health Boards for consideration.

11. Performance Management Framework

Members received a report presenting the draft WHSSC Performance Management Framework approach which subject to approval will be embedded into WHSSC's business as usual processes, and shared with provider organisations, for transparency and awareness.

Members (1) **Noted** the report, (2) **Approved** the proposed approach for an updated WHSSC Performance Management Framework; and (3) **supported** the proposed implementation arrangements.

12. Development of the Integrated Commissioning Plan 2024-2027

Members received a report outlining the high level process for the development of the WHSSC Integrated Commissioning Plan (ICP) for 2024-2027.

Members (1) **Noted** the report, (2) **Considered** and **Approved** the timeline; and (3) **Received assurance** on the process.

13. Annual Governance Statement 2022-2023

Members received a report presenting the Annual Governance Statement (AGS) 2022-23 for approval.

Members (1) **Noted** the final report, (2) **Noted** that the draft Annual governance Statement was presented to the Integrated Governance Committee on the 18 May 2023 for assurance, (3) **Noted** that the WHSSC Annual governance Statement 2022-2023 will be presented at the CTMUHB Audit & Risk Committee Meeting on 21 June 2023, (4) **Noted** that the WHSSC Annual Governance Statement 2022-2023 will be included in the CTMUHB Annual report submission to Welsh Government and Audit Wales in June 2023, recognising that it has been reviewed and

agreed by the relevant sub committees of the Joint Committee; (5) **Noted** that the final documents will be submitted to the CTMUHB Audit & Risk Committee in July 2023 for recommendation for CTMUHB Board Approval on 27 July 2023; and (6) **Noted** that the final Annual Governance Statement will be included in the Annual Report presented at the CTMUHB Annual General Meeting in September 2023.

14. Sub Committee Annual Reports

Members received a report presenting the Sub-Committee Annual Reports for 2022-2023.

Members **noted** the Sub-Committee Annual Reports for 2022-23.

15. Sub Committee Terms of Reference

Members received a report presenting the updated Terms of Reference (ToR) for the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC), and the Welsh Kidney Network (WKN) for approval.

Members (1) **Noted** that the Welsh Kidney Network (WKN) Terms of Reference were discussed and approved at the WKN Board Meeting on 4 April 2023, (2) **Noted** that the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC) Terms of Reference were discussed and approved at sub-committee meetings on 18 April 2023, (3) **Noted** that the MG ToR were discussed at the MG meeting on 27 April 2023 and no changes were proposed; and (4) **Approved** the revised Terms of Reference (ToR) for the IGC, the QPSC and the WKN.

16. Performance & Activity Report Month 11 2022-2023

Members received a report highlighting the scale of the decrease in activity levels during the peak COVID-19 period, and outlining signs of recovery in specialised services activity. The activity decreases were shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements.

Members **noted** the report.

17. Financial Performance Report – Month 12 2022-2023

Members received the financial performance report setting out the financial position for WHSSC for month 12 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The year-end financial position reported at Month 12 for WHSSC was an underspend of (£10.939m). The under spend predominantly relates to releasable reserves of (£18m) arising from 2021/22 as a result of WHSSC

assisting Health Boards to manage resources over financial years on a planned basis, as HBs could not absorb underspends above their own forecasts, and to ensure the most effective use of system resources.

Members **noted** the current financial position and forecast year-end position.

18. South Wales Trauma Network Delivery Assurance Group (Quarter 3 Report)

Members received a report providing a summary of the Quarter 3 2022/23 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).

Members **noted** the full South Wales Major Trauma Network (SWTN) Delivery Assurance Group (DAG) report.

19. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

20. Other reports

Members also **noted** update reports from the following joint Sub-committees:

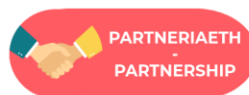
- Audit and Risk Committee (ARC),
- Management Group (MG),
- All Wales Individual Patient Funding Request (IPFR) Panel,
- Integrated Governance Committee (IGC),
- Quality & Patient Safety Committee (QPSC); and
- Welsh Kidney Network (WKN).

21. Any Other Business

- Members noted a Joint Committee development session will be held on 11 September 2023.



Tim Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team



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**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
14 MARCH 2023 AT 09:30HOURS
VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

| Members: | |
|---------------------------|--|
| Chris Turner | Independent Chair |
| Stephen Harray | Chief Ambulance Services Commissioner (CASC) (in part) |
| Nicola Prygodzicz | Chief Executive, Aneurin Bevan ABUHB |
| Suzanne Rankin | Chief Executive, Cardiff and Vale CVUHB |
| Paul Mears | Chief Executive, Cwm Taf Morgannwg CTMUHB |
| Carol Shillabeer | Chief Executive, Powys PTHB |
| Associate Members: | |
| Jason Killens | Chief Executive, Welsh Ambulance Services NHS Trust (WAST) |

| In Attendance: | |
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| Nick Wood | Deputy CEO NHS Wales, Welsh Government |
| David Coyle | Integrated Community Health Director, Betsi Cadwaladr BCUHB |
| Deb Lewis | (in part) Interim Chief Operating Officer, Swansea Bay SBUHB |
| Kerry Broadhead | Assistant Director of Strategy, Swansea Bay SBUHB |
| Shaun Ayres | Deputy Director of Operational Planning and Commissioning Hywel Dda UHB |
| Rachel Marsh | Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST) |
| Stuart Davies | Director of Finance EASC |
| Matthew Edwards | Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU) |
| Lee Leyshon | Communications and Engagement Lead Interim for EASC |
| Sian Ashford | Head of EASC Team |
| Phill Taylor | Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU) |
| Gwenan Roberts | Committee Secretary |

| In Attendance: | |
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| Ricky Thomas | Head of Informatics EASC |
| Colette Rees | Head of Planning and Programme Design and Delivery National Collaborative Commissioning Unit |

| Part 1. PRELIMINARY MATTERS | | ACTION |
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| EASC 23/021 | <p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the virtual 'Teams Live' meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting. Sian Harrop-Griffiths was thanked for her regular attendance and contributions over the last few years and all wished her a happy retirement.</p> | Chair |
| EASC 23/022 | <p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Steve Moore, Andrew Carruthers, Mark Hackett, Sian Harrop-Griffiths, Gill Harris, Nick Lyons and Ross Whitehead</p> | Chair |
| EASC 23/023 | <p>DECLARATIONS OF INTERESTS</p> <p>There were none. Members were reminded that the annual request to complete the forms would be sent out shortly and the Chair asked that they be completed and returned as soon as possible.</p> | Chair |
| EASC 23/024 | <p>MINUTES OF THE MEETING HELD ON 6 DECEMBER 2022</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 17 January 2023.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 17 January 2023. | Chair |
| EASC 23/025 | <p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p> <p>EASC 23/012</p> <ul style="list-style-type: none"> • Manchester Inquiry Recommendations <p>Jason Killens explained that work had commenced to respond to the comprehensive report and a report would be provided as the findings for implementation emerged via the EASC Management Group in the first instance.</p> | <p>Chair</p> <p>Added to EASCMG forward look</p> |

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| | <p>EASC 22/123</p> <ul style="list-style-type: none"> • Additionality diagram <p>Linked to the additional staff recruited and information presented at the November meeting. A further update would be provided.</p> <p>EASC 22/81</p> <ul style="list-style-type: none"> • Roster Reviews <p>Members noted that the roster reviews had been completed and a table showing the breakdown of numbers and the investment level would be shared via the Committee Secretary.</p> <ul style="list-style-type: none"> • Changes to WAST working practices <p>Members noted that this was currently on hold in view of negotiations in relation to Industrial Action.</p> <p>EASC 22/10</p> <ul style="list-style-type: none"> • Key Reports and Updates <p>It was reported that these discussions were continuing with Digital Health and Care Wales (DHCW) which also linked with information in the Chief Ambulance Services Commissioner's report.</p> <p>EASC 21/26</p> <ul style="list-style-type: none"> • Committee Effectiveness <p>It was noted that this work as ongoing and arrangements would be made to meet with the Citizen Voice Body - Llais.</p> <p>Members RESOLVED to: NOTE the Action Log.</p> | <p>WAST</p> <p>WAST</p> <p>Chair</p> |
| <p>EASC 23/026</p> | <p>MATTERS ARISING</p> <p>There were no matters arising from the minutes.</p> | <p>Chair</p> |
| <p>EASC 23/027</p> | <p>CHAIR'S REPORT</p> <p>The Chair's report including the Chair's Objectives was received. Members noted the ongoing National Commissioning Review by Welsh Government (a review of the functions) and Members would have an opportunity to meet with Steve Combe who was leading the work.</p> <p>A discussion took place in relation to the Vice Chair and it was suggested and agreed that Suzanne Rankin undertake the role for the next two years.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the information within the report • NOTE the Chair's objectives set by the Minister • APPROVE the appointment of Suzanne Rankin as Vice Chair of the Committee. | <p>Chair</p> |

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| Part 2. ITEMS FOR DISCUSSION AND APPROVAL | ACTION |
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| <p>EASC 23/028</p> <p>PERFORMANCE REPORT</p> <p>The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • Core demand had reduced • There was a continued increase in hear and treat • There was an increase in 'units of hours produced' (UHP) • Red performance in January 2023 was 48.9% • Amber performance an improving position from December • Over 24,000 hours lost to handover delays in January • Work to change the presentation of performance information to assist health board teams to understand system performance which includes the weekly dashboard shared by the EASC Team • The new performance report was presented for the first time (and had been presented and supported for use at the recent EASC Management Group meeting) • Information on post production lost hours and the discussion whether this showed the impact of industrial action • There was a lack of consistency in the performance and the need for clarity in regard to the direction for the service • Although trends had been improving this had not impacted on the overall red performance • Information would be presented in a new way in the report to assist the correlation and impact of different factors on the performance of the service • There was a need to continue to utilise the work with WAST and health boards to work together to deliver the agreed plans to improve performance • Cardiff and Vale undertook learning in a systematic way to eliminate 4 hour delays and it was suggested that using the same methodology could be helpful to learn lessons across the system and improve performance • Variation was being monitored across the system with health boards trying to identify areas for improvement • The 111 Service could have an impact on local service utilisation and could be included • It was difficult at times of high system pressure to have the time to consider why and take learning opportunities • There was a positive impact of the roster review and the improvement in sickness absence rates • Is should be possible to articulate what a bad week looks like to deep dive to have a better understanding of the variation in performance either by a mechanism such as root cause analysis or reviewing patient pathways where people came to harm or very long delays | |

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| | <ul style="list-style-type: none"> • There would be a need to articulate and agree a methodology for use across the system • Should be able to utilise the data linking information (and add key trigger points) and could be helpful to hold a short workshop (added to Action Log) and link to the Six Goals for Urgent and Emergency Care Programme to avoid cutting across work already in train. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the report. • NOTE the Ambulance Services Indicators • NOTE the continued work on ambulance handover improvements • APPROVE the new Performance Report format for ongoing use • NOTE the content of the EASC Action Plan | CASC |
| EASC 23/029 | <p>LOCAL INTEGRATED COMMISSIONING ACTION PLANS (ICAP) UPDATE</p> <p>The Local Integrated Commissioning Actions Plan Update report was received.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • Progress had been made against the development of Integrated Commissioning Action Plans (ICAPs) aligned to the Emergency Ambulance Services Collaborative Commissioning Framework Agreement • The EASC Team had been worked collaboratively with health boards and WAST in the development of the ICAPs • Each health board had submitted ICAPs which had been reviewed by the EASC Team • Going forward meetings would be held with health boards and WAST to review performance data relating to ambulance handover delays and data aligned to the delivery of actions set out in the health board's ICAP, also to consider any operational or strategic matters arising. Performance data would be monitored via the weekly performance dashboard that would be circulated to all health boards and WAST • The actions and outputs of the ICAP process will provide direction and content for the development of each organisation's IMTPs and linking to the Six Goals work • Good relationships were being developed and working together providing new opportunities • Although some progress being made, there was a lot of work to do to address the variation and performance across the system • Going forward would be reported with the commissioning intentions | |

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| | <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the progress made via the ICAPs. • NOTE that future ICAP updates will be included within the EASC Commissioning Intentions update. • NOTE the risks highlighted and links with the Six Goals for Urgent and Emergency Care Programme. | |
| EASC 23/030 | <p>QUALITY AND SAFETY REPORT</p> <p>The Quality and Safety Report was received. In presenting the report, Sian Ashford highlighted key areas of progress.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • Report provided Members with an update on the quality and safety matters for commissioned services currently being supported by the EASC Team • Responding to the Healthcare Inspectorate Wales (Welsh Ambulance Services NHS Trust) Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover. Following feedback from HIW a further update was provided on a number of specific areas with HIW recently accepting the progress made to date. During 2023, the EASC Team would be required to develop a final output response for HIW on the recommendations. Input from Health Boards and WAST would be essential in the development of this response. A further workshop was planned to complete the response to the recommendations • Established and coordinated a task and finish group to review the Appendix B process, to make recommendations for improvement and to monitor the impact. Now embedded across the system important to share learning. Task and Finish Group Members have asked to continue the work and an update Terms of Reference was provided to Members with the request to approve • Work would also now be undertaken to include key quality and safety matters relating to Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service within a new EASC Quality & Safety Report with the intention to develop the report to include more metrics and performance measures to sit alongside the existing Performance Report and to enhance the Committee's knowledge in terms of quality, outcomes and harm. • The EASC team would continue to work with WAST and HB colleagues to understand the level of harm within the system and to develop additional processes for the committee to assure itself that it is discharging its statutory responsibilities for the planning and securing of emergency ambulances | |

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| | <ul style="list-style-type: none"> • Ongoing work to develop a dashboard linked to Datix and the Welsh Risk Pool involved and an update would be provided at a future meeting (Action Log) • It was important to receive quality and safety information at EASC as well as the performance data and it was suggested a thematic data driven report would be helpful across the system (to be included in new Quality and Safety Report) <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the report and the progress made by both Task and Finish Groups • APPROVE the Terms of Reference for the continuation of the Joint Investigation Group to create an opportunity to feedback and evaluate the new process • NOTE the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services. • NOTE the potential impact of industrial action on patient harm within the system • NOTE the development of a new Quality and Safety report for future submission. | <p>EASCT</p> <p>EASCT</p> |
| <p>EASC 23/031</p> | <p>EASC INTEGRATED MEDIUM TERM PLAN (IMTP) 2023 to 2026</p> <p>The EASC IMTP 2023 to 2026 was received. Stephen Harrhy provided an update on the progress to date and raise specific issues on key areas.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • The IMTP had been discussed at the recent EASC Management Group and various peer groups • Comments received have been included in the final draft presented • Page 15 provided the summary of the commitments in relation to performance improvement • There was consistency between the EASC IMTP and the WAST IMTP and there were no particular risks to draw attention to • The individual health board ICAP information was also reflected and there was no different between the assumptions in the EASC IMTP than in health boards in relation to delivery • It would be key to deliver the performance improvement outcomes • The finance appendix had been discussed by the Directors of Finance peer group and had been included in health board plans | |

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| | <ul style="list-style-type: none"> • There was a gap at present and there were difficult choices to be made in relation to the additional 100 wte staff recruited and the assumption that the support for this would be provided from a central source. Ongoing discussions were taking place with Welsh Government officials. • Assumptions had been made that hear and treat services would improve and how these may link to alternative pathways in health boards in line with ICAPs • Alignment between EASC IMTP assumptions and the assumptions of the 111 service (working with Richard Bowen) including the contribution to WAST overhead costs • Cost reduction expectation for WAST would be in line with health board assumptions in terms of this • There was a gap in the WAST finances which was identified and referred to the 100wte additional staff and the remaining gap would be expected to be met through efficiencies • The expectations on performance improvement (page 15) and the deliverability was discussed with the understanding that there were dependencies and would be contingent on each other • Including the reduction of conveyances would also be part of the ongoing work although it was not explicitly included on page 15, this was included in the Ambulance Service Indicators • Other areas could be included in relation to wider work within the system such as the emerging policy on further faster • IMTPs would need to be submitted to Welsh Government by end of March 2023 and agreed that Chair's action could take place for any further minor amendments and additions. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update provided. • APPROVE Chair's action for minor amendments and additions prior to submission to Welsh Government. | |
| <p>EASC 23/032</p> | <p>UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW</p> <p>The update report was received. Lee Leyshon presented the report and gave an overview of work to date</p> <p>Noted that:</p> <ul style="list-style-type: none"> • Core bilingual engagement materials had been developed following work with health boards and the Community Health Councils across Wales • Websites in Welsh and English had been prepared • Substantial amounts of information had been provided to respond to misinformation particularly in social media | |

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| | <ul style="list-style-type: none"> • Efforts made to ensure the process is undertaken correctly and diligently • Original timescales set aside to ensure robust and transparent process • External supplier sought to support analysis of questionnaire to complement the activities of the EASC Team • Augmenting information for meaningful dialogue • Underpinning by methodological approach in briefing, engaging and sharing • Working with venues across mid and north Wales for face to face activities and large meeting room opportunities • Building trust and confidence in the approach • Team receiving positive helpful responses • Carefully meeting the Gunning principles for engagement and the legal requirements for health boards <p>Members thanked Lee and the team for the process to date and supported the approach being taken to build confidence and trust in the approach, working with health board engagement, communication and service change leads. The Chair explained that Chair's action had not been taken since the last meeting and as the meeting was arranged that the Joint Committee should take the decision to commence the formal engagement process for at least 8 weeks mindful that all engagement materials had now been prepared.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the dedicated engagement and communication expertise • NOTE that the EASC Team continued to work with health board engagement, communication and service change leads to commence the engagement process • NOTE the testing, development and publishing of content and engagement materials in preparation for the engagement process • NOTE the activities and pre-engagement work undertaken since the previous meeting including the engagement timetable of sessions currently being arranged • NOTE the pending proposal for external supplier support to undertake data collation, analysis and reporting to include a representative sample • APPROVE the commencement of the formal engagement process, straight away following the EASC meeting on 14 March 2023 (Action Log). | CASC |
| EASC 23/03/23 | <p>WELSH AMBULANCE SERVICES NHS TRUST REPORTS</p> <p>The reports of the Welsh Ambulance Services NHS Trust (WAST) were received.</p> | |

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| | <p>These included:</p> <ul style="list-style-type: none"> • Provider Report • WAST Integrated Medium Term Plan (Presentation) <p>WAST Provider Report</p> <p>Members received the Provider Update.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • The update on the red performance target of 8,9 and 10mins • Amber response now less than 60mins • Sickness absence trend tracking in line with expectation • Consistency of performance good in some areas but weak in others <p>Members raised:</p> <ul style="list-style-type: none"> • Opportunities to learn from last winter and need to think ahead for improvements in the last few months of the year • Important to have preparedness and plans for next winter now • Seasonal planning and the links to further and faster work already started. <p>WAST Integrated Medium Term Plan (Presentation)</p> <p>The presentation gave an overview of the issues to be considered in line with discussions earlier in the meeting to include meeting performance targets, taking the learning and sharing from the local Integrated Commissioning Action Plan meetings; taking forward the WAST Board commitment to invert the triangle and meeting the requirements of the Commissioning Intentions and Quality and Delivery Framework.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • WAST giving greater emphasis to listening to the public and to staff in particular to their experiences of the service received and as work • Maintaining their long-term strategy and keeping in mind • Priorities identified including for the 111 Service and more to do • a pilot for an amber category patient night sitting service was planned to oversee a specific group of patients using remote and on scene resources – this could include overnight reviews which would include working with St John Cymru • plan to review Amber calls over the next year • Same Day Emergency Care (SDEC) – WAST would be looking at referral criteria which would give a huge opportunity to work more closely with health boards in relation to access and improving performance in local areas • Working with an independent consultancy to improve the way WAST operate and potentially more formal engagement processes | |
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| | <ul style="list-style-type: none"> • Plan to try small tests of change with flow centre work, use of advanced paramedic practitioners in the clinical control centres utilising information from the ICAP work for example for mental health patients, falls patients and those on a respiratory pathway • Ongoing work for the Non-Emergency Patient Transfer Service • Accountable Officer letter sent in relation to the financial gap if no recurrent funding forthcoming for the 100wte; a savings programme had been identified for £6m to reach balance • Specific risks had been identified and included in the plan <p>Members asked about the plans for reducing conveyances and the expectations for the hear and treat service as well as the need to improve the service for those in the red category calls. The Cymru High Acuity Response Unit was also discussed with an expectation that the service would be available across Wales.</p> <p>Stephen Harrhy welcomed the information identified within the resource envelope and opportunities for choices to be made, this would provide strategic and local opportunities and would need to link with the ICAP commitments.</p> <p>Members suggested it might be helpful to further develop the ICAP process so all local areas are clear of their commitments and targets. ICAPs have health board actions, health board and WAST actions and WAST actions identified to ensure responsibility is clear within the system. This work also would link to the Six Goals for Urgent and Emergency Care Programme.</p> <p>The Chair summarised and agreed to provide a letter of support from EASC to WAST for inclusion in their IMTP submission to Welsh Government.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update provided • APPROVE the provision of a letter in support of the IMTP. | |
| <p>EASC 23/034</p> | <p>CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT</p> <p>The Chief Ambulance Services Commissioner's Update Report was received.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • The link at EASC to the Six Goals for Urgent and Emergency Care Programme (particularly Goal 4) and the specific priorities identified for the Joint Committee | |

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| | <ul style="list-style-type: none"> Funding for the Night Sitting Service had been provided by the Six Goal programme for 12 weeks to implement and evaluate the impact (Action Log) Would be important to link to the work of the Regional Partnership Boards as a whole system issue The Transfer, Discharge and Repatriation Service – specialist Adult Critical Care Transfer Service had been specifically requested to be expanded by Betsi Cadwaladr, Swansea Bay and Hywel Dda health boards although this had not yet been completed. A letter had been received from the Deputy Chief Medical Officer, Dr Chris Jones requesting that The Chief Ambulance Services Commissioner specifically review the transfer, discharge and repatriation services. This work had just commenced and the product would need to be a clear defined and specific framework which addressed national and local needs. Members felt it would be helpful to discuss on a wider scale for all services (not just ACCTS) and agreed that the Managing Director of the Welsh Health Specialised Services Committee, Dr Sian Lewis should also be involved (Action Log). <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the information within the report. | CASC CASC |
| EASC 23/035 | <p>EASC COMMISSIONING UPDATE</p> <p>The EASC Commissioning Update Report was received. This included:</p> <ul style="list-style-type: none"> Commissioning Framework Integrated Medium Term Plan Commissioning Intentions <p>Noted that:</p> <ul style="list-style-type: none"> Progress had been made against the key elements of the collaborative commissioning approach <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the collaborative commissioning approach NOTE the progress made in terms of developing the EMS Commissioning Framework, including the development of the local Integrated Commissioning Action Plans and the agreed approach NOTE the Quarter 3 update against the EASC Commissioning Intentions and the key priorities from the EASC IMTP 2022-25 NOTE the Commissioning Intentions for 2023-24 included within the EASC IMTP. | |

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| EASC 23/036 | <p>EASC FINANCIAL PERFORMANCE REPORT MONTH 11 2022/23</p> | |
| | <p>The EASC Financial Performance Report at month 11 in 2022/23 was received. Stuart Davies presented the report and gave an overview of the current position.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • There was a current £400,000 underspend • Further ongoing work to finalise the year end position • A dispute had been ongoing in relation to £186,000 non recurrent funding not paid by one member of EASC; and due to the way EASC is funded the dispute had to be passed on to WAST and the NHS Finance Team at Welsh Government to resolve. <p>Members were concerned about the dispute and confirmed their understanding that as a collaborative function this was not in line with the Standing Orders in the way decisions are made at EASC. The decision making process is clear at EASC, a decision making Committee where a 2/3 rule applies. This matter would be raised with Steve Combe undertaking the review of National Commissioning Functions. Members would be kept informed of the progress with this matter.</p> <p>Work was being undertaken in relation to WHSSC and EASC Standing Financial Instructions to finalise the information for wider circulation to health boards.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the current financial position, the forecast year-end position and the ongoing dispute. | |
| EASC 23/037 | <p>EASC SUB-GROUPS CONFIRMED MINUTES</p> <p>The confirmed minutes from the following EASC sub-groups were received:</p> <ul style="list-style-type: none"> • EASC Management Group – 20 October 2022 • Non-Emergency Patient Transport Services (NEPTS) Delivery Assurance Group – 1 December 2022 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes. | |
| EASC 23/038 | <p>EASC GOVERNANCE</p> <p>The report on EASC Governance was received. Gwenan Roberts presented the report and highlighted key areas.</p> | |

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| | <p>Noted that:</p> <ul style="list-style-type: none"> • The Risk Register had been reviewed and updated by the EASC Team during January 2023. • Five red risks in total, three scoring the highest level at 25. Additional information had been included and related to the ongoing system pressures and the impact on patients and the increasing risk of harm. Further work on the Quality and Safety Report would allow Members to be better informed of the appropriateness of the current risk scores and Members agreed to maintain the status quo. • The EASC Assurance Framework has been updated in line with the changes above approved at the last meeting for the Risk Register • The EASC Standing Orders were presented for approval. No changes had been made (no material differences). Memorandum of Understanding and Hosting Agreement to be reviewed in March 2024. • A letter was received on 22 November 2022 from the Welsh Language Commissioner (WLC) which indicated that a member of the public had concerns regarding documentation on the EASC website and related to the EMRTS Service Development Proposal. The member of the public had visited the website on 11 November 2022 and had been unable to find a Welsh language version of the EMRTS Service Development Proposal on the website. This occurred due to annual leave of a member of the EASC Team with responsibility for the website. Further arrangements had been made to avoid this happening again. The EASC website had been reviewed to ensure compliance with the Welsh Language standards including ensuring that Welsh was not treated less favourably than English and also that the Welsh website is of the same standard as the English website in terms of content. • A further update would be provided as the investigation continued. • The key organisational contacts, Members were asked to ensure that they were content with their representatives for the sub groups. • The summary of the most recent host body Audit and Risk Committee summary was provided for assurance. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the updated risk register • APPROVE the updated EASC Assurance Framework • APPROVE the EASC Standing Orders • NOTE the investigation by the Welsh Language Commissioner. • NOTE the information within the EASC Key Organisational Contacts • NOTE the Audit and Risk Committee summary | |
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| EASC 23/039 | FORWARD LOOK AND ANNUAL BUSINESS PLAN The Forward Look and Annual Business Plan was received. The Chair asked Members to forward any suggestions for future 'Focus on' sessions. Members RESOLVED to: APPROVE | |
| Part 3. OTHER MATTERS | | ACTION |
| EASC 23/040 | ANY OTHER BUSINESS There was no other business raised. The Chair closed the meeting by thanking Members for their contribution to the discussions. | |
| DATE AND TIME OF NEXT MEETING | | |
| EASC 23/041 | The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 16 May 2023 virtually on the Microsoft Teams platform. | Committee Secretary |

Signed
Christopher Turner (Chair)

Date

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AGENDA ITEM: 3.4

| BOARD MEETING | | DATE OF MEETING: 24 May 2023 |
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| Subject: | Summary of Activity of the Board's Local Partnership Forum | |
| Approved and Presented by: | Debra Wood-Lawson, Director of Workforce & Organisational Development | |
| Prepared by: | Corporate Governance Manager | |
| Other Committees and meetings considered at: | N/A | |

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board's Local Partnership Forum.

RECOMMENDATION(S):

It is recommended that the Board RECEIVES and DISCUSSES the update report appended to this report.

| Approval/Ratification/Decision | Discussion | Information |
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| x | ✓ | x |

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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

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| Strategic Objectives: | 1. Focus on Wellbeing | |
| | 2. Provide Early Help and Support | |
| | 3. Tackle the Big Four | |
| | 4. Enable Joined up Care | |
| | 5. Develop Workforce Futures | |
| | 6. Promote Innovative Environments | |
| | 7. Put Digital First | |
| | 8. Transforming in Partnership | ✓ |
| Health and Care Standards: | 1. Staying Healthy | |
| | 2. Safe Care | |
| | 3. Effective Care | |
| | 4. Dignified Care | |
| | 5. Timely Care | |
| | 6. Individual Care | |
| | 7. Staff and Resources | |
| | 8. Governance, Leadership & Accountability | ✓ |

DETAILED BACKGROUND AND ASSESSMENT:

Powys Teaching Health Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, a Board may be supported by Advisory Groups to provide advice to the Board in the exercise of its functions.

PTHB's Advisory Groups include a Local Partnership Forum (LPF). The LPF's role is to provide a formal mechanism where PTHB, as employer, and trade unions/professional bodies representing PTHB employees work together to improve health services for the citizens served by PTHB - achieved through a regular and timely process of consultation, negotiation and communication.

A meeting of the Local Partnership Forum took place on 31 January 2023. A copy of the Chair's Report is attached at **Appendix A**.

NEXT STEPS:

The next update will be presented to the Board on 26 July 2023.

Patterson, Liz
23/05/2023 11:25:09

| | |
|-----------------------|--|
| Reporting Committee: | Local Partnership Forum |
| Committee Chairs | Cathie Poynton & Carol Shillabeer (Joint Chairs) |
| Date of last meeting: | 16 April 2023 |
| Paper prepared by: | Interim Head of Corporate Governance |

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that at the meeting of LPF on 16 April 2023 the following matters were discussed:

- Finance Performance Month 11 2022/23
- Financial Outlook 2023/24
- Update on industrial action
- Integrated Plan – a focus on workforce priorities
- Accelerated Sustainable Model
- Development Plan for Partnership Forum
- Purchase of Spa Road Llandrindod Wells

A summary of key issues discussed on 16 April 2023 is provided below.

FINANCE PERFORMANCE MONTH 11 2022/23

The Director of Finance and IT gave a presentation and noted that the financial position continues to be challenging. At Month 11 the reported position is a £6.85m deficit with the year-end forecast remaining at £7.5m.

FINANCIAL OUTLOOK 2023/24

The Director of Finance and IT noted the Health Board had historically had a strong track record of financial management having broken even for the last eight years and made the following observations:

- The pandemic continues to affect the health care system,
- The Health Board does not have a balanced plan for 2023/24,
- The financial plan supports the integrated plan,
- Significant inflationary pressures exist,
- The ~£7.5m outturn deficit translates into an underlying deficit of ~£18.6m. When demand growth and inflation is taken into account the projected deficit rises to £33.4m,
- Between 2019/20 and 2023/24 the total spend has increased from ~£315m to ~£390m, a significant increase.
- To address the deficit the Health Board have identified key areas of focus including:
 - A 1% efficiency expected across all services
 - Transformational change linked to the Accelerated Sustainable Model
 - Matching covid spend to the reduced allocation
- £19.5m of saving have been identified over the medium term with £7.5 identified for 2023/24.

UPDATE ON INDUSTRIAL ACTION

The Director of Workforce and OD advised productive discussions had been held. As a gesture of goodwill 1.5% unconsolidated had been paid in March 2023. A further consolidated 1.5% had been triggered which would be paid in May 2023. Welsh Government and unions were meeting on the outcome of the ballot with a result expected imminently. When the 2022/23 negotiations have been completed then negotiations on 2023/24 will commence.

INTEGRATED PLAN – A FOCUS ON WORKFORCE PRIORITIES

The Director of Environment Performance and Commissioning gave a presentation on the Integrated Plan which had been submitted to Welsh Government. It had not been possible to submit an Integrated Medium Term Plan as in previous years, as the Health Board was not in financial balance.

The Director of Workforce and OD introduced the last slide which drew out targeted areas in relation to Workforce Futures and highlighted the following areas:

- scaling up of recruitment of overseas nurses – the fourth nurse of cohort 2 is arriving shortly;

- aim to decrease agency spend – Powys is an outlier in variable pay which is frustrating for substantive staff and can affect the care provided;
- aim to introduce hybrid roles;
- intend for Powys to be a great place for staff to work and study with career and skills development, a retention guide will be introduced;
- the appointment of Occupational Health staff has had a positive impact on waiting times for onboarding and employee support; and
- reverse mentoring will be considered as part of support for a multi-generational workforce.

ACCELERATED SUSTAINABLE MODEL

The Assistant Director of Transformation and Value presented an update on the Accelerated Sustainable Model noting that the three stage approach: Discover, Design and Deliver.

The Design phase is focussed on three main areas:

- Community Model and Frailty;
- Mental Health; and
- Pathways and Planned Care (planned care to include cardiac care and endoscopy)

A series of workshops has been planned to include the Integrated Care Community and Shaping the Community Model to which staff side representatives were invited.

DEVELOPMENT PLAN FOR PARTNERSHIP FORUM

The Director of Workforce and OD advised that the Development Plan for the Forum was under review. This would be a separate programme from the formal Partnership Forum where specific sessions could be held, for example on Planning Guidance, Equality, Diversity and Inclusion or Working in Partnership in difficult times. Colleagues would be invited to respond to a questionnaire regarding the Development Plan.

PURCHASE OF SPA ROAD, LLANDRINDOD WELLS

The Associate Director for Capital, Estates and Property gave a presentation on the purchase of the former Welsh Government Building at Spa Road, Llandrindod Wells.

Welsh Government had provided funding to support the development of facilities in Llandrindod Wells as a regional centre.

Information Items

LPF received updates for information on:

- Director of Workforce and OD Summary Report
- Chief Executives Report from Board – March 2023

NEXT MEETING

The next meeting of LPF will be held on 13 July 2023.

Patterson
23/05/2023 11:25:01



Agenda item: 3.5

| Executive Committee | | Date of Meeting: |
|---|---|-------------------------|
| Subject : | Transfer of the Community Health Councils Wales to 'Llais' -the Operating name for the Citizen's Voice Body for Health and Social Care | |
| Approved and Presented by: | Debra Wood-Lawson, Director of Workforce and Organisational Development | |
| Prepared by: | Chris Davies, Senior W&OD Business Partner Helen Bushell, Director of Corporate Governance / Board Secretary | |
| Other Committees and meetings considered at: | N/A | |

PURPOSE:

This paper seeks to provide an assurance to the health board on the successful transfer of the Community Health Councils Wales function, staff and resources from Powys Teaching Health Board to 'Llais', a newly created Welsh Government Sponsored Body.

RECOMMENDATION(S):

The Board is asked to:

- Take **ASSURANCE** that the Health Board has discharged its duties and managed a smooth transition from the CHCs to Llais.
-

| Approval/Ratification/Decision¹ | Discussion | Information |
|---|-------------------|--------------------|
| x | x | ✓ |

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

| | | |
|----------------------------|--|---|
| Strategic Objectives: | 1. Focus on Wellbeing | ✓ |
| | 2. Provide Early Help and Support | ✗ |
| | 3. Tackle the Big Four | ✗ |
| | 4. Enable Joined up Care | ✗ |
| | 5. Develop Workforce Futures | ✗ |
| | 6. Promote Innovative Environments | ✗ |
| | 7. Put Digital First | ✗ |
| | 8. Transforming in Partnership | ✓ |
| Health and Care Standards: | 1. Staying Healthy | ✗ |
| | 2. Safe Care | ✗ |
| | 3. Effective Care | ✗ |
| | 4. Dignified Care | ✗ |
| | 5. Timely Care | ✗ |
| | 6. Individual Care | ✗ |
| | 7. Staff and Resources | ✓ |
| | 8. Governance, Leadership & Accountability | ✗ |

EXECUTIVE SUMMARY:

The 2018 review into Health and Social Care in Wales, set out several recommendations which included improvements to services and a closer integration of health and social care across Wales. As a result, an independent national body, the Citizen Voice Body for Health and Social Care (Wales) (CVB) was established, which will operate as 'Llais' and became fully operational from 1st April 2023. Functions previously undertaken by Community Health Councils across Wales have now been transferred to the new body.

The legislation governing the CVB is outlined in The Health and Social Care (Quality and Engagement) (Wales) Act 2020; supported by the Explanatory memorandum to the Health and Social Care (Quality and Engagement) (Wales) Act 2020 dated June 2020.

The staff transfer process was undertaken via a "TUPE style exercise", following the principals of the Transfer of Undertaking (Protection of Employment) Regulation 2006 as amended by the Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 This is explicitly cited within Section 401 of the Health and Social Care (Quality and Engagement) (Wales) Act Explanatory Memorandum, June 2020. The Welsh Government Code of Practice reinforced the commitment that the principals of TUPE be followed and therefore staff are at no detriment as a result of the transfer.

DETAILED BACKGROUND AND ASSESSMENT:

Background

The CVB was established as a body corporate in April 2022. The CVB, operating as 'Llais', is a Welsh Government Sponsored Body and 'the Act' required that the 'Llais' operates independently of Welsh Government, NHS Organisations, and care providers.

Previously 7 CHCs represented patient and public as a voice for health across Wales along with an administrative Board office in Cardiff. Although operating independently, the 7 CHCs and Board were hosted by Powys Teaching Health Board (PTHB). The introduction of the CVB, necessitated the abolition the 7 CHCs and Board, effective from 1st April 2023.

Planning and Implementation of the Transfer

To support and progress the establishment of the new body, Welsh Government established an Implementation Board, led by an Implementation Director.

The Board met monthly and was supported by 7 interdependent workstreams, each responsible for core areas of activity to support the progression of the transfer. Chairs of each workstream met monthly to discuss issues and cross-cutting themes. The supporting workstreams areas are listed below:

- **Governance**
- **Finance**
- **People and HR**
- **Locations**
- **Legislation**
- **Communications**
- Digital, Data and IT

Usually as part of a transfer of services, PTHB, as the employer and transferor, would have been involved in each of these workstreams. Due to the way the CHC was established and operated, not all services were provided by PTHB, so for example there was no transfer of resources or services from PTHB to the new body. No properties transferred from PTHB building stock as all CHC buildings were leased, therefore leases simply transferred to 'Llais'.

Communication was concerned predominantly with the establishment of 'Llais' and in all aspects of promoting the new organisation. The CHC received ICT provision from DHCW and therefore there was no PTHB involvement. NWSSP oversaw the transfer order on behalf of PTHB with 'Llais' legal team.

The predominant role for PTHB was to lead the smooth transfer of staff within the people and HR workstream.

People and Human Resource Transfer of the CHCs to 'Llais'

The People and HR Workstream was responsible for managing and supporting the transfer of 83 staff from the CHCs to 'Llais'. A detailed project plan was developed and covered 11 deliverable/milestones, a summary of each is found below:

1.1 Board Appointments

An appointment process commenced in April 2022, successfully concluding in July 2022 to appoint a Chair, Deputy Chair and six non-executive members.

Chief Executive – An internal selection process commenced on August 16th 2022, with applications restricted to CHC Chief Officers and the then acting CHC Chief Executive, to appoint an interim CVB Chief Executive for a period of up to 12 months. An interim appointment was made on October 3rd. Following the appointment to this post, the CVB Board became the driver of how the body would function and hold operational control, making all decisions concerning the CVB.

1.2 Workstream Resourcing/project arrangements

The Welsh Government Director of Workforce and Business Services was appointed as the People and HR workstream lead. Additionally, representatives from NWSSP and PTHB formed the membership of the workstream. Weekly meetings took place to ensure the delivery of the project plan. Legal advice was sought by both NWSSP on behalf of 'Llais' and PTHB as transferor as to whether TUPE regulations would apply.

1.3 Governance

NWSSP set up board appointments for payment of expenses in June 2022. A Board paper was circulated to 'Llais' Board explaining the implications of TUPE provisions, which was accepted in October 2022. Applications were made to NHS pensions, with admitted body status being granted for existing staff and new employees in November 2022.

1.4 Communications

Initial staff sessions were held via TEAMS in August and September 2021 and were preceded by an FAQ document on TUPE transfers. All staff were invited to attend these meetings to update on progress and to ask any questions or raise concerns. Fortnightly update meetings were arranged from October 2022, to keep staff appraised of progress and to address any questions or concerns. Staff were offered group or individual meetings throughout this period. Question and answer documents were circulated in February 2022,

November 2022 and February 2023. Separate monthly meetings were established with Trade Union colleagues to update on progress and seek views on documents and communications prior to their release.

1.5 TUPE measures

Current terms and conditions and workforce policies were reviewed by 'Llais' and any considerations of potential measures (changes) that may be required post transfer were sought by PTHB as these would need to form part of the consultation process. 'Llais' opted to remaining with NWSSP for provision of payroll and associated processes, to this end the change of pay date (from 20th to 21st monthly) was the only true 'measure' identified. 'Llais' Board approved the adoption of all existing workforce policies in October 2022.

1.6 TUPE consultation

The formal consultation with staff took place between 1st November 2022 and 31st December 2022 and with no matters arising impacting the transfer. The final response to the consultation was issued to all staff on 1st February 2023. The final response included confirmation of the adoption of Agenda for Change T&Cs for all new staff joining 'Llais' post transfer, that all current workforce and OD policies would continue to be applied and that Admitted Body status had been obtained for the NHS Pension Scheme for current and new staff.

The only change affecting staff, set out as a measure under TUPE, related to the pay date which will move from 20th to the 21st day of the month from April 2023. TUPE 'transfer out' letters were issued on 24th February 2023 by the health board and the 'Llais' issued letters confirming the 'transfer in' to all staff at the beginning of March 2023.

1.7 Transfer of staff data

As 'Llais' is remaining with NWSSP for payroll, there was little physical transfer of files required as staff personnel files which will continue to be held centrally with the local HR team.

Meetings were held between the respective payroll teams and the staff list and due diligence information was released on March 2nd 2023 (in line with TUPE requirements), though continued to be reviewed right up and until the point of transfer in case of any further changes. The data successfully transferred to the new body on March 31st, with no issues identified.

1.8 Staff Processes

Due to the previous delays in the establishment of the new body and subsequent transfer, there were a number of fixed term and temporary cover arrangements (18) in place throughout the CHCs and the Board Office.

Following confirmation of the CEO position, through a series of people processes, all bar one effected employee was successfully re-deployed into a permanent role prior to the transfer. The one remaining employee was transferred on a temporary contract, but has subsequently been offered two vacant posts as potentially suitable alternative roles by Llais.,

1.9 Training

Initial scoping for an learning and development plan commenced in November 2022, with a culture survey launched in March 2023. However, due to the low response rates, consideration is being given to extending the response date post transfer. This be developed and implemented post transfer by 'Llais'.

1.10 Volunteers

Volunteers were not subject to the transfer order or TUPE style transfer, and therefore did not automatically transfer to the new body. However, all CHC volunteer members were written to, thanked for their contributions to the CHC and invited to re-apply via a simplified process as a 'Llais' volunteer.

1.11 Recruitment

As part of the implementation programme, 13 new roles were agreed by Welsh Government as being essential to the establishment of the new body and the expanded remit to include social care. This required development of job descriptions and person specifications, job evaluation of roles, advertisement and recruitment. At the point of transfer, the advocacy roles and one strategic Director role had been successfully recruited, with interviews planned for the other roles post transfer. Development of a revised employment contract is also at a very advanced stage.

2. Information Governance

Information Governance was tasked with facilitating a review to identify information held locally in the health board which would in turn be required to support the data transfer. An outcome of the findings has been shared with key stakeholders (internally and externally) and the team await direction of any copy information needed to support the transfer. A list will be retained of any copy information sent over for the purpose of due diligence and audit trail.

3. Finance

The Finance Department have supported the set-up of the new financial ledger to be hosted by Velindre NHS Trust on behalf of 'Llais'. This is operational from 1st April 2023.

The financial transactions for the financial year end accounts to 31st March 2023 are now complete for the Community Health Councils and these transactions will be subject to Statutory Audit as part of the THB Annual

Accounts Audit that will run until 31st July 2023. The reported position is break-even. A Post Balance Sheet Account note will be included within the financial statements to reference the transfer and the amounts involved.

To aid the transition and completion of Purchase Order Commitments for Community Health Councils, it has been agreed that any financial transactions in relation to 22/23 paid in April and May 23 by PTHB will be recharged onto 'Llais'. All users with the exception of the 'Llais' Finance Manager have been end dated in the oracle financial system at 31st March 2023, and from the 6th April 2023 the Finance Manager access has been restricted to Procurement receipting and read only access to Accounts Payable, Accounts Receivable and General Ledger to assist with the Financial Statements audit.

The residual balances of Assets and Liabilities held on behalf of the Community Health Council will formally transfer to 'Llais' for the 2023-24 financial year via Welsh Government transfer process.

4. Governance

The Director of Corporate Governance and previous Interim Board Secretary have supported the Governance workstream, who have focussed on a range of governance matters for the new Llais body including:

- Establishment of the Board
- Establishment of the Governance framework
- Standing Orders, Reservation Powers and Scheme of Delegation, Standing Financial Instructions and Financial Control Procedures
- Key Strategies, policies and procedures to meet all legislative and other duties
- Memorandums of Understanding

A project group was in place for the workstream, chaired by Welsh Government and reported to the Programme Board. Powys THB played an active role in the group to support a smooth transition from a governance perspective. The workstream met for the last time in April 2023.

Conclusion

All matters relating the staff transferring was completed successfully by March 31st 2023 and therefore PTHB has completed the staff transfer. No issues were raised by any other workstream in relation to the transfer.

NEXT STEPS:

That the Board takes assurance that the Health Board has discharged its duties and managed a smooth transition of relevant resources from the CHCs to Llais.

This transfer has involved many Health Board staff, our thanks go to them for their diligence and delivery of a successful transfer process.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

| IMPACT ASSESSMENT | | | | |
|---|--------------------------|---------|-------------|----------|
| Equality Act 2010, Protected Characteristics: | | | | |
| | No impact | Adverse | Differentia | Positive |
| Age | X | | | |
| Disability | X | | | |
| Gender reassignment | X | | | |
| Pregnancy and maternity | X | | | |
| Race | X | | | |
| Religion/ Belief | X | | | |
| Sex | X | | | |
| Sexual Orientation | X | | | |
| Marriage and civil partnership | X | | | |
| Welsh Language | X | | | |
| Statement | | | | |
| N/A | | | | |
| Risk Assessment: | | | | |
| | Level of risk identified | | | |
| | None | Low | Moderat | High |
| Clinical | X | | | |
| Financial | | | X | |
| Statement | | | | |
| The financial risks have been highlighted in the Finance section of this paper. | | | | |

| | | | | | |
|---------------------|---|---|--|--|--|
| Corporate | | X | | | |
| Operational | X | | | | |
| Reputational | X | | | | |

Patterson Liz
23/05/2023 11:25:07

| | |
|------------------------|--|
| Report: | Regional Directors Report |
| Period Covered: | 1st April 2023 – 17 May 2023 |
| Author: | Katie Blackburn |
| Status: | For Information |
| Date: | 24th May 2023 |

Launch of Llais – 1st April 2023

Llais is a new independent statutory body, set up by the Welsh Government, for the people of Wales to have their voices heard in the planning and delivery of their health and social care services – locally, regionally and nationally.

On 1 April 2023 Llais replaced - and is building on - the excellent work of the 7 Community Health Councils, who have represented the interests of people in the NHS in Wales for almost 50 years.

Set up under the legal name Citizen Voice Body for Health and Social Care, Wales, it's operating name will be:

Llais – your voice in health and social care.

Purpose - we believe in a healthier Wales where people get the health and social care services they need in a way that works best for them

Vision - we will raise the power and influence of people's voices in shaping health and social care services

Mission - we will be an inclusive, independent and leading voice for people centred health and social care services

Patterson, Liz
 23/05/2023 11:25:01

Core areas of activity

1. Our staff and volunteers will work with people, community representatives and groups in all parts of Wales to hear local people's views and experiences of health and social care services – so we understand what works well and how services may need to get better.
2. We will share what we hear with the NHS, local authorities and other decision makers to make sure people's views and experiences improve health and social care services for everyone.
3. When things go wrong, we will support people to make complaints.
We will actively promote our work so that people understand what we are here to do and how we can help.

What does this mean for our NHS and social care partners?

1. NHS bodies and local authorities will be under a duty to promote our activities, making sure people are aware of our services.
2. NHS bodies and local authorities must make arrangements to co-operate in the exercise of our functions, including sharing information with us when we ask.
3. NHS and local authorities will help us to hear from people while they are receiving health and social care services.
4. NHS bodies and local authorities will be under a duty to consider and respond to the things we say to them – including about service change proposals.

We will work closely with, but independently of, the NHS and local authorities to help shape health and social care services for the future.

Key documents:

Health and Social Care (Quality and Engagement) (Wales) Act 2020 (legislation.gov.uk)

STATUTORY GUIDANCE ON REPRESENTATIONS MADE BY THE CITIZEN VOICE BODY (gov.wales)

Guidance on changes to health services | [GOV.WALES](https://gov.wales)

What we've heard.....?

[1st April 2023 and 17 May 2023]

1. Health and Social Care Advocacy Team

| | Enquiries | NHS related concerns | Social Care related concerns | Total |
|----------------------------------|------------------|-----------------------------|-------------------------------------|--------------|
| Princess Royal Hospital, Telford | 1 | | | 1 |
| Rhayader GP | | 1 | | 1 |
| Hereford Hospital | | 1 | | 1 |
| Newtown Hospital | | 2 | | 2 |
| Bronglais Hospital | | 1 | | 1 |
| Dyfi Valley Health | | 2 | | 2 |
| Social Services, Newtown | | | 1 | 1 |
| Royal Glamorgan Hospital | | 1 | | 1 |
| SaTH | 1 | | | 1 |
| Brecon GP | 1 | | | 1 |
| | | | | |
| Total | 3 | 8 | 1 | 12 |

2. Engagement Activities

| Date | Activity |
|-------------|--|
| 4 April | EASC/ EMERTs public meeting x 2 Newtown |
| 5 April | Dyfed Powys Police & Crime Commissioner 'Here for You' event in Newtown - to brief community representatives on key messages, developments and changes within Dyfed Powys Police |
| 6 April | Dyfed Powys Police & Crime Commissioner 'Here for You' event in Brecon – as above |
| 13 April | EASC/ EMERTs virtual public meeting |
| 13-22 April | Llandrindod Wells 'Talking Shop' |

| | |
|----------|---|
| 18 April | EASC/ EMERTs public meeting Knighton |
| 20 April | EASC/ EMERTs virtual public meeting |
| 26 April | EASC/ EMERTs public meeting x 2 Welshpool |
| 3 May | Powys Children & Young People's Network Meeting |
| 5 May | Meeting with Chief Inspector, Dyfed Powys Police |
| 11 May | EASC/ EMERTs virtual public meeting |
| 15 May | Stand at Dementia Information Day, Hafan yr Afon, Newtown |
| 16 May | Presentation to South Powys Neighbourhood Policing Team |
| 18 May | Newtown Community Workers Network Meeting |
| 23 May | EASC/ EMERTs public meeting Machynlleth |

3. Representations made by the public to Llais

i) EASC/ EMERTs

A number of people outlined their own personal experience or the experience of a loved one being helped by the Air Ambulance service, expressing their appreciation of the service received.

People expressed their gratitude for the engagement process taking place.

There are a large number of people who do not use digital communication – how will you ensure that they have the opportunity to take part in this engagement?

The process up to the start of this period of engagement has been appalling and disrespectful, particularly when the original proposal was made. This caused a lot of anger and fear for people.

Need for transparency in the engagement and decision making process.

Why does the service only respond to an average of 10 patients per day?

Where are the 3 people who are not getting the service and at what time of day? Is there a pattern?

What would be the benefit to mid Wales if the Air Ambulance base is moved to north Wales?

Why move it from the middle of Wales?

What is the problem with Welshpool base?

Moving the base would make things worse for this area. It will put lives at risk.

Closing Caernarfon and Welshpool bases would leave a lot of people more vulnerable.

If this area has the highest usage per head of population, why move it?

Do not diminish the service for people in a rural area. Want assurance that people in this area are not going to be disadvantaged.

The lack of mobile phone coverage in parts of Powys could already be adding in a delay at the start of an emergency situation.

Feels as though you want to look after people along the A55 and M4 corridor and ignore everyone else in the middle.

What about the Golden Hour? How would the medical outcomes for patients be affected by the additional distance/increased response time if the base was moved? There would be an impact on the health gain.

Please don't get into the situation where you are thinking about numbers only – it is about outcomes.

What is the opinion of the EMRTS staff / Air Ambulance crew?

If the base is moved, would that mean staff losing their jobs? Would not wish that to be happening in this area.

Need to give definitions around the weightings criteria.

There could be a crossover between value for money and affordability, meaning that financial weighting is higher.

Patterson
23/05/2015 11:25:01

Concern about measure of equity – it should be about equity of outcome rather than equity of access. More of the calls in this area need aircraft.

Will you give any weighting to the emotional response for Powys residents?

The weightings should be different for each area.

Suggest the weighting for Clinical Skills and Sustainability should be Clinical Skills, Sustainability and Availability.

There appears to be a lack of insight into what each DGH does/needs. Is there more that the Air Ambulance Service could do to support the DGHs?

Will you be re-interrogating the original data?

The timing of the data analytics used must include a time period before Covid.

Must consider the weather conditions when looking at different proposals.

Consider seasonal differences when looking at data.

Must consider different aspects – rurality, rise in trauma incidents for older people, serious road accidents (dangerous roads and high use by motorcycles), increased high adrenaline activities, popular tourism area, need to future-proof.

People work in high risk occupations in this area – working in remote locations night and day.

Must look at risks as well as benefits.

The danger score of roads needs to be considered.

Types of incident should be taken into account.

What is the timeframe – for the decision and for implementation?

There is a need for more and better local facilities and services in Powys. We have no A&E and the Air Ambulance is a lifeline for this rural area.

The Air Ambulance / mobile critical care is seen as essential for this area because of distance to specialist services and because of ambulance delays.

You are on the wrong track by considering only this specialised service.

RRVs are vital as well as the helicopter. The distance and time for an RRV to travel is a concern if the base is moved. The RRV would not be seen in this area if based in north Wales – too far away.

Additional RRV resource in north Wales is a good idea.

Rhuddlan is not a suitable base.

Rhuddlan is not mid north Wales.

Where would the base be in north Wales – how long would it take and what would be the financial cost if a brand new base?

What is the reason that Welshpool is not operating 24 hours at the moment?

What effect does the flooding around Welshpool Airport have on the service?

Consider extending the hours of operation for Welshpool base / 24 hour resource in Welshpool.

Would extending the hours / more night time flying get you to the 3 additional patients?

Could you stagger times of operation?

Could you open a 5th base instead of going down to 3?

Need more aircraft.

Why are the bases situated where they are? What was the reason for siting them where they are and have those reasons changed?

Looking at the data, why does the aircraft come out from Cardiff if the Welshpool base is underused?

What was the reasoning for the increase in hours in 2021?

Is there more additional resources / funding available now?

Is the funding for this service based on populus?

Have you taken into account Search and Rescue helicopters – is there integration with those services?

This is not just about Wales. The Welshpool air ambulance is just as important to the communities just across the border – eg Chirbury and Worthen area, Bishop's Castle.

Is there a cross border protocol between Wales Air Ambulance and English Air Ambulance services? Need to make sure that is not affected by decisions made.

Clarification sought about what is ACCTS – Adult Critical Care Transfer Service.

There is a financial risk for the Wales Air Ambulance Charity if the base is moved away from the area – many people have commented that they would cease supporting or donating to the charity.

ii) Dementia Information Day, Hafan yr Afon, Newtown

The Llais stand included a poster asking people for their views on health and care services. We had postcards available for people to share their experiences. People were able to add counters to a jar to indicate whether they felt that services were good or could be improved.

Counters

| | |
|--------------------------------------|---|
| NHS Good | 6 |
| NHS Could be better | 2 |
| Social Care Services Good | 0 |
| Social Care Services Could be better | 6 |

GP Practice are excellent (Newtown). Mental health support is very good. I know now – it's not the end of the world (following dementia diagnosis)

For the carer to be involved, helping plan their cared for's NHS care.

Social Care – to be open to volunteers and work with Health more openly

There are insufficient carers, especially in rural areas. There are insufficient social workers, especially when people are needing discharge from hospital and care (Discharge Co-ordination).

Care workers are not valued or paid well enough.

I would like more peer support for carers. Why don't local authority fund groups such as Meeting Centres? This group offers practical support to families affected by dementia.

The following themes were discussed during face-to-face conversations:

- There is a need to pay carers more as there is a desperate shortage of carers.
- There should be more support for people using Direct Payments. Social Services do not seem to push this enough.
- There is not enough integration between Health and Social Care – there is no seamless service. For example, when someone receives a diagnosis of Dementia, they then have to go through a separate referral to Social Services.
- The Dementia Meeting Centre is a good way for people living with dementia to support each other, develop friendships and have fun.
- One person said they would like to see a way in which carers could be more involved in saying how services could work better. Carers would like to be more valued.
- Inappropriate referrals to voluntary organisations – eg Powys Befriending Service often gets asked to go out to care homes to do activities with individual residents. This is not a service offered by the Befriending Service as they believe care homes have their own activities co-ordinators to do this.
- Linking with Universities and Colleges may be a way of recruiting young volunteers as some students are required to carry out voluntary activities as part of their course. The local College has a kind of 'freshers' week before the start of Autumn term and there may be an opportunity to take the Llais information stand.

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- Day Centres are not likely to re-open, after being closed during Covid. But there is a need for some kind of health and care hubs to be developed, where people can go to access advice and support. Some people are not aware of the plans being developed under the North Powys Wellbeing Programme.

iii) Llandrindod Wells Talking Shop

The Talking Shop was set up for people in Llandrindod Wells to come in, share a cuppa and give their views on what they love, what they think could be improved and how they feel about the town.

We had a stand in the shop with a question asking people for their views on health and care services. We had postcards available for people to share their experiences. People were also able to add tokens to a jar to say whether they felt that services were good or whether they could be improved.

Over 200 people were welcomed in to the shop to share their thoughts, ideas and comments.

83 counters were placed in the jars:

| | |
|--------------------------------------|----|
| NHS Services Good | 21 |
| NHS Services Could be better | 20 |
| Social Care Services Good | 17 |
| Social Care Services Could be better | 25 |

30 people completed postcards:

Health Care = 24

Social Care = 6

- Health C
- Social Care - 24

10 people made comments about GP services – 3 very positive about their experience, 1 about long waits for appointments, 1 about no contact from practice since moving to the area, 2 about not seeing people face-to-face, 1 about receptionist triage and 1 about not seeing 'own doctor'.

7 people commented on Llandrindod Hospital – all were appreciative of services there and some people would like to see more services provided there.

3 people mentioned dentists – 1 pleased to have new dentist, 2 commenting on lack of dentists.

2 people expressed concerns about length of wait for ambulance services. 1 person spoke about the difficulties with getting an ambulance to attend them when they had a stroke.

2 people mentioned difficulties with transport

There were other comments – 1 person concerned for the future of health services; 1 with lack of diagnoses; 1 long queues at pharmacy and lack of communication from them; 1 lack of ongoing support and signposting; 1 about listening to what young people are saying; 1 lack of support for hypersensitivity; 1 about need for more human contact rather than so much digital.

- Social Care - 6

Only 1 person made a relatively positive comment stating that social services were okay.

Other comments were about understaffing, poor resources, difficulty accessing advice, lack of home help and nursing home spaces. One person stated that the people they care for had lost their social workers but no-one informed them and one vulnerable person had seen 16 different carers in one week.

One person had worked in a residential home and stated it was a sad, soul destroying, toxic environment.

One person stated that they had been raising concerns about a vulnerable person but Social Services did nothing and the situation deteriorated over time, ending with the person being sectioned.

- Face-to-face conversations covered the following topics:

Dentists – some people raised the issue about lack of NHS dentists in the area. The telephone number for the Powys Dental Helpline was available on the Llais stand.

Out of Hours GP Service – one person spoke positively about their experience of accessing the out of hours GP service.

There were mixed views about accessing GP services, with some people stating that they liked being able to have telephone appointments and others stating that they did not like the triage system and not always able to see someone face-to-face. Some people perceived that the receptionist was deciding whether or not they should have an appointment and they did not think this was appropriate.

A number of people spoke about using Llandrindod Wells Hospital. They were all very appreciative of the hospital. Some people said that they would like to see more services provided at the hospital, particularly as it was difficult for some people to attend Hereford Hospital because of the distance to travel and the lack of transport options.

One older person explained that their house was not easy to find and they had to use patient or community transport to get to hospital appointments. They provided their telephone number for drivers to call if they could not find the house. There were times when the patient had missed appointments because the driver had not turned up; they were told that the driver had tried to telephone but no call had been received.

A number of people felt that there was a need for a club or a group where they could meet with other people to relieve the feelings of loneliness and isolation. Some people thought that a buddying or mentor system was needed so that people could share knowledge and experience with others, eg showing how to access the internet. They did not want it to be anything too formal.

One person explained that their spouse had recently been admitted to a nursing home which was some distance away in the south of the county. They felt that it was a lovely home and they were able to visit. However, they had found it difficult adapting to living on their own after being a full time carer. Whereas they used to have frequent and regular contact with health or care staff and voluntary organisations about their spouse, they had very little interaction with people now they were on their own. They felt that there should be something in place for carers when they no longer had that caring role.

There were discussions about how to make people aware of events, groups, activities, etc. People commented that this information was commonly shared on Facebook but many people do not have access to that. People recognised that this was a difficult problem to solve. Ideas put forward were to use local shop windows to advertise in, to use local newspapers.

iv) **Other**

that health care provision within a custody environment in Newtown is not adequate.

previously the sexual abuse centre was in Newtown but is no longer. Adults can still attend in Newtown, but children now have to travel all the way to Cardiff (which adds to an already stressful situation).

4. Ways of Working

Llais Powys is developing a way of working that enables volunteers to be at the heart of their communities promoting Llais and listening in order to make representations to shape future provision.

The proposed option is to focus on 13 localities which mirror the RPB localities, PCC boundaries, Community Connectors and PtHB's three clusters.

It is envisaged that each of the 13 localities will have a team of volunteers; the lead volunteer for each locality will be a member of either the North, Mid or South xx group; all 13 will form a regional presence.

Katie Blackburn

Regional Director – Llais Powys

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