

Board

Wed 27 September 2023, 09:30 - 13:00

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

 Board_Agenda_27Sept2023.pdf (3 pages)



1.1. Welcome and Apologies for Absence

1.2. Declarations of Interest

1.3. Update from the:

1.3.1. Chair (Include PSOW Annual Report letter)

Attached Chair

-  Board_1.3a_Chair's Board Report September 2023.pdf (4 pages)
-  Board_1.3ai_Appendix to Chair report - PTHB - ENG - 22-23 Annual Letter.pdf (8 pages)


1.3.2. Vice-Chair

Attached Vice Chair

-  Board_1.3b_Vice Chair's report Board September 23 (002).pdf (3 pages)

1.3.3. Chief Executive

Attached Chief Executive

-  Board_1.3c_CEO Board paper Sept 2023.pdf (7 pages)

1.4. Assurance Reports of the Board's Committees

-  Board_1.4_Committee Chair Reports_Sept_2023.pdf (2 pages)

1.4.1. Executive Committee

Attached

-  Board_1.4a_App A_Executive Committee Chair's Assurance Report Sept 2023.pdf (9 pages)

1.4.2. Delivery and Performance Committee

Attached



-  Board_1.4b_App B_Delivery & Performance Chairs Assurance Report_31 Aug.pdf (4 pages)

09:30 - 09:30
0 min

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. Minutes of Previous Meeting: 26 July 2023 (for approval) and Action Log

Attached Chair

-  Board_2.1a_PTHB Board Minutes Unconfirmed 25.09.23.pdf (28 pages)
-  Board_2.1b_Board Action Log Sept 2023.pdf (1 pages)

2.2. Director of Corporate Governance and Board Secretary

Attached *Director of Corporate Governance and Board Secretary*

- Board_2.2_Director Corporate Governance report.pdf (5 pages)
- Board_2.2a_AppA - AMENDMENTS IN RED EASC Standing Orders July 2021 and SFIs March 2022.pdf (56 pages)
- Board_2.2b_AppB - WHSSC Updated Standing Orders September 2023.pdf (59 pages)
- Board_2.2c_Appendix C - WHSSC Updated Standing Financial Order.pdf (33 pages)
- Board_2.2d_Appendix D - WHSSC Authorisation matrix September 2023 JC Approved.pdf (1 pages)
- Board_2.2e_AppE - LHB Model SFIs July 2023 v5 Final.pdf (86 pages)

09:30 - 09:30

0 min

3. ITEMS FOR BOARD ASSURANCE

3.1. Performance:

3.1.1. Integrated Performance Report Month 03

Attached *Director of Planning, Performance and Commissioning*

- Board_3.1a_IPR Cover Sheet_PTHB_Board Month 3.pdf (6 pages)
- Board_3.1ai_IPR_23-24_Month 3_Final.pdf (74 pages)
- Board_3.1aii_IPR 23-24 Appendix 2.pdf (3 pages)

3.1.2. Q1 Delivery Plan

Attached *Director of Planning, Performance and Commissioning*

- Board_3.1b_Q1 Delivery Plan_Cover Paper_Board_FINAL.pdf (4 pages)
- Board_3.1bi_Integrated Plan Q1 Progress Report 23_24.pdf (62 pages)

3.2. Financial Performance Month 05 and Savings Report

Attached *Deputy Chief Executive / Director of Finance, Information and IT*

- Board_3.2_Financial Performance Report Mth 05.pdf (15 pages)

3.3. Gilwern Branch Closure Assurance Report

Attached *Deputy Chief Executive / Director of Finance, Information and IT*

- Board_3.3_Belmont Branch Surgery.pdf (5 pages)
- Board_3.3a_Belmont Branch Surgery Appendix 1 Mitigation Plan Tracking.pdf (19 pages)
- Board_3.3b_Belmont Branch Surgery Appendix 2 Letter from Llais.pdf (3 pages)
- Board_3.3c_Belmont Branch Surgery Appendix 3 Acknowledgement to Llais.pdf (1 pages)
- Board_3.3d_Belmont Branch Surgery Appendix 4 Response to Llais.pdf (2 pages)

3.4. Winter Respiratory Vaccinations Programme

Attached *Director of Public Health*

- Board_3.4_Winter Respiratory Programme_COVID-19 and Flu_Vaccination 2023-24 - final_.pdf (11 pages)

3.5. Corporate Risk Register, August 2023

Attached *Director of Corporate Governance and Board Secretary*

- Board_3.5_Corporate Risk Report_Aug23.pdf (3 pages)
- Board_3.5a_Corporate Risk Register Sept 2023 (public).pdf (33 pages)

3.6. Assurance Reports of the Board's:

3.6.1. Partnership Arrangements

Mills Belinda
25/09/2023 17:09:11

Attached Chief Executive


 Board_3.6a_Summary of Partnership Board Activity.pdf (3 pages)

3.6.2. Joint Committees

Attached Chief Executive

 Board_3.6a_Summary of Partnership Board Activity.pdf (3 pages)

 Board_3.6bi_App Ai_JC Briefing (Public) 18 July 2023.pdf (7 pages)

 Board_3.6bii_App Aii_JC Briefing Extraordinay (Public) Meeting 1 August 2023.pdf (1 pages)

 Board_3.6biii_App B_Chair's EASC Summary from 18 July 2023.pdf (9 pages)

3.6.3.

3.7. Report of the Regional Director of Llais

Attached Regional Director, Llais


 Board_3.7_RDs Report PtHB September 2023.pdf (6 pages)

09:30 - 09:30 4. Others Matters

0 min

4.1. Board Work Programme

Attached Chair

 Board_4.1_Board Work programme.pdf (3 pages)

4.2. Any Other Urgent Business

Oral Chair

4.3. Close

4.4. Date of the Next Meeting:

29 November 2023 via Microsoft Teams

09:30 - 09:30 5. Confidential Item

0 min

"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"

5.1. Welcome and Apologies for Absence

Chair

5.2. Declarations of Interest

All

5.3. Chief Executive Update

Chief Executive

5.4. Financial Sustainability/Scenario Planning

Deputy Chief Executive / Director of Finance, Information and IT

Mills Belinda
25/09/2023 17:09:44

5.5. Corporate Risk Register

Director of Corporate Governance

5.6. Minutes from the In-Committee meetings held on 25 July 2023 and 11 August 2023 and Action Log

Chair

Mills, Belinda
25/09/2023 17:09:11

**POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 27 SEPTEMBER 2023
09:30 – 13:00
TO BE HELD VIA MICROSOFT
TEAMS**



GIG
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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA

Time	Item	Title	Attached / Oral	Presenter
1: PRELIMINARY MATTERS				
09.30	1.1	Welcome and Apologies for Absence	Oral	Chair
	1.2	Declarations of Interest	Oral	All
09:35	1.3	Update from the: a) Chair (include PSOW annual report letter) b) Vice Chair c) Chief Executive	Attached Attached Attached	Chair Vice Chair Chief Executive
09:50	1.4	Assurance Reports of the Board's Committees: • Executive Committee • Delivery and Performance Committee	Attached	Committee Chairs
2: ITEMS FOR APPROVAL/DECISION				
10.00	2.1	Minutes of Previous Meeting: 26 July 2023 (for approval) and Action Log	Attached	Chair
10.05	2.2	Director of Corporate Governance and Board Secretary	Attached	Director of Corporate Governance and Board Secretary
3: ITEMS FOR BOARD ASSURANCE				
10.15	3.1	Performance: 3.1a Integrated Performance Report Month 03 3.1b Q1 Delivery Plan	Attached	Director of Planning, Performance and Commissioning
10.45	3.2	Financial Performance Month 05 and Savings Report	Attached	Deputy Chief Executive / Director of Finance, Information and IT
11.00	COMFORT BREAK			
11.15	3.3	Gilwern Branch Closure Assurance Report	Attached	Deputy Chief Executive / Director of Finance, Information and IT
11.20	3.4	Winter Respiratory Vaccinations Programme	Attached	Director of Public Health

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11.35	3.5	Corporate Risk Register, August 2023	Attached	Director of Corporate Governance and Board Secretary
11.45	3.6	Assurance Reports of the Board's: <ul style="list-style-type: none"> Partnership Arrangements Joint Committees 	Attached Attached	Chief Executive Chief Executive
11.55	3.7	Report of the Regional Director of Llais	Attached	Regional Director, Llais

4: OTHER MATTERS

	4.1	Board Work Programme	Attached	Chair
	4.2	Any Other Urgent Business	Oral	Chair
12.05	4.3	Close		
	4.4	Date of the Next Meeting: <ul style="list-style-type: none"> 29 November 2023 Via Microsoft Teams 		

5. The Chair, with advice from the Director of Corporate Governance / Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

"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"

Time	Item	Title	Attached / Oral	Presenter
1: FOR APPROVAL				
12.15	5.1	Welcome and Apologies for Absence	Oral	Chair
	5.2	Declarations of Interest	Oral	All
12.20	5.3	Chief Executive Update	Oral	Chief Executive
12.35	5.4	Financial Sustainability / Scenario Planning	Oral	Deputy Chief Executive / Director of Finance, Information and IT
12.50	5.5	Corporate Risk Register	Attached	Director of Corporate Governance
12.55	5.6	Minutes from the In-Committee meetings held on 25 July 2023 and 11 August 2023 and Action Log	Attached	Chair
13.00	5.7	CLOSE		

MESSAGE TO THE PUBLIC:

Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe. At present Board meetings are held virtually and livestreamed. Members of the public are able to view the livestream or view the uploaded copy of the meeting on demand.

Papers for the meeting are made available on the website in advance and a copy of the minutes are uploaded to the website once agreed at the following meeting.

Whilst Board meetings are not public meetings, questions are invited and welcome from members of the public – please submit these at least 48 hours in advance of the meeting so a response can either be incorporated into the Board meeting or be provided directly to the requester. Please submit any questions to PowysDirectorate.CorporateGovernance@wales.nhs.uk.

Mills, Belinda
25/09/2023 17:09:11

AGENDA ITEM:1.3a

BOARD MEETING		Date of Meeting: 27 September 2023
Subject:	CHAIR'S REPORT	
Approved and Presented by:	Carl Cooper, Powys Teaching Health Board (PTHB) Chair	
Prepared by:	Carl Cooper, PTHB Chair	
Other Committees and meetings considered at:	N/A	

PURPOSE:

To bring to the Board's attention key points for awareness from the Chair of Powys Teaching Health Board, since the previous Board meeting in December 2022.

RECOMMENDATION(S):

It is recommended that the Board RECEIVES this report.

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. Provide Early Help and Support	✓
	2. Tackle the Big Four	✓
	3. Enable Joined up Care	✓
	4. Develop Workforce Futures	✓
	5. Promote Innovative Environments	✓
	6. Put Digital First	✓
	7. 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	✓

CHAIR'S REPORT:

Joint Escalation and Intervention Arrangements

We have received confirmation from Welsh Government that **the national escalation status for PTHB has been increased from "routine arrangement" to "enhanced monitoring" for planning and finance.** This is no surprise to us and PTHB will be subject to the lowest form of escalated measures due to the deficit budget position.

All Health Boards in Wales are to either remain in, or be placed into, an escalated level of monitoring/intervention for finance and planning reasons and for some Boards an increased level of escalation is in place for other reasons. A copy of the Ministers statement is available here - <https://www.gov.wales/written-statement-escalation-and-intervention-arrangements-4>

More detail about these arrangements and their implications are provided in the CEO's report.

Public Services Ombudsman for Wales (PSOW)

I have received the Annual PSOW Letter for PTHB. A copy of the letter accompanies this report, for information. The letter complements the PSOW's Annual Report, "A Year of Change – A Year of Challenge". In the letter the ombudsman highlights the fact that complaints referred to her office about health boards had risen by 21%.

The report, **Groundhog Day 2: An opportunity for cultural change in complaint handling?**, discusses the issues involving health boards identified by the ombudsman during the 12 month period preceding June 2023. This report and its recommendations will be considered in detail by our Patient Experience, Quality & Safety Committee (PEQS) at its next meeting in October.

We note the ombudsman's information regarding the data available from the office, and we will use this data to better understand our performance as regards complaints. A fully copy of the report can be seen here - [Annual-Report-and-Accounts-2022-23-19-07-2023-Auditor-signed.pdf \(ombudsman.wales\)](#)

Listening & Learning

I have been delighted to continue my visits to PTHB sites and services over recent months. These visits provide an invaluable opportunity to listen to staff and patients about their experiences. I invariably return from visits uplifted by the people I meet and inspired by their diligence, dedication and commitment. The conversations not only highlight the fabulous achievements of colleagues day in day out across our organisation, but also the ways in which things could be improved and strengthened. The intelligence helps to inform discussions with exec colleagues and to support our role as Independent Members as regards challenge and scrutiny.

Since our last Board meeting, I have visited:

- Ty Iltud (Community Mental Health Team in Brecon)
- Felindre Ward (Bronllys Hospital)
- Mental Health Crisis Team
- 111+2 service (new mental health helpline)
- South Powys GP Collaborative
- Llanidloes Hospital
- Palliative Care Team
- Llandrindod Wells Hospital

Brecon Hospital Car Park

It was a pleasure to attend the official opening of the new staff car park at Brecon Hospital. This must be the car park with the most stunning view in the world! Moreover, its provision has been the product of an important partnership with the local community whose efforts and financial contribution have helped to realise the project.

We are grateful, in particular, to the Hospital League of Friends, Dame Shân Legge-Bourke, The Iris and Jack Lloyd Memorial Trust, Welsh Government and the PTHB project team together with our contractors, W W Bowen Ltd and consultants, Burroughs. The cooperation and forbearance of our staff and local residents, especially during the construction period, are also appreciated.

The availability of suitable and sufficient access arrangements for patients, visitors and staff is a critical element of delivering healthcare in the hospital environment. There are increasing pressures on the provision of car parking in key Health Board premises; this is, in part, due to the success of the repatriation of healthcare services. The new car park will relieve pressure on the existing lower car park, thereby freeing up spaces for patients and visitors. It also meets important environmental priorities through the provision of solar powered lighting, electric vehicle charging points, sustainable drainage, bat & bird boxes, amphibian ladders and biodiverse hedging.

A special thank-you to Dame Shân for officially opening the site.

Annual and Mid-Year Reviews

I reported earlier in the year I had completed end of year reviews with Independent Members. During recent weeks I have conducted mid-year review conversations with colleagues. These have provided an opportunity for informal, shared reflection on our work as individual board members and as a unitary board. The discussions will provide additional information to support our ongoing board effectiveness assessment.

As Chair I am responsible for undertaking annual reviews of the CEOs performance, I met recently with our substantive CEO, Carol Shillabeer, for the annual performance review conversation. It was good to have the opportunity to look back over the journey PTHB has travelled during the years with Carol at the helm, and specifically the achievements of the previous year. We continue to wish Carol well during her secondment to Betsi Cadwaladr University Health Board.



Ask for: Communications



01656 641150



Communications
@ombudsman.wales

Date: 17 August 2023

Carl Cooper
Powys Teaching Health Board
By Email only: carl.cooper@wales.nhs.uk

Annual Letter 2022/23

Dear Carl

I am pleased to provide you with the Annual letter (2022/23) for Powys Teaching Health Board which deals with complaints relating to maladministration and service failure, and the actions being taken to improve public services.

This letter coincides with my Annual Report – “[A year of change – a year of challenge](#)” – a sentiment which will no doubt resonate with public bodies across Wales. My office has seen another increase in the number of people asking for our help – up 3% overall compared to the previous year, and my office now receives double the number of cases we received a decade ago.

Last year, I met with public bodies across Wales last year – speaking about our casework, our recommendations, and our proactive powers. The current climate will continue to provide challenges for public services, but I am grateful for positive and productive way which Health Boards communicate with my office.

926 complaints were referred to us regarding Health Boards last year – an increase of 21% compared to the previous year. During this period, we intervened in (upheld, settled or resolved at an early stage) 30% of Health Board complaints - a similar proportion to previous years.

Supporting improvement of public services

Our [Groundhog Day 2: An opportunity for cultural change in complaint handling?](#) report issued in June, highlighted the complaint handling failings we identified in cases involving health boards across Wales during the preceding 12 months.

Mills Belinda
25/09/2023 17:09:10

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We are happy to accept and respond
to correspondence in Welsh.

Our recommendations to the Health Board were aimed at ensuring that, as the new Duties of Candour & Quality are introduced within your organisation, that the opportunity for a cultural change is taken - to promote openness and candour with service users and ensure there is systemic learning when things have gone wrong.

I trust that, in line with our recommendations to the Health Board, the report has or will soon be considered by your Quality & Patient Safety Committee and it will:

- review the resources available to your complaints team
- review arrangements for accurately compiling complaints data
- consider whether the option to provide staff investigating complaints with independent medical advice, is considered on a case by case basis
- reflect upon the lessons highlighted in this report when scrutinising their performance on complaint handling
- ensure that lessons learned from the PSOW's findings and recommendations are included in their Health Board's annual report on the Duty of Candour and Quality.

Despite the challenges of last year, we have pushed forward with our proactive improvement work and launched a new Service Quality process to ensure we deliver the standards we expect.

Last year, we also began work on our second wider Own Initiative investigation – this time looking into carers assessments within Local Authorities. This investigation will take place throughout the coming year, and we look forward to sharing our findings.

The Complaints Standards Authority (CSA) continued its work with public bodies in Wales last year, with more than 50 public bodies now operating our model policy. We've also now provided more than 400 training sessions since we started in September 2020.

We continued our work to publish complaints statistics into a second year, with data now published twice a year and we included information about Health Boards for the first time in 22/23. This data allows us to see information with greater context – for example, last year 16% of Powys Teaching Health Board's complaints were referred to PSOW – the highest proportion of any Health Board.

I would encourage Powys Teaching Health Board, to use this data to better understand your performance on complaints.

Mills Belinda
25/09/2023 17:09:11

Further to this letter can I ask that Powys Teaching Health Board takes the following actions:

- Present my Annual Letter to the Board at the next available opportunity and notify me of when these meetings will take place.
- Update my office on how the Health Board has complied with the recommendations in our report: *Groundhog Day 2: an opportunity for cultural change?* by **1 December 2023**.
- Continue to engage with our Complaints Standards work, accessing training for your staff, fully implementing the model policy, and providing complaints data.
- Inform me of the outcome of the Council's considerations and proposed actions on the above matters at your earliest opportunity.

Yours sincerely,

MM. Morris.

Michelle Morris
Public Services Ombudsman

cc. Hayley Thomas, Chief Executive, Powys Teaching Health Board.
By Email only: Hayley.Thomas@wales.nhs.uk

Mills, Belinda
25/09/2023 17:09:11



Factsheet

Appendix A - Complaints Received

Health Board	Complaints Received	Received per 1000 residents
Aneurin Bevan University Health Board	166	0.28
Betsi Cadwaladr University Health Board	225	0.33
Cardiff and Vale University Health Board	137	0.28
Cwm Taf Morgannwg University Health Board	134	0.30
Hywel Dda University Health Board	104	0.27
Powys Teaching Health Board	23	0.17
Swansea Bay University Health Board	137	0.36
Total	926	0.30

Mills, Belinda
25/09/2023 17:09

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Appendix B - Received by Subject

Powys Teaching Health Board	Complaints Received	% share
Ambulance Services	0	0%
Appointments/admissions/discharge and transfer procedures	0	0%
Clinical treatment in hospital	10	43%
Clinical treatment outside hospital*	4	17%
Complaints Handling	4	17%
Confidentiality	0	0%
Continuing care	0	0%
COVID19	0	0%
De-registration	0	0%
Disclosure of personal information / data loss	0	0%
Funding	0	0%
Medical records/standards of record-keeping	0	0%
Medication> Prescription dispensing	0	0%
Mental Health	3	13%
NHS Independent Provider	0	0%
Non-medical services	0	0%
Nosocomial COVID	0	0%
Other	0	0%
Out Of Hours	0	0%
Parking (including enforcement and bailiffs)	0	0%
Patient list issues	0	0%
Poor/No communication or failure to provide information	0	0%
Prisoner Care	0	0%
Referral to Treatment Time	1	4%
Rudeness/inconsiderate behaviour/staff attitude	0	0%
Total	23	



Appendix C - Complaint Outcomes
(* denotes intervention)

Powys Teaching Health Board		% Share
Out of Jurisdiction	5	22%
Premature	1	4%
Other cases closed after initial consideration	12	52%
Early Resolution/ voluntary settlement*	5	22%
Discontinued	0	0%
Other Reports - Not Upheld	0	0%
Other Reports Upheld*	0	0%
Public Interest Reports*	0	0%
Special Interest Reports*	0	0%
Total	23	



Appendix D - Cases with PSOW Intervention

	No. of Interventions	No. of Closures	% Of Interventions
Aneurin Bevan University Health Board	48	160	30%
Betsi Cadwaladr University Health Board	80	231	35%
Cardiff and Vale University Health Board	30	129	23%
Cwm Taf Morgannwg University Health Board	37	141	26%
Hywel Dda University Health Board	41	100	41%
Powys Teaching Health Board	5	23	22%
Swansea Bay University Health Board	33	134	25%
Total	274	918	30%

Mills Belinda
25/09/2023 17:09

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Information Sheet

Appendix A shows the number of complaints received by PSOW for all Health Boards in 2022/23. These complaints are contextualised by the number of people each health board reportedly serves.

Appendix B shows the categorisation of each complaint received, and what proportion of received complaints represents for the Health Board.

Appendix C shows outcomes of the complaints which PSOW closed for the Health Board in 2022/23. This table shows both the volume, and the proportion that each outcome represents for the Health Board.

Appendix D shows Intervention Rates for all Health Boards in 2022/23. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

Mills Belinda
25/09/2023 10:09 AM

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AGENDA ITEM:1.3b

BOARD MEETING		Date of Meeting: 27 th September 2023
Subject:	VICE CHAIR'S REPORT	
Approved and Presented by:	Kirsty Williams, PTHB Vice Chair	
Prepared by:	Kirsty Williams, PTHB Vice Chair	
Other Committees and meetings considered at:	N/A	

PURPOSE:

To bring to the Board's attention key points for awareness from the Vice Chair of Powys Teaching Health Board, since the previous Board meeting in July 2023.

RECOMMENDATION(S):

It is recommended that the Board RECEIVES this report.

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. Provide Early Help and Support	
	2. Tackle the Big Four	
	3. Enable Joined up Care	
	4. Develop Workforce Futures	
	5. Promote Innovative Environments	
	6. Put Digital First	
	7. 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	✓

VICE CHAIR'S REPORT:

Primary Care

At the end of July, I paid a visit to Llafyllin Surgery. I met with one of the Senior partners, the Practice Manager and Practice Pharmacist. It was very valuable to learn more about the care and enhanced services offered. They were particularly keen for me to hear about their vision for training and developing the multidisciplinary primary care team at the practice. We also discussed the challenges of covering a large geographical area with a main and branch structure, the rising price and supply of medicines and the recruitment and retention of staff of all kinds. I am grateful to the Llanfyllin Team for their warm welcome and time.

Alongside the Chair, I met with representatives of the Strategic Program for Primary Care. The discussion was wide ranging with a focus on Accelerated Clusters and the voice of primary care in the RPB arena. We also discussed how the area of Primary Care can be more visible in governance arrangements in general.

Mills Belinda
25/09/2023 17:09:13

Mental Health

The Power of Discharge Committee met recently. We received an update for the Mental Health Administrator. The Independent Hospital Managers were assured that matters in relation to the Mental Health Act were in order. They wanted to recognise the professionalism and hard work of the Mental Health Administrator.

I have begun meeting regularly with the Interim Head of Mental Health services and I am grateful for their updates on issues relating to the service.

Community

I was delighted to attend the recent Dementia Matters Olympic Games event in Llandewi and present several awards to their volunteers, service users and carers. It also provided me with an opportunity to hear from services users and carers about their experiences. There was positive feedback around many of our services but frustration around a lack of day services and respite care.

Quality & Safety

The Chairs of Quality & Safety committee meet quarterly. At our most recent meeting we received a further briefing from officials on Duty of Quality and Candor. It is useful and reassuring to hear how other Health Boards are approaching the implementation and embedding of this important legislation.

Vice Chairs

The Vice Chairs of Health Board and Trusts held an away day at the Wale NHS Confederation offices in Cardiff. The main topic of discussion were the strategic and financial challenges facing the NHS.



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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 1.3c

BOARD MEETING

DATE OF MEETING:
27 September 2023

Subject:

CHIEF EXECUTIVE REPORT

**Approved and
Presented by:**

Hayley Thomas, Interim Chief Executive

Prepared by:

Helen Bushell, Director of Corporate Governance

**Other Committees
and meetings
considered at:**

Elements of this report may have been considered at various committees or meetings prior to being presented.

PURPOSE:

This report is intended to keep the Board up to date with key developments at a national and local level.

It sets out for the Board areas of work being progressed and achievements that are being made, which may not be subject to consideration by a Committee of the Board or may not be directly reported to the Board through Board reports.

The report specifically covers:

- Health Board Escalation and intervention Arrangements
- Speaking Up Safely Framework
- National Commissioning
- Winter Respiratory Virus / Keeping Powys Safe
- Reinforced Autoclaved Aerated Concrete (RAAC)
- Putting PTHB on the National Map
- Shaping the Future of Health Services
- **PTHB Staff Excellence Awards**
- Joint Inspection of Child Protection Arrangements (JICPA)

RECOMMENDATION(S):

The Board is asked to **RECEIVE** the report and **DISCUSS** any key issues.

Approval/Ratification/Decision ¹	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:

Health Board Escalation and intervention Arrangements

Welsh Government has in place **national Joint Escalation and Intervention Arrangements**. Through these arrangements they meet twice a year with Audit Wales and Healthcare Inspectorate Wales to discuss issues and concerns about each Health Board, Trust and Special Health Authority.

As part of the Joint Escalation and Intervention Arrangements. HBs, Trusts and SHAs in Wales are given an intervention and escalation status in four bands:

- Routine Arrangements (lowest level)
- Enhanced Monitoring
- Targeted Intervention
- Special Measures (highest level)

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

The NHS across the country is facing a very challenging context in terms of finance and planning, and this is very much reflected in our position here in Powys:

- Last year was the first time since 2015 that PTHB did not achieve a break even financial position, ending the year with a deficit of £7m.
- For 2023/24, the plan that we have submitted to Welsh Government will end the year ahead with a £33.5m deficit position.

Given this, we very much expected that Powys Teaching Health Board would be escalated from "routine arrangements" to "enhanced monitoring" for planning and finance. This will mean greater scrutiny from Welsh Government, and the frequency of our regular Integrated Quality Performance and Delivery (IQPD) meetings will increase from quarterly to monthly. We remain in "routine arrangements" for all other aspects of health board delivery.

Speaking Up Safely Framework

Welsh Government have published the **Speaking up Safely Framework for NHS Wales**. The framework is a joint Welsh Government and NHS Wales document, developed in partnership with trade union colleagues. The Framework sets out the responsibilities of all NHS Wales organisations, their executive teams, and Boards, along with those of managers and individual members of staff in further building a culture in which 'Speaking Up', is supported within a safe environment.

Leaders and managers must be willing to listen, deal with concerns appropriately and be open to constructive challenge. Speaking up and bringing these issues into the open is a brave and vulnerable thing to do. We are committed to support the NHS in Wales to nurture an ethos where this is welcomed and seen as an opportunity to listen, learn and improve.

Powys Teaching Health Board is currently undertaking our own self assessment against the framework which we will submit back to Welsh Government at the end of October, following appropriate engagement with our own Board, Trade Unions and staff colleagues.

The Framework can be accessed here - [Speaking up Safely: A Framework for the NHS in Wales \(gov.wales\)](#)

National Commissioning

An independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also

includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision making and accountability arrangements. In summary, the independent review recommended WHSSC, EASC and NCCU should be combined to form a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.

A National Commissioning Implementation Board has been established to oversee the creation of the new Committee by 1 April 2024. Recognising that the new commissioning Joint Committee will remain a joint committee of Health Boards, membership is drawn from the most senior leaders within the current Joint Committees of WHSSC and EASC, adapted to reflect wider potential national commissioning opportunities, including the commissioning of 111 and SARC services alongside Chief Executive Officers for each of the seven health boards.

Winter Respiratory Virus / Keeping Powys Safe

Powys, as with other parts of Wales, are seeing an increase in community transmission rates of COVID-19. As we head into the Autumn and Winter months, we are likely to see the circulation of other respiratory viruses, such as influenza. Further information has been provided to the Board later in the agenda – Winter Respiratory Programme. The publication of the Public Health Respiratory Framework by Welsh Government is expected later this month and we will test our winter plan against those requirements.

In recent weeks we have reviewed our infection, prevention and control measures and have reintroduced various measures including mask wearing in all clinical and patient facing environment. Up-to-date visiting guidance for the Health Board can be found on the following page: [Visiting Arrangements - Powys Teaching Health Board \(nhs.wales\)](#)

Reinforced Autoclaved Aerated Concrete (RAAC)

Whilst recognising the challenges we face in Powys with an ageing estate, I am pleased to advise the Board that Rider Levett Bucknall (RLB), Building Surveyors, were commissioned to assess the risk of our buildings containing and being at risk of failure of Reinforced Autoclaved Aerated Concrete (RAAC). The assessment included a desktop review of all freehold and leasehold premises. RLB confirmed we do not believe there to be any high risk RAAC constructed floor/roof decks on PTHBs estate. This work was reported and discussed at the Delivery and Performance Committee held in August.

Putting PTHB on the National Map

Aspiring Nurse Programme

A partnership between Powys Teaching Health Board and the Open University to train more nurses in the county won the Workplace Change Makers Award in the Inspire Adult Learners' Week awards from Learning and Work Wales on 14 September 2023.

Given the rural geography of Powys, many learners leave the county to gain their nursing degree. Recognising this challenge, the health board worked with the Open University to develop a joint approach for candidates to take up employment and their nursing degree locally.

The scheme has allowed trainees to "earn while they learn" in Powys, helping us to create the workforce of the future here in the county.

More information is available from

<https://adultlearnersweek.wales/winner/powys-teaching-healthboard/>

NHS Wales Awards and UK Rising Star Award

Sue Williams, PTHB Health Disability Activity Practitioner, has been recognised as a finalist in the NHS Wales Awards due to be announced on 26 October. Her nomination is part of the All-Wales Health Disability Activity Pathway, which is one of 3 finalists in the "Improving Health and Wellbeing" category. The pathway supports disabled people accessing health services to be directed to their local sports development teams in order to become more physically active. Due to the success of an initial pilot project, it is now a national pathway with a Health Disability Activity Practitioner in every Health Board.

The NHS Wales Awards have just made the decision for the awards to be delivered virtually this autumn, and more details will be confirmed soon.

UK Nursing Times Awards

Ellie Jolley-Dawson, Ward Manager on Graham Davies Ward at Llanidloes Hospital, is a finalist in the UK Rising Star category in this year's Nursing Times Awards on 25 October.

Ellie's drive and motivation was clearly in evidence as part of the NHS75 celebrations earlier this year, organising an excellent community fair at the hospital.

Good luck to Sue and to Ellie.

Mills Belinda
25/09/2023 17:09:11

Shaping the Future of Health Services Minor Injury Unit services in Gwent

A period of engagement is under way in Gwent on the future model of their minor injury unit (MIU) services, including those at Nevill Hall Hospital (NHH) in Abergavenny. Their proposals include changing the opening hours for the NHH MIU from 24 hours to 18 hours (0700 to 0100).

The period of engagement continues until 3 November 2023 and more information is available from our website: [Provision of Minor Injury Unit Services in Gwent - 8-week Engagement - Powys Teaching Health Board \(nhs.wales\)](https://nhs.uk/england/gwent/powys-teaching-health-board/provision-of-minor-injury-unit-services-in-gwent-8-week-engagement)

NHS EMRTS / Wales Air Ambulance

The next steps on engagement on NHS EMRTS and Wales Air Ambulance services are on the agenda of the Emergency Ambulance Services Committee meeting on 19 September and I will provide an oral update to the Board on the next steps.

In the meantime the latest information is available from our website: <https://pthb.nhs.wales/air-ambulance>

PTHB Staff Excellence Awards

The NHS, our staff and our patients & communities face growing challenges from the of the circulation of COVID including the uncertainties presented by new variants. As we head further into the autumn we also expect to see flu and other respiratory infections on the rise. Vaccination plays a vital role in prevention, helping to reduce the spread and to reduce the likelihood of serious illness, and at Item 3.4 we will receive a more detailed update on our vaccination programme for the autumn.

As a Health Board we have also reintroduced the wearing of masks in all patient facing areas, and given these challenges and uncertainties we need to give careful consideration to our wider activities as a health board. For this year's Staff Excellence Awards we had planned to come together for a celebration event later in the autumn, but have decided that given the risks to our workforce from respiratory infections and the wider pressures on health board we will take a different approach to this year's event. We expect this to include a series of online events, along with in-person visits by members of the Board to meet our winners - when announced - in action and hear first hand about their pride and achievements.

Over the last week we have begun to announce over 170 nominees across our eight categories. During October we will be sharing announcements of our shortlisted finalists, selected after very careful consideration by panels including Board Members, staff side representatives and members of our Chat2Change staff engagement network. Then later in the Autumn we will

celebrate these finalists and our winners in categories such as Team of the Year, Improving Health and Wellbeing, and Quality & Excellence.

Joint Inspection of Child Protection Arrangements (JICPA)

A Joint Inspection of Child Protection Arrangements (JICPA) is under way across Powys. This inspection bring together Healthcare Inspectorate Wales (HIW), Care Inspectorate Wales (CIW), Estyn and HM Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).

It provides an excellent opportunity to review, learn and improve the way we protect and safeguard children in the county.

The inspectorates have advised that this JICPA will review:

- the response to allegations of abuse and neglect at the point of identification
- the quality and impact of assessment, planning and decision-making in response to notifications and referrals
- the protection of children aged 11 and under at risk of abuse and neglect
- the governance leadership and management of this work
- the effectiveness of the multi-agency safeguarding partner arrangements in relation to this work

As part of the inspection, we are circulating a HIW Staff Survey to all Powys Teaching Health Board and Primary Care employees inviting them to share information and experiences of how local services across agencies respond to protecting children who are at risk of abuse and neglect

We expect to have receive the formal report of the inspection by early 2024.

The Board is asked to receive the Chief Executive Report.

Agenda Item: 1.4

BOARD MEETING		DATE OF MEETING: 27 SEPTEMBER 2023
Subject:	BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS	
Approved and presented by:	Committee Chairs Director of Corporate Governance / Board Secretary	
Prepared by:	Interim Head of Corporate Governance	
Other Committees and meetings considered at:	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.	

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board Committees.

RECOMMENDATION(S):

The Board is asked to:

- **RECEIVE** the summary assurance reports appended to this covering paper taking **ASSURANCE** that Board Committees are fulfilling their roles and reporting accordingly to the Board.

Approval/Ratification/Decision	Discussion	Information
	✓	

Mills Belinda
25/09/2023 17:09:41

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	✓

DETAILED BACKGROUND AND ASSESSMENT:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

The following Chair's Assurance Reports with links to confirmed committee minutes are appended for the information of the Board:

Executive Committee:

- The Committee Chair's report of the meetings held from 19 July August 2023 to 20 September 2023 is attached at **Appendix A**

Delivery and Performance Committee:

- The Committee Chair's report of the meeting held on 31 August 2023 **Appendix B.**

NEXT STEPS:

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 29 November 2023.

Mills Belinda
25/09/2023 17:09:41

Reporting Committee:	Executive Committee
Committee Chair	Hayley Thomas, Interim Chief Executive
Date of last meeting:	20 September 2023
Paper prepared by:	Interim Corporate Business Officer

KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

The Executive Committee is chaired by the Chief Executive with all members of the Executive team acting as members of the Committee. The Committee meetings in private due to the practical nature of the day to day management and operations of the organisation.

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 19th July, 26th July, 9th August, 23rd August and 6th September 2023.

19th July 2023

1. CHC DISPUTE RESOLUTION PROCEDURE

The Committee received a draft of the Local Organisational Dispute Procedure which has been produced jointly by PTHB and PCC, for the Executive Team to review and provide comments. The purpose of this procedure is to ensure that operational teams from both PTHB and PCC have a clear route to follow, in the event of a dispute that will enable a settlement.

The Committee commented on the draft procedure which would be the responsibility of both Chief Executives to consider and approve.

2. INTERGRATED PERFORMANCE REPORT (Month 2)

The Committee received an update on the latest available performance position for Powys Teaching Health Board, against the NHS Wales Performance Framework, up until the end of May 2023 (month 2).

3. ISA260 REPORT (ANNUAL ACCOUNTS)

The Committee received the ISA 2060 Report, produced by Audit Wales on the Health Board's year-end accounts. The report was positive and highlights some areas for improvement. It will be necessary for our accounts to be qualified due to the £6.8m overspend and the fact we did not break-even.

26th July 2023

1. PATIENT FLOW AND ESCALATION

The Committee noted the feedback from English NHS Trusts that services were recovering well following the industrial action from junior doctors and that the planned radiographer industrial action is also not significantly impacting service provision. Several planned care days have been cancelled within Powys theatres due to the doctor strikes, these have now been rescheduled for August.

The Committee DISCUSSED and NOTED the Patient Flow and Escalation update.

2. ISO14001 ENVIRONMENTAL MANAGEMENT STANDARDS

The Committee noted the annual inspection for the ISO14001 Environmental Management Standards accreditation had taken place over the last month. IT and Estates facilities were the primary focus for the auditors, although the accreditation is for whole organisation and all hospital sites.

There were four major non-conformances in the report and 41 recommendations overall, including the implementation of a database to hold environmental records. A mid-way report will return to the Committee to update on progress and for further discussion with regards to implementing and prioritising the standards across the wider organisation.

The Committee DISCUSSED and NOTED the updated on the ISO14001 Environmental Management Standards.

3. INVESTMENT BENEFITS GROUP (IBG) SUMMARY REPORT

The Committee noted over £400,000 of investments were approved through the IBG process during the 2022/23 financial year. This is against a budgeted £1m for investments, although there will be a delayed/part-year impact of posts being recruited.

The benefits of investments will also be tracked through a process to check-in on the implementation and once an investment has been

operating for a period of roughly 12 months to assess whether it is achieving its intended impact.

The Committee AGREED that any projects which have been approved but where expenditure has not been committed to date, would return to the Committee for a reassessment.

It was AGREED that revisiting the Terms of Reference for the IBG in the coming weeks would be prudent.

4. INCIDENT MANAGEMENT FRAMEWORK

The Incident Management Framework was presented to the Committee which has had significant engagement with clinical and non-clinical teams across the health board. To ensure the health board processes are robust a review has been undertaken of the incident management framework, in line with the Duty of Candour (2023) and the Nationally Reportable Incident Framework.

The Committee DISCUSSED and APPROVED the Incident Management Framework.

5. NATIONALLY REPORTABLE INCIDENT (NRI) UPDATE

The Committee received an overview of open Nationally Reportable Incidents within the Health Board. It was noted that the aim is to bring an update paper to the Committee on a monthly basis.

The Committee noted that being able to review the updates regularly as an Executive team will help to establish greater organisational awareness and the aim is to move to a position where all Executive Directors can lead on an NRI, not just clinical directors.

The Committee RECEIVED and NOTED the Nationally Reportable Incident (NRI) update.

9th August 2023

1. BELMONT BRANCH SURGERY

The Committee discussed the proposed response to a formal representation from Llais, received on 18th July 2023 regarding Belmont Branch Surgery. The letter from Llais requested PTHB to defer their decision to accept the application from Crickhowell Medical Practice, to close their premises in Gilwern.

The Committee AGREED to issue the very comprehensive response to Llais and continue with the regular meetings of the Task & Finish Group and updates to the Board.

2. HEALTH & SAFETY ASSURANCE REPORT

The Committee received the mid year update from February 2023 to July 2023, in relation to the work of the Corporate Health and Safety Group. The report outlined the progress that has been made with the 2023/24 work plan and the Health & Safety forward work programme for 2023/24.

The report covered :

- Education and Training
- Health & Safety Policies
- Accidents and Incidents
- Risks Assessments and Audits
- Current position on HAVs

3. QUARTERLY 1 INTEGRATED PLAN REPORT (Q1 Apr-Jun)

The Committee reviewed the quarterly update on the Integrated Plan, prior to submission to Delivery and Performance Committee on 31st August and Board on 27th September 2023. The report will then be submitted to Welsh Government as a formal report of Progress against the Plan for the Q1 Period.

Good progress has been made in the first quarter, however, in light of the current financial situation and the need to revisit the Annual Plan priorities at the end of Q2 it was suggested to inform the Delivery & Performance Committee that any change requests for this period will be deferred, in anticipation of a substantial review necessary for the latter part of the year.

4.FINANCE MONTH 4 FLASH REPORT

The Committee received the Month 4 Financial Performance Report. As at month 4, there is a £11.432m overspend against the planned deficit of £11.158m giving the Health Board an operational overspend of £0.274m.

The year end forecast is in line with the submitted plan at £33.474m.

The capital resource limit for 2023/24 is £3.6m. To date £0.486m has been spent.

In-Committee Items

During the meeting the Executive Committee also discussed concerns regards staffing levels on the Tawe Ward, a paper would be provided to the Board In-Committee in August.

23rd August 2023

1. WINTER RESPIRATORY VACCINATION PLANS 2023-24

The Committee were presented with the Winter Respiratory Vaccination Plans for 2023-24. The eligible groups have been outlined, with no 50-65 universal offer for COVID-19 or flu vaccines, but for those with core morbidities. 75% uptake amongst the eligible groups is the target. The most vulnerable groups (75+, immune suppressed and care home residents) are to be offered a COVID vaccine for new variant from October, while current COVID vaccines and Flu vaccines are available from the 11th September. There will be a mixed model approach to vaccination using GP practices and outreach centres. Targeted conversations will be held with the local authority and RPB as part of the stakeholder management work. Further consideration will also be given to how the messaging/narrative of this campaign is best communicated.

With regards to the staff vaccination plan, the Committee approved the Welsh Government supported position to offer the flu vaccine and COVID-19 vaccine to all staff.

2. BUSINESS CASE – DISCHARGE LIAISON OFFICERS

The Committee discussed a business case for the creation of three new Band 4 roles for Community Discharge Liaison Officers across Powys.

Following the appointment of 1FTE Discharge Officer in August 2022 in South Powys covering Brecon, PTHB quickly realised benefits in the average Length of Stay in Brecon from 51.2 days reducing to 34.44 days in December 2022. This reduction is the result of the coordination input of the Discharge Officer to support the combined effort of all parties involved to reduce the overall length of stay in Brecon.

The implementation of these additional posts could create a 25% additional capacity if replicated, and at 10% additional capacity that would still present significant savings. This could lead to savings of £1.6m and at least £1m.

The proposal was approved and it was agreed that a 6-month evaluation will be provided to the Committee once the staff are in place.

3. CONTINUING HEALTHCARE COSTS UPDATE REPORT

The Committee received an update on Continuing Health Care issues. In early 2022, it was recognised that significant cost pressures were being realised across all pathways of Continuing Health Care in Powys, alongside variation in practice and performance within the different services. An action plan was developed, which was further refreshed

later in the year, and this was implemented and monitored by the Complex Care Improvement programme.

In Mental Health there has been a rise in requests for complex health care. Team capacity has been challenged and assessment and re-assessment performance is poor. There is a need to readdress and reset systems and process in the organisation. It was agreed that a task and finish group will be established to complete the updated report for Delivery & Performance Committee over the next week.

4. INFECTION PREVENTION AND CONTROL UPDATE

The Committee received an update on the IPC plan, noting that the team was on track with implementation.

It was noted that there have been additional costs with regards to additional cleaning which must be carried out. There are some implications, therefore, on the cleaning budget.

5. ELECTRONIC PRESCRIBING AND MEDICINES ADMINISTRATION

The Committee received an update on the project to implement Electronic Prescribing and Medicines Administration in Powys. An SBAR is being prepared with the Director of Finance & IT and it was noted that there are some concerns around utilising the funding and implementing the system within the current financial year on a national level, which does not seem prudent for Powys.

6. (WORKFORCE) AGENCY COSTS DEEP DIVE

A project team has been assembled to tackle the multiple reasons for high agency usage. As part of this work, a detailed project plan has been developed, designed to address the root cause of agency usage (Registered Nurse vacancies) as well as to design systems of service change and embed cultural change to develop Nursing Practice (in terms of rehabilitation and management of risk, especially in relation to falls), utilise assistive technology and employ methods of enabling patients' independence (as far as this is possible). It was noted that there was a spike last month in agency costs but that was because the unit cost for an agency increased significantly (10%), there was not an increase in usage.

7. INTEGRATED PERFORMANCE REPORT (Month 3)

The Committee discussed the current position in relation to the Integrated Performance Report and the Ministerial measures report was highlighted to the Committee. There is some pressure on the number of patients waiting 36 weeks or more. There are no patients breaching more than 104 weeks, but some breaching 52 weeks in outpatients.

Some extra sessions should help to resolve that.

It was noted that the general direction of travel is positive, with some hotspots in waiting for access.

8. FINANCE REPORT MONTH 04

The Committee received the Finance Report for Month 4 which noted:

- At month 4, there is a £11.432m overspend against the planned deficit of £11.158m giving the Health Board an operational overspend of £0.274m.
- The year end forecast is in line with the submitted plan at £33.474m.
- The capital resource limit for 2023/24 is £3.588m. To date £0.486m has been spent.

9. INFORMATION GOVERNANCE (IG) MONITORING REPORT

The Committee received the Information Governance monitoring report, which is a 6 monthly update providing information on organisational compliance with IG.

The paper provides an assessment against key performance and compliance indicators for information governance (IG). The reporting period on this occasion covers quarter 4 of 2022-23 and quarter 1 of 2023-2024, so therefore from 1 January 2023 to 30 June 2023.

The IG Team continues to meet with Service leads to explore ways of improving and streamlining processes and tailored FOI training sessions are offered where needed. Internal IG processes have been updated to better support services.

Mandatory training compliance is continuing to decrease. The target of staff achieving their training within the target of 6 weeks is poor.

In-Committee Items

During the meeting the Executive Committee the ongoing financial planning work, an update would be made available to the Board during August.

6th September 2023

1. Workforce and OD Policies

The Committee were asked to approve the following policies which have been reviewed and approved the Workforce Policy Review Group:

- HR090 – Rostering Policy
- HR004 – Policy & Procedure for Determining Starting Salaries
- HR077 – Staff Who have Caring Responsibilities
- HR065 – Time Off for Recognised Staff Representatives for Trade Union Duties and Activities
- HR064 – Trade Union Recognition Agreement
- HR076 Fixed Term and Temporary Contracts Policy & Procedure
- HR101 Voluntary Early Release Policy

The Committee noted and RATIFIED the updated HR policies.

2. POLICY ASSURANCE ASSESSMENTS

The Committee was requested to confirm Executive Leads for the following areas with regards to the Executive Scheme of Delegation:

- National Framework for the delivery of Bereavement Care in Wales – Director of Nursing and Midwifery.
- Progress against the Health Boards plans to reduce pathways of care delays – Interim Director of Operations/Director of Community and Mental Health.
- Progress against the organisations prioritised strategic equality plans – Director of Workforce and OD

The Committee DISCUSSED and APPROVED.

3. CHARITABLE FUNDING

The Committee were asked to consider and endorse the following requests ahead of the Charitable Funds Committee :

- PAVO Small Health Grants Scheme 2024-27 (£82,500)
- Purchase of equipment to support an Audiology-led vestibular assessment pathway for South Powys (£29,532)

The Committee noted and SUPPORTED the Charitable Funds requests for submission to the Charitable Funds Committee with the noted recommendations and subject to all queries being addressed.

In-Committee Items

During the meeting the Executive Committee the ongoing financial planning work, an update would be made available to the Board during September.

Sub-Groups of Executive Committee

Sub-Groups of the Executive Committee continue to operate as required to support the management of escalated issues within the organisation.

ITEMS TO BE ESCALATED TO THE BOARD

Discussion has already taken place with the Board (In-Committee) regards staffing levels on Tawe Ward.

The Board is also fully engaged in financial planning discussions.

NEXT MEETING

The last meeting of the Executive Committee took place on the 20 September, the next meeting of the Executive Committee is scheduled for Wednesday 4th October 2023.



Reporting Committee:	Delivery & Performance Committee
Committee Chair	Ronnie Alexander
Date of last meeting:	31 August 2023
Paper prepared by:	Corporate Governance Officer
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The last meeting of the Delivery and Performance Committee took place on 31 AUGUST 2023 where the following items were considered:</p> <ul style="list-style-type: none">• Q1 Annual Delivery Plan• Integrated Performance Report Month 03• Finance Performance Report: Month 4• Six-Month report on Continuing Health Care• Agency Pay Deep Dive• Health and Safety Assurance Update• ISO14001 Report• Information Governance Monitoring Report• Reinforced Autoclaved Aerated Concrete (RAAC) Report <p>The papers from this meeting can be accessed at: 31 August 2023 - Powys Teaching Health Board (nhs.wales)</p> <p>The Board is asked to note that the following matters were discussed at the In-Committee on 31 August 2023.</p> <ul style="list-style-type: none">• Financial Sustainability <p>A summary of the key issues discussed at the meeting is provided below.</p> <p>-----</p> <p>Q1 ANNUAL DELIVERY PLAN</p> <p>The Committee received the report which provided an update of the progress made against the Integrated Plan for Quarter 1 period (April to</p>	

June 2023). It was noted that the plan had been submitted to Welsh Government, but it had not yet been approved by as an endorsed plan.

The Report will be submitted to PTHB Board on 27 September 2023 and subsequently, to Welsh Government as a formal report of progress against plan for Quarter 1.

The Committee CONSIDERED the report seeking assurance around out of hours pharmacy provision, the status of ministerial directions, transnasal endoscopy and the position regarding the Dermatology GP and asthma specialist.

INTEGRATED PERFORMANCE REPORT MONTH 01

The Committee received the report which provided the latest available Performance against the 2023/24 NHS Wales Performance Framework release in June 2023.

The Committee sought assurance on the performance of WAST and requested a deep dive to be undertaken and brought back to the next meeting of the Committee.

FINANCE PERFORMANCE REPORT MONTH 04

The Committee received the report with an update on the July 2023 (Month 04) Financial Position, including progress with savings delivery. At Month 04, there a £11.432m over-spend was reported against the planned deficit of £11.158m.

The Committee DISCUSSED and NOTED the Health Board Month 04 2023/24 financial position and the 2023/24 financial forecast deficit position.

SIX-MONTH REPORT ON CONTINUING HEALTH CARE COSTS

The Committee received the report with an update of the current operational and financial performance in relation to Continuing Health Care and provided an overview of existing mitigation and further actions to be taken to improve the organisational position. It was noted that most of the data in the paper reflected the position to May 2023 rather than to July 2023 as some invoices were submitted on a quarterly basis.

The Committee:



- REVIEWED and DISCUSSED the content of this report.
- NOTED the actions of the service to manage service demand and contain costs.

AGENCY PAY DEEP DIVE

The Committee received the report which provided assurance on the work being progressed and which was intended to reduce cost of variable pay (agency and Locum spend) across the services in Powys Teaching Health Board.

The Committee CONSIDERED the issues set out in the paper, REVIEWED actions taken, NOTED the further mitigation in place, and took ASSURANCE that whilst moderate financial risk continues to be realised, progress is being made to reduce the use of agency staffing and the associated cost.

HEALTH AND SAFETY ASSURANCE UPDATE

The Committee received the report which provided a six-month update from February 2022 to July 2023 in relation to the work of the Corporate Health and Safety Group and the progress that had been made against the 2023/24 work plan.

The Delivery and Performance Committee DISCUSSED and took ASSURANCE from the report that the organisation implemented as part of its 2022/23 work plan, and it was implementing as part of the forward work programme for 2023/24.

ISO14001 REPORT

The Committee received the report with an update to Committee regarding the current status of the ISO 14001 annual environment system re-certification audit which took place in June 2023.

The Delivery and Performance Committee were ASSURED by the contents of this report.

INFORMATION GOVERNANCE MONITORING REPORT

The Committee received the report which provided an assessment against key performance and compliance indicators for Information Governance (IG). The reporting period covered Quarter 4 of 2022-23 and Quarter 1 of 2023-2024.

Attention was drawn to the following matters:

- Freedom of Information requests had increased by 32% in comparison to the previous reporting period;
- compliance of 87% remains below the Information Commissioners target of 90%;
- the longest breach was 43 days out of legislative 20-day deadline;
- IG training was recorded at 86.35% (a reduction of 3 percentage points but above the 85% target);
- IG training for new starters within six months stood at 75%

The Delivery and Performance Committee took ASSURANCE in relation to the compliance with information governance requirements over the past six months.

REINFORCED AUTOCLAVED AERATED CONCRETE PLANKS (RACC) REPORT

It was confirmed that investigations had been completed by the Health Board and it had been found that there was no RAAC within the PTHB estate or any properties in which staff are based.

DATE OF NEXT COMMITTEE MEETING:

The next meeting of the Delivery and Performance Committee will be held on 17 October 2023.

DELIVERY AND PERFORMANCE IN-COMMITTEE MEETING

The following item was discussed in private session.

FINANCIAL SUSTAINABILITY

A verbal update was received in relation to the Scenario planning.

The Committee NOTED the update on financial sustainability.

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POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON TUESDAY 25 JULY 2023

VIA TEAMS

Present

Carl Cooper	Independent Member (Chair)
Kirsty Williams	Independent Member (Vice Chair)
Hayley Thomas	Interim Chief Executive
Chris Walsh	Independent Member (Local Authority)
Ronnie Alexander	Independent Member (General)
Simon Wright	Independent Member (University)
Rhobert Lewis	Independent Member (General)
Ian Philips	Independent Member (ICT)
Cathie Poynton	Independent Member (Trade Union)
Jennifer Owen Adams	Independent Member (Third Sector)
Pete Hopgood	Director of Finance, Information Services and IT/Interim Deputy Chief Executive
Claire Madsen	Director of Therapies and Health Sciences
Debra Wood-Lawson	Director of Workforce and OD
Joy Garfitt	Interim Director of Operations/Community and Mental Health
Kate Wright	Medical Director
Mererid Bowley	Director of Public Health
	Director of Nursing and Midwifery

Claire Roche

In Attendance

Helen Bushell	Director of Corporate Governance / Board Secretary
Marie Davies	Deputy Director of Nursing and Midwifery
Vikki Cooper	Assistant Director Digital Transformation
Adrian Osborne	Assistant Director of Communications and Engagement
Chris Moss	Assistant Director Performance and Commissioning
Katie Blackburn	Regional Director Llais
Liz Patterson	Interim Head of Corporate Governance

Belinda Mills

Corporate Governance Officer

Attendees for part of meeting

Ellen Jolley	Ward Manager (Item 1.3)
Dr Adam Pearce	Service Lead for Welsh Language and Equalities (Item 2.6 and 2.7)
Alice King	Audit Wales (Item 2.1)

Apologies for absence

Ronnie Alexander	Independent Member (General)
Mark Taylor	Independent Member (Capital & Estates)
Kate Wright	Medical Director
Stephen Powell	Interim Director of Planning, Performance and Commissioning
Wayne Tannahill	Associate Director Capital and Estates
Nina Davies	Associate Member (Director of Social Services Powys County Council)

PRELIMINARY MATTERS	
PTHB/23/036	WELCOME AND APOLOGIES FOR ABSENCE The Chair welcomed all participants to the meeting. Apologies for absence were noted and recorded as above.
PTHB/23/037	DECLARATIONS OF INTEREST The following declarations of interest were made in relation to agenda item 2.5 (Belmont Branch Surgery Gilwern closure application) <ul style="list-style-type: none">Katie Blackburn, Regional Director Llais declared that she was a patient of Crickhowell Group Practice and would therefore limit her contribution to the articulation of the perspective of Llais; and 2.3.1 (Part 1: Performance Report, Part 2: Annual Accountability Report, Part 3: Annual Financial Statements) <ul style="list-style-type: none">The Director of Corporate Governance declared an interest in relation to remuneration and/or pensions for all Executive Directors and Independent Members for the Annual Report.
PTHB/23/038	EXPERIENCE STORY

	<p>a) Patient Experience Story</p> <p>The Deputy Director of Nursing introduced the item which provided an overview of a mother who has had three babies with the Health Board Maternity Services in the South Powys area.</p> <p>The Board welcomed the presentation and expressed its thanks to mother for sharing their experience.</p> <p>b) Staff Experience Story</p> <p>The Ward Manager of Llanidloes Memorial Hospital presented to the Board a staff story reflecting on the challenges and opportunities faced by staff on the ward.</p> <p>The Board welcomed the presentation and wished to extend its thanks to the member of staff for sharing their story, the learning from which had been significant.</p>
PTHB/23/039	<p>UPDATE FROM THE CHAIR</p> <p>The Chair presented his report and added that discussions were taking place for the Substantive CEO to remain on secondment to Betsi Cadwaladr UHB until March 2024. This would likely be finalised in the coming weeks.</p> <p>UPDATE FROM THE VICE CHAIR</p> <p>The Vice Chair presented her report.</p> <p>UPDATE FROM THE CHIEF EXECUTIVE OFFICER</p> <p>The Chief Executive presented her the report.</p> <p>The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.</p>
PTHB/23/040	<p>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</p> <ul style="list-style-type: none"> • PTHB COMMITTEES <p>The following Chairs' Assurance Reports were received:</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 4 July 2023.</p> <p>The Board NOTED the report.</p>

Delivery and Performance Committee

The Committee Chair presented the item which provided an overview of matters considered by the Delivery and Performance Committee on 27 June 2023.

The Board NOTED the report.

Executive Committee

The Committee Chair presented the item which provided an overview of matters considered by the Delivery and Performance Committee by the Executive Committee when it met on 17 May, 31 May, 14 June, 28 June and 12 July.

There were no matters for escalation. Relevant items have been considered by other Board Committees and communicated as appropriate.

The Board NOTED the report.

Workforce and Culture Committee

The Committee Chair presented the item which provided an overview of matters considered by the Workforce and Culture Committee on 16 May 2023 and 11 July 2023:

The Chair drew attention to the following items which the Committee had recommended to the Board for approval:

- Equality, Diversity and Inclusion Annual Report 2021/22
- Welsh Language Annual Report 2022/23

The Board NOTED the report.

Charitable Funds Committee

The Committee Chair presented the item which provided an overview of matters considered by the Charitable Funds Committee on 5 June 2023.

The Board NOTED the report.

Planning Partnership and Public Health Committee

The Committee Chair presented the item which provided an overview of matters considered by the Planning,

	<p>Partnerships and Public Health Committee on 11 May 2023.</p> <p>The Board NOTED the report.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PTHB/23/041	<p>AUDIT WALES AUDIT OF ACCOUNTS REPORT, 2022/23</p> <p>The Director of Finance, Information Services and IT / Interim Deputy Chief Executive introduced the item. The Audit Wales Audit Lead for the Health Board presented the item which provided an overview of work performed in accordance with statutory functions. It was noted that the audit had concluded with an unqualified opinion on the accounts, with a qualified regulatory opinion as the Health Board had exceeded its financial limits over a three year period. It was confirmed that misstatements had been adjusted and were not material. It was noted that materiality was levelled at £4.1 million for the 2022-23 audit period. It was noted that uncorrected misstatements had been identified which the Health Board has chosen not to correct for a number of issues identified from the audit of payables and post year end payments. It was also highlighted that in the course of the audit, there were significant issues for attention.</p> <ul style="list-style-type: none"> • Payables Testing • Post Year end payments testing <p>It was recommended that the Health Board should ensure its closedown and quality control procedures are reviewed and strengthened to minimise errors within year end payables.</p> <p>It was noted that a lesson learned session will be held by the Health Board in the next few weeks to identify how these issues could be improved.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Can you confirm where this report goes from here, and what opportunities are available or any further correspondence from the Wealth Government?</i></p>

	<p>The Director of Finance, Information Services and IT confirmed that the report, once approved by Board is submitted to the Auditor General for Wales for sign off on 27 July 2023. The accounts are then laid before the Senedd including the Auditor General's opinion.</p> <p>The Board received the Audit Wales – Audit of Accounts Report 2022-23.</p>
PTHB/23/042	<p>RECOMMENDATION FROM THE AUDIT, RISK AND ASSURANCE COMMITTEE IN RESPECT OF THE ANNUAL REPORT AND ACCOUNTS 2022/23</p> <p>THE DIRECTOR OF</p> <p>The Chair of the Audit, Risk and Assurance Committee thanked both Audit Wales and colleagues in PTHB for the work in undertaking the annual report and accounts process. The Chair confirmed that the Committee had received the Annual Report and Accounts for consideration on 21 July 2023 and therefore presented the recommendations of the Audit, Risk and Assurance Committee as follows:</p> <p>The Audit, Risk and Assurance Committee RECOMMENDED to the Board that it:</p> <ul style="list-style-type: none"> • APPROVES the Annual Report and Accounts 2022-23, which includes. <ul style="list-style-type: none"> ○ The Performance Report; ○ The Annual Accountability Report; and ○ The Financial Statements • APPROVES the Letter of Representation; and • AUTHORISES the Chair, Chief Executive and Director of Finance, Information Services and IT to sign them where required.
PTHB/23/043	<p>ANNUAL REPORT AND ACCOUNTS 2022-23:</p> <p>a) Part 1: Performance Report b) Part 2: Annual Accountability Report c) Part 3: Annual Financial Statements</p> <p>The Director of Finance, Information Services and IT and Director of Corporate Governance presented the Final Draft of the Annual Report and Accounts 2022-23 for approval at PTHB Board on 25 July 2023 and submission to Welsh Government on 27 July 2023, in-line with HM Treasury Requirements (revised for 2022/23).</p>

The Director of Corporate Governance advised that the draft sections had been reviewed by the Executive Committee, Delivery and Performance Committee and Audit, Risk and Assurance Committee and that the Annual Accounts had been audited by Audit Wales and a recommendation to the Board to approve the reports is included as a separate paper within the agenda.

The Director of Corporate Governance noted that minor amendments requested from the Audit, Risk and Assurance committee on the description of the Stakeholder Reference Group had been made, and the Chair and Chief Executive foreword added.

The Director of Finance, Information Services and IT presented the full accounts for approval. The audit had concluded with an unqualified opinion on the accounts, with a qualified regulatory opinion as the Health Board had exceeded its financial limits over a three year period. It was confirmed that misstatements had been adjusted and were not material. This is the first time the Health Board had not broken even for a number of years and was a difficult position for the Board to find itself in. An easy read of the Annual Report and Accounts will be made available online prior to the Annual General Meeting in September.

The Interim Chief Executive noted during the period of the report the Health Board had been able to return to the planning arrangements to meet the medium and long term goals of the Health and Care Strategy. The financial challenges faced during the year will continue as recovery from the pandemic continues. Whilst there have been some changes in Board Membership a significant focus has been applied to delivery with examples of changes, innovation and improvements outlined in the report. Thanks were expressed to the Finance, Performance, Workforce and Corporate teams for their work producing and collating the reports within the timescales required.

Independent Members sought assurance by asking the following questions.

What are the challenges and responsibilities for a Health Board as commissioners and providers?

The Interim Chief Executive confirmed that there is a strong focus on provider performance for the services delivered directly in Powys. In terms of planned and urgent care being an example, the health Board compares well against Wales, but patients continue to wait longer for treatment commissioned from other health providers both in England and Wales. There are some particularly challenged specialties like orthopaedics, where patients continue to wait longer for treatment. The Health Board is looking to deliver as much as possible locally and to work with other Health Boards to reduce waiting times.

Letter of Representation

The Director of Finance, Information Services and IT / Deputy Chief Executive outlined the requirement of the organisation to submit a Letter of Representation to the Auditor General for Wales based on a template provided by Audit Wales colleagues. The Audit, Risk and Assurance Committee had recommended this for approval.

The Board:

- APPROVED the Annual Report and Accounts 2022-23 in readiness for submission to Audit Wales and Welsh Government; and
- APPROVED the Letter of Representation for signing by the Chair and Chief Executive, on behalf of the Board.

The Audit Lead and the Director of Finance, Information Services and IT both expressed thanks to their and each other's teams for the co-operation which had enabled the process to be conducted and concluded smoothly.

The Chair observed that this was the first time for many years the Health Board had breached the duty to breakeven. The Health Board was not complacent. The future looks increasingly challenging, but the duty is taken seriously, and plans are being put in place to meet the duty as expeditiously as possible.

PTHB/23/044

WHSSC COCHLEAR IMPLANTS ENGAGEMENT REPORT

The Assistant Director of Performance and Commissioning presented the item which provided an outline to the targeted engagement process undertaken regarding Cochlear and Bone Conduction Hearing Implant (BCHI) services for people in South East Wales, South West Wales and South Powys, to present the findings from that process; and to establish the necessary next steps.

It was highlighted that a significant amount of consultation and engagement had been undertaken. It was noted that the number of referrals from South Powys who access this service in South Wales is circa five per year and the pathways for patients in north and mid Powys who access services in Betsi Cadwaladr University Health Board or English providers would not be affected.

It was highlighted that there are two specialist centres for Cochlear Implant services in South Wales in Cardiff and Bridgend although an urgent temporary service change has meant services are only being provided from Cardiff. It was also noted that there are three centres delivering the Bone Conduction Hearing Implant service. It was noted that there were 201 responses to the engagement, of these five were from organisations and 196 were from individuals.

It was noted that a summary and full detail with proposed mitigations are available on page six and nine of the report. There was found to be strong patient voice support for a single hub. Staff engagement would follow. The Welsh Health Specialised Services Committee would then undertake consultation on the preferred location with the existing services continuing in the meantime.

Independent Members sought assurance by asking the following questions:

What are the waiting times to access this service and mitigation? Will the single point of contact improve waiting times?

The Assistant Director of Performance and Commissioning confirmed that with regards to long waiting times there are mitigations already in place. In relation to the impact, the

	<p>method of integrating the Health Board's services into the new model will be defined and shared with the Board at the next meeting.</p> <p>Action: Assistant Director Performance and Commissioning</p> <p>The Interim Chief Executive advised that, as members of the Welsh Health Specialised Services Committee, the Health Board will ensure the impact of the single hub and outreach service on waiting times will be picked up there.</p> <p>The Director of Therapies and Health Sciences confirmed that this affected a very small number of patients which were known to the Health Board. The new pathway was unlikely to affect existing services and would become the referral pathway for new patients.</p> <p>The Regional Director – Llais confirmed that the CHC and Llais had been kept fully informed of the proposed service change.</p> <p>The Chair expressed gratitude to the Assistant Director Planning and Commissioning for the report.</p> <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the report, • RECEIVED the outcome of the engagement process, • NOTED the process that has been enabled 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, • NOTED and considered the feedback received from patients, staff and stakeholders with respect commissioning intent, • SUPPORTED the next steps specifically the undertaking of a designated provider process; followed by a period of formal consultation, • 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 • NOTED that the WHSSC Joint Committee meeting on 16 May 2023 agreed the preferred commissioning
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	<p>model of a single implantable device hub for both children and adults with an outreach support model.</p>
PTHB/23/045	<p>GP BRANCH CLOSURE BELMONT, GILWERN – MITIGATIONS PLAN</p> <p>The Director of Finance, Information Services and IT / Deputy Chief Executive introduced the item which provided an update on the continued development and delivery of the mitigation plan for the closure of Crickhowell Group Practice's Belmont Branch Surgery in Gilwern, Monmouthshire. It also updated the Board on ongoing liaison and correspondence with Llais in relation to the closure application.</p> <p>The Board had considered an application from Crickhowell Group practice to close their Belmont Branch Surgery premises in Gilwern on 24 May 2023. The application had been approved together with a series of proposed mitigations, recognising that the mitigation plan would be further developed in continued partnership with Aneurin Bevan University Health Board (ABUHB).</p> <p>Following the meeting of the Board, a task and finish group has been established co-chaired by the Health Board's Director of Finance, Information and IT (as Interim Director for Primary Care) and ABUHB's Divisional Director of Primary and Community Care. In addition to the 12 mitigation themes identified in the presentation to Board on 24 May 2023, three further mitigation themes have been included in the mitigation plan.</p> <p>It was noted that the Health Board's Interim Chief Executive had written to Llais on 27 June 2023 confirming that the Health Board remained content that the process fulfils Section 183 requirements and complies with the previous and new guidance on service change. A full mitigation plan was included in the Board papers (Appendix 1).</p> <p>The Regional Director of Llais advised that Llais had been invited to attend the Task and Finish Group working on developing the mitigation plan.</p> <p><i>Independent Members sought assurance by asking the following questions:</i></p>

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	<p><i>During the transition period, are there regular communications with patients?</i></p> <p>The Assistant Director of Communications and Engagement confirmed that communication to patients and other wider stakeholders is a standing item on the agenda for the Task and Finish group and it remains the focus of the work the group is undertaking with a key action being agreeing what the next message to be communicated is. A formal letter had been anticipated to be sent now but this will be deferred to include greater detail on the mitigations and range of services available and thus an interim message would be sent.</p> <p><i>Have you noticed any patients moving from the current practice to a closer one?</i></p> <p>The Assistant Director of Communications and Engagement advised that in respect patient movement to neighbouring practices in Aneurin Bevan, four neighbouring practices have been identified with approximately 100 patients looking to re-register. It is not possible to differentiate this from normal practice change in the population. This is monitored by the Task and Finish group and no significant concerns or issues have been identified. Aneurin Bevan has measures that can be put in place should this become an issue.</p> <p>The Board:</p> <ul style="list-style-type: none"> a) RECEIVED and NOTED the update on the mitigation plan and take ASSURANCE in relation to the progress being made on the further development and delivery of the mitigation plan. b) RECEIVED and NOTED the correspondence with Llais in relation to the closure application.
PTHB/23/046	<p>WELSH LANGUAGE ANNUAL REPORT</p> <p>The Director of Workforce and OD presented the report which provided a descriptive overview of the steps undertaken taken to comply with the Welsh Language Standards by the Health Board in 2022-23. The report also highlighted the Health Board's intentions for the future to build upon the work already undertaken.</p>

	<p>The Chair of the Workforce and Culture Committee welcomed the progress made in meeting the Welsh Language Standards noting there was more work to be done.</p> <p>The Chair expressed thanks to the Welsh Language Team for their hard work.</p> <p>The Board APPROVED the Welsh Language Annual Report for publication on the Health Board's website.</p>
PTHB/23/047	<p>EQUALITY, DIVERSITY AND INCLUSION ANNUAL REPORT</p> <p>The Director of Workforce and OD presented the report which provided a descriptive overview of the steps undertaken taken to comply with the Public Sector Equality Duty by the Health Board in 2022-23.</p> <p>The report also highlighted the Health Board's intentions for the future to build upon the work already undertaken to continue to improve the health and wellbeing for individuals and reduce inequalities.</p> <p>It was noted that the report for the first time is reporting progress against the Anti-Racism Wales Action Plan which was recently approved by the Board. The report captures the work of last year, but also gives an indication of priorities for the current financial year which includes the development of a Strategic Equality Plan.</p> <p>It was noted that, when approved, it will be translated and an easy read format published on the internet. It was noted that The Workforce and Culture Committee considered the report at its meeting on the 11 July 2023 and confirmed its recommendation for the Board to be presented to the Board for approval.</p> <p>The Board APPROVED the Equality Annual Report for publication on the Health Board's website.</p>
PTHB/23/048	<p>MAJOR INCIDENTS AND EMERGENCY RESPONSE PLAN AND CORPORATE BUSINESS CONTINUITY PLAN</p> <p>The Director of Public Health presented the report which sought approval from the Board on the revised PTHB Major Incident and Emergency Response Plan. The Board</p>

	<p>was also invited to receive and take assurance from the revised PTHB Corporate Business Continuity Plan.</p> <p>It was noted that the plans will be shared both internally and with the Welsh Government Health Emergency Planning Advisor. Both reports had been considered at the Executive Committee.</p> <p>The Board:</p> <ul style="list-style-type: none"> • APPROVED the revised Major Incident and Emergency Response Plan. • RECEIVED the revised Corporate Business Continuity Plan for the purpose of assurance.
PTHB/23/049	<p>DIGITAL STRATEGIC FRAMEWORK</p> <p>The Director of Finance, Information Services and IT / Deputy Chief Executive introduced the item which outlined the key actions and engagement process to support the development of the Framework and a recommendation that performance against delivery of the framework is reported annually to Board via the Delivery and Performance Committee.</p> <p>It was noted that the Digital Strategic framework is a first for the Health Board and is an important stage in the Powys Digital Journey. The Digital Strategic Framework has been completed following a series of engagement workshops, user surveys, clinical cooperation and feedback, independent reviews, national Service Management Boards and crucially input from front line staff. The framework builds on the efforts made to date to create a 'Digital First' clinically led approach and has been considered at Executive Committee, both informally and formally, Board Development sessions in Oct 2022 and June 2023, and shared with Digital and Clinical Peers in NHS Wales for review.</p> <p>The Director of Finance, Information Services and IT / Deputy Chief Executive noted that attention to the challenges of technology in Powys had been highlighted during the staff story.</p> <p>The Assistant Director of Digital Transformation and Informatics gave a presentation outlining the vision and</p>

	<p>ambition, a current assessment of digital capability, and the road map to stabilise, develop and transform.</p> <p><i>Independent Members sought assurance by asking the following questions:</i></p> <p>The Framework is welcomed, not least as Board heard earlier from the Ward Manager how IT problems presented challenges. How will Board be assured of progress of this programme?</p> <p><i>Practitioners and clinicians have encountered cross-border issues when exchanging information. Will programme reporting include an update on this issue?</i></p> <p>The Director of Finance, Information and IT advised this is an area that has been escalated for some time and work is underway with Digital Health and Care Wales to improve this.</p> <p>The Director of Finance, Information and IT confirmed that in support of the framework, there would be an Annual Delivery Plan, with a readiness assessment document and a targeted operating model, with 16 programmes of work which fit under the five key themes. Appropriate reporting arrangements to Executive Committee, Delivery and Performance Committee and Board will be put in place.</p> <p><i>What are the arrangements for oversight and monitoring this strategic programme rather than individual projects?</i></p> <p>The Director of Finance, Information and IT confirmed appropriate arrangements would be put in place in consultation with the Director of Corporate Governance.</p> <p>Action: Director of Finance, Information and IT and Director of Corporate Governance</p> <p><i>The digital world is changing rapidly, how do we reflect on that speed of change and ensure all our projects are up to date and timely?</i></p> <p>The Assistant Director of Digital Transformation and Informatics advised that the team was working closely with the Innovation hub looking for opportunities to test advances in technology such as HoloLens technology in the Health and Care Academy.</p>
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	<p><i>Infrastructure is a big issue for the organisation as a whole and Powys as a county. What alliances can be formed outside the Health Board to drive government investments in infrastructure to support this work?</i></p> <p>The Director of Finance, Information Services and IT / Deputy Chief Executive advised that the need to improve infrastructure in Powys has been recognised and raised with Welsh Government and other partners to collectively improve connectivity across Powys. This will be referenced as priority in the reporting arrangements.</p> <p><i>What arrangements are in place for securing Business Continuity with the increasing use of digital solutions?</i></p> <p>The Assistant Director of Digital Transformation and Informatics advised that this was an area of increasing complexity and Digital Support was being strengthened to ensure the correct arrangements were in place to ensure business continuity.</p> <p><i>Given the increasing threat of cyber security can assurance be given that old, unpatched devices are not in use?</i></p> <p>The Assistant Director of Digital Transformation and Informatics advised that an audit of all operating systems have been undertaken to ensure there are no unpatched devices connected to the system. Some stand-alone devices sandboxed from the system are in use.</p> <p>The Board:</p> <ul style="list-style-type: none"> • APPROVED the Powys Teaching Health Board Digital Strategic Framework NOTED the next steps and reporting and assurance arrangements.
<p>PTHB/23/050</p>	<p>DIRECTOR OF CORPORATE GOVERNANCE REPORT</p> <p>The Director of Corporate Governance presented the item which required approval of the following items:</p> <ul style="list-style-type: none"> • Revised scheme of delegation (in relation to the Portfolio for Planning); and • Board work programme to March 2024 and Executive work programme (on a quarterly basis due to frequency of meetings). <p>The following items required ratification:</p>

	<ul style="list-style-type: none"> • Application of the Common Seal on 7 occasions since 1 April 2023 signed by the Chief Executive and either the Chair or Vice-Chair in accordance with Standing Orders; and • Chair's Action for approval of the Powys Public Service Board Wellbeing Plan <p>The Register of Interests for the Powys Teaching Health Board was received.</p> <p>The Board:</p> <ol style="list-style-type: none"> 1. APPROVED the revised Scheme of Delegation (in relation to Executive Directors, Other Directors and Officers) – Appendix A; 2. APPROVED the Board and Executive Committee work programmes for the remainder of 2023/24 – Appendices B and C;ii,iii; 3. RATIFIED the application of the Common Seal applied on 7 occasions since 1 April 2023 and received ASSURANCE that the action was taken in accordance with Section 9 of the Standing Orders; 4. RATIFIED the Chair's Action taken on the 2 June 2023 to approve the Powys Public Services Board Wellbeing Plan – Appendix D; and take ASSURANCE that the action was taken in accordance with Section 2.1 of the Standing Orders; 5. RECEIVED the contents of Register of Interests for PTHB Board Members at 26 June 2023 (Appendix E) and take ASSURANCE that the Audit, Risk and Assurance Committee has taken its own assurance that the organisation has appropriate processes to support the collection, management and reporting of declarations of interest, in line with the Standards of Behaviour Policy.
PTHB/23/051	<p>MINUTES OF PREVIOUS MEETING: 24 MAY 2023(FOR APPROVAL)</p> <p>The minutes of the meeting held on 24 May 2023 were APPROVED as a true and accurate record.</p>
PTHB/23/052	<p>BOARD ACTION LOG</p> <p>The Board RECEIVED and DISCUSSED the Action Log.</p>
ITEMS FOR BOARD ASSURANCE	
PTHB/23/053	<p>INTEGRATED PERFORMANCE REPORT</p> <ul style="list-style-type: none"> • 2023/24 Month 02

The Assistant Director of Performance and Commissioning 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 May 2023 (month 2). It was noted that measures reported in the new format are either Exceptions or Escalations as per Health Board Improving Performance Framework business rules for reporting. The report is reporting against the 2022/23 Reporting Framework and the following matters were highlighted for the Board's attention:

- key performance challenges remain across planned and unscheduled care access.
- waiting times were a particular issue in both provider and commissioned service. Provider services are reliant on in-reach support and whilst waiting times in England have improved this has not been the case in Wales.
- Progress has been made against 5 of the 9 Ministerial Priorities and where progress has been identified as an issue this is treated as an escalated matter.
- The 2023-34 Performance Measures have been published and there has been a reduction in measures to 53. The next Integrated Performance Report will report on these measures.

The Chief Executive noted that good progress has been recorded against the performance trajectories, but further improvement was needed to avoid triggering further reporting requirements from Welsh Government. It would be necessary to focus on exceptions where the Health Board was struggling to meet the Ministerial Priorities. The Health Board is still waiting for a decision regarding the £50m planned care recovery funding. The Health Board's submitted Integrated Plan was on the basis of receiving £2.8m of this fund.

Independent Members sought assurance by asking the following questions:

Can you provide an indication of which performance indicators have changed for 2023/24?

	<p>The Director of Performance and Commissioning confirmed that the July report contained information against the 2022/23 measures (84 measures of which 8 were operational and 9 qualitative). For the 2023/24 Framework 46 measures had been retired, there were 21 new measures, along with 11 qualitative measures.</p> <p><i>Are those measures significantly different from what we were reporting on previously? Are there new areas we have not been scrutinising?</i></p> <p>The Director of Performance and Commissioning confirmed that it was a mixture of both old and new measures. A summary of the changes in measures from 2022/23 to 2023/24 would be made available to the Delivery and Performance Committee.</p> <p>Action: Director of Planning, Performance and Commissioning</p> <p><i>How serious is the issue of staffing and staff capacity in relation to the performance report?</i></p> <p>The workforce is a key area in the Integrated Performance Framework, and commissioned service providers are experiencing capacity issues now and forecasting more capacity issues in the future.</p> <p><i>How often do we speak with Welsh Government about these issues and the actions that can be taken to support staffing across the NHS?</i></p> <p>The Interim Director of Operations confirmed that culture comes closely behind capacity as the leading cause of some performance challenges. For example, it is important to get people home from hospital. There is a capacity issue with staffing numbers in health and social care but there is a cultural issue where there is a need to focus on rehabilitation rather than simply care.</p> <p>The Director of Workforce and OD confirmed that Welsh Government published a Workforce Implementation Plan earlier this year, and HEIW had published a Workforce Strategy for Health and Social Care. Recruitment and retention are a national issue. There have been some recruitment achievements, including the 36 subsidised places from HEIW for aspiring nurses and the third cohort</p>
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	<p>of overseas nurses that will help stabilise the workforce in Llandrindod Wells.</p> <p><i>What assurance can the Executive team provide that those areas which are amber or red will move to green?</i></p> <p>The Chief Executive advised that the performance reporting had been strengthened so an overall picture could be ascertained. Deputy and Assistant Directors were fully aware of the position and the contributions necessary from their teams. The Executive Team were open with staff side partners in the Local Partnership Forum and across the board the expectations of Welsh Government were reinforced.</p> <p>The Board:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the content of this report. • Took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.
PTHB/23/054	<p>FINANCIAL PERFORMANCE</p> <ul style="list-style-type: none"> • 2023/24 month 03 <p>The Director of Finance, Information Services and IT / Deputy Chief Executive presented the report which provided an update of the June 2023 (Month 03) Financial Position, including progress with savings delivery. The following matters were highlighted for the Board's attention:</p> <ul style="list-style-type: none"> • As of month 3, there is a £8.398m overspend against the planned deficit of £8.369m giving the Health Board an operational overspend of £0.029m • The year end forecast is in line with the submitted plan at £33. 474m. The capital resource limit for 2023/24 is £2.1m. To date £0.4m has been spent. • Budget pressures include an overspend in primary care prescribing and agency spend. • The report includes detail regarding the costs associated with Delayed Transfers of Care (£917k to date relating to 1,555 days of delayed discharge)

- Continuing Health Care is within budget, but total costs have virtually doubled since 2019/20.
- £2.3m Green schemes have been identified to date. £4.7m Amber schemes have also been identified, with a further £1.9m Red pipeline schemes.

Independent Members sought assurance by asking the following questions:

In relation to the emerging overspend on primary care prescribing, are we seeing more items being prescribed, or is it as a result of current inflation in the pharmaceuticals market or known supply chain issues?

The Director of Finance, Information Services and IT / Deputy Chief Executive confirmed that in relation to the prescribing position, there is always a delay in the information received, with the data obtained always a month or two behind. This will be an area of scrutiny and the team are working with the Chief Pharmacist. Information will be brought back to Delivery and Performance Committee.

Action: Director of Finance, Information Service and IT

The Interim Chief Executive confirmed that there were national trends in antimicrobial prescribing which were driving up costs. Work is underway nationally on prescribing trends.

Is comparing agency spend with all Wales levels a valid comparison?

The Director of Finance, Information Services and IT confirmed agency spend is a national benchmark carried out by the NHS Executive and used to compare the Health Boards in Wales. Previously the Health Board has performed well against this benchmark.

The Director of Workforce and OD advised that in comparison with Aneurin Bevan the Health Board has a much larger use of off-contract agencies than on-contract agencies. Whilst 50 people have been recruited as Bank staff, the success of this project will be the number of shifts that are taken up. Bank staff will be able to access their pay on a weekly basis via Wage Stream which, it is

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	<p>hoped, will encourage take up. It would be necessary to have an all-Wales agreement to stop off-contract agency employment.</p> <p><i>The savings programme is underperforming by £71k. Is this recoverable?</i></p> <p>The Director of Finance, Information Services and IT advised this was recoverable, but it was most important to change the amber and red schemes to green.</p> <p>The Interim Chief Executive advised that considerable attention was being given to the financial position. The frequency of the Delivery and Performance Committee had increased to bi-monthly, and the Executive Committee regularly consider the matter. It will be challenging to deliver the agreed plan. All Health Boards are facing deficit positions and it is expected that Welsh Government will increase monitoring arrangements. The Health Board is treating the financial position as an escalated matter.</p> <p>The Board:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the Month 03 2023/24 financial position. • DISCUSSED and NOTED the 2023/24 financial forecast deficit position.
PTHB/23/055	<p>NURSE STAFFING LEVELS (WALES) ACT ASSURANCE REPORT- INCLUDING STAFFING IN COMMISSIONED SERVICES</p> <p>The Director of Nursing and Midwifery presented the report which provided an annual update to the Board of the work, actions, and processes in place to ensure that Powys Teaching Health Board commissioned services comply with the requirements of the Nurse Staffing Levels (Wales) Act 2016, in providing sufficient time to allow nurses time to care for patients sensitively in the individual provider organisations.</p>

	<p>Independent Members sought assurance by asking the following questions:</p> <p><i>From a professional perspective has anything been noticed around staffing levels in commissioned services?</i></p> <p>The Director of Nursing and Midwifery noted that nothing specific has been seen but nursing vacancies are high across Wales.</p> <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the annual report in relation to Health Board commissioned services in relation to the Nurse Staffing Levels (Wales) Act 2016. • Took ASSURANCE that the Health Board meets its requirements in relation to the Act.
PTHB/23/056	<p>CIVIL CONTINGENCIES ANNUAL REPORT</p> <p>The Director of Public Health presented the report which provided an account of the key resilience activities undertaken between 1 April 2022 to the 31 March 2023, and set out the Health Board's civil contingencies planning priorities for 2023/2024.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Do you feel the organisation is in a stronger place and better prepared?</i></p> <p>The Director of Public Health stated that as the Health Board and partners come out of the emergency phase of the pandemic whilst challenges remain, there has been an increasing awareness of emergency planning. It will be necessary to take any lessons learned from the Pandemic Inquiry and update emergency planning arrangements accordingly.</p> <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the attached Civil Contingencies Annual Report for 2022/23. • Took ASSURANCE from the report in relation to the Health Boards role as a Category One responder.

	<ul style="list-style-type: none"> NOTED the Health Boards civil contingencies planning priorities for 2023/2024.
PTHB/23/057	<p>CORPORATE RISK REPORT</p> <p>The Director of Corporate Governance presented the item which provided the Board with an update in relation to the development of the revised Corporate Risk Register. This is being refreshed to ensure it is an accurate reflection of the organisation's current strategic risks and is aligned to the Integrated Medium-Term Plan 2022-26 as approved by the Board in March 2023 (and supplementary information in May 2023).</p> <p>The review was being led by the Director of Corporate Governance, in collaboration with Executive Leads (Senior Risk Owners). It was also highlighted that, as a result of a substantial programme of engagement with Executives and the wider Board, twelve emerging themes have been identified, some of which were already contained within the Risk Register or other reports such as the Major Incidents and Emergency Response Plan.</p> <p><i>Cyber security noted within the 12 themes, but should this be widened to include Infrastructure?</i></p> <p>The Director of Corporate Governance confirmed this would be discussed with the Risk Owner and that it may be the case that it was already contained within the Directorate Risk Register.</p> <p>The Board:</p> <ul style="list-style-type: none"> NOTED that the April 2023 version of the Corporate Risk Register has been divided into Committee Risk Registers and considered by the appropriate Committee since the last meeting of the Board. NOTED the approach to the refresh of the CRR and the progress made to date. NOTED the progress made in relation to the provision of assurance to the Board in relation to Corporate Risks.
PTHB/23/058	<p>ASSURANCE REPORTS</p> <ul style="list-style-type: none"> BOARD'S PARTNERSHIP ARRANGEMENTS <p>Reports from the NWSSPC held on 18 May 2023 and the Powys PSB held on 6 June 2023 were RECEIVED.</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) held on 18 May 2023. • Powys Public Services Board (PSB) held on 6 June 2023. • Regional Partnership Board (RPB) held on 28 June 2023; and • Joint Partnership Board (JPB) held on 30 June 2023. <p>The Board RECEIVED and NOTED the updates provided.</p> <ul style="list-style-type: none"> • JOINT COMMITTEES <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) held on 16 May 2023; and • Emergency Ambulance Service Committee (EASC) held on 16 May 2023. <p>The Board NOTED the report.</p>
PTHB/23/059	<p>REPORTS OF THE BOARD'S LOCAL PARTNERSHIP FORUM</p> <p>The Director of Workforce and OD presented the item that provided an update to the Board in respect of matters discussed and agreed at the recent Local Partnership Board meeting on 13 July 2023. The meeting had considered the following items:</p> <ul style="list-style-type: none"> • Financial performance including financial recovery from a staff side perspective. • The Integrated Plan with a focus on workforce elements. • A briefing on the Digital Strategic Framework. • A briefing on the Accelerated Sustainable Model; and • Discussion on topic specific development sessions.

	The Board RECEIVED and NOTED the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.
PTHB/23/060	REPORT OF THE CHIEF OFFICER OF LLAIS The Regional Director of Llais presented her report to the Board, which outlined the development of a pilot project to test out proposals to focus on one locality for engagement for one month. The pilot was carried out in Welshpool and Montgomery locality during June 2023. Feedback in relation to the report would be shared with colleagues in the Health Board. The next area to have a focused approach would be Ystradgynlais.
OTHER MATTERS	
PTHB/23/061	ANY OTHER URGENT BUSINESS No other urgent business was raised.
PTHB/23/062	DATE OF THE NEXT MEETING: 27 September 2023, via Microsoft Teams
PTHB IC/23/063	The following motion was passed: <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>
Present Carl Cooper	Chair
Hayley Thomas Kirsty Williams Jennifer Owen Adams Cathie Poynton Ian Phillips Rhobert Lewis Simon Wright Chris Walsh Ronnie Alexander Mark Taylor	Interim Chief Executive Vice Chair Independent Member (Third Sector) Independent Member (Trade Union) Independent Member (ICT) Independent Member (General) Independent Member (University) Independent Member (Local Authority) Independent Member (General) Independent Member (Capital & Estates)
Pete Hopgood Claire Roche Mererid Bowley Stephen Powell	Director of Finance, Information and IT Director of Nursing & Midwifery Director of Public Health

Kate Wright Claire Madsen Debra Wood Lawson Joy Garfitt	Interim Director of Performance & Commissioning Medical Director Director of Therapies & Health Sciences Interim Director of Workforce, OD & Support Services Interim Director of Operations, Community Care and MH
In Attendance Helen Bushell Liz Patterson	Director of Corporate Governance Interim Head of Corporate Governance
Apologies for absence Mark Taylor Ronnie Alexander Stephen Powell Kate Wright	Independent Member (Capital and Estates) Independent Member (General) Interim Director of Planning, Performance & Commissioning Medical Director
PRELIMINARY MATTERS	
PTHB IC/23/64	WELCOME AND APOLOGIES FOR ABSENCE The Chair welcomed all participants to the meeting. Apologies for absence were received as recorded above.
PTHB IC/23/65	DECLARATION OF INTEREST Independent Member Chris Walsh declared an interest in Item 5.3 Dispute Resolution Update as he is a County Councillor who sits on the Health Scrutiny Committee of the Council. The Director of Corporate Governance advised that the item was to note and there was no need to leave the meeting or abstain from taking part.
ITEMS OR APPROVAL, DECISION OR RATIFICATION	
PTHB IC/23/66	CHIEF EXECUTIVE BRIEFING Rationale for item being held in private: matter subject to legal professional privilege, and confidential information relating to the financial and business affairs of the organisation. The Chief Executive gave Board Members a briefing on Alternative Dispute Resolution and Scenario Planning.

PTHB IC/23/67	<p>IN-COMMITTEE REPORTS FROM BOARD COMMITTEES</p> <ul style="list-style-type: none"> PATIENT EXPERIENCE, QUALITY AND SAFETY COMMITTEE (PEQs) <p>Rationale for item being held in private: Information relating to initial findings of an internal review that was currently being finalised and would be made public in the future.</p> <p>The Chair of the Patient Experience, Quality and Safety Committee advised that the Committee gave a report to Board on a matter considered at the In-Committee meeting of the Patient Experience, Quality and Safety Committee.</p>
PTHB IC/23/68	<p>LABORATORY INFORMATION NETWORK CYMRU (LINC)</p> <p>Rationale for item being held in private: commercial in confidence.</p> <p>The Board is asked to APPROVE the variation to the current Laboratory Information Management System (LIMS) agreement and accept the associated risks.</p>
PTHB IC/23/69	<p>MINUTES FROM THE IN-COMMITTEE MEETINGS HELD ON 18 MAY 2023, 24 MAY 2023 AND 26 JUNE 2023</p> <p>The minutes of the In-Committee meetings held on the 18 May 2023, 24 May 2023 and 26 June 2023 were agreed as a true record.</p>

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RAG Status:											Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board
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 - NONE											
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE OR ARE ONGOING											
25-May-23	PTHB/23/06	DFIT	Belmont Branch Surgery closure	Progress on mitigations in relation to Gilwern Branch Surgery closure	27.09.23 update: Included on September Board agenda 25.07.23 update - included on the July Board agenda. Will remain on action log as an open action until item fully closed.	Sept and Nov 2023 Board meeting					On track
ACTIONS RECOMMENDED FOR CLOSURE (MEETING 27 SEPTEMBER 2023)											
25-Jul-23	PTHB/23/044	DPPC	WHSSC Cochlear Implants Engagement Report	The method of integrating the new model of Cochlear Implant services to existing Health Board services to be defined and shared with Board Members.	27.09.23 Update - update provided to Board members via email	30/09/2023					Completed
25-Jul-23	PTHB/23/065	DPPC	Integrated Performance Report	A summary of changes from the 2022/23 to the 2023/24 Delivery Framework be made available to the Delivery and Performance Committee	27.09.2023 update: This information has been circulated to all Board Members.						Completed
25-Jul-23	PTHB/23/041	DFIT	Audit Wales Audit of Accounts Report 2022/23	A lessons session to be held with Audit Wales and Health Board Finance colleagues	27.09.2023 update - this session has been arranged for 13 October 2023						Completed
25-Jul-23	PTHB/23/049	DFIT and DCG	Digital Strategic Framework	Appropriate arrangements to be put in place for monitoring of the Digital Strategic Framework	19.09.23 update -Monitoring report scheduled for the Delivery & Performance Committee February 2024 who will then provide an update to the March 2024 Board meeting.	20/03/2024					Completed
25-May-23	PTHB/23/14	DFIT/DP&C	Financial Performance	A review of metrics and potential benchmarking would be undertaken to inform future financial reports.	27.07.23 update - dental reporting is under review and will be included in the next report to Board. Metrics included in the Integrated Performance Report are being reviewed in conjunction with the recent release of the NHS Wales Performance Framework 2023/24. The Performance Team are in the process of selecting organisations across England and Wales to compare with. 27.09.23 update - data included in Board report.	30/09/2023					Completed

Board Meeting		Date of Meeting: 27 September 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	
Other Committees and meetings considered at:	WHSSC and EASC Joint Committee meetings – 19 September 2023 (appendices A to D).	

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:

1. **APPROVE** the Model Standing Financial Instructions and Standing Orders for EASC (Emergency Ambulance Services Committee) - Appendix A;
2. **APPROVE** the Model Standing Financial Instructions and Standing Orders for WHSSC (Welsh Health Specialised Services Committee) – Appendices A and B (further detailed recommendations are listed on page 4);
3. **APPROVE** the revised Model Standing Financial instructions for Powys Teaching Health Board – Appendix E;
4. **RATIFY** the application of the Common Seal applied on 7 occasions since 1 April 2023 and receive **ASSURANCE** that the action was taken in accordance with Section 9 of the Standing Orders.

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:

Model Standing Financial Instructions and Standing Orders for EASC (Emergency Ambulance Services Committee) – Appendix A

In accordance with the EASC 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 are, in 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.

In line with the issued model Standing orders and Standing Financial Instructions from Welsh Government, the revised Governance and Accountability Framework documents, including the SOs and SFIs, for EASC were approved by the Joint Committee on 19 September 2023, and are now being presented to individual HBs for approval for inclusion within their respective standing orders.

Summary

The Board is asked to note the proposed changes are planned to remain in place until the 31 March 2024, after which the new national commissioning committee will be in place with revised governance arrangements – it is anticipated the PTHB Board will be asked to consider decisions for approvals of the new governance model during quarter 4.

The Board is asked to:

- **APPROVE** the Model Standing Financial Instructions and Standing Orders for EASC (Emergency Ambulance Services Committee) - Appendix A;

Model Standing Financial Instructions and Standing Orders for WHSSC (Welsh Health Specialised Services Committee) – Appendices B, C and D

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 are, in 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 (MoA) setting out the governance arrangements for the seven LHBs and a Hosting Agreement between the Joint Committee and Cwm Taf Morgannwg University Health Board (CTMUHB) (as the Host LHB), form the basis upon which the Joint Committee's Governance and Accountability Framework is developed.

The revised Governance and Accountability Framework documents, including the SOs and SFIs, for WHSSC were approved by the Joint Committee on 19 September 2023, and are now being presented to individual HBs for approval for inclusion as schedule 4.1 within their respective standing orders.

Under the scheme of delegation, Individual Patient Funding Requests (IPFRs) require a two-level authorisation process. There is a requirement for both a medical and a financial authorisation.

Updates to the financial limits of the WHSSC financial scheme of delegation were last approved at the 10 January 2023 WHSSC Joint Committee meeting. On the 19 September 2023 the Joint Committee approved the following amendments to the delegated financial limits. An updated Scheme of financial Delegation authorisation limits schedule is attached at **Appendix C**. Given the

cost increases expected to happen in the coming year it was also requested that the changes be made permanent.

Clinical Delegated Limits	
IPFR Senior Project Manager (new)	£50,000
IPFR Manager (increase)	£50,000
Financial Delegated Limits	
Financial Accountant (increase)	£100,000
Head of Financial Planning (increase)	£100,000

Summary

The Board is asked to note the proposed changes are planned to remain in place until the 31 March 2024, after which the new national commissioning committee will be in place with revised governance arrangements – it is anticipated the PTHB Board will be asked to consider decisions for approvals of the new governance model during quarter 4.

The PTHB Board is asked to:

- **Approve** the proposed changes to the WHSSC Standing Orders (SOs) – appendix B, and include as schedule 4.1 within our respective HB SO's,
- **Approve** the proposed changes to the WHSSC Standing Financial Instructions (SFIs) – appendix C and include as schedule 4.1 Annex 2.1 within our respective HB SO's,
- **Note** that there are no changes to the Memorandum of Agreement,
- **Approve** the requested changes to the financial limits for Individual Patient Funding Request (IPFR) approvals; and
- **Note** that an update report on the changes will be presented to the CTMUHB Audit & Risk Committee for Hosted bodies in October 2023 for assurance

Model Standing Financial instructions for Powys Teaching Health Board – Appendix E

Powys Teaching Health Board, as specified in the Local Health Board Regulations (2009) is required to adopt the model Standing Orders (SOs) and Standing Financial Instructions (SFIs). The current SFIs (v4) are dated March 2021.

Attached as appendix E are the revised Model Standing Financial Instructions as issued by Welsh Government

The main changes relate to the following components being added:

- The Health and Social Care (Quality and Engagement) (Wales) Act 2020

- Working with Llais

The Board is asked to

- **APPROVE** the revised Model Standing Financial instructions for Powys Teaching Health Board – Appendix E.

Affixing of the Common Seal

In accordance with Section 9 of the Standing Orders, the Powys Teaching Health Board Common Seal may be affixed and entered onto the Register of Sealing when the entry is signed by the Chair and the Chief Executive and is witnessed by the Director of Corporate Governance / Board Secretary.

Affixing of the Common Seal was taken on one occasion since the last report to the Board on the 25 July 2023. This was taken in accordance with Section 9 of the Standing Orders. The document has been authorised and signed by the Chair and Chief Executive then sealed by the Director of Corporate Governance / Board Secretary. Contrary to the Standing Orders the documents were not signed in the presence of the Director of Corporate Governance/Board Secretary due to the modern working environment of remote working and application of electronic signatures. Additional steps to check the confirm the authenticity of signatures are taken.

The affixing of the Common Seal has been applied as follows:

Purpose	Document / Purpose
Llanfyllin Library	Extension of lease contract

The Board is asked to:

- **RATIFY** the application of the Common Seal applied on 7 occasions since 1 April 2023 and receive **ASSURANCE** that the action was taken in accordance with Section 9 of the Standing Orders.

NEXT STEPS:

If approved, the relevant documents will be embedded into the PTHB Standing Orders and made available, in full, on the PTHB website.

Schedule 4.2

**MODEL STANDING ORDERS FOR THE EMERGENCY
AMBULANCE SERVICES COMMITTEE**

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

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Foreword

These 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 SOs 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 Emergency Ambulance Services Committee's (the EASC or the Joint Committee) proceedings and business.

These EASC Standing Orders (EASC 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 Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014 No.566 (w.67)) 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 [7 September 2021] 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 [7 September 2021] between the Joint Committee and Cwm Taf Morgannwg University Health Board (CTMUHB) (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 Emergency Ambulance Services Committee Team (EASCT) 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/>.

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Section: A – Introduction

Statutory framework

- i) The Emergency Ambulance Services Committee (the Joint Committee) is a joint committee of each **Local Health Board (LHB)** in Wales, established under the **Emergency Ambulance Services Committee (Wales) Regulations 2014** (the EASC Regulations). The functions and services of the Joint Committee are listed in the **Emergency Ambulance Services Committee (Wales) Directions 2014**, (EASC Directions) and are subject to variations to those functions agreed from time to time by the Joint Committee. The Directions were amended by the **Emergency Ambulance Services Committee (Wales) Amendment Directions 2016**. The Joint Committee is hosted by the Cwm Taf Morgannwg University Health Board (CTMUHB) on behalf of each of the seven LHBs.
- ii) The principal place of business of the EASC is the National Collaborative Commissioning Unit, Unit 1, Charnwood Court, Heol Billingsley, Nantgarw. CF15 7QZ.
- iii) All business shall be conducted in the name of the Emergency Ambulance 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** which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006** 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 EASC Directions provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance and non-emergency patient transport services and for the purpose of jointly exercising those functions will establish the joint committee.

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- viii) Under powers in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006 the Minister has made the EASC 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 2009** (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 Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) makes provision for:
- Ensuring NHS bodies and ministers consider how their decisions will secure an improvement in the quality of health services (the Duty of Quality);
 - Ensuring NHS bodies and primary care services are open and honest with patients, when something may have gone wrong in their care (the Duty of Candour); and,
 - The creations of a new Citizens Voice Body for Health and Social Care, Wales (to be known as Llais) to represent the views of and advocate for people across health and social care in respect of complaints about services.

The act has been commenced at various stages with the final provision, relating to the preparation and publication of a code of practice regarding access to premises coming into effect in June 2023.

Local Health Boards will need ensure they comply with the provisions of the 2020 Act and the requirements of the statutory guidance.

The guidance outlines the responsibilities of Local Health Board when commissioning services for their population. EASC shall ensure they consider these responsibilities in the discharge of their duties.

The Duty of Quality statutory guidance 2023 can be found at <https://www.gov.wales/duty-quality-healthcare>

The NHS Duty of Candour statutory guidance 2023 can be found at <https://www.gov.wales/duty-candour-statutory-guidance-2023>

- xi) The Cwm Taf Morgannwg University Health Board (CTMUHB), as the host LHB shall issue an indemnity to the Chair, on behalf of the LHBs.

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NHS framework

- xii) 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.
- xiii) 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.
- xiv) 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 **Health and Care Quality Standards 2023**, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.
- xv) The Welsh Ministers, reflecting their constitutional and legal obligations under the **Well-being of Future Generations (Wales) Act 2015 (2015 No.02)**, 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.
- xvi) The **Well-being and Future Generations (Wales) Act** 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.
- xvii) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Minister's 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/>.
- xviii) Directions or guidance on specific aspects of LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

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Joint Committee Framework

- xix) The specific governance and accountability arrangements established for the Joint Committee are set out within:
- These EASC Standing Orders (SOs) and the Schedule of Powers reserved for the Joint Committee and the Scheme of Delegation (~~The Cwm Taf University LHB Scheme of Delegation has been adopted for use by the Committee in November 2016~~) to others;
 - The EASC SFIs - these are based on the Welsh Health Specialised Services Committee SFIs and were presented to the Joint Committee in March 2023
 - 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.
- xx) **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 these EASC SOs.
- xxi) 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 EASC Team 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 EASC SOs and SFIs. Details of the Joint Committee's key operating procedures are also included in **Annex 2** of these SOs.

Applying EASC Standing Orders

- xxii) The EASC SOs (together with the EASC 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 Committee Sub Groups established by the Joint Committee, including any Advisory Groups. The EASC SOs may be amended or adapted for the Joint Committee Sub Groups or Advisory Groups as appropriate, with the approval of the Joint Committee. Further details on Joint Committee Sub Groups and Advisory Groups may be found in Annexes 3 and 4 of these EASC SOs, respectively.
- xxiii) Full details of any non-compliance with these EASC 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 and Risk Committee at Cwm Taf Morgannwg University Health Board CTMUHB to formally consider the matter and make proposals to the Joint Committee on any action to be taken.

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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 EASC SOs is a disciplinary matter.**

Variation and amendment of EASC Standing Orders

- xxiv) 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

- xxv) During any Joint Committee meeting where there is doubt as to the applicability or interpretation of the EASC 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.
- xxvi) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes precedence over these EASC SOs when interpreting any term or provision covered by legislation.

Relationship with LHB Standing Orders

- xxvii) The EASC 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

- xxviii) 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, Joint Committee Sub Groups and Advisory Groups;

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- 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, EASC SOs and the framework set by the LHBs and Welsh Ministers.

xxix) As advisor to the Joint Committee, the Committee Secretary's role does not affect the specific responsibilities of Joint Committee members for governing the Committees 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 – EASC Standing Orders

1. THE JOINT COMMITTEE

1.1 Purpose and Delegated functions

1.1.1 The Joint Committee has been established for the purpose of jointly exercising those functions relating to the commissioning of emergency ambulance and non-emergency patient transport 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 emergency ambulance and non-emergency patient transport 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 emergency ambulance services and non-emergency patient transport services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging ways of working and commission the best quality emergency ambulance and non-emergency patient transport services;
- Produce an Integrated Medium Term Plan, including the balanced Medium Term Financial 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 emergency ambulance and non-emergency patient transport 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 EASC Team) in accordance with any specific directions set by the Welsh Ministers;
- Establish mechanisms for managing the commissioning risks;
- Establish mechanisms to monitor, evaluate and publish the outcomes of emergency ambulance and non-emergency patient transport services and take appropriate action.

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- 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 EASC 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 Committee

- 1.2.1 The membership of the Joint Committee shall be 9 voting members and three associate members, comprising the *Chair* (appointed by the Welsh Ministers) and the *Vice-Chair* (appointed by the Joint Committee from existing chief officer (executive) or nominated representatives of the seven LHBs), together with the following:

Chief Officers or nominated representative

- 1.2.2 A total of 7, drawn from each Local Health Board in Wales. (Where a Chief Officer intends to nominate a representative the nomination must be an Officer Member (Executive Director) of the LHB, must be in writing addressed to the Chair of the Joint Committee and must specify if the nomination is for a specific length of time.

Officer Member

- 1.2.3 An officer member employed by Cwm Taf Morgannwg University Health Board (CTMUHB) (the host LHB) to undertake the functions of the Chief Ambulance Services Commissioner. In addition,
- 1.2.4 Where a post of Chief Ambulance Services Commissioner 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.

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Associate Members

1.2.5 The following three Associate Members who 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

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

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 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

1.3.3 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 EASC SOs; and
- Developing positive and professional relationships amongst the Joint Committee's membership and between the Joint Committee and each LHB's Board.

1.3.4 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.

1.3.5 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

1.3.6 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 appointed.

1.3.7 The Vice-Chair is accountable to the Chair for their performance as Vice-Chair.

Officer Members

1.3.8 Officer members are accountable to the Chair for their performance.

1.4 Appointment and tenure of Joint Committee members

1.4.1 The **Chair**, appointed by the Minister for Health and Social Services shall be appointed 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 term.

1.4.2 The **Vice-Chair** shall be appointed by the Joint Committee from amongst the Chief Executives or their nominated representatives of the seven 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 four years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

1.4.3 Reference to the tenure of office of the Vice-Chair are to this appointment and not to their tenure of office as a member of the Joint Committee.

1.4.4 The appointment process for the Vice-Chair 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.

1.4.5 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 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 office.

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

- 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 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 emergency ambulance or non-emergency patient transport services, save in respect of residents within the areas served. The Board of the host LHB shall be responsible for ensuring that the EASC Team 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 Chief Officer.
- 2.0.4 The LHBs jointly shall determine the arrangements for any meetings between the Joint Committee and LHB Boards.

3. RESERVATION AND DELEGATION OF JOINT COMMITTEE FUNCTIONS

- 3.0.1 Within the framework approved by each LHB Board and set out within these EASC 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 Committee Sub Groups and others;
- and

Scheme of delegation to Officers all of which must be formally adopted by the Joint Committee.

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

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 Chief Ambulance Services Commissioner, supported by the Committee Secretary, may deal with the matter on behalf of the Joint Committee - after first consulting with at least one other Joint Committee 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 Chief Ambulance Services Commissioner has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair and/or Assistant Chief Ambulance Services Commissioner will take a decision on the urgent matter, as appropriate.

3.2 Delegation to Joint Committee Sub-Committees and Others

- 3.2.1 The Joint Committee shall agree the delegation of any of their functions to Joint Committee sub-Committees or sub-Groups or others, 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 Committee sub-Committees or sub-Groups 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 Chief Ambulance Services Commissioner (CASC). For these aspects, the CASC, 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 CASC 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 Chief Ambulance Services Commissioner may periodically propose amendments to the Scheme of Delegation and any such amendments must also be considered and approved by the Joint Committee.

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- 3.3.3 Individual Chief Officers are in turn responsible for delegation within their own teams in accordance with the framework established by the Chief Ambulance Services Commissioner and agreed by the Joint Committee.

4. JOINT COMMITTEE SUB-COMMITTEES AND SUB-GROUPS

- 4.0.1 In accordance with EASC Standing Order 4.0.3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Ministers must, appoint sub-Committees and sub-Groups 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 Committee sub-Committee and sub-Groups 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-Committee 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 Committee sub-Committee or sub-Groups 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 Committee sub-Committee or sub-Groups structure established by the Joint Committee, including detailed terms of reference for each of these Joint Committee sub-Committees or sub-Groups are set out in **Annex 3** of these EASC SOs.
- 4.0.6 Each Joint Committee sub-Committee or sub-Group 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;

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- 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.

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

4.0.8 The membership of any such Joint Committee sub-Committee or sub-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, regulations or directions agreed by the LHBs or the Welsh Ministers. Depending on the Joint Committee sub-Committees' or sub-Groups' defined role and remit; membership may be drawn from the Joint Committee, LHB Board or committee members, staff (subject to the conditions set out in EASC SOs 4.0.9) or others.

4.0.9 Members of the EASC Team should not normally be appointed as Joint sub-Committee Chair, nor should they be appointed to serve as members of any sub-Committee set up to review the exercise of functions delegated to officers. Designated EASC Team officers shall, however, be in attendance at Joint sub-Committees/groups 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 Committee sub-Committees and sub-Groups 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 Committee sub-Committee and sub-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.

4.2.2 Each Joint Committee sub-Committee and sub-Group shall also submit an annual report to the Joint Committee through the Chair within - six 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 EASC 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 EASC 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 Sub Group reports formally, regularly and on a timely basis to the Joint Committee on their activities. Sub 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 Sub Group shall also submit an annual report to the Joint Committee through the Chair within six 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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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 when these are not held via electronic means;
- 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 Llais

6.2.1 Part 4 of the **Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) places a range of duties on LHBs and Trusts in relation to the engagement and involvement of Llais in their operations.

6.2.2 The 2020 Act places a statutory duty on LHBs and Trusts to have regard to any representations made to them by Llais. Statutory Guidance on Representations has been published to guide NHS bodies, local authorities and Llais in how these representations should be made and considered.

6.2.3 The Statutory Guidance on Representations made by the Citizen Voice Body can be found at <https://www.gov.wales/sites/default/files/publications/2023-04/statutory-guidance-on-representations-made-by-the-citizen-voice-body.pdf>

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6.2.4 The 2020 Act also places a statutory duty on LHBs and NHS Trusts to promote awareness of Llais and make arrangements to engage and co-operate with Llais with the view to supporting each other in the exercise of their relevant functions. Promoting and facilitating engagement between individuals and Llais through access to relevant premises can help strengthen the public's voice and participation in shaping the design and delivery of services. LHBs and Trusts must have regard to the Code of Practice on Access to Premises and Engagement with Individuals (so far as the code is relevant).

6.2.5 The Code of Practice on Access to Premises and Engagement with Individuals can be found at

<https://www.gov.wales/code-practice-llais-accessing-premises-and-engaging-people>

6.2.6 The LHBs, Welsh Ambulance Services NHS Trust and Joint Committee will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning, developing, considering proposals for service change and commissioning services.

6.2.7 The Joint Committee shall ensure arrangements are in place to engage and co-operate with representatives of Llais 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.

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 Committee sub-Committees or sub-Groups, 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 organisations website.

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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 Chief Ambulance Services Commissioner, 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 Committee Sub Group 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.

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 10 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.

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- 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 EASC 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
 - 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.

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- 6.6.2 The Joint Committee shall conduct as much of its formal business in public as possible. 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 an EASC Team member 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 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 Committee Sub-Groups, 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 Committee sub-Committees or sub-Groups, 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 **Llais**) and to demonstrate openness and transparency in the conduct of business.

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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 Chief Executives present will agree who will 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 four voting members, whom are LHB Chief Executives, must be present to allow any formal business to take place at a Joint Committee meeting.
- 6.6.11 If a LHB Chief Executive is unable to attend a Joint Committee meeting they may nominate a representative/deputy to attend on their behalf. The nominated representative/deputy should be an Officer Member (Executive Director) of the same organisation. Nominated representatives/deputies will formally contribute to the quorum and will have delegated voting rights.
- 6.6.12 If the Chief Ambulance Services Commissioner or another Associate Member 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 Chief Ambulance Services Commissioner will usually be the Assistant Chief Ambulance Services Commissioner, they will not have any 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 nominated deputy/representative 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.

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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 or their deputy/representative and seconded by another Joint Committee member or their deputy/representative (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 calendar 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 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 or their deputy/representative 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 or their deputy/representative 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;

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- 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.

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 Committee sub-Committee or sub-Group /EASC 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.

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.

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6.6.27 A nominated deputy/representative of a LHB Chief Executive may vote. In no circumstances may a nominated deputy of the Chief Ambulance Commissioner 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., Freedom of Information Act, the Joint Committee's Communication Strategy and the Cwm Taf Morgannwg University Health Board (CTMUHB) Welsh language requirements.

6.8 Confidentiality

6.8.1 All Joint Committee members (including Associate members), together with members of any Joint Committee sub-Committee or sub-Group, 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 Committee sub-Committee or sub-Group or group, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Values and Standards of Behaviour framework 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, EASC Team officers and others, as appropriate. The framework adopted by the Joint Committee will form part of the EASC SOs.

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The Values and Standards of Behaviour document is the same as the ~~Welsh Health Specialised Services Joint Committee~~ the host body Cwm Taf Morgannwg University Health Board (CTMUHB).

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.

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 Chief Ambulance Services Commissioner, 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 will include publication on the EASC website.

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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.

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. This may be appropriate, for example **where experience of using a digital system (not procurement);**
- 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.

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- 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 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 with¹ 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 EASC 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 Chief Ambulance Services Commissioner, establishes and maintains a system for the declaration, recording and handling of EASC Team officers’ interests in accordance with the Values and Standards of Behaviour Framework. This will be done in conjunction with the declarations of interest recorded by the Welsh Health Specialised Services Committee which is also hosted by Cwm Taf Morgannwg University Health Board.

¹In 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.

7.4 Reviewing how Interests are handled

- 7.4.1 The Joint Committee's (CTMUHBs) Audit and Risk 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 gifts², hospitality and sponsorship

- 7.5.1 The Values and Standards of Behaviour Framework - CTMUHB Standards of Behaviour Policy (incorporating declarations of interest, gifts, hospitality, sponsorship and honoraria) adopted by the Joint Committee prohibits Joint Committee members and EASC Team officers 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 EASC Team 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 EASC Team 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

² The term gift refers also to any reward or benefit.

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.

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 CTMUHB Standards of Behaviour Policy (incorporating declarations of interest, gifts, hospitality, sponsorship and honoraria) 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 and Hospitality to record offers of gifts, hospitality and sponsorship made to Joint Committee members. The EASC Team officers will adopt a similar mechanism in relation to Cwm Taf Morgannwg University Health Board staff working within their areas.

7.7.2 Every Joint Committee member and EASC Team 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 Chief Ambulance Services Commissioner, 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.

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7.7.3 When determining what should be included in the register with regards to gifts and hospitality, individuals must apply the following principles, subject to the considerations in EASC 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.
- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate'³ hospitality need not be included in the Register.

7.7.4 Joint Committee members and EASC Team 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 and Risk Committee (or equivalent) at least annually. The Audit and Risk 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.

³ 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.

8.1 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.

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 Committee Sub Group, 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 Committee Sub Group and, where appropriate, Expert Panel and any other Advisory Group must also submit an annual report to the Joint Committee through the Chair within six 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.

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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 Senedd Cymru/Welsh Parliament's Public Accounts Committee and other appropriate bodies.

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 EASC 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 Emergency Ambulance Services **Committee Team (EASC T)**, 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;

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- 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
- 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 EASC 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 EASC SOs, including the appropriate impact assessment.

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Annex 1

**MODEL SCHEME OF RESERVATION AND DELEGATION
OF POWERS FOR THE EMERGENCY AMBULANCE
SERVICES COMMITTEE**

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

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MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

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

Introduction

As set out in EASC Standing Order 3, the Emergency Ambulance 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 Joint Committee sub-Committee or sub Group and others; and
- Scheme of delegation to officers.

all of which form part of the EASC'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 EASC SOs or EASC 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 Chief Ambulance Services Commissioner

The Chief Ambulance Services Commissioner 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 Chief Ambulance Services Commissioner 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 EASC 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 Chief Ambulance Services Commissioner 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 and Risk Committee

The Audit and Risk 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 Chair of the Audit and Risk Committee at CTMUHB 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 Chief Ambulance Services Commissioner is absent their nominated Assistant may exercise those powers delegated to the Chief Ambulance Services Commissioner 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 Chief Ambulance Services Commissioner or reallocate powers, e.g., to a Committee or another officer.

The Quality and Safety Committee

The Quality and Safety Committee at CTMUHB will provide assurance to the Joint Committee of the effectiveness of its arrangements for managing quality and safety.

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.

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Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify Chair of the Quality and Safety Committee at CTMUHB 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 Chief Ambulance Services Commissioner is absent their nominated Assistant may exercise those powers delegated to the Chief Ambulance Services Commissioner 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 Chief Ambulance Services Commissioner 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 COMMITTEE⁴

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 EASC SOs
2	FULL	GENERAL	<p>The Joint Committee must determine any matter that will be reserved to the whole Joint Committee. These are:</p> <ul style="list-style-type: none"> • Collaborative Commissioning Framework Agreement(s) • EAS Integrated Medium Term Plan
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"> ▪ EASC SOs ; ▪ EASC 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>

⁴ 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.

THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
5	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Ambulance Services Commissioner in accordance with EASC Standing Order requirements
6	NO – Nominated Audit Committee	OPERATING ARRANGEMENTS	Formal consideration of report of Committee Secretary on any non-compliance with EASC 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 EASC Standing Orders, and where required ratify in public session any instances of failure to comply with EASC SOs
8	FULL	OPERATING ARRANGEMENTS	Approve the Joint Committee's Values and Standards of Behaviour framework – CTMUHB Standards of Behaviour policy adopted
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 emergency ambulance services and non-patient transport services in Wales, in conjunction with the Welsh Ministers.
11	FULL	STRATEGY & PLANNING	Approve the Joint Committee's key strategies and programmes related to: <ul style="list-style-type: none"> Commissioning Plan and Population Health Needs Assessment The development and delivery of emergency ambulance and non-emergency patient Transport services for the population of Wales Improving quality and patient safety outcomes

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THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
			<ul style="list-style-type: none"> 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 & PLANNING	Approve the Joint Committee's framework and strategy for risk and assurance.
16	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 for Health and Care Excellence (NICE)
17	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 it so based upon its contribution/impact on the achievement of the Joint Committee's aims, objectives and priorities
18	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of officer member of the Joint Committee employed by the host Local Health board (Chief Ambulance Commissioner) in accordance with the provisions of the Regulations and in accordance with Ministerial Instructions.

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THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
19	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.
20	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.
21	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, [arrange the] review, revise and dismiss Joint Committee sub-groups, including any joint sub-groups directly accountable to the Joint Committee
22	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any Joint Committee sub-groups, or Group set up by the Joint Committee
23	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Joint Committee on outside bodies and groups
24	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the standing orders and terms of reference and reporting arrangements of all Joint Committee sub-groups, and groups established by the Joint Committee
25	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 Chief Ambulance Services Commissioner and officers

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THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
26	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of the Joint Committee
27	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Ambulance Services Commissioner set out in the EASC SFIs
28	FULL	PERFORMANCE & ASSURANCE	Approve the Joint Committee's audit and assurance arrangements
29	FULL	PERFORMANCE & ASSURANCE	Receive reports from the Joint Committee's EASC Team on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans
30	FULL	PERFORMANCE & ASSURANCE	Receive assurance reports from the Joint Committee sub-groups, groups and other internal sources on the Joint Committee's performance and approve action required, including improvement plans
31	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-groups (as appropriate)
32	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of the Joint Committee's Chief Internal Auditor and approve action required, including improvement plans
33	FULL	PERFORMANCE & ASSURANCE	Receive the annual management report from the Joint Committee's external auditor and approve action required, including improvement plans
34	FULL	PERFORMANCE & ASSURANCE	Receive assurance regarding the Joint Committee's performance against the Health and Care Quality Standards 2023 and the arrangements for approving required action, including improvement plans

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THE JOINT COMMITTEE		AREA	DECISIONS RESERVED TO THE JOINT COMMITTEE
35	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.
36	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.

ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR AND VICE-CHAIR			
34	CHAIR		In accordance with statutory and Welsh Government requirements
35	VICE-CHAIR		In accordance with statutory and Welsh Government requirements

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DELEGATION OF POWERS TO SUB-COMMITTEES AND OTHERS⁵

EASC Standing Order 3 provides that the Joint Committee may delegate powers to sub-groups 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-Groups; 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 and Risk Committee (Cwm Taf Morgannwg University Health Board)
- Quality and Safety Committee (Cwm Taf Morgannwg University Health Board)
- EASC Management Group
- Non-emergency patient transport services (NEPTS)
- Emergency medical retrieval and transfer services (EMRTS Cymru)

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-Group 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 Joint Committee Sub Groups.

⁵ As defined in Standing Orders

SCHEME OF DELEGATION TO EMERGENCY AMBULANCE SERVICES TEAM AND OFFICERS

The EASC SOs and EASC SFIs specify certain key responsibilities of the Chief Ambulance Services Commissioner, the Director of Finance (WHSSC/EASC) and other officers. The Chief Ambulance Services Commissioner's Job Description sets out their specific responsibilities, and the individual job descriptions determined for other EASC Team level posts also define in detail the specific responsibilities assigned to those post holders.

These documents, set out in detail, together with the schedule of additional delegations below and the associated financial delegations set out in the EASC SFIs form the basis of the Joint Committee's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
WAST payments monthly	Chief Ambulance Services Commissioner (CASC) and Director of Finance
Information Governance arrangements	Committee Secretary (in line with CTMUHB as host LHB)
Management of concerns	Committee Secretary (in line with CTMUHB as host LHB)
Health and safety arrangements	Lead Director / Committee Secretary (in line with CTMUHB as host LHB)
Investigate any suspected cases of irregularity not related to fraud and corruption in accordance with Government directions	CASC / Chair EASC / Director of Finance/ Committee Secretary
Issuing tenders and post tender negotiations	CASC / Lead Director / Director of Finance
Legal Advice	Committee Secretary (in line with CTMUHB)
Action on litigation	Lead Director / Committee Secretary (in line with CTMUHB as host LHB)

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DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Operation of detailed financial matters including bank accounts and banking procedures	Director of Finance (with host LHB Director of Finance)
Workforce	Committee Secretary (in line with CTMUHB as host LHB)
Public Consultation	CASC
Manage central reserves and contingencies	Director of Finance
Manage and control of stocks other than pharmacy stocks	Committee Secretary (in line with CTMUHB as host LHB)
Monitor and achievement of management cost targets	CASC
Recording of payments under the losses and compensation regulations	Director of Finance

This scheme only relates to matters delegated by the Joint Committee to the Chief Ambulance Services Commissioner and other members of the EASC Team together with certain other specific matters referred to in EASC SFIs. ~~In November 2016, the Joint Committee agreed to use the host body's Standing Financial Instructions (Cwm Taf) and Scheme of Delegation.~~

Each member of the EASC Team 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 (aligned to the arrangements of the host body).

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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
EMERGENCY AMBULANCE Services Committee Standing Orders

Joint Committee framework

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

- **EASC SFIs**
- **Scheme of Delegation**
- **Values and Standards of Behaviour Framework - CTMUHB Standards of Behaviour Policy (incorporating declarations of interest, gifts, hospitality, sponsorship and honoraria).**
- **Risk Register**
- **Key policy documents**

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

These documents may be accessed by:

[EASC Website](https://easc.nhs.wales/) <https://easc.nhs.wales/>

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
EMERGENCY AMBULANCE SERVICES COMMITTEE Standing Orders

Sub Groups	Terms of Reference
EASC Management Group	 EASC Management Group TOR approved
Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) Delivery Assurance Group (DAG)	 EMRTS DAG Terms of Reference approved
Non-Emergency Patient Transport Service Delivery Assurance Group (NEPTS DAG)	 NEPTS DAG Terms of Reference approved

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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
Emergency Ambulance Services Committee Standing Orders

Terms of Reference to be included when required. No advisory groups or expert panels at time of approval – September 2023

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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**

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Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 4.1 WHSSC Standing Orders

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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 Local Health Board (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

³ c.42

⁴ c.41

Directions provide that the seven LHBs in Wales will work jointly to exercise 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 Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) makes provision for:
 - Ensuring NHS bodies and ministers think about the quality of health services when making decisions (the Duty of Quality);
 - Ensuring NHS bodies and primary care services are open and honest with patients, when something may have gone wrong in their care (the Duty of Candour);
 - The creations of a new Citizens Voice Body for Health and Social Care, Wales (to be known as Llais) to represent the views of and advocate for people across health and social care in respect of complaints about services; and
 - The appointment of statutory vice-chairs for NHS Trusts.

The act has been commenced at various stages with the final provision, relating to the preparation and publication of a code of practice regarding access to premises coming into effect in June 2023.

Local Health Boards will need ensure they comply with the provisions of the 2020 Act and the requirements of the statutory guidance.

The guidance outlines the responsibilities of Local Health Board when commissioning services for their population. WHSSC shall ensure they consider these responsibilities in the discharge of their duties.

The Duty of Quality statutory guidance 2023 can be found at <https://www.gov.wales/duty-quality-healthcare>

⁵ (2009/3097 (W.270)

⁶ (2009/779 W.67)

The NHS Duty of Candour statutory guidance 2023 can be found at <https://www.gov.wales/nhs-duty-candour>

- xi) The Host LHB shall issue an indemnity to the Chair, on behalf of the LHBs

NHS framework

- xii) 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.
- xiii) 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.
- xiv) 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 Health and Care Quality Standards 2023, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.
- xv) 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.
- xvi) 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.
- xvii) 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

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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

- xviii) 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.
- xix) 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.
- xx) 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 of the Joint Committee's key operating procedures are also included in Annex 2 of these SOs.

Applying WHSSC Standing Orders

- xxi) 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.

- xxii) 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

xxiii) 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

xxiv) 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.

xxv) The terms and provisions contained within these SOs aim to reflect those 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

xxvi) 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

xxvii) 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

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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.

xxviii) 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 Llais

6.2.1 Part 4 of the **Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) places a range of duties on LHBs in relation to the engagement and involvement of Llais in their operations.

6.2.2 The 2020 Act places a statutory duty on LHBs to have regard to any representations made to them by Llais. Statutory Guidance on Representations has been published to guide NHS bodies, local authorities and Llais in how these representations should be made and considered.

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The Statutory Guidance on Representations made by the Citizen Voice Body can be found at <https://www.gov.wales/sites/default/files/publications/2023-04/statutory-guidance-on-representations-made-by-the-citizen-voice-body.pdf>

- 6.2.3 The 2020 Act also places a statutory duty on LHBs to make arrangements to engage and co-operate with Llais with the view to supporting each other in the exercise of their relevant functions. LHBs must also have regard to the Code of Practice on access to premises when it comes into effect in June 2023.
- 6.2.4 The LHBs and Joint Committee will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning and commissioning services.
- 6.2.5 The Joint Committee shall make arrangements ensure arrangements are in place to engage and co-operate liaise with CHC members representatives of Llais 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.
- 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

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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.

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

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

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
- 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.

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- 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 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

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

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.
- 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

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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 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.

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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.

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.

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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

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(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.

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

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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 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

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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 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

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.

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 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:

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

- **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.

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

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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.
- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate'²² 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.

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.

- 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.

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:

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- 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.

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

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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
- 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.

		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](#)
- [Risk Management Strategy](#)
- [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

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Welsh Health Specialised Services Committee Standing Orders

Management Group

Quality & Patient Safety Committee

Integrated Governance Committee

Welsh Kidney Network (WKN)

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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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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.



NHS Wales Audit
Committee Handbook

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

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effective Internal Audit function;

- 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;

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- 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

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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.

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



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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

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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.
- 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.

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.

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.

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- 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 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.

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;

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- c) Take account of approved business cases and associated revenue costs and funding;
- 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.

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

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Executive of the host LHB is required to ensure that the financial results of the 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.

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9.1.3 Further details of the processes and responsibilities can be found in section 9 of 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

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payment terms have been agreed;

- 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;

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(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

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- 11.2.1 The budget manager in choosing the item to be supplied (or the service to be 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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Schedule 2.1

**MODEL STANDING FINANCIAL INSTRUCTIONS
FOR LOCAL HEALTH BOARDS**

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

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Foreword

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. Local Health Boards in Wales must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. Designed to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability in the conduct of business, they translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of Standing Orders (SOs), a Scheme of decisions reserved to the Board and a scheme of delegations to officers and others, they provide the regulatory framework for the business conduct of the LHB.

These documents form the basis upon which the LHB's governance and accountability framework is developed and, together with the adoption of the LHB's 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 LHB Board members and officers must be made aware of these Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The Director of Finance will be able to provide further advice and guidance on any aspect of the Standing Financial Instructions. The Board Secretary will be able to provide further advice and guidance on the wider governance arrangements within the LHB. 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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Powys teaching Health Board

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. Local Health Boards (LHBs) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. They shall have effect as if incorporated in the Standing Orders (SOs) (incorporated as Schedule 2.1 of SOs).
- 1.1.2 These SFIs detail the financial responsibilities, policies and procedures adopted by **[insert name] LHB** (the LHB). They are designed to ensure that the LHB'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 Board and the Scheme of delegation adopted by the LHB.
- 1.1.3 These SFIs identify the financial responsibilities which apply to everyone working for the LHB and its constituent organisations. 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 Director of Finance and Audit Committee.
- 1.1.4 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Board 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 LHB's SOs.

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 Board Secretary, who will ask the Audit Committee to formally consider the matter and make proposals to the Board on any action to be taken. All Board members and LHB officers have a duty to report any non compliance to the Director of Finance and Board Secretary as soon as they are aware of

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any circumstances 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 Board.**

1.3 Financial provisions and obligations of LHBs

- 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 Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer for the organisation, must ensure the LHB meets its statutory obligation to perform its functions within the available financial resources.

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2. RESPONSIBILITIES AND DELEGATION

2.1 The Board

2.1.1 The Board 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);
- 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 Board members and LHB officers, and LHB committees and Advisory Groups as indicated in the 'Scheme of delegation' document.

2.1.2 The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the 'Schedule of matters reserved to the Board' document. The Board, 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 the Health Board 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 to committees, sub-committees, joint committees or joint sub-committees that the LHB has established or to an officer of the LHB in accordance with the 'Scheme of delegation' document adopted by the LHB.

2.2 The Chief Executive and Director of Finance

2.2.1 The Chief Executive 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 Chief Executive is ultimately accountable to the Board, and as Accountable Officer, to the Welsh Government, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the LHB's activities; is responsible to the Chair and the Board for ensuring that financial

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provisions, obligations and targets are met; and has overall responsibility for the LHB's system of internal control.

2.2.3 It is a duty of the Chief Executive to ensure that Board members and LHB officers, and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

2.3 The Director of Finance

2.3.1 The Director of Finance is responsible for:

- a) Implementing the LHB'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 LHB's transactions, in order to disclose, with reasonable accuracy, the financial position of the LHB at any time; and
- d) Without prejudice to any other functions of the LHB, and Board members and LHB officers, the duties of the Director of Finance include:
 - (i) the provision of financial advice to other Board members and LHB officers, and LHB Committees and Advisory Groups,
 - (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 LHB 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 effect these SFIs.

2.4 Board members and LHB officers, and LHB Committees and Advisory Groups

2.4.1 All Board members and LHB officers, and LHB Committees and Advisory Groups, severally and collectively, are responsible for:

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- a) The security of the property of the LHB;
- b) Avoiding loss;
- c) Exercising economy, efficiency and sustainability in the use of resources; and
- d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of delegation.

2.4.2 For all Board members and LHB officers, and LHB Committees and Advisory Groups who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board, Committees, Advisory Groups and employees 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 LHB to commit the LHB to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

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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 a Board ensures effective internal control arrangements are in place. In addition, the Audit Committee provides a form of independent check upon the executive arm of the Board. In accordance with SOs the Board shall formally establish an Audit Committee with clearly defined terms of reference. Detailed terms of reference and operating arrangements for the Audit Committee are set out in Schedule 3 to the SOs. This committee will follow the guidance set out in the NHS Wales Audit Committee Handbook.

nwssp.nhs.wales/a-wp/governance-e-manual/governance-e-manual-documents/useful-documents/nhs-wales-audit-committee-handbook-june-2012/

3.2 Chief Executive

- 3.2.1 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;
- 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 Board. The report must cover:
 - a clear opinion on the effectiveness of internal control in accordance with the requirements of the Public Sector Internal

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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 LHB;
- c) Access at all reasonable times to Board members and LHB officers;
- d) The production of any cash, stores or other property of the LHB under a Board member or a LHB 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 an Internal Audit Charter that incorporates a definition of internal audit, a code of ethics and Public Sector Internal Audit Standards. Standing Order 10.1 details the relationship between the Head of Internal Audit and the Board. The role of the Audit Committee in relation to Internal Audit is set out within its Terms of Reference, incorporated in Schedule 3 of the SOs, and the NHS Wales Audit Committee Handbook.

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3.4 External Audit

3.4.1 Pursuant to the Public Audit (Wales) Act 2004 (c. 23), the Auditor General for Wales (Auditor General) is the external auditor of the LHB. The Auditor General may nominate his representative to represent him within the LHB and to undertake the required audit work. The cost of the audit is paid for by the LHB. The LHB's Audit Committee must ensure that a cost-efficient external audit service is delivered. If there are any problems relating to the service provided, this should be raised with the Auditor General's representative and referred on to the Auditor General if the issue cannot be resolved.

3.4.2 The objectives of the external audit fall under three broad headings, to review and report on:

- a) Whether the expenditure to which the financial statements relate has been incurred lawfully and in accordance with the authority that governs it;
- b) The audited body's financial statements, and on its Annual Governance Statement and remuneration report ¹;
- c) Whether the audited body has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

3.4.3 The Auditor General's representatives will prepare a risk-based annual audit plan, designed to deliver the Auditor General's objectives, for consideration by the Audit Committee. The annual plan will set out details of the work to be carried out, providing sufficient detail for the Audit Committee and other recipients to understand the purpose and scope of the defined work and their level of priority. The Audit Committee should review the annual plan and the associated fees, although in so doing it needs to recognise the statutory duties of the Auditor General. The annual audit plan should be kept under review to identify any amendment needed to reflect changing priorities and emerging audit needs. The Audit Committee should consider material changes to the annual audit plan.

3.4.4 The Auditor General's representative should be invited to attend every Audit Committee meeting. The cycle of approving and monitoring the progress of external audit plans and reports, culminating in the opinion

¹ Note: The Healthcare Inspectorate Wales will review and report on the Annual Quality Statement.

on the annual report and accounts, is central to the core work of the Audit Committee.

- 3.4.5 The Auditor General's representatives will liaise with Internal Audit when developing the external audit plan. The Auditor General's representative will ensure that planned external audit work takes into account the work of Internal Audit to avoid duplication wherever possible and considers where Internal Audit work can be relied upon for opinion purposes.
- 3.4.6 The Auditor General and his representatives shall have a right of access to the Chair of the Audit Committee at any time.
- 3.4.7 The Government of Wales Act 2006 (GOWA) provides that the Auditor General has statutory rights of access to all documents and information, as set out in paragraph 3.2.2a of these SFIs, that relate to the exercise of many of his core functions, including his statutory audit of accounts, value for money examinations and improvement studies. The rights of access include access to confidential information; personal information as defined by the Data Protection Act 2018 and the UK General Data Protection Legislation; information subject to legal privilege; personal information and sensitive personal information that may otherwise be subject to protection under the European Convention of Human Rights; information held by third parties; and electronic files and IT systems. Paragraph 17 of Schedule 8 to GOWA operates to provide the Auditor General with a right of access to every document relating to the LHB that appears to him to be necessary for the discharge of any of these functions. Paragraph 17(3) of Schedule 8 also requires any person that the Auditor General thinks has information related to the discharge of his functions to give any assistance, information and explanation that he thinks necessary. It also requires such persons to attend before the Auditor General and to provide any facility that he and his representatives may reasonably require, such as audit accommodation and access to IT facilities. The rights apply not just to the LHB and its officers and staff, but also to, among others, suppliers to the LHB.
- 3.4.8 The Auditor General's independence in the exercise of his audit functions is protected by statute (section 8 of the Public Audit (Wales) Act 2013), and audit independence is required by professional and ethical standards. Accordingly, the LHB (including its Audit Committee) must be careful not to seek to fetter the Auditor General's discretion in the exercise of his functions. While the LHB may offer comments on the plans and outputs of the Auditor General, it must not seek to direct the Auditor General.

- 3.4.9 The Auditor General will issue a number of reports over the year, some

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of which are specified in the Auditor General's Code of Audit and Inspection Practice and International Standards on Auditing. Other reports will depend on the contents of the audit plan.

The main mandatory reports are:

- Report to those charged with governance (incorporating the report required under ISA 260) that sets out the main issues arising from the audit of the financial statements and use of resources work
- Statutory report and opinion on the financial statements
- Annual audit report.

In addition to these reports, the Auditor General may prepare a report on a matter the Auditor General considers would be in the public interest to bring to the public's attention; or make a referral to the Welsh Ministers if significant breaches occur.

3.4.10 The Auditor General also has statutory powers to undertake Value for Money Examinations and Improvement Studies within the LHB and other public sector bodies. At LHBs he also undertakes a Structured Assessment to help him assess whether there are proper arrangements for securing economy, efficiency and effectiveness in the use of resources. The Auditor General will take account of audit work when planning and undertaking such examinations and studies. The Auditor General and his representatives have the same access rights in relation to these examinations and studies as they do in relation to annual audit work.

3.5 Fraud and Corruption

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

3.5.2 The LHB shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) as specified by Directions to NHS bodies on Counter Fraud Measures 2005 (as amended).

<https://nwssp.nhs.wales/a-wp/governance-e-manual/knowning-who-does-what-why/supporting-good-governance/nhs-counter-fraud-service-wales/>

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- 3.5.3 The LCFS shall report to the LHB Director of Finance and the LCFS must work with NHS Counter Fraud Authority (NHSCFA) and the NHS Counter Fraud Service Wales (CFSW) Team in accordance with the Directions to NHS bodies on Counter Fraud Measures 2005.
- 3.5.4 The LCFS will provide a written report to the Director of Finance and Audit Committee, at least annually, on proactive and reactive counter fraud work within the LHB.
- 3.5.5 The LHB must participate in the annual National Fraud Initiative (NFI) led by Audit Wales and must provide the necessary data for the mandatory element of the NFI by the due dates. The LHB should participate in appropriate risk measurement or additional dataset matching exercise in order to support the detection of fraud across the whole public sector.

3.6 Security Management

- 3.6.1 In line with their responsibilities, the LHB Chief Executive will monitor and ensure compliance with Directions issued by the Welsh Ministers on NHS security management.
- 3.6.2 The Chief Executive has overall responsibility for controlling and coordinating security.

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4. FINANCIAL DUTIES

4.1 Legislation and Directions

4.1.1 The Health Board has 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 are set out in the Welsh Health Circular “WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts.” Full details of the WHC can be obtained by contacting the HSSG Director of Finance at hywel.jones38@gov.wales

4.2 First Financial Duty – The Breakeven Duty

4.2.1 The Health Board has a statutory 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 Welsh Government will determine revenue and capital allocations prior to the start of each financial year and notify Health Boards.

4.2.3 Health Boards must ensure their boards approve balanced revenue and capital plans in line with their notified allocations before the start of each financial year.

4.2.4 The Director of Finance of the LHB will:

- a) Prior to the start of each financial year submit to the Board for approval a report showing the total allocations received, assumed

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in-year allocations and other adjustments and their proposed distribution to delegated budgets, including any sums to be held in reserve;

- b) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements;
- c) Periodically review any assumed in-year allocations to ensure that these are reasonable and realistic; and
- d) Regularly update the Board on significant changes to the initial allocations and the application of such funds.

4.2.5 The Chief Executive has overall executive responsibility for the LHB's activities and is responsible to the Board for ensuring that it meets its First Financial Duty.

4.3. Second Financial Duty – The Planning Duty

4.3.1 The Health Board has a statutory duty 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 The Integrated Medium Term Plan must reflect longer-term planning and delivery objectives and should be continually reviewed based on latest Welsh Government policy 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.

4.3.3 The NHS Planning Framework directs Local Health Boards 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 Health Board will deliver key policy directives from Welsh Government.
- demonstrate how the Health Board 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

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- demonstrate how the Health Board 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 An Integrated Medium Term Plan should be based on a reasonable expectation of future service changes, performance improvements, workforce changes, demographic changes, capital, quality, funding, income, expenditure, cost 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 LHB'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 NHS 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 Chief Executive has overall executive responsibility to develop and submit to the Board, on an annual basis, the rolling 3 year Integrated Medium Term Plan (IMTP).
- 4.3.8 The Board 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 Board approval the Plan will be submitted to 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; and
- c) Prepare and agree with the Welsh Government a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where the LHB plan is not in place or in balance.

4.3.9 The Board approved Integrated Medium Term Plan will be submitted to Welsh Government, for approval by the Minister, in line with the requirements set out in the NHS Planning Framework.

4.3.10 The finalised approved Integrated Medium Term Plan will form the basis of the Performance Agreement between the LHB and Welsh Government.

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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 Chief Executive, prepare and submit budgets for approval and delegation by the Board. Such budgets will:

- a) Be in accordance with the aims and objectives set out in the Board approved 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 Board approved balanced IMTP;
- c) Take account of approved business cases and associated revenue costs and funding;
- 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) Be within the scope of activities and authority defined by the National Health Service (Wales) Act 2006, including pooled budget arrangements;
- i) Identify available reserves;
- j) 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
- k) Identify potential risks and opportunities.

5.2. Budgetary Delegation

5.2.1 The Chief Executive may delegate, via the Director of Finance, the

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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 Chief Executive, Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.

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 Chief Executive, 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 Chief Executive, 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, and

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financial risks, on a monthly basis and at every Board meeting. Any significant variances should be reported to LHB Board as soon as they come to light and the Board shall be advised on any recommendations and 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 Board in a form approved by the Board containing sufficient information for the Board 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:
 - Current and forecast year end position on statutory financial duties
 - 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 corrective actions being taken, as advised by the relevant budget holder and the Chief Executive'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
 - 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

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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 Chief Executive subject to the Board'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;
- c) No permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and workforce establishment as approved by the Board.

5.3.5 The Chief Executive is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Medium Term Financial Plans and SFI 9.1.

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 Chief Executive is responsible for ensuring that the appropriate

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monitoring returns are submitted to the Welsh Ministers in accordance with published guidance and timescales.

- 5.5.2 All monitoring returns must be supported by a detailed commentary signed by the Director of Finance and Chief Executive. 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 Board. There must be consistency between the Medium Term Financial Plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly Board reports.

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6. ANNUAL ACCOUNTS AND REPORTS

- 6.1 The Board must approve the LHB's annual accounts prior to submission to the Welsh Ministers and the Auditor General for Wales in accordance with the annual timetable.
- 6.2 The Chair and Chief Executive have responsibility for signing the accounts on behalf of the LHB. The Chief Executive has responsibility for signing the Performance Report, Accountability Report, Statement of Financial Position and the Governance Statement.
- 6.3 The Director of Finance, on behalf of the LHB, is responsible for ensuring that financial reports and returns are prepared in accordance with the accounting policies, guidance and timetable determined by the Welsh Ministers, as per Welsh Government's Manual for Accounts, and consistent with Financial Reporting Manual (FReM) and International Financial Reporting Standards.
- 6.4 The LHB's annual accounts must be audited by the Auditor General for Wales. The LHB's audited annual accounts must be adopted by the Board at a public meeting and made available to the public.
- 6.5 The LHB will publish an annual report, in accordance with guidelines on local accountability, and present it at its Annual General Meeting. The Board Secretary will ensure that the Annual Report is prepared in line with the Welsh Government's Manual for Accounts. The Annual Report will include
- The Accountability Report containing:
 - o Corporate Governance Report
 - o Remuneration Report and Staff Report
 - o Accountability and Audit Report
 - The Performance Report, which must include:
 - o An overview
 - o A performance Analysis

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7. BANKING ARRANGEMENTS

7.1 General

7.1.1 The Director of Finance is responsible for managing the LHB's banking arrangements and for advising the Board on the provision of banking services and operation of accounts. This advice will take into account guidance/Directions issued from time to time by the Welsh Ministers. LHBs are required to use the Government Banking Service (GBS) for its banking services.

7.1.2 The Board shall approve the banking arrangements.

7.2 Bank Accounts

7.2.1 The Director of Finance is responsible for:

- a) Establishing bank accounts and ensuring that the Government Banking Service is utilised for main Health Board business transactions;
- b) Establishing additional commercial accounts only exceptionally and where there is a clear rationale for not utilising the Government Banking Service;
- c) Establishing separate bank accounts for the LHB's non-exchequer funds;
- d) Ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made;
- e) Ensuring accounts are not overdrawn except in exceptional and planned situations.
- f) Reporting to the Board all arrangements made with the LHB's bankers for accounts to be overdrawn;
- g) Monitoring compliance with Welsh Ministers' guidance on the level of cleared funds.

7.2.2 With the exception of Project Bank Accounts, all bank accounts should be held in the name of the LHB. No officer other than the Director of Finance shall open any account in the name of the LHB or for the purposes of furthering LHB activities.

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7.2.3 Any Project Bank Account that is required may be held jointly in the name of the LHB and the relevant third party contractor.

7.3 Banking Procedures

7.3.1 The Director of Finance will prepare detailed instructions on the operation of bank accounts, that ensure there are sound controls over the day-to-day operation of bank accounts, which must include:

- a) The conditions under which each bank account is to be operated;
- b) Those authorised to sign cheques or other orders drawn on the LHB's accounts.
- c) Effective divisions of duty for employees working within the banking and treasury management function to minimise the risk of fraud and error.
- d) Authorised signatories are identified with sufficient seniority, and in the case of e banking approvers, together with an appropriate payment approval hierarchy.
- e) Procedures are in place for prompt banking of money received.
- f) Ensure there are physical security arrangements in place for cheque stationery, e banking access devices and payment cards.
- g) Cheques and payable orders are treated as controlled stationery with management responsibility given to a duly designated employee.
- h) Frequent reconciliations are undertaken between cash books, bank statements and the general ledger so that all differences are fully understood and accounted appropriately.
- i) Commercial bank accounts should only be used exceptionally where there is a sound rationale and demonstrates value for money. Commercial accounts should be procured through a tendering exercise and the outcome reported to the Audit Committee on behalf of the Board.

7.3.2 The Director of Finance must advise the LHB's bankers in writing of the conditions under which each account will be operated.

7.3.3 The Director of Finance shall approve security procedures for any payable orders issued without a hand-written signature e.g. automatically printed. All Payable Orders shall be treated as controlled

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stationery, in the charge of a duly designated officer controlling their issue.

7.4 Review

- 7.4.1 The Director of Finance will review banking arrangements of the LHB at regular intervals to ensure they reflect best practice, that they are efficient and effective and represent best value for money. The results of the review should be reported to the Audit Committee.

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8. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS

8.1 General

8.1.1 The Director of Finance is responsible for:

- a) Approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
- b) Ordering and securely controlling any such stationery, ensuring all cash related stationery treated as controlled stationery with management responsibility given to a duly designated employee;
- c) The provision of adequate physical facilities and systems for officers whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
- d) Establishing systems and procedures for handling cash and negotiable securities on behalf of the LHB.
- e) Ensuring effective control systems are in place for the use of payment cards,
- f) Ensuring that there are adequate control systems in place to minimise the risk of cash/card misappropriation.

8.1.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs (informal documents acknowledging debt).

8.1.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Director of Finance.

8.1.4 The holders of safe/cash box combinations/keys shall not accept unofficial funds for depositing in their safe/cash box unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the LHB is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the LHB from responsibility for any loss.

8.1.5 The opening of coin operated machines (including telephone, if applicable) and the counting and recording of takings shall be

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undertaken by two officers together, except as may be authorised in writing by the Director of Finance and the coin box keys shall be held by a nominated officer.

- 8.1.6 During the absence (for example, on holiday) of the holder of a safe/cash box combination/key, the officer who acts in their place shall be subject to the same controls as the normal holder of the combination/key. There shall be written discharge for the safe and/or cash box contents on the transfer of responsibilities and the discharge document must be retained for inspection.

8.2 Petty Cash

- 8.2.1 The Director of Finance will issue instructions restricting the use and value of petty cash purchases.
- 8.2.3 Petty cash use should be minimised and be subject to regular cash balance reviews in order to minimise cash levels held.
- 8.2.3 Petty cash should be operated under an imprest system and be subject to regular checks to ensure physical and book cash levels are consistent.

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9. INCOME, FEES AND CHARGES

9.1 Income Generation and Participation in/Formation of Companies

- 9.1.1 The LHB shall only generate income for those goods and services that are approved by the Welsh Ministers. Any income generating activities must be complementary to the provision of NHS services and must be in accordance with the Welsh Ministers' policy and powers to raise money as set out in section 169 of the National Health Service (Wales) Act 2006 (c. 42).
- 9.1.2 The LHB can only form or participate in a company for income generation, improving health, healthcare care and health services, purposes with the consent and/or direction of Welsh Ministers. The LHB should obtain advice from Welsh Government officials prior to undertaking substantive work on formation or participation in any company.

9.2 Income Systems

- 9.2.1 The Director of Finance is responsible for designing and maintaining procedures to ensure compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.
- 9.2.2 The Director of Finance is also responsible for ensuring that systems are in place for the prompt banking of all monies received.

9.3 Fees and Charges

- 9.3.1 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. Independent professional advice on matters of valuation shall be taken as necessary.
- 9.3.2 All officers must inform the Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

9.4 Income Due and Debt Recovery

- 9.4.1 Delegated budget holders and managers are responsible for informing the Director of Finance of any income due that arises from any contracts, service levels agreements, leases, activities such as private patients or other transactions.

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- 9.4.2 Delegated budget holders and managers must inform the Director of Finance when overpayment of salary or expenses have been made, in order that recovery can be made.
- 9.4.3 The Director of Finance is responsible for recovering income due and for ensuring debt recovery procedures are in place to secure early payment and minimise bad debt risk on all outstanding debts.
- 9.4.4 Income not received should be dealt with in accordance with losses procedures.
- 9.4.5 Overpayments should be detected (or preferably prevented) and recovery initiated.
- 9.4.6 The Chief Executive and the Director of Finance are responsible for ensuring the Welsh Ministers' guidance on disputed debt arbitration is strictly adhered to.

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10. NON PAY EXPENDITURE

10.1 Scheme of Delegation, Non Pay Expenditure Limits and Accountability

10.1.1 The Board must agree a Scheme of Delegation in line with that set out in its Standing Orders Scheme of Reservation and Delegation of Powers.

10.1.2 The Chief Executive 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 LHB's scheme of delegation.

10.9.1 The Chief Executive will set out in the operational scheme of delegation and authorisation:

- The list of managers who are authorised to place requisitions for the supply of goods, services and works and for the awarding of contracts; and
- 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 would 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

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creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.

- 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;
- 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 Chief Executive and 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 the 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 requisition/order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Board members or LHB officers, other than:
 - (i) Isolated gifts of a trivial character or inexpensive seasonal

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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.

- 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 Chief Executive;
- h) All goods, services, or works are ordered on official orders
- 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 the LHB to a future uncompetitive purchase;

10.3.2 The Chief Executive 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 LHB's 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. Health Boards must consult with NWSSP Procurement Services, Director of Finance and Board Secretary prior to any such action undertaken. Any expenditure committed under these departures must receive prior approval in accordance with the Health Board Scheme of Delegation.

10.5 Accounts Payable

10.5.1 NWSSP Finance, shall on behalf of the LHB, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable

10.6 Prepayments

10.6.1 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;
- In line with requirements of [Managing Welsh Public Money](#)
- There is specific Welsh Ministers' approval to do so e.g. voluntary services compact.

10.6.2 In **exceptional** circumstances prepayments can be made subject to:

- a) The appropriate Executive 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 LHB if the supplier is at some time during the course of the prepayment agreement unable to meet their 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 2015 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 Chief Executive if problems are encountered.

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11. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

General Information

11.1 Procurement Services

11.1.1 While the Chief Executive is ultimately responsible for procurement the service is delivered by NWSSP Procurement Services.

11.1.2 Procurement staff are employed by NHS Wales Shared Services Partnership (NWSSP) and provide a procurement support function to all health organisations in NHS Wales. Although NWSSP is responsible for the provision of a Procure to Pay service and provision of appropriate professional procurement and commercial advice, ultimate responsibility for compliance with legislation and policy guidelines remains with the Health Board. Where the term Procurement staff or department is used in this chapter it should be read as equally applying to those departments where the procurement function is undertaken locally and outside of NWSSP Procurement Department, for example pharmacy and works who undertake procurement on a devolved basis.

11.2 Policies and Procedures

11.2.1 NWSSP Procurement Services shall, on behalf of the LHB, maintain detailed policies and procedures for all aspects of procurement including tendering and contracting processes. The policies and procedures shall comply with these SFIs, Procurement Manual, and the Revised General Consent to enter Individual Contracts. included as **Schedule 1** of these SFIs.

11.2.2 The Chief Executive is ultimately responsible for ensuring that the LHB's Executive Directors, Independent Members and officers within the organisation strictly follow procurement, tendering and contracting procedures.

11.2.3 NWSSP Director of Procurement Services is responsible for ensuring that procurement, tendering and contracting policies and procedures

- Are kept up to date;
- Conform to statutory requirements and regulations;
- Adhere to guidance issued by the Welsh Ministers;
- Are consistent with the principles of sustainable development.

11.2.4 All procurement guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

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11.3 Procurement Principles

11.3.1 The term "procurement" embraces the complete process from planning, sourcing to taking delivery of all works, goods and services required by the LHB to perform its functions, and furthermore embrace all building, equipment, consumables and services including health services. Procurement further embraces contract and/or supplier management, including market engagement and industry monitoring.

11.3.2 The main legal and governing principles guiding public procurement and which are incorporated into these SFIs are:

- Transparency: public bodies should ensure that there is openness and clarity on procurement processes and how they are implemented;
- Non-discrimination: public bodies may not discriminate between suppliers or products on grounds of their origin;
- Equal treatment: suppliers should be treated fairly and without discrimination, including in particular equality of opportunity and access to information;
- Proportionality: requirements and conditions in the procurement should be reasonable in proportion to the object of procurement and measures taken should not go beyond what is necessary;
- Legality: public bodies must conform to European Community and other legal requirements;
- Integrity: there should be no corruption or collusion with suppliers or others;
- Effectiveness and efficiency: public bodies should meet the commercial, regulatory and socio-economic goals of government in a balanced manner appropriate to the procurement requirement;
- Efficiency: procurement processes should be carried out as cost effectively as possible and secure value for money.

11.4 Legislation Governing Public Procurement

11.4.1 There are a range of EU Directives which set out the EU legal framework for public procurement. These EU Directives have been implemented into UK law by statutory regulations which govern public sector procurement, the primary statutory regulations in Wales being 'The Public Contracts Regulations 2015 No. 102.' From 1 January 2021, all aspects of EU law in respect of the EU Directives relating to public procurement, except where expressly stated otherwise by domestic legislation, will continue to govern public sector procurement, although further amendments or developments of EU related procurement law following this will not be incorporated into domestic

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law. The Welsh Government policy framework and the Wales Procurement Policy Statement (WPPS) also govern this area. One of the key objectives of governing legislation is to ensure public procurement markets are open and that there is free movement of supplies, services and works. Legislation, policy and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in the LHB's SFIs.

11.4.2 The main Regulations (the Public Contracts Regulations (2015 No. 102)) cover the whole field of procurement, including thresholds above which special and demanding procurement protocols and legal requirements apply. All Directors and their staff are responsible for seeing that those Regulations are understood and fully implemented. The protocols set out in the Regulations, and any Procurement Policy Notices, are the model upon which all formal procurement shall be based.

11.4.3 Procurement advice should be sought in the first instance from Procurement Services. The commissioning of further specialist advice shall be jointly agreed between the LHB and Procurement Services e.g. Engagement of NWSSP Legal and Risk Services prior to 3rd party Legal Service providers.

11.4.4 Other relevant legislation and policy include:

- The Well-being of Future Generations (Wales) Act 2015
- Welsh Language (Wales) Measure 2011
- Modern Slavery Act 2015
- Bribery Act 2010
- Equality Act 2010
- Welsh Government's Code of Practice for Ethical Employment in Supply Chains.
- The Producer Responsibility Obligations (Packaging Waste) Regulations 2007
- Welsh Government 'Towards zero waste: our waste strategy'
- The Welsh Government Policy Framework
- The Wales Procurement Policy Statement (WPPS)

11.5 Procurement Procedures

11.5.1 To ensure that the LHB is fully compliant with UK Procurement Regulations, EU Procurement Directives and Welsh Ministers' guidance and policy, the LHB shall, through NWSSP Procurement Services, ensure that it shall have procedures that set out:

- a) Requirements and exceptions to formal competitive tendering requirements;
- b) Tendering processes including post tender discussions;
- c) Requirements and exceptions to obtaining quotations;

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- d) Evaluation and scoring methodologies
- e) Approval of firms for providing goods and services.

11.5.2 All procurement procedures shall reflect the Welsh Ministers' guidance and the LHB's delegation arrangements and approval processes.

11.6 Procurement Consent

11.6.1 Paragraph 13(3) of Schedule 2 to the National Health Service (Wales) Act 2006 places a requirement on LHBs to obtain the consent of the Welsh Ministers before:

- Acquiring and disposing of property;
- Entering into contracts; and
- Accepting gifts of property (including property to be held on trust, either for the general or any specific purposes of the LHB or for any purposes relating to the health service).

The provision allows the Welsh Ministers to give consent, which may be given in general terms covering one or more descriptions of case.

11.6.2 General Consent has been granted to LHBs by the Welsh Ministers for individual contracts up to the value of £1 million in each case with the exception of those contracts specified in SFI 11.6.4. All contracts exceeding this delegated limit, all acquisitions and disposals of land of any limit, and the acceptance of gifts of property, must receive the written approval of the Welsh Ministers before being entered into. In addition, Health Board's must provide a contract summary to Welsh Government for contracts between £500,000 and £1 million prior to the contract being let.

11.6.3 **Schedule 1** details the requirement and process for LHBs to obtain consent to enter into contracts exceeding £1m and monitoring arrangements for contracts below £1m.

11.6.4 The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and/or Welsh Ministers direction, and therefore does not apply to:

- i) Contracts of employment between LHBs and their staff;
- ii) Transfers of land or contracts effected by Statutory Instrument following the creation of the LHBs;
- iii) Out of Hours contracts;
- iv) All NHS contracts, that is where one health service body contracts with another health service body;
- v) Contracts entered into by Health Education and Improvement Wales (HEIW) for services which are the consequences of annual

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commissioning approved by the Minister e.g. annual education and training commissioning also do not require further Ministerial notification or consent.

To ensure consistency with guidance issued by NWSSP Procurement Services, further exceptions highlighted below should also be applied:

- vi) Contracts over £500k - £1 million (for noting) and £1 million + (for approval);
 - i) Wales Public Sector Framework Agreements e.g. Frameworks established by National Procurement Services (NPS) or NWSSP (not exhaustive) – no further approval required to award contracts under these Frameworks through a direct award or mini competition.
 - ii) Third Party Public Sector Framework Agreements e.g. Frameworks established by Crown Commercial Services, NHS Supply Chain (not exhaustive) – no further approval required to award contracts under these Frameworks through a direct award. Approval will however be required for award of contracts under these Framework Agreements through mini-competition or where the specification of the product/service required is modified from that stated within the Framework Agreement.

11.6.5 The Revised General Consent does not remove the requirement for LHBs to comply with SOs, SFIs or to obtain any other consents or approvals required by law for the transactions concerned.

Planning

11.7 Sustainable Procurement

11.7.1 To further nurture the Welsh economy, in support of social, environmental and economic regeneration, Health Boards must also be mindful to structure requirements ensuring Welsh companies have the opportunity to transparently and fairly compete to deliver services regionally or across Wales where possible. The principles of the Well-being and Future Generations Act (Wales) 2015 (WBFGA 2015) should be adopted at the earliest stage of planning. Procurement solutions must be developed embracing the five ways of working described within the Act and capture how they will deliver against the seven goals set out in the Act.

11.7.2 The WBFGA 2015 requires that bodies listed under the act must operate in a manner that embraces sustainability. The Act requires public bodies in Wales to think about the long-term impact of their

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decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

11.7.3 The 7 Wellbeing goals are

- a prosperous Wales
- a resilient Wales
- a healthier Wales
- a more equal Wales
- a Wales of cohesive communities
- a Wales of vibrant culture and thriving Welsh language
- a globally responsible Wales.

These goals have been put in place to improve the social, economic, environmental, and cultural well-being of Wales

11.7.4 Public bodies need to make sure that when making their decisions they take into account the impact they could have on people living their lives in Wales in the future. The Act expects them to:

- work together better
- involve people reflecting the diversity of our communities
- look to the long term as well as focusing on now
- take action to try and stop problems getting worse - or even stop them happening in the first place.

11.7.5 The LHB is required to consider the Welsh Government Guidance on Ethical Procurement and the new Code of Practice on ethical employment in supply chains which commits public, private and third sector organisations to a set of actions that tackle illegal and unfair employment practices including blacklisting, modern slavery and living wage.

11.7.6 The LHB shall make use of the tools developed by Value Wales in implementing the principles of the WBFGA 2015. The LHB shall benchmark its performance against the WBFGA 2015. For all contracts over £25,000, the LHB shall take account of social, economic and environmental issues when making procurement decisions using the Sustainable Risk Assessment Template (SRA).

11.8 Small and Medium Sized Enterprises (SMEs), Third Sector Organisations (TSOs) and Supported Factories and Businesses (SFBs)

11.8.1 In accordance with Welsh Government commitments policy set out in the current WPPS and subsequent versions of this statement the LHB shall ensure that it provides opportunities for these organisations to quote or tender for its business.

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11.9 Planning Procurements

11.9.1 Health Boards must ensure that all staff with delegated budgetary responsibility or who are part of the procurement process for goods, services and works are aware of the legislative and policy frameworks governing public procurement and the requirement of open competition.

11.9.2 Depending on the value of the procurement, a process of planning the procurement must be undertaken with the Procurement Services and appropriate representative from the service and other appropriate stakeholders. The purpose of a planning phase is to determine:

- the likely financial value of the procurement, including whole life cost
- the likely 'route to market' which will consider the legislative and policy framework set out above.
- The availability of funding to be able to award a contract following a successful procurement process.
- That the procurement follows current legislative and policy frameworks including Value Based Procurement

11.9.3 The procurement specification should factor in the 4 principles of prudent healthcare:

- Equal partners through co-production;
- Care for those with the greatest health need first;
- Do only what is needed; and
- Reduce inappropriate variation.

Value based outcome/experience/delivery principles must also be included where appropriate ensuring best value for money, sustainability of services and the future financial position. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

11.9.4 Where free of charge services are made available to the Health Board, NWSSP Procurement Services must be consulted to ensure that any competition requirements are not breached, particularly in the case of pilot activity to ensure that the Health Board does not unintentionally commit itself to a single provider or longer term commitment. Regular reports on free of charge services provided to the Health Board should be submitted by Board Secretary to Audit Committee.

11.9.5 Health Boards are required to participate in all-Wales collaborative

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planning activity where the potential to do so is identified by the procurement professional involved in the planning process. Cross sector collaboration may also be required.

Joint or Collaborative Initiatives

11.9.6 Specialist advice should be obtained from Welsh Government and the opinions of NWSSP Procurement Services and NWSSP Legal and Risk prior to external opinion being sought where there is an undertaking to commence joint or collaborative initiatives which may be deemed as novel or contentious.

11.10 Procurement Process

11.10.1 Where there is a requirement for goods or services, the manager must source those goods or services from the Health Board's 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. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales.

11.10.2 In the absence of an existing suitable procurement framework to source the required item, a competition must be run in accordance with the table below. Health Boards must ensure the value of their requirement considers cumulative spend across the Health Board for like requirements and opportunity for collaboration with other Health Boards and Trusts:

11.10.3 Agreements awarded are required to deliver best value for money over the whole life of the agreement. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

Competition Requirements

11.11 Procurement Thresholds

11.11.1 The following table summarises the minimum thresholds for quotes and competitive tendering arrangements. The total value of the contract, whole life cost, over its entire period is the qualifying sum that should be applied (except in specific circumstances relating to aggregation and contracts of an indeterminate duration) as set out below, and in EU Procurement Directives and UK Procurement Regulations.

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Goods/Services/Works Whole Life Cost Contract value (excl. VAT)	Minimum competition¹	Form of Contract
<£5,000	Evidence of value for money has been achieved	Purchase Order
>£5,000 - <£25,000	Evidence of 3 written quotations	Simple Form of Contract/Purchase Order
>£25,000 – Prevailing OJEU threshold	Advertised open call for competition. Minimum of 4 tenders received if available.	Formal contract and Purchase Order
>OJEU threshold	Advertised open call for competition. Minimum of 5 tenders received if available or appropriate to the procurement route.	Formal contract and Purchase Order
Contracts above £1 million	Welsh Government approval required ²	Formal contract and Purchase Order

¹ subject to the existence of suitable suppliers

² in accordance with the requirements set out in SFI 11.6.3.

11.11.2 Advice from the Procurement Services must be sought for all requirements in excess of £5,000.

11.11.3 The deliberate sub-dividing of contracts to fall below a specific threshold is strictly prohibited. Any attempt to avoid these limits may expose the Board to risk of legal challenge and could result in disciplinary action against an individual[s].

11.11.4 Deliberate re-engagement of a supplier, where the value of the individual engagement is less than £5,000, must not be undertaken where the total value of engagements taken as a whole would exceed £5,000 and require competition.

11.12 Designing Competitions

11.12.1 The budget holder or manager responsible for the procurement is required to engage with the Procurement team to ensure:

- Required timescales are achievable
- Specifications are drafted which:
 - are fit for inclusion in competition documents;
 - are drafted in a manner encouraging innovation by the market;
 - are capable of being responded to and do not narrow competition;

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- deliver in line with legislative and policy frameworks.
- include robust performance measures to effectively measure and manage supplier performance; and
- consider the ability of the market to deliver.

11.12.2 Appropriate performance measures are included in agreements awarded, thus ensuring best value for money decisions taken that return maximum benefit for the organisation and ultimately the improvement of patient outcomes and wider health and social care communities.

11.12.3 Criteria for selecting suppliers and achieving an award recommendation must:

- be appropriately weighted in consideration of quality/price;
- consider cost of change where relevant;
- be transparent and proportionate;
- deliver value for money outcomes;
- fully explore complexity/risk; and
- consider whole life cost.

11.13 Single Quotation Application or Single Tender Application

11.13.1 In exceptional circumstances, there may be a need to secure goods/services/works from a single supplier. This may concern securing requirements from a single supplier, due to a special character of the firm, or a proprietary item or service of a special character. Such circumstances may include:

- Follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition);
- A technical compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause;
- a need to retain a particular contractor for genuine business continuity issues (not just preferences); or
- When joining collaborative agreements where there is no formal agreement in place. Request for such a departure must be supported by written evidence from the Procurement Service confirming local agreements will be replaced by an all Wales competition/National strategy.

11.13.2 Procurement Services must be consulted prior to any such application being submitted for approval. The Director of Finance must approve such applications up to £25,000, the Chief Executive or designated deputy, and Director of Finance, are required to approve applications

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exceeding £25,000. A register must be kept for monitoring purposes and all single tender actions must be reported to the Audit Committee.

11.13.3 In all applications, through Single Quotation Application or Single Tender Application (SQA or STA) forms, the applicant must demonstrate adequate consideration to the Chief Executive and Director of Finance, as advised by the Head of Procurement, that securing best value for money is a priority. The Head of Procurement will scrutinise and endorse each request to ensure:

- Robust justification is provided;
- A value for money test has been undertaken;
- No bias towards a particular supplier;
- Future competitive processes are not adversely affected;
- No distortion of the market is intended;
- An acceptable level of assurance is available before presentation for approval in line with the Health Board Scheme of Delegation; and
- An “or equivalent” test has been considered proving the request is justified.

11.13.4 Under no circumstances will Procurement Services endorse a retrospective SQA/STA, where the Health Board has already entered into an arrangement directly.

11.13.5 As SQA or STA are only used in exceptional circumstances the Health Board, through the Chief Executive, must report each, including the specifics of the exceptional circumstances and the total financial commitment, in sufficient detail to its Audit Committee. The report will include any corrective action/advice provided by the Chief Executive, Director of Finance or NWSSP Director of Procurement Services to prevent recurrence by the Health Board.

11.13.6 The Audit Committee may consider further steps to be appropriate, such as:

- Instruct a representative of the Health Board to attend Audit Committee;
- Escalate to the Board;
- Request an internal Audit Review;
- Request further training or
- Take internal disciplinary action.

11.13.7 No SQA/STA is required where the seeking of competition is not possible, nor would the application of the SQA/STA procedure add value to the process/aid the delivery of a value for money outcome.

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Procurement Manual details schedule of departures from SQA/STA where competition not possible.

- 11.13.8 For performance monitoring purposes, the NWSSP Procurement Service will retain a central register of all such activity including SQA/STA's not endorsed by Procurement or any exceptional matters.

11.14 Disposals

- 11.14.1 Disposal of surplus, obsolete equipment/consumables is also subject to the competition rules.
- 11.14.2 Obsolete or condemned articles and stores, which may be disposed of in accordance with applicable regulations and law at the prevailing time (e.g. Waste Electrical and Electronic Equipment (WEEE)) and the procedures of the Health Board making use of any agreements covering the disposal of such items.
- 11.14.3 The Health Board must obtain the best possible market price.

Approval & Award

11.15 Evaluation, Approval and Award

- 11.15.1 The evaluation of competitions via quotation or tender, must be undertaken by a minimum of 2 evaluators from within the operational service of the Health Board. Evaluation Teams for competitions of greater complexity and value must be multi-disciplinary and reach a consensus recommendation for internal approval.
- 11.15.2 The internal approval of any recommendation to award a competition must follow the Board's Scheme of Delegation.
- 11.15.3 The communication of the external notification to the market to award the contract must be managed by the Procurement Service.
- 11.15.4 Information throughout the process must be handled and retained as 'commercial in confidence' and not shared outside of staff directly involved in the competition process.
- 11.15.5 All associated communication throughout the competition process must also be managed by the Procurement Service.

Implementation & Contract Management

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11.16 Contract Management

11.16.1 Contract Management is the process which ensures that both parties to a contract fully meet their respective obligations as effectively and efficiently as possible, in order to deliver the business and operational objectives required by the contract and in particular, to achieve value for money. The relevant budget holder, shall oversee and manage each contract on behalf of the LHB so as to ensure that these implicit obligations are met. This contract management will include:

- Retaining accurate records
- Monitoring contract performance measures
- Engaging suppliers to ensure performance delivery
- Implementing contractual sanctions in the event of poor performance in conjunction with advice from Procurement Services; and
- Permitting stage payments as part of a formally agreed implementation/delivery plan which must be supported by written evidence issued by the budget holder.

11.16.2 Contract management on All Wales contracts will be provided by NWSSP Procurement Services.

11.16.3 Advice on best practice on Contract Management is available from NWSSP Procurement Services.

11.17 Extending and Varying Contracts

11.17.1 Extending, modifying or varying the scope of an existing contract is possible, if the provision to do so was included as an option in the original awarded contract, e.g. scope of requirement, further expenditure due to unforeseen circumstances, change in regulatory requirements, etc.

11.17.2 If there is no such provision, the Public Contracts Regulations 2015 define such limitations.

11.17.3 The Public Contracts Regulations 2015 provide further constraints on this matter, under which modifications/variations/extensions are capped at 50% of the original award value.

11.17.4 Further approval is not required to extend an agreement beyond the original term/scope where prior approval was granted as part of the procurement process.

11.17.5 If there was no provision to extend, further approvals are required from the Health Board budget holder and the local Head of

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Procurement. Budget holders must also be mindful of the threshold under which the original contract was awarded. Any increase in the contract value may require a more senior level of approval in line with the Scheme of Delegation.

11.17.6 This ensures an appropriate identification and assessment of potential risks to the Health Boards compliance of approvals being granted within the Scheme of Delegation and assurance that value for money continues to be delivered from public funds.

11.17.7 The budget holder must seek advice from NWSSP Procurement Services in advance of committing further expenditure to ensure the contract is reflective of requirements. The budget holder must assess whether there is sufficient evidence to support the justification and whether the budget is available to support the additional requirements.

Transactional Processes

11.18 Requisitioning

11.18.1 The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the LHB. 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.

11.18.2 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 SFI 11.11 thresholds.

11.18.3 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.

11.19 No Purchase Order, No Pay

11.19.1 The Health Board will ensure compliance with the 'No Purchase Order, No Pay' policy, the All Wales policy which was introduced to ensure that Procure to Pay continues to provide world-class services on a 'Once for Wales' basis.

11.19.2 The policy ensures that a purchase order is raised at the beginning of a purchase in circumstances where a purchase order is required under the policy. 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.

11.20 Official orders

11.20.1 Official Orders, issued following approved requisition and sourcing, must:

- a) Be consecutively numbered;
- b) State the LHB's terms and conditions of trade.

11.20.2 Official Orders will be issued on behalf of the Health Board by NWSSP Procurement Services.

12. HEALTH CARE AGREEMENTS AND CONTRACTS FOR HEALTH CARE SERVICES

12.1 Health Care Agreements

12.1.1 The Health Board will commission healthcare services for its resident population both internally, from its own LHB provided services, and externally, from other LHBs, Trusts and other providers. The Chief Executive is responsible for ensuring the LHB enters into suitable Health Care Agreements (or Individual Patient Commissioning Agreements, where appropriate) for the provision of health care services from external providers.

12.1.2 All Health Care Agreements 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 Chief Executive 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.

12.1.3 All agreements must be in accordance with the functions conferred on the LHB by the Welsh Ministers.

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12.2 Statutory provisions

The National Health Service (Wales) Act 2006 (c. 42) enables Health Boards to commission certain healthcare services. The relevant sections under the Act are as follows:

- 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;
- Section 32 makes provision in relation to services which can be provided 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 Board on Health Care Agreements (HCAs)

12.3.1 The Chief Executive will need to ensure that regular reports are provided to the Board detailing performance, quality and associated financial implications of all health care agreements with external providers. These reports will be linked to, and consistent with, other

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Board reports on commissioning and financial performance.

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13 GRANT FUNDING

It is a matter for LHBs to determine whether individual activities should be procured, or be eligible to receive grant funding, seeking legal advice as necessary. (Grants are defined as all non-procured payments to external bodies or individuals for activities which are linked to delivering policy objectives and statutory obligations. Payments are made to fund or reimburse expenditure on agreed items or functions in accordance with legally binding conditions.)

13.1 Legal Advice

13.1.1 Before the award of funding is made, legal advice where necessary must be sought to ensure that:

- The award does not breach the LHBs functions or its regularity of expenditure duty (that is, the activities for which the grant is made are within the scope of activities that the LHB has a legal remit to undertake);
- The activities would not be deemed to be normally subject to procurement legislation and policy; and
- A legally binding agreement is made with all delivery organisations.

See attached toolkit for grants v procurement:



Grant v
Procurement.doc

13.2 Policies and procedures

13.2.1 The LHB shall maintain detailed policies and procedures for all aspects of grant funding. The policies and procedures shall comply with these SFIs, and where appropriate the Welsh Government's Code of Practice to funding the third sector:

<https://gov.wales/sites/default/files/publications/2019-01/third-sector-scheme-2014.pdf>

13.2.2 The Chief Executive is ultimately responsible for ensuring that the LHB's grant procedures:

- Are kept up to date;
- Conform to statutory requirements;
- Adhere to guidance issued by the Welsh Ministers;
- Are consistent with the principles of sustainable development; and
- Are strictly followed by all Executive Directors, Independent Members

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and staff within the organisation.

13.2.3 The award of grant funding must comply with the policy and principles set out in the Procurement section of these SFIs and ensure that the award meets the requirements of regularity, propriety and value for money.

13.2.4 All grant guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

13.3 Corporate Principles underpinning Grants Management

13.3.1 While there is a need to make the financial arrangements for awarding funding as simple and streamlined as possible, LHBs should also ensure that taxpayers' money is spent appropriately and that it provides good value for money.

13.3.2 The overarching principles for managing public resources in Wales are set out in [Managing Welsh Public Money](#). The document states that the award of funding should be made in accordance with the law and the requirements of propriety, regularity and value for money.

13.3.3 Regularity requires compliance with appropriate authorities, regulations and legislation. Propriety requires both public authorities and funded bodies to deliver appropriate standards of conduct, behaviour and corporate governance. In addition, the public expects official decisions to be made fairly and impartially with public money spent wisely and appropriately, delivering value for money and ensuring that best use is made of resources.

13.3.4 The **corporate principles** of grants management are:

- The development of grant management processes and procedures that are transparent, accountable, proportionate and consistent;
- The delivery of a high quality regulatory framework that responds to demands but does not place unnecessary administrative burdens on LHBs or funded bodies;
- A regulatory framework that will take into consideration the need for proportionality, balancing the need for governance with the burden of administration, thus striking an appropriate balance between accountability and simplicity;
- An effective grant management process to ensure funded bodies spend the funding efficiently, transparently and for the purpose intended, with a view to maximising the impact and outcome from budgets;
- An appropriate evidence-based approach to underpin the design and development of all new funding programmes to ensure efficient

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and effective use of public funds, ensuring that the funding programme is the optimal solution and that funding is targeted where it is most needed and where it can have most impact;

- A consistent framework that will reinforce respect and effectiveness of the rules for both administrators and funded bodies; and
- Compliance of the grant funding with State aid requirements in accordance with the State aid rules.

13.4 Grant Procedures

It is vital that money is put to use in a way that delivers the maximum benefit to the people of Wales. Grants funding programmes need to be managed as efficiently and cost effectively as possible to make sure that every penny is spent appropriately and in an accountable manner. When establishing grant funding programmes, LHBs should ensure principles of good practice available from a number of external sources are considered and reflected in grant programmes.

13.4.2 Health Boards must agree a clear purpose for each grant and how it will measure the delivery organisation's success in delivering those purposes. It should also agree appropriate targets with the delivery organisation.

13.4.3 For grant programmes that span a number of financial years, the LHB is responsible for evaluating the programmes to ensure they are fit for purpose, achieving required outcomes and continue to provide value for money.

13.4.4 LHBs are responsible for ensuring that appropriate procedures exist in relation to all the grants and funding for which they are accountable. **They are also responsible for ensuring that any grant provided to an entity that engages in economic activity complies with the State aid rules.**

13.4.5 LHBs are required to undertake due diligence checks on all potential delivery organisations to determine the economic and financial viability of any organisation(s) to administer public funds, and the reliability of the organisation(s). These checks are important in order to identify any risks or issues that could expose the LHB to potential financial loss, fraud or reputational damage. A proportionate level of due diligence should be carried out, both prior to the award of any grant funding and throughout the life of the award.

13.4.6 The LHB must enter into legally binding funding agreements with all delivery organisations. When developing funding agreements, the LHB should ensure principles of good practice available from a number of

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external sources are considered and reflected.

13.4.7 The LHB is responsible for ensuring that all third party delivery organisations comply with and adhere to the terms and conditions of the Funding Agreement.

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14. PAY EXPENDITURE

14.1 Remuneration and Terms of Service Committee

- 14.1.1 In accordance with SOs the Board shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference and operating arrangements that specify which posts fall within its area of responsibility. This Standing Financial Instruction should be read in conjunction with Standing Order 3.4.
- 14.1.2 The Committee shall report in writing to the Board the basis for its recommendations. The Board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of Directors and other senior employees, in accordance with the framework set by the Welsh Ministers. Minutes of the Board's meetings should record such decisions.
- 14.1.3 The Board will, after due consideration and amendment if appropriate approve proposals presented by the Chief Executive for the setting of remuneration and terms of service for those employees and officers not covered by the Committee.
- 14.1.4 The LHB will remunerate the Chair, Chief Executive, Executive Directors and Independent Members of the Board in accordance with instructions issued by the Welsh Ministers. Welsh Ministers approval will be required in the exceptional event that remuneration needs to be above the maximum of the salary band range, administratively this approval will be exercised by the Director General HSSG.
- 14.1.5 The Remuneration and Terms of Service Committee will consider cases of redundancy and Voluntary Early Release applications. The Remuneration and Terms of Service Committee will consider any novel employment and pay cases, such as compromise agreements and non-disclosure agreements, ensuring Welsh Government advice has been sought and considered.

14.2 Funded Establishment

- 14.2.1 The workforce plans incorporated within the approved Integrated Medium Term Plan will form the funded establishment, i.e., the budget for all approved posts. (The financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents) as per SFI 5.1.1 g)
- 14.2.2 The funded establishment of any department may not be varied without

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the approval of the Chief Executive or an officer with delegated authority.

14.3 Staff Appointments

14.3.1 Staff must only be engaged by authorised managers, in accordance with the Board's Scheme of Delegation. The engagement must be within the approved budget and funded establishment.

14.3.2 No Board member or LHB official may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration outside the limit of their approved budget and funded establishment unless authorised to do so by the Chief Executive.

14.4 Pay Rates and Terms and Conditions

14.4.1 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees in accordance with pay, terms and conditions set out in Ministerial directions on Agenda for Change and Medical and Dental pay, and any staff with pre-existing terms and conditions of service, following a TUPE transfer into employment or ad hoc salaried staff.

14.4.2 The Remuneration Committee will determine pay rates and conditions of services for board members, and other senior employees, in accordance with ministerial instructions.

14.5 Payroll

14.5.1 The Director of Workforce and Organisational Development, has responsibility for securing an efficient, well-controlled payroll service from NHS Wales Shared Services Partnership that:

- pays the correct staff with the correct amount,
- all payments are supported by properly authorised documentation.

14.5.2 The Director of Workforce and Organisational Development is responsible for:

- a) The control framework and detailed procedures which are in place to:
 - To ensure all payments comply with HMRC, Pensions Agency and other regulation in relation to the deduction and payment of tax, national insurance, pension or other payments,
 - reduce the risk of fraud and error within the payroll function.

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- b) Specifying timetables for submission of properly authorised time records and other notifications;
- c) The final determination of pay and allowances including verification that the rate of pay and relevant conditions of service are in accordance with current agreements;
- d) Agreeing the timing and method of payment with the payroll service;
- e) Authorising the release of payroll data where in accordance with the provisions of the applicable Data Protection Legislation (the Data Protection Act 2018 and the UK General Data Protection Legislation);
- f) Verification and documentation of data;
- g) The timetable for receipt and preparation of payroll data and the payment of employees and allowances;
- h) Maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- i) Security and confidentiality of payroll information;
- j) Checks to be applied to completed payroll before and after payment; and
- k) A system to ensure the recovery from those leaving the employment of the LHB of sums of money and property due by them to the LHB.

14.5.3 The Chief Executive is responsible for:

- a) Ensuring that arrangements for a payroll service from NHS Wales Shared Services Partnership (NWSSP) is supported by appropriate Service Level Agreements, terms and conditions, adequate internal controls and internal audit review procedures;
- b) Ensuring a sound system of internal control and audit review of any internally provided payroll service; and
- c) Maintenance and/or the authorisation of regular and independent reconciliation of pay control accounts.

14.5.4 Appropriately nominated managers have delegated responsibility for:

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- a) Submitting time records, and other notifications in accordance with agreed timetables;
- b) Completing time records and other notifications in accordance with the Service Level Agreements; and
- c) Submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Director of Workforce and Organisational Development and/or Chief Executive must be informed immediately. In circumstances where fraud is suspected, this must be reported to the Director of Finance.

14.6 Contracts of Employment

14.6.1 The Director of Workforce and Organisational Development must:

- a) Ensure that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and
- b) Deal with variations to, or termination of, contracts of employment.

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15. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

15.1 Capital Plan

15.1.1 Capital plans, and annual capital programmes, must be approved by the Board 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 Welsh Government capital finance resource limits.

15.1.2 The Director of Planning (or nominated responsible director) will develop a capital plan, and detailed capital programme, for the organisation that sets out a detailed capital investment plan to support the objectives set out in the IMTP. The capital programme must be affordable and within the capital allocations, as set out in the Welsh Government (WG) Capital Resource Limit for the year, and the LHB must not exceed the allocation resource limit. There must be an approved revenue funding plan in place to support any revenue costs associated with the capital plan. Regular updates must be provided to the Board, and relevant Board Committees, during the financial year.

15.1.3 The Board must approve a three year Capital Plan, and an annual Capital Programme, as set out in the Integrated Medium Term Plan and Budgetary Control chapters of these SFI.

15.2 Capital Investment Decisions

15.2.1 Robust business case and capital investment appraisal must be undertaken prior to formal submission to Welsh Government, the level of detail within the appraisal commensurate with the value and risk of the investment. Capital investment decisions should be undertaken in line with Welsh Government requirements and guidance for the development of business cases as set out in:

- NHS Wales Infrastructure Investment Guidance (Welsh Health Circular WHC (2018) 043)
<https://gov.wales/nhs-wales-infrastructure-investment-guidance>
- Better business cases: investment decision-making framework
<https://gov.wales/better-business-cases-investment-decision-making-framework>

15.2.2 The Director of Finance must provide a professional opinion on the financial elements of the business case. Capital investment decisions will be taken by the organisation in line with the financial thresholds specified by Welsh Government and in the Health Board's Scheme of

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Delegation.

15.3 Capital Projects

15.3.1 The Chief Executive shall ensure that any capital investment above the Welsh Ministers' delegated limit is not undertaken without approval of the Welsh Ministers and that formal confirmation of capital resources has been received.

15.3.2 When capital investment decisions are taken and a Capital Programme is approved the project cannot be initiated until the authority to commit expenditure is formally delegated to a manager, in line with the organisation's Scheme of Delegation. The capital project must then be procured in line with normal procurement procedures or the Designed for Life or other approved procurement framework and in line with Welsh Government requirements and guidance and the applicable procurement legislation. Management control and financial reporting systems must be established to ensure that the project is:

- delivered on time;
- on budget; and
- within contractual obligations.

15.3.3 Project management controls and financial reporting systems must be established to ensure these objectives are met. Reporting requirements to Welsh Government will be set out in the approval letter provided post Ministerial approval.

15.3.4 Regular updates must be provided to the Board, and relevant Board Committees, during the financial year.

15.4 Capital Procedures and Responsibilities

15.4.1 The Chief Executive:

- a) Shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- b) Is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- c) Shall ensure that any capital investment above the Welsh Ministers' delegated limit is not undertaken without approval of the Welsh Ministers and that confirmation of capital resources has been received;
- d) Shall ensure that the three year Capital Plan, and detailed annual

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Capital Programme, is approved by the Board, as part of the IMTP, prior to the commencement of the financial year;

- e) Shall ensure the availability of resources to finance all revenue consequences of the investment, including capital charges; and
- f) Shall ensure that any 3rd party use of NHS estate is properly controlled, reimbursed and reported. This will include ensuring that appropriate security, insurance and indemnity arrangements are in place and that there is a written agreement as to each party's responsibilities and liabilities.

15.4.2 For every capital expenditure proposal the Chief Executive shall ensure:

- a) That a business case is produced in line with Welsh Ministers' guidance and where appropriate the 5-case Model;
- b) That the Director of Finance has certified professionally to the costs and revenue consequences detailed in the business case and involved appropriate LHB personnel and external agencies in the process.

15.4.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management in accordance with the Welsh Ministers' guidance.

15.4.4 The approval of a capital programme by the Health Board shall not constitute approval for the initiation of expenditure on any scheme.

15.4.5 The Chief Executive shall issue to the manager responsible for any scheme:

- a) Specific authority to commit expenditure;
- b) Authority to proceed to tender; and
- c) Approval to accept a successful tender.

15.4.6 The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the Welsh Ministers' guidance and the LHB's SOs.

15.4.7 The Director of Planning and Director of Finance shall issue detailed procedures governing the project, financial and contractual management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall

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fully take into account the requirements and delegated limits for capital schemes set out in Welsh Ministers' guidance and approval letters. The procedures will also cover post project benefits realisation to ensure benefits set out in the business case supporting the investment are delivered. The Director of Finance shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

15.4.8 The Director of Finance shall ensure, for each capital project over £2m, that the Welsh Government Project Bank Accounts policy is applied unless there are compelling reasons not to do so. The Director of Finance should apply to Welsh Government officials for exemption from use of Project Bank Accounts, setting out the compelling reasons.

15.5 Capital Financing with the Private Sector

15.5.1 The LHB must not enter into any new capital financing arrangements with the private sector, including Private Financing Initiatives, Mutual Investment Model and 3rd Party Developments, without the consent of the Welsh Ministers.

15.6 Asset Registers

15.6.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Planning and Director of Finance, concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted periodically.

15.6.2 The LHB shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be in accordance with the Welsh Ministers' guidance and to satisfy the financial disclosure requirements for the Annual Accounts.

15.6.3 Additions to the fixed asset register must be clearly identified to the operational or departmental manager or delegated budget holder and be validated by reference to appropriate documentation to provide evidence of the financial value recorded, including:

- a) Properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
- b) Stores, requisitions and wages records for own materials and labour including appropriate overheads; and
- c) Lease agreements in respect of assets held under a finance lease

and included on the LHB's balance sheet.

15.6.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate). Disposal receipts are to be treated in accordance with the Welsh Ministers' guidance and clearly set out in the over-arching business case.

15.6.5 The Director of Finance shall apply accounting policies for fixed assets in line with Welsh Government guidance and accounting standards and values recorded in the asset register, including depreciation and revaluations. The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in general ledgers against balances on fixed asset registers.

15.6.6 The value of each asset, and depreciation, shall be considered annually in accordance with valuation guidance and methods specified by the Welsh Ministers. Assets should be considered for early revaluation where there is the likelihood of impairment as a result in a change of valuation or asset life.

15.7 Security of Assets

15.7.1 The overall control of fixed assets is the responsibility of the Chief Executive.

15.7.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Director of Finance. This procedure shall make provision for:

- a) Recording managerial responsibility for each asset;
- b) Identification of additions and disposals;
- c) Identification of all repairs and maintenance expenses;
- d) Physical security of assets;
- e) Regular verification of the existence of, condition of, and title to, assets recorded;
- f) Identification and reporting of all costs associated with the retention of an asset; and
- g) Reporting, recording and safekeeping of cash, cheques, and

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negotiable instruments.

15.7.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Planning and Director of Finance.

15.7.4 Whilst individual officers have a responsibility for the security of property of the LHB, it is the responsibility of Board members and senior LHB officers in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

15.7.5 Any damage to the LHB's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and LHB officers in accordance with the procedure for reporting losses.

15.7.6 Where practical, assets should be marked as LHB property.

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16. STORES AND RECEIPT OF GOODS

16.1 General position

16.1.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

- a) Kept to a minimum;
- b) Subjected to annual stock take; and
- c) Valued at the lower of cost and net realisable value.

16.2 Control of Stores, Stocktaking, condemnations and disposal

16.2.1 Subject to the responsibility of the Director of Finance for the systems of financial control, overall responsibility for the control of stores shall be delegated to a senior officer by the Chief Executive. The day-to-day responsibility may be delegated by them to departmental officers/managers and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance. The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Manager; the control of any fuel oil and coal of a designated estates manager.

16.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/Pharmaceutical Manager. Wherever practicable, stocks should be marked as health service property.

16.2.3 The Director of Finance is responsible for developing financial control systems and procedures for the regulation and operation of the stores, to include the accounting arrangements for receipt, issues, and returns of goods to stores, and losses.

16.2.4 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year.

16.2.5 Where a complete system of controlled stores is not justified, alternative stores arrangements shall require the approval of the Director of Finance.

16.2.6 The designated officer/manager shall be responsible for a system approved by the Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated officer/manager shall report to the Director of Finance any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI 17, Disposals

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and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

16.3 Goods supplied by an NHS supplies agency

- 16.3.1 For goods supplied via NHS Wales Shared Services Partnership – Procurement Services (NWSSP-PS) or any other NHS purchasing and supplies agency central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Director of Finance or authorised officer who shall satisfy himself that the goods have been received before accepting the recharge.

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17. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

17.1 Disposals and Condemnations

17.1.1 The Director of Finance must prepare detailed procedures for the disposal of assets and goods, including condemnations, and ensure that these are notified to managers.

17.1.2 When it is decided to dispose of a LHB asset and goods, the head of department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

17.1.3 All unserviceable assets and goods shall be:

- a) Condemned or otherwise disposed of by an officer, the Condemning Officer, authorised for that purpose by the Director of Finance;
- b) Recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the assets and goods are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second officer authorised for the purpose by the Director of Finance.

17.1.4 The Condemning Officer shall satisfy themselves as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Finance who will take the appropriate action.

17.2 Losses and Special Payments

17.2.1 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.

17.2.2 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.

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- 17.2.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Executive 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 Chief Executive.
- 17.2.4 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 Local Counter Fraud Specialist (LCFS) and the CFS Wales Team in accordance with Directions issued by the Welsh Ministers on fraud and corruption.
- 17.2.5 The Director of Finance or the LCFS must notify the Audit Committee, 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.
- 17.2.6 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 Board, and
 - b) An Auditor General's representative.
- 17.2.7 The Director of Finance shall be authorised to take any necessary steps to safeguard the LHB's interests in bankruptcies and company liquidations.
- 17.2.8 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.).
- 17.2.9 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 Schedule 3 of the SOs.
- 17.2.10 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.
- 17.2.11 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.

17.2.12 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.

17.2.13 The Director of Finance shall ensure all losses and special payments are reported to the Audit Committee at every meeting.

17.2.14 The LHB must obtain the Health and Social Services Group Director General's approval for special severance payments.

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18. DIGITAL, DATA and TECHNOLOGY

18.1 Digital Data and Technology Strategy

18.1.1 The Board shall approve a Digital Data and Technology Strategy which sets out the development needs of the LHB for the medium term based on an appropriate assessment of risk. The Integrated Medium Term Plan shall include costed implementation plans of the strategy. The Board shall also ensure that a Director has responsibility for Digital Data and Technology.

18.1.2 The LHB shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about the LHB that are made publicly available.

18.2 Responsibilities and duties of the responsible Director

18.2.1 The responsible Director for Digital Data and Technology has responsibility for the accuracy, availability and security of the LHB digital systems and data and shall:

- a) Devise and implement any necessary procedures to ensure adequate (reasonable) protection and availability of the LHB's digital systems and data, for which they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Network and Information Systems Regulations 2018, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018;
- b) Ensure that, following risk assessment of threats, adequate (reasonable) controls exist over access to systems, data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- c) Ensure that an adequate management (audit) trail is maintained of access to digital systems and data and that such audit reviews as the Director may consider necessary to meet the organisational requirements under the Network and Information System Regulations 2018 are being carried out;

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- d) Shall ensure that policies, procedures and training arrangements are in place to ensure compliance with information governance law and the Network and Information System Regulations 2018; and
- e) Shall ensure comprehensive incident reporting.

18.3 Responsibilities and duties of the Director of Finance

18.3.1 The Director of Finance shall need to ensure that new financial data and systems, and amendments to current financial data and systems, are developed in a controlled manner and thoroughly tested prior to implementation and business as usual phases. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation and business as usual phases.

18.4 Contracts for data and digital services with other health bodies or outside agencies

18.4.1 The responsible Director for Digital Data and Technology shall ensure that contracts for data and digital services for clinical, management and financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for

- the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage, and
- the availability of the service including the resilience required to maintain continuity of the service.

The contract should also ensure rights of access for audit purposes.

18.4.2 Where another health organisation or any other agency provides a data or digital service for clinical, management and financial applications, the responsible Director for Digital Data and Technology shall, to maintain the confidentiality, integrity and availability of the service provided, periodically seek assurances that adequate controls, based on risk assessment, are in operation.

18.5 Risk assurance

18.5.1 The responsible Director for Digital Data and Technology shall ensure that the risks to the LHB arising from the use of data, information and digital are effectively identified and considered and that appropriate action is taken to mitigate or control risk. This shall include the preparation and testing of appropriate resilience plans, including both a business continuity and disaster recovery plan.

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19. PATIENTS' PROPERTY

19.1 LHB Responsibility

- 19.1.1 The LHB has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of patients that lack capacity, or found in the possession of patients dead on arrival.
- 19.1.2 Where the Welsh Ministers' instructions require the opening of separate accounts for patient monies, these shall be opened and operated under arrangements agreed by the Director of Finance.
- 19.1.3 In all cases where property, including cash and valuables, of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates (Small Payments) Act 1965 (c. 32)), the production of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.
- 19.1.4 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.
- 19.1.5 Where patient property or income is received for specific purposes and held for safekeeping the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

19.2 Responsibilities of the Chief Executive

- 19.2.1 The Chief Executive is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission, that the Health Board will not accept responsibility or liability for patient property brought onto health service premises, unless it is handed in for safe custody and a copy of an official patient property record is retained as a receipt, by:
- a) Notices and information booklets;
 - b) Hospital admission documentation and property records; and
 - c) The oral advice of administrative and nursing staff responsible for admissions.

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19.3 Responsibilities of the Director of Finance

- 19.3.1 The Director of Finance must provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patient property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's money in order to maximise the benefits to the patient.

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20. FUNDS HELD ON TRUST (CHARITABLE FUNDS)

20.1 Corporate Trustee

- 20.1.1 Paragraph (x) of Section A to the SOs refers to the LHB having specified powers to act as corporate trustee for the management of funds it holds on trust (charitable funds). SFI 20.2 defines the need for compliance with Charities Commission latest guidance and best practice.
- 20.1.2 The discharge of the LHB's corporate trustee responsibilities for funds held on trust are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.
- 20.1.3 The LHB shall establish a Charitable Funds Committee as set out in Standing Order 3.4 to ensure that each fund held on trust which the LHB is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

20.2 Accountability to Charity Commission and the Welsh Ministers

- 20.2.1 The trustee responsibilities must be discharged separately and full recognition given to the LHB's dual accountabilities to the Charity Commission for charitable funds and to the Welsh Ministers for exchequer funds.
- 20.2.2 The Schedule of Matters Reserved to the Board and the Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All Board members and LHB officers must take account of that guidance before taking action.
- 20.2.3 The LHB shall make appropriate arrangements for the Annual Accounts and audit of Funds held on Trust in accordance with Charity Commission requirements.

20.3 Applicability of Standing Financial Instructions to funds held on Trust

- 20.3.1 In so far as it is possible to do so, most of the sections of these SFIs will apply to the management of funds held on trust.
- 20.3.2 The over-riding principle is that the integrity of each Trust must be maintained and statutory and Trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.

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21. RETENTION OF RECORDS

21.1 Responsibilities of the Chief Executive

21.1.1 The Chief Executive 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).

21.1.2 The records held in archives shall be capable of retrieval by authorised persons.

21.1.3 Records held shall only be destroyed in accordance with the applicable data protection laws and at the express instigation of the Chief Executive. Details shall be maintained of records so destroyed.

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Schedule 1

REVISED GENERAL CONSENT TO ENTER INDIVIDUAL CONTRACTS

Y Grŵp Iechyd a Gwasanaethau Cymdeithasol
Health & Social Services Group



Llywodraeth Cymru
Welsh Government

Directors of Finance
Deputy Directors of Finance
Local Health Boards, NHS Trusts Wales, HEIW and DHCW

Our Ref: SE&IG/

Date: 31 March, 2022

Dear All,

This letter supercedes the consent guidance issued in our joint letter on 30 November 2020.

RE: PROCESSES FOR LOCAL HEALTH BOARDS AND NHS TRUSTS CONTRACTS, AND INTERESTS IN PROPERTY EXCEEDING £0.5M

Paragraph 13(3) of Schedule 2 to the National Health Service (Wales) Act 2006 places a requirement on Local Health Boards (LHBs) to obtain the consent of Welsh Ministers before:

- Acquiring and disposing of property;
- Entering into contracts; and
- Accepting gifts of property (including property to be held on trust).

Acquiring and disposing of property

WHC (2018) 043 NHS Wales Infrastructure Investment Guidance issued 22 October 2018 sets out at section 10.1:



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LHBs and HEIW

Contract approvals over £1m for individual schemes will be sought as part of the normal business case submission process where funding from the NHS Capital Programme is required. For schemes funded via discretionary allocations, a request for approval will need to be submitted to Chief Executive NHS Wales, copying in the Deputy Director of Capital, Estates & Facilities Division.

Detailed arrangements in respect of approval process linked to the acquisition and disposal of leases, where consent does not form part of the business case process will be included in a Welsh Health Circular WHC(2015)031. Organisations should ensure that the monitoring arrangements and the requisite forms and returns are included as part of their own assurance arrangements.

NHS Trusts

Whilst formal Ministerial consent is not required for Trusts as detailed above, general consent arrangements are still applicable in terms of relevant transactions. Detailed requirements in terms of appropriate notifications were sent in the Welsh Health Circular referenced above.

Guidance on disposals is contained in Section 11

WHC (2015) 031 issued 22 June 2015 clarified the approval process linked to the acquisition or disposal of a lease, where approval does not form part of a business case process. A lease being a property right requires the consent of the Welsh Ministers in accordance with paragraph 13(2) (a). The WHC set out for NHS Trusts and LHBs a notification and consent process mirroring the contract processes noted below.

Entering into contracts

Guidance was issued to NHS Wales bodies on 27th January 2017 in a letter to Directors of Finance issued jointly by the Deputy Directors of Finance and Capital Estates and Facilities. This letter now updates that guidance to reconfirm to all NHS Wales bodies that the authorisation and consideration of notified contracts and applications for the acquisitions or disposals of a lease or any interest in property are delegated to the Director General, Health and Social Services Group.

The Director General may, as with any other matter relating to the operation of the NHS in Wales, brief the Minister for Health and Social Services on any arrangement of particular policy note, or with a novel, contentious or innovative nature.

Accordingly any issues relevant to the exercise of the Minister for Health and Social Service's consent will, as a matter of course, be drawn to his attention.

The process which NHS Wales bodies entering into contracts must follow is:

- All NHS contracts (unless exempt) >£1m in total to be notified to the Director General HSSG prior to tendering for the contract;

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- All eligible LHB and HEIW contracts >£1m in total to be submitted to the Director General HSSG for consent prior to award;
- All eligible NHS Trust contracts >£1m in total to be submitted to the Director General HSSG for notification prior to award; and
- All eligible NHS contracts >£0.5m in total to be submitted to the Director General HSSG for notification prior to award.

The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

- (i) Contracts of employment between LHBs and their staff;
- (ii) Transfers of land or contracts effected by Statutory Instrument following the creation of LHBs;
- (iii) Out of Hours contracts; and
- (iv) All NHS contracts; that is where one health services body contracts with another health service body.

Contracts entered into by HEIW for services which are the consequences of annual commissioning approved by the Minister e.g. annual education and training commissioning do not require further Ministerial notification or consent.

For non- capital contracts requiring DG approval, the request for approval or notification should be sent to Rob Eveleigh in the Financial Control and Governance team : Robert.Eveleigh@gov.wales

Kind regards,

SR Elliot I. K. Gunney

Steve Elliot & Ian Gunney

Cyfarwyddwr Cyllid dros dro - Interim Director of Finance

Dirprwy Gyfarwyddwr, Cyfalaf Ystadau a Cyfleusterau - Deputy Director

Capital Estates & Facilities

Finance Directorate / Cyfarwyddiaeth Cyllid

Y Grwp Iechyd a Gwasanaethau/Health and Social Services Group



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7 November 2022

Chief Executives of Local Health Boards and NHS Trusts

Dear All

ADDENDUM TO STANDING FINANCIAL INSTRUCTIONS

**PROCEDURES FOR CONSENT FOR LOCAL HEALTH BOARDS TO ENTER INTO
CONTRACTS EXCEEDING £1 MILLION**

Some confusion has arisen in relation to the procedures for the consent to enter contracts over £ 1 million. The latest version of the Standing Financial Instructions issued in April 2021 state in paragraph 11.6.2 :

General Consent has been granted to LHBs by the Welsh Ministers for individual contracts up to the value of £1 million in each case with the exception of those contracts specified in SFI 11.6.4 All contracts exceeding this delegated limit, all acquisitions and disposals of land of any limit, and the acceptance of gifts of property, must receive the written approval of the Welsh Ministers before being into. In addition, Health Board's must provide a contract summary to Welsh Government for contracts between £500,000 and £1 million prior to the contract being entered let. This requirement also applies to contracts that are to be let through a mini-competition under a public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales. Further detailed guidance is incorporated within the Procurement Procedures.

Paragraph 11.6.4 states that the exceptions mentioned above are as follows :

The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and/or Welsh Ministers direction, and therefore does not apply to:

i) Contracts of employment between LHBs and their staff;



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- ii) Transfers of land or contracts effected by Statutory Instrument Model Standing Orders, Reservation and Delegation of Powers for LHBs Schedule 2.1: Standing Financial Instructions Status: Update – March 2021;
- iii) Out of Hours contracts;
- iv) All NHS contracts, that is where one health service body contracts with another health service body.

To ensure consistency with guidance issued to NWSSP Procurement Services, further exceptions highlighted below should be applied;

v) Contracts over £ 500k - £1 million (for noting) and £ 1 million + (for approval);

- i) **Wales Public Sector Framework Agreements e.g. Frameworks established by National Procurement Services (NPS) or NWSSSP (not exhaustive) - no further approval required to award contracts under these Frameworks through a direct award or mini competition.**
- ii) **Third Party Public Sector Framework Agreements e.g. Frameworks established by Crown Commercial Services, NHS Supply Chain (not exhaustive) – no further approval required to award contracts under these Frameworks through a direct award. Approval will however be required for award of contracts under these Framework Agreements through mini-competition or where the specification of the product/service required is modified from that stated within the Framework Agreement.**

All Health Boards in Wales and Special Health Authorities bodies should apply these exceptions from the date of this letter.

The revision introduced in point v) above will be included formally in the next version of the Standing Financial Instructions.

Yours sincerely



Steve Elliot

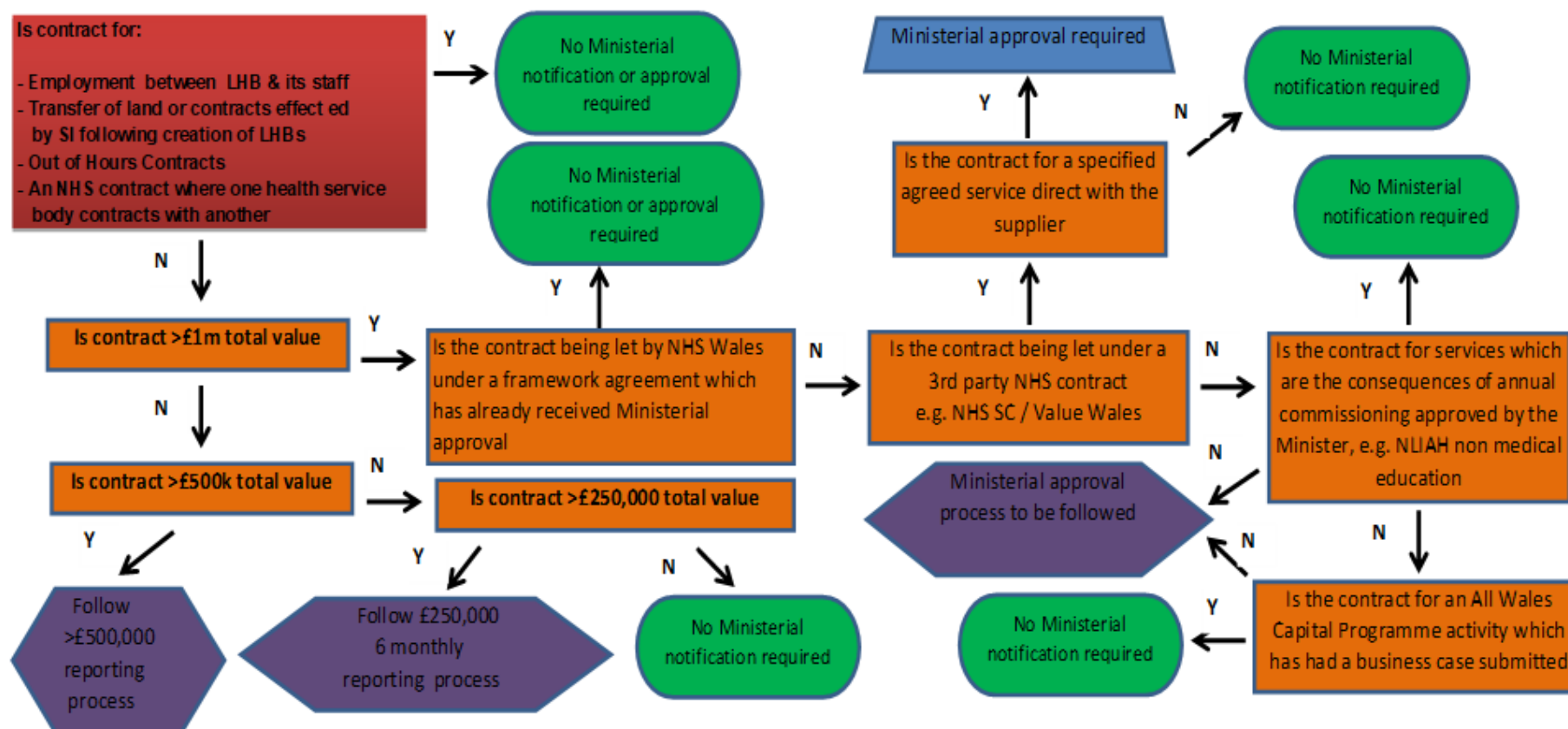
Cyfarwyddwr Cyllid dros dro | Interim Director of Finance

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Agenda item: 3.1a

Board		Date of Meeting: 27/09/2023
Subject:	Powys Teaching Health Board Integrated Performance Report Position at June (Month 3) 2023/24.	
Approved and Presented by:	Interim Executive Director of Planning, Commissioning and Performance	
Prepared by:	Performance Manager Administrative Officer, Integrated Performance Interim Assistant Director of Performance and Commissioning	
Other Committees and meetings considered at:	Executive Committee – 09 August 2023 Delivery and Performance Committee – 31 August 2023.	

PURPOSE:

This Integrated Performance Report (IPR) provides an update on the latest available performance position for Powys Teaching Health Board against NHS Wales Performance Framework up until the end of June 2023 (month 3).

RECOMMENDATION(S):

The Board are asked to:

- **DISCUSS** and NOTE the content of this report
- Take **ASSURANCE** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

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 2023/24 NHS Wales Performance Framework released in June 2023. The detailed Integrated Performance Report (IPR) is available in Appendix Two.

This document includes data up until the end of month 3 (June 2023), provides a focus on metrics in escalation/exception and contains all the applicable NHS Performance Measures. 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.

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 2023/24

The key differences for the new 2023/24 NHS Performance Framework are:

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- 53 quantitative and 15 qualitative (currently) measures
- 21 new measures
- 46 retired measures (inclusive of sub measures e.g., Flu cohorts)
- Targets remain a mixture of over-arching national, and health board submitted trajectories.

Further detail is provided in Appendix Two.

Summary of health board performance for month 3 (June 2023)

In June 2023 (month 3) the health board has key performance challenges for its responsible population and these remain in key areas of planned and unscheduled care access. The performance of planned care measure compliance has worsened with Therapies and key long wait RTT metrics not meeting health board set trajectories. It should be noted however patients are still receiving quicker pathways when compared to commissioned services in England & Wales.

Key challenges for the provider care pathways include significantly fragile in-reach service provision which include financial limitations for in-reach private services, especially in key specialties including General Surgery, and Rheumatology (limited capacity vs increasing demand). This has been impacted by clinical workforce sickness and vacancy challenges across a large geographical footprint.

For provider and commissioned flows reliance on acute centre complex diagnostics including CT, MRI, histology, and pathology have impacted speed of pathway as a result of reporting backlog.

For the Powys responsible population in Commissioned care geographical inequity is still present with pathways compliance in key English providers remaining improved over the Welsh provider recovery (some pathways in Wales are still 3+ years e.g., in Trauma & Orthopaedics).

Powys provided cancer pathways remain challenging with median wait times higher than Wales average for first outpatient and some diagnostics specialties (especially where reliant on out-reach diagnostics), and a challenging picture across all commissioned services with variation by geographical provider area and tumour type.

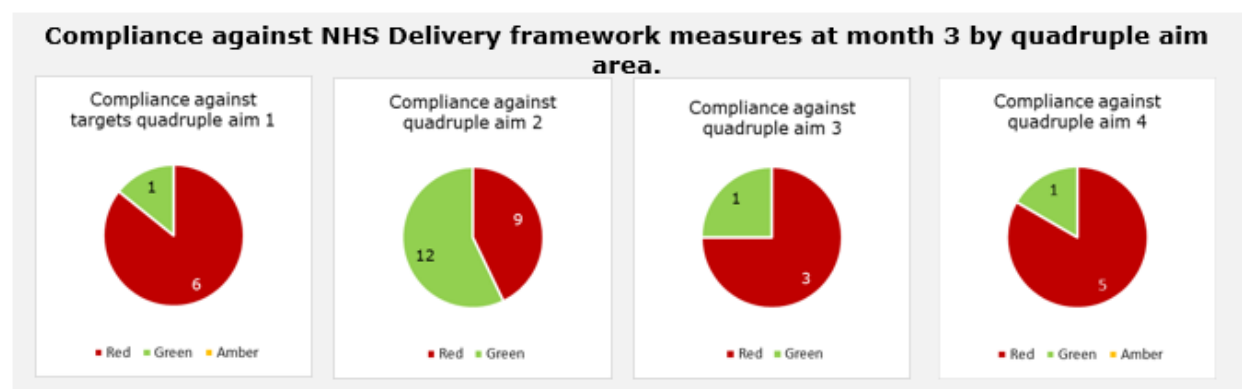
Unscheduled care access has seen some improvement through Q1 with Powys residents achieving higher performance against 4hr and 12hr targets in Wales, however A&E units in England continue to report limited improvement with extreme system flow pressure remaining. In response the health board continues to maximise repatriation of patients to improve acute flows. As a provider of minor injuries access PTHB has reported 99%+ performance and no patients waiting over 12hrs, and no ambulance handover delays.

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Another key area of concern is Welsh Ambulance Service NHS Trust (WAST) response and access times for Powys residents where performance remains below the All-Wales average for the most urgent RED 0–8-minute calls. It should be noted that non-compliance for ambulance handovers <1hr is still a significant problem in key main commissioned care providers, especially in Wales.

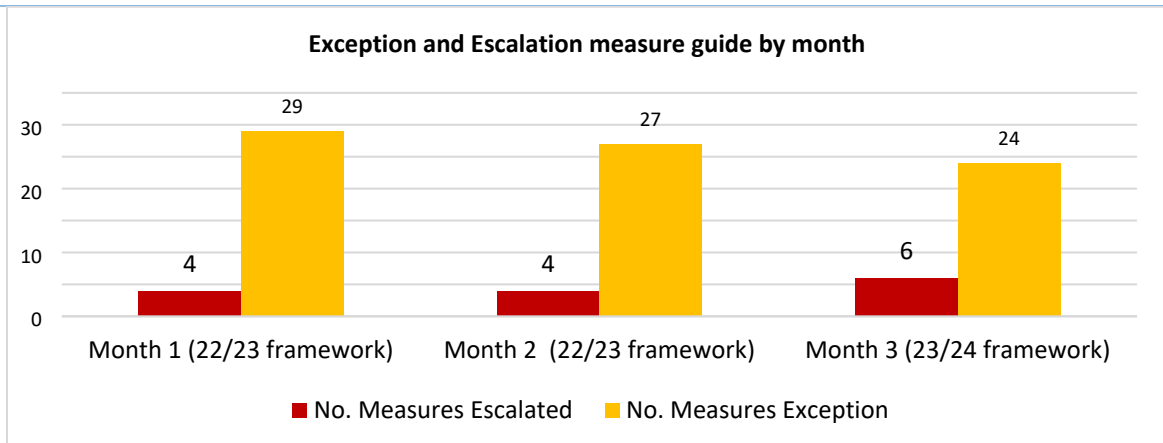
Quadruple aim compliance

Compliance against quadruple aims remains challenging with only aim 2 reporting a positive percentage of measures achieved. As this is the first time the 2023/24 framework and measures have been used no progress over time is yet available.



Escalation & Exception

As part of the Integrated Performance Framework process measures are now highlighted as escalations (*when a performance matter does not meet target and hits criteria for a higher level for resolution, decision-making, or further action*) or exception (*referring to a deviation or departure from the normal or expected course of action*). The graph below will be used as a guide showing the number of NHS Performance measures and their Powys status e.g., escalated or exception by update month. It should be noted however that a measure can be raised as an escalation or exception even if performance meets national target. For April (month 1) and May (month 2) the 2022/23 NHS Performance Framework was still in use by the health board.



Further detail on areas of performance that are highlighted for escalation and exception is available in slides 6 to 14 in the attached report.

Ministerial Priorities 2023/24

At the end of March and prior to the release of the 2023/24 NHS Performance Framework (end of June) the health board agreed to provide target trajectories for nine Powys applicable ministerial priority metrics. The health board set challenging targets to drive performance improvement and as at month 3 achieved 55.5% compliance (5 of 9 measures compliant).

Ministerial Priority Measures			Month											
Measure	Target		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	Performance Trajectory	135	135	135	135	135	135	128	120	113	105	98	90
		Actual	94	97	101									
Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	1	3	4									
Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	35	35	35	30	30	25	20	15	10	5	5	0
		Actual	67	98	112									
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	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	Performance Trajectory	20	15	10	5	5	0	0	0	0	0	0	0
		Actual	16	14	14									
Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	160	160	150	130	120	110	100	80	50	30	15	0
		Actual	159	160	117									
Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	190	190	180	170	120	70	20	0	0	0	0	0
		Actual	243	273	265									
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	Performance Trajectory	4,600	2,500	2,000	1,700	1,400	900	400	0	0	0	0	0
		Actual	4,763	1902	1667									
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	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	0	0	0									

It should be noted that retrospective changes may be required for the number of patients waiting for a diagnostic due to a data access error with Betsi Cadwaladr UHB radiology for reporting this may result in worse compliance against trajectory.

As part of the health board process to improve performance outcomes any ministerial priority measure not meeting set target is required to be escalated, including completion of a remedial action template for scrutiny, challenge, and support via the Executive group as part of the new integrated performance framework processes.

NEXT STEPS

- Through the IPR Framework, work continues to implement the required process to provide effective challenge, support and scrutiny of both provider and commissioned services, with the aim to improve patient outcomes.
- The Commissioning and Performance team continues to work closely with commissioned service providers to understand demand, and their capacity challenges, waiting list profiles at specialist level and model robust performance trajectories within the context of the NHS Wales Planning Framework and Ministerial Targets for 2023/24 for Powys provider, English and Welsh commissioned services.

Powys Teaching Health Board

Integrated Performance Report

Month 3 – Updated 24/08/2023

Select one of the below boxes to navigate to the required section of the report

[Introduction](#)

[Executive Summary](#)

[Escalated Performance Challenges](#)

[Exception Reporting](#)

[Appendix 1 – All metrics score sheet](#)

[Appendix 2 – Progress against Ministerial Priorities](#)

[Appendix 3 – Powys Performance Measures](#)

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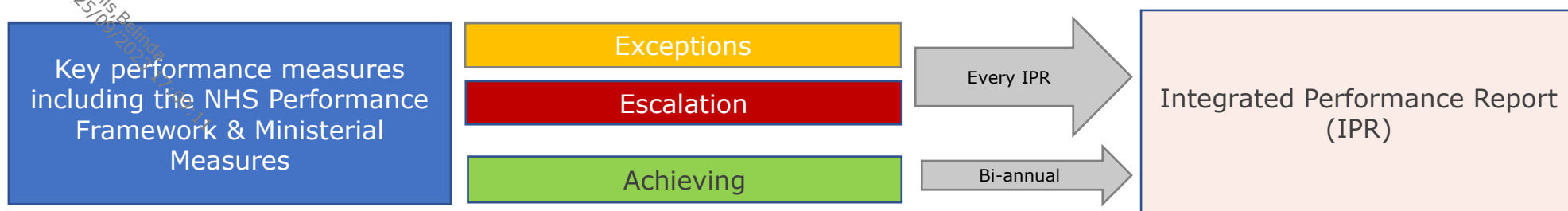
What is the Integrated Performance Report (IPR)

This report is a key part of the health boards Integrated Performance Framework (IPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for. The IPR uses key NHS Performance Framework measures which include Ministerial priorities and other timely local measures to provide robust assessment of the health boards success. This process utilises both quantitative and qualitative measurements which are backed by statistical process, business rules, and narrative provided by leads of that service area.

Business rules for reporting within the Integrated Performance Report

The health board business rules are designed to highlight potential challenge and provide clear assurance for the Board and Public stakeholders. The IPR as a function of the IPF will **not** contain information on those metrics that are consistently achieving success (exception of bi-annual full update) but focus on metrics of exception or escalation.

Exception	Escalation
Referring to a deviation or departure from the normal or expected course of action, it signifies that a specific condition or event requires attention or further action to address the deviation and ensure corrective measures are taken.	When a performance matter (exception) does not meet target and hits criteria for a higher level for resolution, decision-making, or further action.
Criteria of an exception	Criteria for escalation
Any target failing an NHS Performance target, operational, or local target/trajectory	Any measure that fails a health submitted trajectory as part of the Ministers priorities.
Where SPC methodology reports rule 2, or rule 4 (details on next slide) even if a measure is set target.	Performance recovery failing its Remedial Action Plan (local plan to improve or maintain performance)
Any reportable commissioned metric where performance is not meeting national target	Any significant failure of quality standard e.g. never event or failing accountability conditions.



Using statistical process control (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.

Key facts for SPC

- A minimum of 15-20 data points is needed for this method (24 are used within this document where available).
- 99% of all data points will fall between lower and upper confidence intervals (outside of this should be investigated).
- Two types of trend variation: Special cause (**Concerns** or **Improvement**) and **Common Cause** (no significant change)

Key Rules of SPC

1	Single data point outside of limit (upper or lower) – unexpected (data quality? Isolated event or significant service pressure?)
2	Consecutive points above or below mean (not normally natural) - A run of six or more values showing continuous increase or decrease is a sign that something unusual is happening in the system.
3	Consecutive points increasing/decreasing (trend of at least 6 if monthly, more for shorter time periods e.g., days/weeks) showing special cause variation.
4	Two of three points close to process limits – especially in volatile data (wide control lines) can provide early warning requiring further escalation.



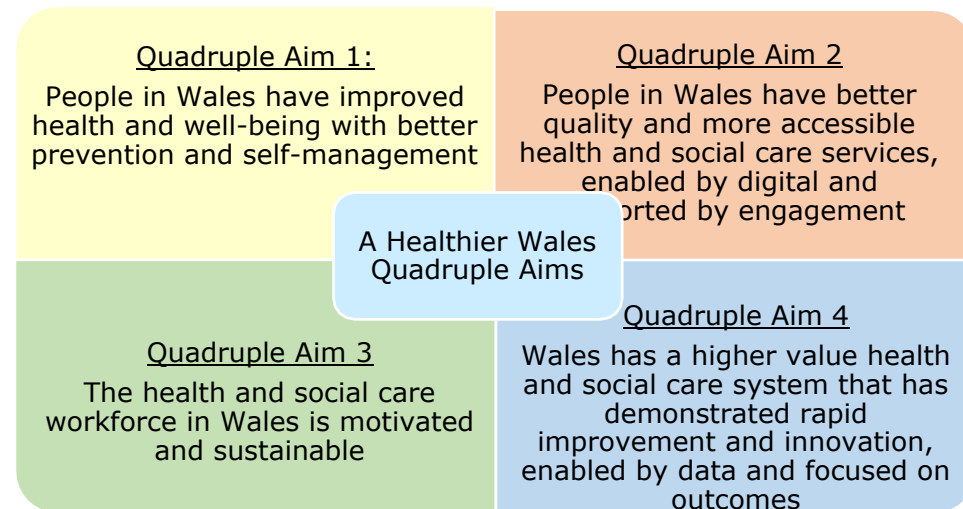
NHS Improvement SPC icons



What is the NHS Performance Framework?

The NHS Performance Framework is a key measurement tool for “A Healthier Wales” outcomes, the 2023/24 revision now consists of 53 quantitative measures of which 9 are Ministerial Priorities and require health board submitted improvement trajectories. A further 11 qualitative measures are also currently included of which assurance is sought bi-annually by Welsh Government

The NHS Wales Quadruple Aim Outcomes are a set of four interconnected goals or aims that aim to guide and improve healthcare services in Wales. These aims were developed to enhance the quality of care, patient experience, and staff well-being within the National Health Service (NHS) in Wales.



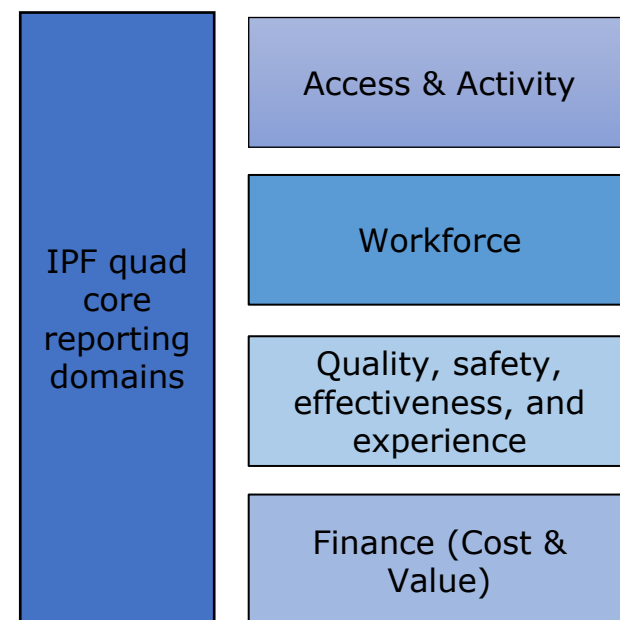
A Healthier Wales
Quadruple Aims

What is the Integrated Performance Framework (IPF) in Powys?

The Integrated Performance Framework (IPF) aims to report holistically at service, directorate or organisation level the performance of the resources deployed, and the outcomes being delivered. Overall performance assessed via intelligence gathered across key domains including activity, finance, workforce, quality, safety, outcomes and performance indicators.

The IPF is undergoing phased implementation across the health board with core integration by Q4 2023/24 to run as business as usual.

Key for the framework is they system review, reporting, escalation and assurance process that aligns especially to the NHS Performance measures and Ministerial priority trajectories. In the provider Performance and Engagement meetings will address key challenges and provide a robust forum for support and escalation to Executive leads and provide actions and recovery trajectories for escalated metrics.



Summary of performance at month 3 (June 2023)

This report provides the Executive Committee with the latest available performance update against the new 2023/24 NHS Wales Performance Framework. It should be noted that the IPR format has been revised for September, and as a bi-annual update contains all measures rather than just highlighting areas of escalation and exception as previously.

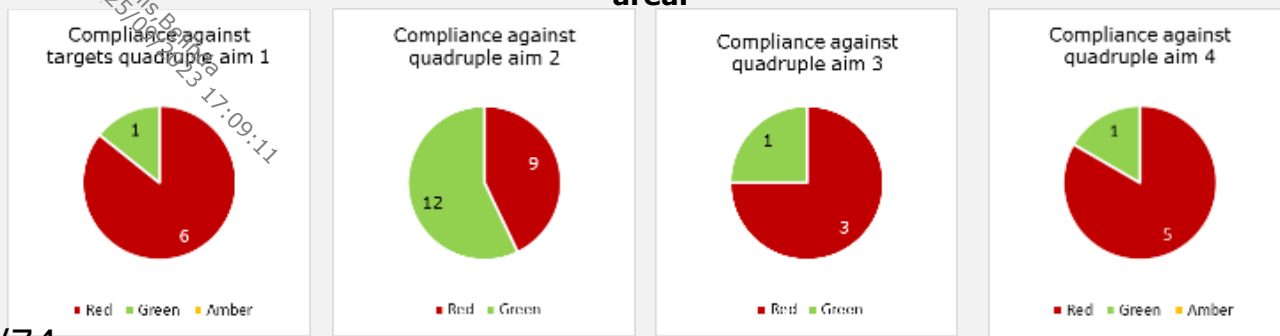
In June 2023 (month 3) the health board has key performance challenges for its responsible population, and these remain in key areas of planned and unscheduled care access. The performance of planned care measure compliance has worsened with Therapies and key long wait RTT metrics not meeting health board set trajectories. It should be noted however patients are still receiving quicker pathways when compared to commissioned services in England & Wales.

Key challenges for the provider care pathways include significantly fragile in-reach service provision which include financial limitations for in-reach private services, especially in key specialties like General Surgery, and Rheumatology (limited capacity vs increasing demand). Complicit to this is a relatively small, disperse clinical workforce with sickness and vacancy challenges across a large geographical footprint. For provider and commissioned flows reliance on acute centre complex diagnostics including CT, MRI, histology, and pathology have impacted speed of pathway as a result of reported backlog. For the Powys responsible population in Commissioned care geographical in-equity is still present with pathways compliance in key English providers remaining improved over the Welsh provider recovery (some pathways in Wales are still 3+ years in Trauma & Orthopaedics).

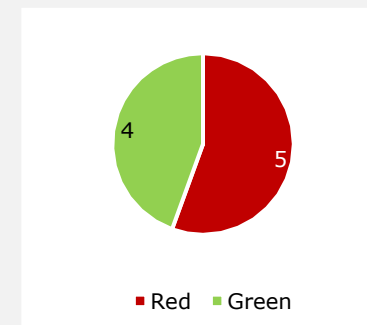
Powys provided cancer pathways remain challenging with median wait times higher than Wales average for first outpatient and some diagnostics specialties (especially where reliant on out-reach diagnostics), and a challenging picture across all commissioned services with variation by geographical provider area and tumour type.

Unscheduled care access has seen some improvement through Q1 with Powys residents achieving higher performance against 4hr and 12hr targets in Wales, however A&E units in England continue to report limited improvement with extreme system flow pressure remaining. In response the health board continues to maximise repatriation of patients to improve acute flows. As a provider of minor injuries access PTHB has reported 99%+ performance and no patients waiting over 12hrs in department, and no ambulance handover delays. Another key area of concern is WAST response and access times for Powys residents where performance remains below the All-Wales average for the most urgent RED 0–8-minute calls, it should be noted that non-compliance for ambulance handovers <1hr is still a significant problem in key main commissioned care providers, especially in Wales.





Compliance against NHS Delivery framework measures at month 3 by quadruple aim area.





Compliance against Ministerial priority trajectories.



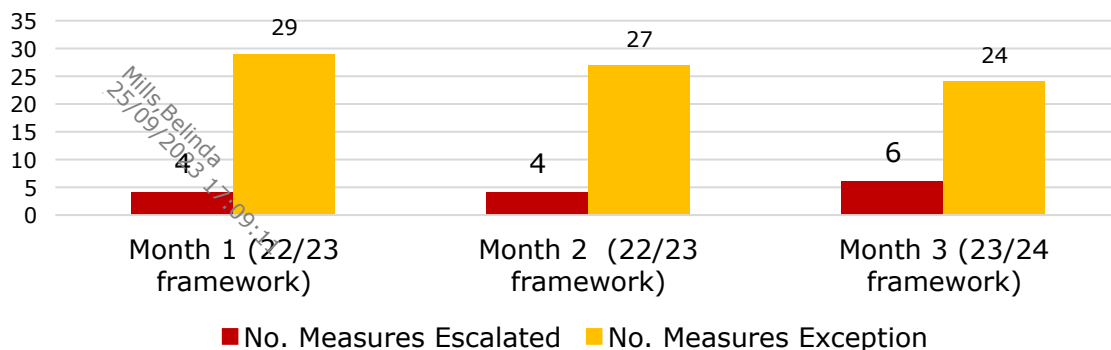
Escalated Performance Challenges

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
25	Number of patients waiting more than 8 weeks for a specified diagnostic	Jun-23	<151	117	Jan-20		TBC – remedial action plan
Why is this an escalated metric?		Data quality challenge identified as access challenge to RADIS server hosted in Betsi Cadwallader UHB. June snapshot, as provided does not report the total potential breaches, and further local data quality and process issues have resulted in a unknown overall position. Prediction for June due to planned care pressures was that the position would have degraded in key areas.					
Key performance drivers		Key actions to recover					
Key capacity challenges for diagnostics for all specialties including Cardiology, Endoscopy, and Radiology. All specialties are affected by in-reach fragility and increased demand that challenges current capacity.		Key actions include clinical pathway reviews, and validation to cleanse waiting list and improve process. Escalation of capacity shortfall including use of private provision in limited instances and in-reach discussions around strengthened capacity from key acute providers					
27	Number of therapy breaches 14+ weeks	Jun-23	12 month reduction	265	Dec-21		Mar-24
Why is this an escalated metric?		Therapy performance has been escalated due to the breach challenge within this service. As at June 2023 breaches have decreased to 265. The service has been flagged as fragile and is currently undergoing increased engagement with service leads to improve performance.					
Key performance drivers		Key actions to recover					
Cancellations of clinics at short notice as a result of staff sickness (including COVID) and industrial action in Q4, significant vacancies across key specialties including physiotherapy, dietetics, and audiology. Challenges with core reporting support which is escalated with Digital Transformation (D&T), and waiting list change from December 2022 (D&T process change) which caused a spike in pathways resolved through validation in Q4.		Weekly Heads of Service waiting list meetings. Additional locum to support MSK physiotherapy, and new graduate from August 2023. Caseload reviews across all therapies. 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.					
		Improvement timeline by sub spec available on main slide					
28	Number of patients waiting over 52 weeks for a new outpatient appointment	Jun-23	PTHB trajectory of zero	4	Jan-23		TBC – remedial action plan
Why is this an escalated metric?		This measure does not meet the submitted NHS Performance trajectory for June.					
Key performance drivers		Key actions to recover					
Significant capacity challenge, especially in Rheumatology and General Surgery. Without additional NHS or private provider capacity the expectation is of an increasing breach position through 2023/24.		Review of inter provider pathways with in-reach providers for General Surgery. Continued capacity issues flagged and under investigation for resolution with PTHB Commissioning team. Implementation of GIRFT recommendations underway.					
29	Number of patients waiting more than 36 weeks for a new outpatient appointment	Jun-23	35	112	N/A		TBC – remedial action plan
Why is this an escalated metric?		This is a new Ministerial priority metric for 2023/24 that has not met the PTHB submitted trajectory target of 35 for June, as such it has been flagged in this IPR.					
Key performance drivers		Key actions to recover					
Key challenges for RTT performance include in-reach fragility reducing key capacity, reliance on Commissioned service diagnostics (delays in imaging, histology, and pathology). Staff sickness, and key vacancies also impact performance.		Commissioning led contracting discussions with key in-reach providers around securing robust capacity for provider clinics and day case activity. Patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB. Capacity requirements provided for insourcing consideration corporately Q1 23/24.					

Escalated Performance Challenges

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
30	Patient follow-up (FUP) pathways delayed 100% and over	Jun-23	2000	1667	N/A		Nov-23
Why is this an escalated metric?		FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding. Resulting reporting checks by the Digital Transformation team highlighted a significant quantity of un-reported pathways and local reporting was aligned to the National WPAS teams process. To note currently in this document the health board is reporting all pathways both reportable and non reportable (Welsh Government holds PTHB to account on only reportable specialties).					
Key performance drivers		Key actions to recover					
Phase 1 service and performance led validation from Q1 in 2022/23 reduced pathways significantly, however a large cohort of pathways were found to be errors in WPAS or required the intervention of the national digital team. Phase 2 validation from April-23 led on by Digital Transformation has validated and closed circa 45% more of the remaining reportable pathways (predominately errors).		D&T have completed a three stage action plan to reduce the remaining pathways that require validation, this was completed by the end of May 2023. Stage 4 validation has missed the end of June target for completion but remains underway with patient services, local WPAS team and National team. Formal recover trajectory set as part of the ministerial priorities to have no breaches reported by November 2023.					
32	Number of patients waiting more than 52 weeks for treatment	Jun-23	10	14	Sep-22		Mar-24
Why is this an escalated metric?		This RTT measure has been escalated as it fails to meet the health board submitted ministerial trajectory for June.					
Key performance drivers		Key actions to recover					
Key challenges for RTT performance include in-reach fragility reducing key capacity, reliance on Commissioned service diagnostics (delays in imaging, histology, and pathology). Staff sickness, and key vacancies also impact performance.		Commissioning led contracting discussions with key in-reach providers around securing robust capacity for provider clinics and day case activity. Patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB. Capacity requirements provided for insourcing consideration corporately Q1 23/24.					

Exception and Escalation measure guide by month



This graph is a guide showing the number of NHS Performance measures and their Powys status e.g., escalated or exception by update month. It should be noted however that a measure can be raised as an escalation or exception even if performance meets national target. For April (month 1) and May (month 2) the 2022/23 NHS Performance Framework was still in use by the health board.



Exception Reporting - measures not meeting required performance

Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
1	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q4 22/23	5% Annual Target	3.15%	Never	N/A	TBC
Key performance drivers		Key actions to recover					
2022/23 cumulative quit attempts are slightly lower than for 2021/22 but is improved against 2020/21. Changes to recording due to COVID-19.		Health board to enhance the support with offer of Smoking Cessation Advisors to local pharmacies. A communication and engagement plan has been developed to help engagement with targeted communities. Roll out of a GP text messaging project in Q2					
2	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)	Q1 22/23	4 quarter reduction trend	62.2%	Q2 22/23	N/A	TBC
Key performance drivers		Key actions to recover					
Interpretation of the target varies across Wales. PTHB have focussed service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse e.g., service provides ongoing support not completion.		Retendered contract, with key focus to improve patient outcomes.					
3	Percentage of children up to date with scheduled vaccinations by age 5	Q4 22/23	95%	89.2%	Never	N/A	Q2 23/24
Key performance drivers		Key actions to recover					
The decrease with uptake by age 5 years during 2022 has been compounded by the pandemic, the returning to business as usual and workforce pressures within primary care		Standard operating procedures (SOPs) have been developed to support primary care clinicians with clear and robust reporting processes with both scheduled and unscheduled immunisations					
6	Percentage uptake of COVID-19 vaccination for those eligible	Jun-23	75%	72.4%	N/A	N/A	Q4 23/24
Key performance drivers		Key actions to recover					
Data on COVID-19 vaccination uptake is sourced from PHW surveillance data which is based on total population, citizens only become eligible for a booster if they complete their primary course. Uptake in those who had completed a primary course was 85.5%		Thorough cleansing of priority groups over the summer to ensure denominators are more accurate going into the autumn booster campaign. Offering more local clinics to provide better access to vaccination					
7	Percentage of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment	May-23	90%	6.7%	N/A	N/A	TBC
Key performance drivers		Key actions to recover					
Poor performance linked to the capacity for diagnostic endoscopy across Wales. Target is and has always been very challenging with low compliance across all providers.		Regular meetings between local operational leads and the Public Health led Wales screening team (BSW). Performance reported and reviewed monthly via LTA contract sheets.					
9	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Jun-23	95%	94.7%	N/A	N/A	TBC
Key performance drivers		Key actions to recover					
The data collected includes babies on neonatal units at the time of collection. Small numbers of cases can cause fluctuations in data.		Utilisation of courier service enhancing timely collection and deliveries to non-Powys laboratories. Ongoing engagement with Public Health Wales (PHW) to ensure correct provider reporting.					

Exception Reporting - measures not meeting required performance

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement


No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
17	Percentage of interventions started within (up to and including) 28 days following an assessment by LPMHSS for people 18 years and over	Jun-23	80%	62.3%	Never		TBC
Key performance drivers		Key actions to recover					
Inconsistent data capture across the teams has led to problems with accuracy, these are being resolved. Demand for the service has increased.		Recovery and Development plan confirmed in Spring 2023 and work being implemented to data cleanse and standardise services. Part 1b performance expected to improve but may be temporarily affected by the implementation of the SOP.					
18	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Jun-23	65%	43.2%	Feb-21		TBC
Key performance drivers		Key actions to recover					
Demand for 999 services increasing, handover delays impact the ability of an emergency conveyance to return to patch (be available), and rural geographical challenge for PTHB		All Wales urgent care system escalation calls being held daily (often more than once per day), most Health Board who run acute services have now deployed elements of service resilience, and action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.					
22	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 resident view	Jun-23	Powys – 95%	100%	N/A	TBC	TBC
Key performance drivers		Jun-23	Wales – 95%	67.0%			
Key actions to recover		Jun-23	England – 95%	50.2%			
Increased demand on services, emergency unit congestion as a result of bed capacity within hospitals especially in high dependency beds.		To note Powys as a provider will be unable to achieve compliance for residents but the health board fully engages with national daily calls for emergency department pressures, improved repatriation of patients in acute beds to support flow and aim to provide more local support for urgent care access.					
23	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 resident view	Jun-23	Powys – 0	0	N/A	N/A	TBC
Key performance drivers		Jun-23	Wales – 0	115			
Key actions to recover		Jun-23	England - 0	249			
Narrative as measure 22.		Narrative as measure 22.					

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Exception Reporting - measures not meeting required performance

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
26	Percentage of children under 18 waiting 14 weeks or less for a specified AHP	Jun -23	12 month improvement trend	84.7%	Jun-22	N/A	TBC
Key performance drivers		Key actions to recover					
The service has a large caseload (demand pressures) and unfilled vacancies resulting in capacity challenges to achieve target.		Recruitment plans underway. Focus of the team has shifted to open caseload rather than RTTs however urgent/high priority children are still being seen from the waiting list.					

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
34	Children/Young People neurodevelopmental waits	Jun-23	80%	72.1%	Aug-22		TBC
Key performance drivers		Key actions to recover					
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.		During Q4 2022/23, 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. A business case is in progress, and temporary staff positions have been extended until September 2023.					

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Exception Reporting - measures not meeting required performance



Local Measures and Assurance

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
Commissioning measures	Commissioned referral to treatment (RTT) – Powys resident	Combined Latest Performance – May 23	+104 weeks	403	Never	Please look to slide for detail	Commissioner trajectories - unavailable
			52+ weeks	2231			
			+36 weeks	4720			
			< 26 weeks	62.5%			
		Commissioned RTT performance does not meet any set targets, please look to the slides for further details.					
Slide 48	Powys provider private dermatology out-reach (RTT)	Jun-23	< 26 week	71.8%	Not reported in 12 months	N/A	TBC
			+36 week	61			
Private provider outsource does not meet any set RTT targets in June, please look to the slide for further details.							
Cancer Measures	SCP - Commissioned Cancer Performance (Wales)	Jun-23	75% <62 days for treatment	34%	Never	Not available	No recovery estimated available
	Cancer pathway breaches in England	SATH - June	zero	5 Breaches	N/A		
		WVT - March		5 breaches	N/A		
	Powys provider downgrade performance – 28 days best practice	June-23	TBC	12.5%	N/A		
		Commissioned Cancer performance does not meet any set targets where the information is available, please look to slides for further details.					

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Exception Reporting - measures not meeting required performance



Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Mar-23	Rolling 12-month reduction against a baseline of 2019-20 (9.5%)	11.82%	N/A	N/A	TBC
Key performance drivers		Key actions to recover					
Health Education and Improvement Wales (HEIW) have produced the analysis and data for this measure along with the methodology. As a new measure no key themes have yet been identified, please see slide for further detail.		Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave. Workforce and OD directorate are working to develop good practice guides to support managers in working to improve retention					
38	Agency spend as a percentage of the total pay bill	Jun-23	12 month reduction trend	9.0%	Apr-23		TBC
Key performance drivers		Key actions to recover					
Agency use accounts for the largest proportion of variable pay spend in both Registered Nursing and unregistered Nursing and remains an area of focus.		Workforce & Organisational Development (WOD) Team including Temporary Staffing Unit and the Business Partner team are supporting the implementation of the variable pay action plan that has been developed by Primary, Community and Mental Health Services Directorate. Additional recruitment of over sea's nurses currently completing OSCN from April 2023					
39	PADR Compliance	Jun-23	85%	74%	Never		TBC
Key performance drivers		Key actions to recover					
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.		WOD 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.					

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Exception Reporting - measures not meeting required performance

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

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
41	Percentage of all classifications' coding errors corrected by the next monthly reporting submission	May-23	90%	0%	Never	N/A	TBC
Key performance drivers		Key actions to recover					
This measure reports 0.0% compliance in May for 5 coded records (this is under investigation as the local team view this as incorrect without further evidence.		The Information and Data Quality Manager is working with colleagues in DHCW to identify the cause of the low performance, which affects a low number of records (5 in April, 3 in May).					
No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
42	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Jun-23	17% or more	9.5%	Never	N/A	TBC
Key performance drivers		Key actions to recover					
No issues currently reported		No issues currently reported					
44	Percentage of health board residents under 18 years in receipt of secondary mental health services who have a valid care and treatment plan	Jun-23	90%	89%	May-23		TBC
Key performance drivers		Key actions to recover					
50 of 56 patients had a valid CTP at the end of the month. An additional patient would have achieved compliance and 90% target.		N/A					
45	Percentage of health board residents 18 years and over in receipt of secondary mental health services who have a valid care and treatment plan	Jun-23	90%	80%	Jun-23		TBC
Key performance drivers		Key actions to recover					
Vacancies and sickness absence continues to impact. Data quality challenge including post submission revisions.		Continuing to advertise recruitment positions. A data cleansing project is soon to be completed reviewing WCCIS usage in North Powys in partnership with WCCIS Team and Information Team.					

Exception Reporting - measures not meeting required performance

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

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
51	Percentage of Ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Jun-23	95%	57.7%			TBC
Key performance drivers		Key actions to recover					
In-reach fragility impacts available capacity for specialty. Local staffing challenges reducing capacity include sickness absence, vacancies in theatre staffing and industrial actions in Q4.		MDT lead glaucoma management within planned care and community optometry – service opened Q4 2022/23. Working with WVT & Rural health care academy to formalise training opportunities in DGH.					

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
53	Number of patient safety incidents that remain open 90 days or more	Jun-23	12 month reduction trend	5		N/A	TBC
Key performance drivers		Key actions to recover					
Data discrepancies recognised and actions being taken by the Health Board to address.		Address data challenges and regular communication with NHS Executive to ensure data is correct.					

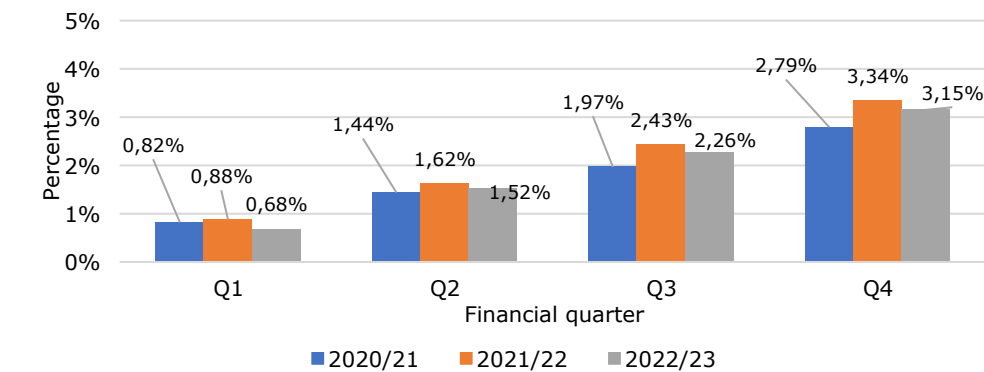
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Smoking - Percentage of adult smokers who make a quit attempt via smoking cessation services

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority	2
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Latest available	Q4 2022/23		
Reported performance	3.15% cum.	All Wales benchmark	6 th (4.17%)
Target	5% cumulative annual target		
Variance	N/A		Exception
Data quality & Source		Welsh Government Performance Scorecard	

Percentage of adult smokers who make a quit attempt



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		
<ul style="list-style-type: none">81% (18/22) pharmacies are participating in Level 2 (L2), and 59% (13/22) in Level 3 (L3) service. The number of participating pharmacies has increased to similar to pre pandemic levels. Promotion of the service is needed to increase the number of smokers who access support through this route.As the percentage of adult smokers in Powys falls it leaves remaining the group of smokers who find it most difficult to quit. Service model to reorientated service to provide greater support and increase accessibility in areas of greatest need.During Q3 and Q4 period the Smoking Cessation Team experienced staff shortages.		
Actions	Recovery by	TBC
<ul style="list-style-type: none">An action plan is being delivered and monitored to overcome challenges faced by pharmacies in delivering L2 and L3 services with the aim of increasing the number of quit attempts.The Smoking Cessation Team is commencing the roll-out of a GP Text message project in Quarter 2 to target identified smokers within practice population with offer of support.The number of face-to-face clinics is increasing to provide coverage across Powys, with clinics delivered in community venues and some GP Practices.A communication and engagement plan has been actioned with aim of increasing level of referrals and numbers of smokers making a quit attempt.Clinical Lead for Smoking Cessation has met with wide range of professionals and partner agencies to strengthen referral pathways to Smoking Cessation service		
Mitigations		
<ul style="list-style-type: none">Work continues to re-orientate services to reach groups in deprived areas.		

Healthier Wales Quadruple Aim 1

Access & Activity

NHS Performance Measure – 2

Powys as a provider



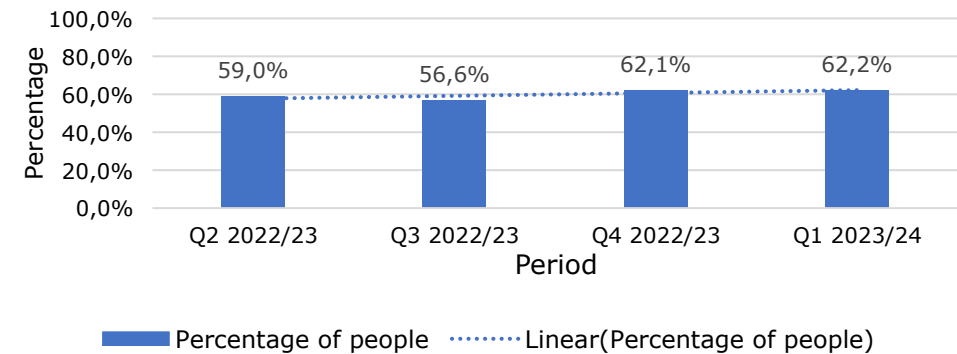
Substance Misuse – Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)

New measure for 2023/24

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority
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Latest available	Q1 2023/24		
Reported performance	62.2%	All Wales benchmark	5 th (59.6%)
Target	4 quarter improvement trend		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	

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



What the data tells us

This is a new measure for 2023/24 NHS Performance Framework. The measure aims to treatment services that are delivered by NHS teams and does not include voluntary or local authority services.

Reported performance in Q4 2022/23 has not met the required target of a 4-quarter improvement trend. It should be noted that Q4 22/23 has improved (61.4%) when compared to Q4 21/22 (60.3%).

The health board benchmarks 4th in Wales with an All-Wales position of 64.7%

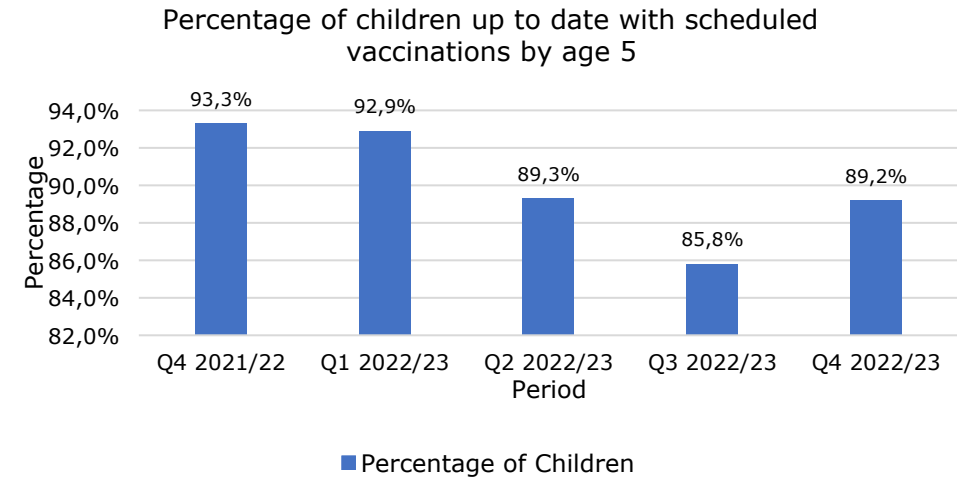
Issues		
Interpretation of the target varies across Wales. PTHB have focussed service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence and clients may access the service for a significant length of time.		
Actions	Recovery by	TBC
Mitigations		
Retendered contract for drugs and alcohol community treatment service completed successfully in Q3 2022/23. This contract emphasis is on client outcomes and holistic support.		

Vaccinations – Percentage of children up to date with scheduled vaccinations by age 5

New measure for
2023/24

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority
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Latest available	Q4 2022/23		
Reported performance	89.2%	All Wales benchmark	2 nd (88.3%)
Target	95%		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



What the data tells us

This is a new measures for the 2023/24 NHS Performance Framework and replaces the prior 6 in 1 and MMR2 dose vaccination measures.

There has been a steady decline across the year, from 2021 to Q3 23/23, this reflects a national picture.

Although Q4 figures are not at target, it is an improvement on the previous quarter and we're still above the Wales average 88.3%, this is a reflection of the work that's been implemented following the drops seen in Q2 & Q3.

Issues
<ul style="list-style-type: none">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.This decrease with uptake by age 5 years during 2022 has been compounded by the pandemic, the returning to business as usual and workforce pressures within primary care.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.

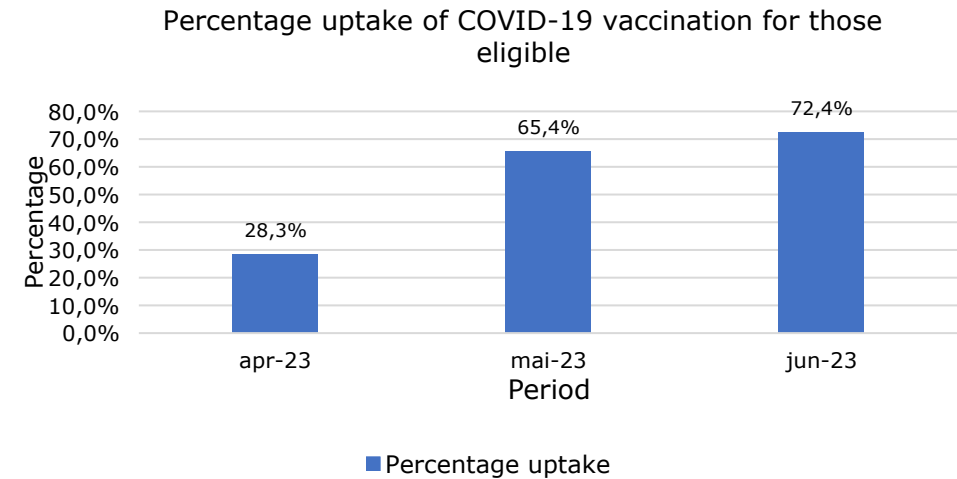
Actions	Recovery by	Q2 23/24
<ul style="list-style-type: none">Lessons learnt from the Polio/MMR catch up are being implement which include: Data cleansing Enhanced monitoring of practice queues lists Encourage GPs to offer 'other missed' vaccinations Support Health Visitors to follow up where children have missed their vaccinations. Reviewing GP immunisation reporting lists which should increase reporting accuracy, and uptake of all childhood immunisations.SOPs have been developed to support Primary Care Clinicians with clear and robust reporting processes with both scheduled and unscheduled immunisations.		

Mitigations
<ul style="list-style-type: none">Collaborative work to continue to strengthen relationships between Immunisation Co-ordinator, GP Practices and Immunisation Service to monitor the uptake data, trends and implement actions to mitigate.

Vaccinations – Percentage uptake of COVID-19 vaccination for those eligible

Executive lead	Executive Director of Public Health	Officer lead	Programme Manager - Vaccination	Strategic priority
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Latest available	Jun-23		
Reported performance	72.4%	All Wales benchmark	1 st (67.1%)
Target	75%		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



What the data tells us

Powys Teaching health board leads Wales in the vaccination of eligible people for COVID-19. As of June 2023, 72.4% were reported to have been vaccinated close to the 75% cumulative target for this campaign.

Data on COVID-19 Vaccination uptake is sourced from PHW surveillance data, which is based on total population, but citizens only become eligible for a booster vaccination if they have completed their primary course. Uptake in those who had completed a primary course (eligible) was 85.5%.

- Issues**
- Data on COVID-19 Vaccination uptake is sourced from PHW surveillance data, which is based on total population, but citizens only become eligible for a booster vaccination if they have completed their primary course. Uptake in those who had completed a primary course was 85.5%.
 - There was a National delay in carrying out data cleansing exercises for the Immunosuppressed cohorts (delayed from 8th May until 16th June 2023). This led to complexity around invitations for the immunosuppressed groups.
 - Vaccination Service underwent an OCP process between February and May 2023, which directly impacted the workforce.
 - Service change during the Spring Campaign with the move from 3 centres to 2 centre model with increased outreach clinics in areas of lower uptake.

- | Actions | Recovery by | Q4 23/24 |
|---------|-------------|----------|
|---------|-------------|----------|
- Thorough cleansing of priority groups over the summer to ensure denominators are more accurate going into the Autumn booster campaign.
 - Clinical team carrying out targeted interventions for the immunosuppressed group to counsel on the importance of taking up vaccinations.
 - Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes in the Autumn Campaign.
 - Offer more local clinics to provide better access to vaccination.
 - Supporting GPs to provide COVID vaccination clinics for their patients
 - Active offers to citizens who have not completed their primary course during the Autumn campaign to increase the number of citizens in each cohort who will be eligible for a booster vaccination

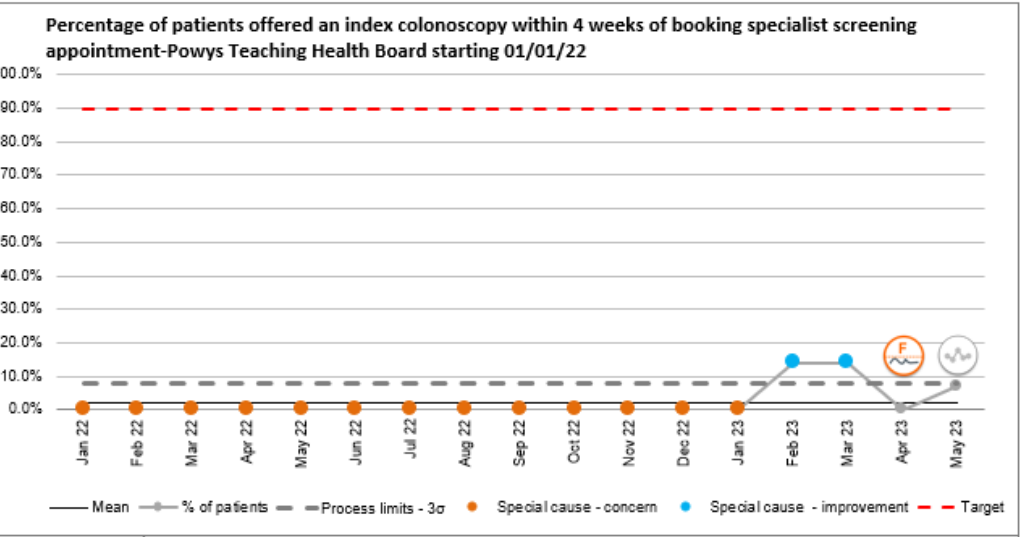
- Mitigations**
- Utilising PTHBs community hospitals to offer more regular, local clinics to outlying communities to improve their access to the covid-19 vaccination throughout the duration of the Autumn Campaign.
 - Primary course is being reduced from 2 doses to a single dose (2 doses for immunosuppressed) which will allow us to invite a larger proportion of the population for a booster during the Autumn Campaign.

Screening – Percentage of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment

New measure for 2023/24

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health - TBC	Officer lead	Senior Manager Planned Care	Strategic priority
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Latest available	May-23		
Reported performance	6.7%	All Wales benchmark	5 th (12.4%)
Target	90%		
Variance	Common cause		Exception
Data quality & Source		Welsh Government Scorecard	



What the data tells us

This is a new measure for 2023/24 financial year

Powys performance against this measure is very poor reporting 6.7% in May 2023

Issues
<ul style="list-style-type: none">Key issues across Wales are linked to the capacity of Endoscopy and the ability to offer diagnostics in a timely manner against target.As a large area Powys residents will attend screening outside of PTHB including cross border in England.Powys is contracted to carry out Bowel Screening Wales (BSW) activity within its diagnostic/day case units.No health board in Wales meets required targets.

Actions	Recovery by	TBC
<ul style="list-style-type: none">Regular meetings between local operational leads and the Public Health led Wales screening team (BSW).Performance reported and reviewed monthly via LTA contract sheets		

Mitigations

Healthier Wales Quadruple Aim 1

Access & Activity

NHS Performance Measure – 8

Powys as a provider



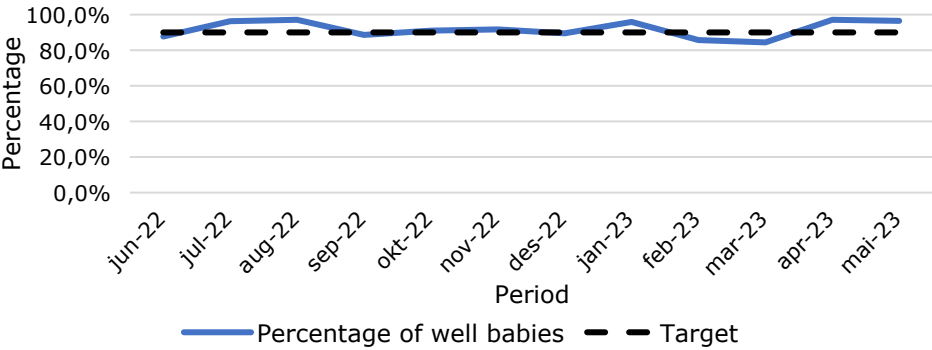
Screening - Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks

New measure for 2023/24

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Women’s and Children’s Services	Strategic priority	
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Latest available	May-23		
Reported performance	96.5%	All Wales benchmark	4 th (96.9%)
Target	90%		
Variance	N/A		
Data quality & Source		Welsh Government Scorecard	

Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks



What the data tells us

- This is a new measure for 2023/24 financial year
- Powys performance has met the 90% national target for May reporting 96.5% compliance against the 90% target (ranked 4th in Wales).
- All Wales performance for the May is 96.9%

Issues

No issues reported

Actions

Recovery by

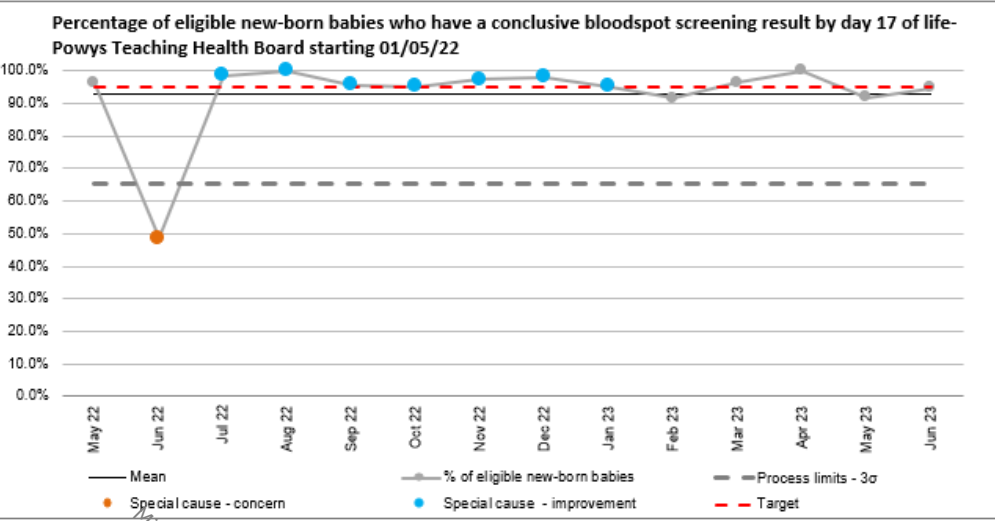
Mitigations

Screening - Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life

New measure for
2023/24

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Women’s and Children’s Services	Strategic priority	
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Latest available	Jun-23		
Reported performance	94.7%	All Wales benchmark	6 th (95.8%)
Target	95%		
Variance			
Data quality & Source		Welsh Government Scorecard	



What the data tells us

This is a new measure for 2023/24 financial year

Powys Performance reported 94.7% in June against the national target of 95%. The health board ranks poorly reporting 6th in Wales against an All-Wales position of 95.8%. It should be noted that the health board is normally compliant.

Issues		
<ul style="list-style-type: none">The data collected includes babies that would have been on neonatal units at the time of collection.The data will also include Powys residents that might be cared for by another provider.Small numbers of cases can cause fluctuations in data.Sample processing time in non-Powys laboratories, and shipment of samples can result in delays beyond target.		

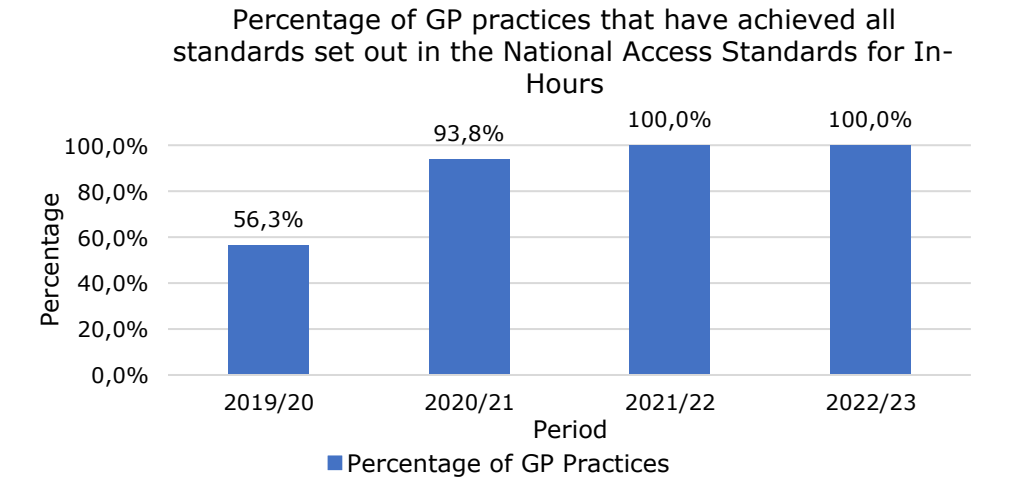
Actions	Recovery by	TBC
<ul style="list-style-type: none">Utilisation of courier service enhancing timely collection and deliveries to non-Powys laboratories.Ongoing engagement with Public Health Wales to ensure correct provider reporting rather than by residency basis (e.g., samples that would be done in an acute setting outside of PTHB control)		

Mitigations
<ul style="list-style-type: none">Courier service improved to transport samples to the laboratory on Monday, Wednesday and Friday to prevent delays through routine postal services.The days of collection have been amended since July 2023 to have a more even spread over the week.Timely collection of samples (Indicator NBSW-003J) on day 4-6 of life was 95.2% (standard >95%) for the same data period.Local consideration of data has suggested that most common days of sample collection are day 4 and 5.

GP Services - Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours

Executive lead	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Officer lead	Assistant Director of Primary Care	Strategic priority	
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Latest available	2022/23		
Reported performance	100%	All Wales benchmark	1 st (95.5%)
Target	100%		
Variance	N/A		
Data quality & Source		Welsh Government Scorecard	



What the data tells us

- 100% of Powys GP practices participate in the National Access Standards
- National Access Standards achievement for 22/23 confirms 100% compliance against all targets

Issues

- No issues to report.

Actions

Recovery by

N/A

- PTHB Access Forum monitors and reviews compliance with Access Standards – formal quarterly review in place, which feeds into the GMS Commissioning Assurance Framework (CAF) process
- Compliance against open hours and appointment availability regularly monitored by PCD.

Mitigations

- Any raised access concerns are followed up with individual practices.

Healthier Wales Quadruple Aim 2

Access & Activity

NHS Performance Measure - 11

Powys as a provider



Dental - Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)

New measure for 2023/24

Executive lead	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Officer lead	Assistant Director of Primary Care	Strategic priority
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Latest available	
Reported performance	New
	Urgent
	Historic
Target	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2023 and 100% by 31 March 2024
Variance	
Data quality & Source	

Monthly data is currently unavailable both locally and nationally to report against this measures criteria of new, urgent and historic. Guidance from Welsh Government is that this information should be available from September onwards.

It should be noted that the officer lead has provided current issues, actions and mitigation for this topic.

Issues		
16 practices have signed up to Contract Reform (79%). 5 (21%) have chosen to stay with UDA contract delivery.		
The end of year 22/23 data has only just been published and shared with contractors. Where applicable, this has included up to a 20% carry forward of underperformance from 22/23 into 23/24. Where this has been applied practices will be required to deliver the 23/24 metrics plus 22/23 underperformance.		
Actions	Recovery by	N/A
Mid-year review meetings will take place in October with all contractors to review contract delivery		
Mitigations		
<ul style="list-style-type: none">Contract performance date is monitored on an individual contract basis monthly via the GDS monitoring group.Practices with an underperformance value greater than £20k have been requested to submit a business plan regarding contract delivery for 23/24.		

What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework, currently there is no data available.

Rationale - Majority of oral and dental services are delivered within the primary care (GDS/CDS) setting. Management is based on phased whole courses of treatment, which can take many months to fully complete before the final activity data submitted to NHSBSA. As the optimum outcome measure is based on closure of each treatment course, which requires case review by the NHSBSA, this introduces a lag in accurate GDS data reporting. Approximately 30% of cases are closed by the mid-year activity review (September), which is a proxy for demonstrating and monitoring whether individual dental practices are on trajectory to deliver their full contract value. Focusing on new, urgent and historic patient status is a proxy for patient access. This will assist Health Boards in managing contract performance and support future service planning.

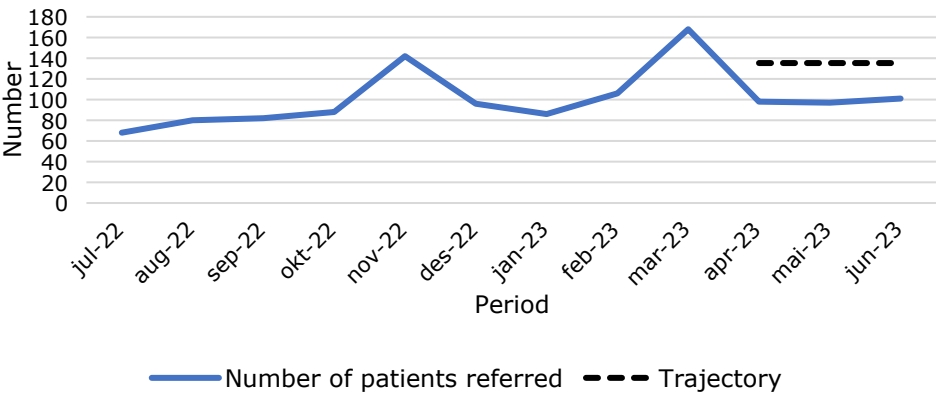
Ophthalmology - Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services

New measure for 2023/24

Executive lead	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Officer lead	TBC	Strategic priority
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Latest available	Jun-23
Reported performance	101
	All Wales benchmark *1 st (6,173)
Target	PTHB Trajectory - <= 135 (Jun-23)
Variance	
Data quality & Source	Welsh Government Scorecard

Number of patients referred from primary care into secondary care Ophthalmology services



What the data tells us

- This is a new measure for 2023/24 NHS Performance Framework. The aim of this measure is to reduce the number of referrals into secondary care departments (hospitals) by utilising optometry in primary care. As a result, it is hoped that the majority of care can be carried out closer to home, whilst hospital eye services can focus on those patients at greatest risk of sight loss.
- PTHB submitted a reduction trajectory for 2023/24 and currently the health board is achieving this with referrals below projected.

Issues
No issues reported

Actions	Recovery by	N/A

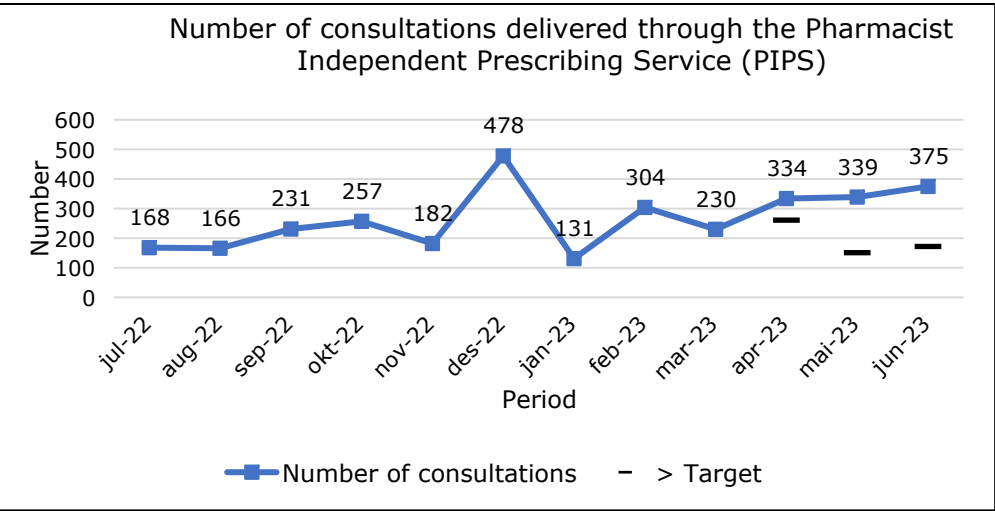
Mitigations

Prescribing – Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)

New measure for
2023/24

Executive lead	Medical Director	Officer lead	Chief Pharmacist	Strategic priority
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Latest available	Jun-23		
Reported performance	375	All Wales benchmark	7 th (5728)
Target	An increase on the number in the equivalent month in the previous year		
Variance			
Data quality & Source		Welsh Government Scorecard	



What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework. PIPS is the first UK nationally commissioned community pharmacy prescribing service with the aim to increase access to services that should relieve pressure across the NHS including common ailment services, emergency medicine supply, influenza vaccinations, and emergency, bridging and quick start contraception:

Performance against the measure shows PTHB is compliant (i.e. showing an increase in consultations compared to the same month in the previous year): 375 consultations were delivered in June 2023 compared to 172 consultations in June 2022.

Issues

Identifying mentors to support trainee PIPs is a limiting factor – many struggle to identify a suitable, willing mentor.

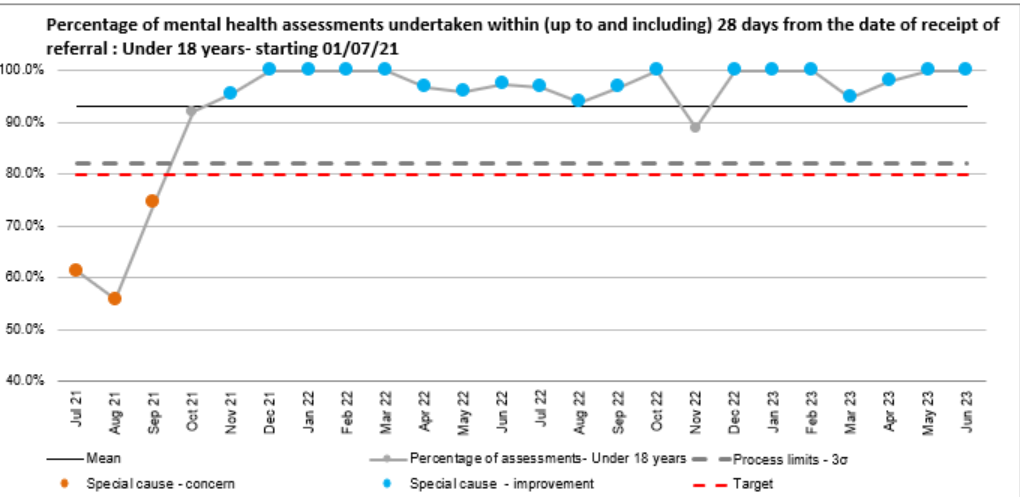
Actions	Recovery by	N/A
We now have 5 Pharmacies with active Pharmacist Independent Prescribers: <ul style="list-style-type: none">• Llanidloes Pharmacy• Llanwrtyd Wells Pharmacy• Primrose Pharmacy – Haygarth• RM Jones – Hay on Wye• RJ Davies – Lower Cwmtwrch		
The health board is continuing to work with contractors to promote PIP		

Mitigations

Mental Health Assessments - Percentage of LMPHSS assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Latest available	Jun-23		
Reported performance	100%	All Wales benchmark	1 st (60.9%)*
Target	80%		
Variance	Special cause - improvement		
Data quality & Source		PTHB Mental Health Service	



What the data tells us

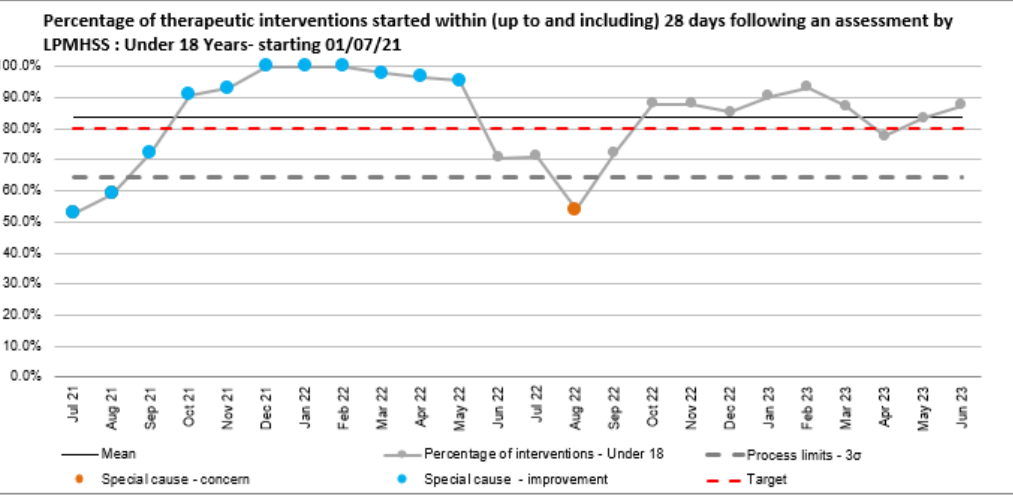
- LMPHSS assessment carried out for young people (under 18 years of age) is reporting 100% compliance in June 2023, the health boards performance against this measure has met or exceeded the target since September 2021 and ranks 1st in Wales against 60.9% All Wales position for the same period.
- Data quality and timeliness continue to be challenges for the Mental Health submissions with regular retrospective change/validation.

Issues		
No issues. 100% compliance achieved and ranking 1 st in Wales		
Actions	Recovery by	N/A
N/A		
Mitigations		
N/A		

Mental Health Interventions - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged under 18 years

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Latest available	Jun-23		
Reported performance	87.5%	All Wales benchmark	1 st (45.5%)*
Target	80%		
Variance	Common cause		
Data quality & Source		PTHB Mental Health Service	



What the data tells us

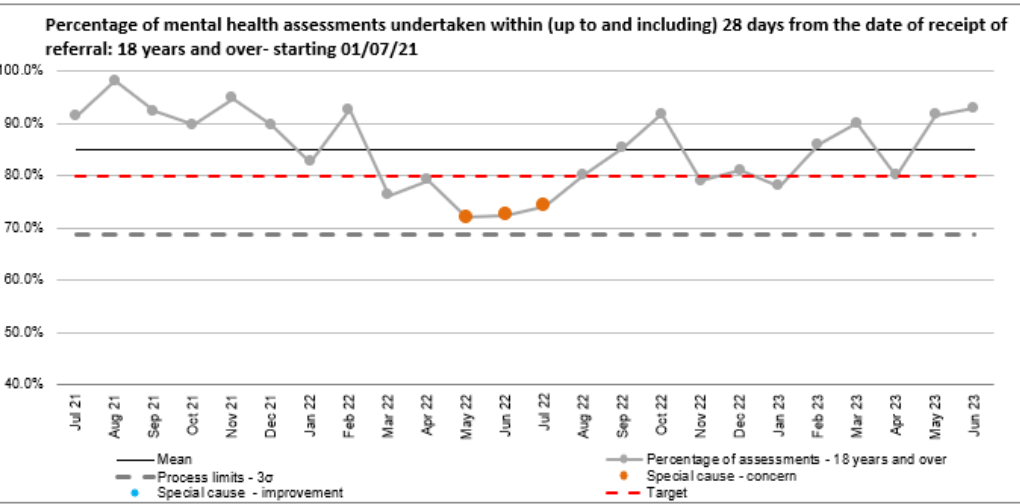
- Performance for under 18s interventions reports 87.5% in June against the 80% target with common cause variation.
- PTHB ranks 1st in Wales against an All-Wales position of 45.5%
- Data quality and timeliness continue to be challenges for the Mental Health submissions with regular retrospective change/validation.

Issues		
No issues		
Actions		
Recovery by		N/A
N/A		
Mitigations		
N/A		

Mental Health Assessments - Percentage of LMPHSS assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged 18 years and over

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Latest available	Jun-23		
Reported performance	92.9%	All Wales benchmark	3 rd (82.2%)*
Target	80%		
Variance	Common cause		
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- The adult service of LMPHSS assessments reports compliance in June (92.9%) against the 80% target (common cause variance).
- PTHB ranks 3rd with an All-Wales position of 82.2%.
- Data quality and timeliness continue to be challenges for the Mental Health submissions with regular retrospective change/validation.

Issues

- Inconsistent data capture across the teams has led to problems with accuracy but these are being resolved.
- Data entry is duplicated on WCCIS and WPAS with some teams delaying entry on the one system, this backlog causes inaccurate data capture.
- Demand for the service has increased
- Practices are not yet fully standardised across Powys

Actions

Recovery by

N/A

- Recovery and Development Plan confirmed in Spring 2023 and work being implemented to data cleanse and standardise services. Actions include;
 - MH teams are producing a SOP to ensure consistent data capture and align capture of workflow across all areas.
 - Newly trained administrators within the primary Mental Health teams will provide a consistent approach to recording data.
 - Ystradgynlais LPMHSS assessments are now being recorded centrally which should improve consistency.
 - A detailed data cleanse is being undertaken to remove historical waiters that are still showing.

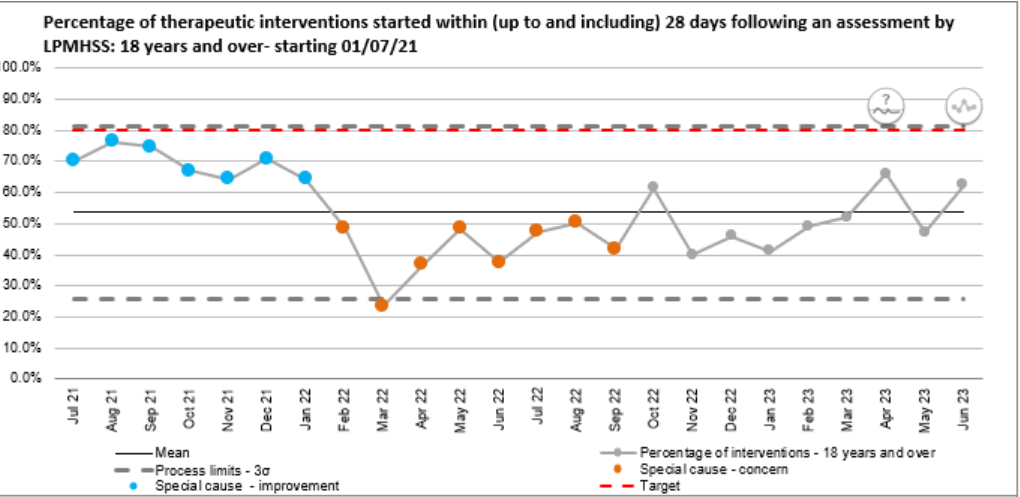
Mitigations

- We are achieving compliance, but this may be temporarily affected by the implementation of the SOP.

Mental Health Interventions - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged 18 years and over

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Latest available	Jun-23		
Reported performance	62.3%	All Wales benchmark	6 th (73.5%)*
Target	80%		
Variance	Common cause		Exception
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Health board performance for adult interventions has not met the required target of 80% reporting an improved position of 62.3% in June. This measure remains challenging with reported common cause variation, it is unlikely that this measure will routinely meet the national target without intervention.
- PTHB ranks poorly (6th) against the All-Wales position of 73.5%
- Data quality and timeliness continue to be challenges for the Mental Health submissions with regular retrospective change/validation.

Issues
<ul style="list-style-type: none">• Inconsistent data capture across the teams has led to problems with accuracy but these are being resolved.• Data entry is duplicated on WCCIS and WPAS with some teams delaying entry on the one system, this backlog causes inaccurate data capture.• Demand for the service has increased• Practices are not yet fully standardised across Powys

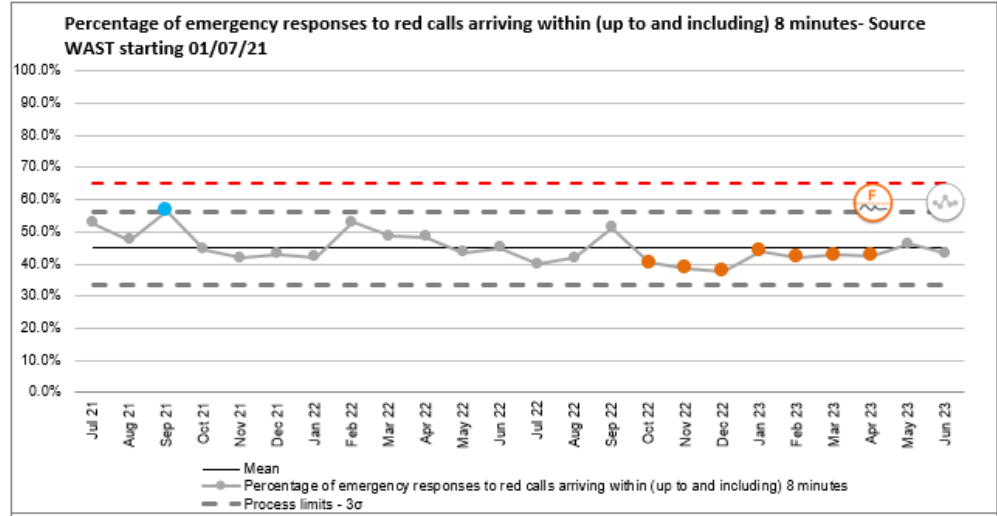
Actions	Recovery by	TBC
<ul style="list-style-type: none">• Recovery and Development Plan confirmed in Spring 2023 and work being implemented to data cleanse and standardise services. Actions include;<ul style="list-style-type: none">a) MH teams are producing a SOP to ensure consistent data capture and align capture of workflow across all areas.b) Newly trained administrators within the primary MH teams will provide a consistent approach to recording data.c) Ystradgynlais LPMHSS assessments are now being recorded centrally which should improve consistency.d) A detailed data cleanse is being undertaken to remove historical waiters that are still showing.		

Mitigations
<ul style="list-style-type: none">• We expect our Part 1b performance to improve but this may be temporarily affected by the implementation of the SOP.

Red Calls- Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11
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Latest available	Jun-23		
Reported performance	43.2%	All Wales benchmark	7 th (54.6%)
Target	65%		
Variance	Common cause		Exception
Data quality & Source		WAST	



What the data tells us

- The reported performance in June remains poor with 43.2% compliance for the 8-minute emergency response target for red calls.
- Performance is common cause variation with a shift below mean in June 2023.
- PTHB again ranks 7th (worst in Wales), the All-Wales position is 54.6%

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

Recovery by

TBC

- 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

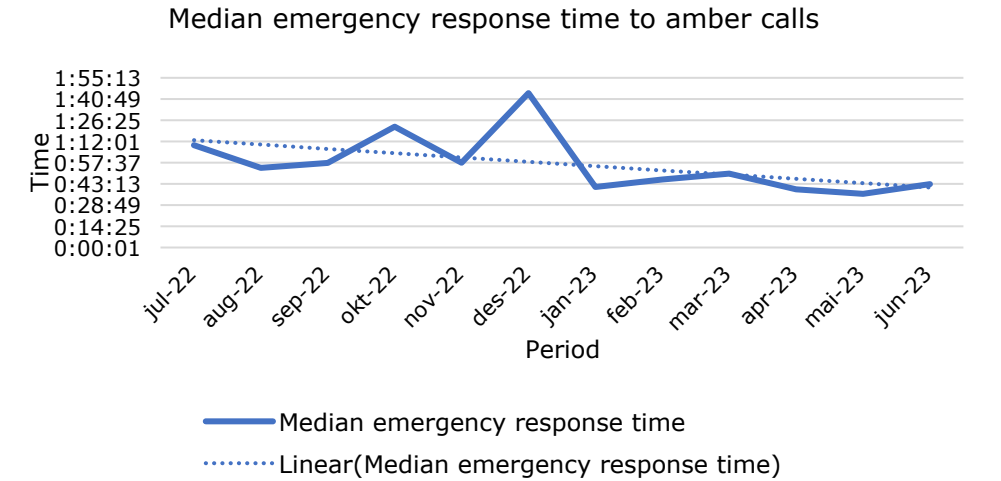
- Wider system calls being held daily with the aim to improve overall system flow.
- Engagement with the Ambulance Service to develop actions to reduce handover delays (ICAP), including enhancement of current in-county pathways to reduce admission

Emergency Services – Median emergency response time to amber calls

New measure for
2023/24

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11
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Latest available	Jun-23		
Reported performance	00:43:02	All Wales benchmark	1 st (01:01:06)
Target	12 Month improvement		
Variance	N/A		
Data quality & Source		Welsh Government Scorecard	



What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework. Amber calls are deemed serious but not immediately life threatening, patients requiring an amber response time will have a response profile ensuring the most clinical resource is dispatched.

Median amber response times have improved over the last 12 month's meeting the national target, the average (median) time for June was 43 minutes.

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	Recovery by	N/A
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- 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.

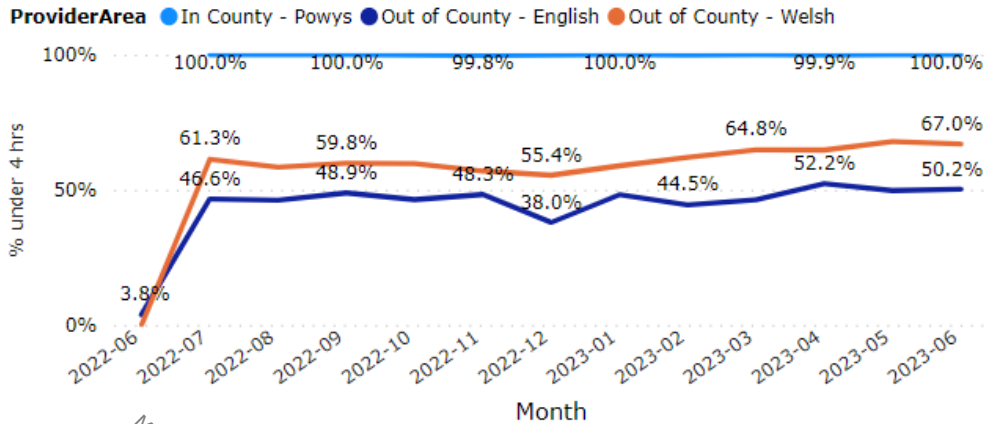
Mitigations

- 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

Emergency Access - 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

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11
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Latest available	Wales - Jun-23 & England Jun-23		
Reported performance	Pow – 100%	All Wales benchmark	*70.2% (1 st as provider)
	Wal – 67.0%		
	Eng – 50.2%		
Target	Wales & England- 95%		
Variance	Common cause		Exception
Data quality & Source		DHCW EDDS	



What the data tells us

- Powys as a provider of care via MIU’s continues to provide excellent compliance in meeting the 4hr target. Performance is common cause variation, and the target has not been missed in at least 5 years of reporting.
- Powys residents in Welsh emergency units have seen an improvement in performance with 67.0% of patients been spending less than 4hrs waiting.
- Powys residents attending English emergency units see the longest wait with 50.2% (June 2023) meeting the 4hr target.

Issues

- No issues with the Powys MIU’s currently reported.
- Powys residents attending Welsh emergency units in May see considerable variation by provider, patients attending Prince Charles Hospital (CTMUHB) are reporting 55.8% compliance, and Bronglais General Hospital (HDLHB) 64.1%.
- Powys residents attending English emergency departments generally wait longer to be seen as reported in the latest March performance figures. Of the two high volume flows into Shrewsbury and Telford and Wye Valley NHS trust they perform at 45.7% and 38.9% respectively
- Key issues for acute care providers include high levels of demand (WVT is providing care for more PTHB resident with the South Powys flow change following Nevill Hall downgrade).
- Discharge speed for patients effecting the hospitals flow and resulting emergency department congestion.

Actions	Recovery by	N/A
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- Reinstatement of Delivery Coordination Group from Q2 to focus on key areas of challenge as a result of increasing pressure.

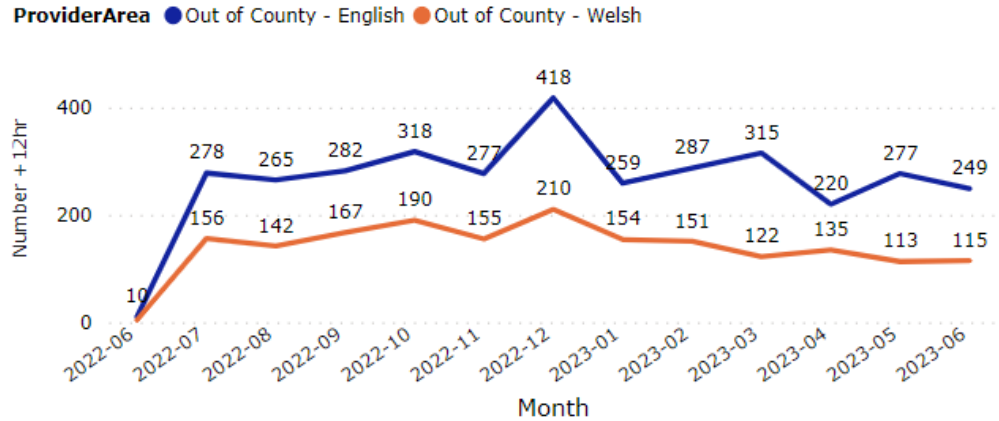
Mitigations

- Powys as a provider monitors acute providers with daily updates from England and national daily workstream within Wales.
- The provider aim to repatriate patients as soon as possible where appropriate to reduce bed blocks in acute providers.

Emergency Access - 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

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11
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Latest available	Wales Jun-23 & England Jun-23		
Reported performance	Pow – 0	All Wales benchmark	*8,949 (1 st as a provider)
	Wal - 115		
	Eng - 249		
Target	Zero		
Variance	TBC		Exception
Data quality & Source			



What the data tells us

- Powys as a provider of care via MIU’s continues to provide excellent compliance in meeting the 12hr target. Performance is common cause variation and the target has not been missed in at least 5 years of reporting.
- English emergency departments are reporting a slight increase in the number of 12hr breaches.
- Welsh emergency departments are reporting a more stable position when compared to 2022/23 but remain challenged.

Issues

- No issues with the Powys MIU’s currently reported.
- Powys residents attending Welsh emergency units in May see considerable variation by provider, the Morriston hospital (SBUHB) reported the most breaches with 48 patients waiting over 12hrs (23.2% of their total waiters) in May whilst Bronglais (H DUHB) only had 25 breaches (7% of their total waiters).
- Powys residents attending English emergency departments generally wait longer to be seen as reported in the latest March performance figures. Of the two high volume flows into Shrewsbury and Telford and Wye Valley NHS trust they reported 176 and 123 breaches of the 12hr target respectively
- Key issues for acute care providers include high levels of demand (WVT is providing care for more PTHB resident with the South Powys flow change following Nevill Hall downgrade).
- Discharge speed for patients effecting the hospitals flow and resulting emergency department congestion.

Actions	Recovery by	N/A
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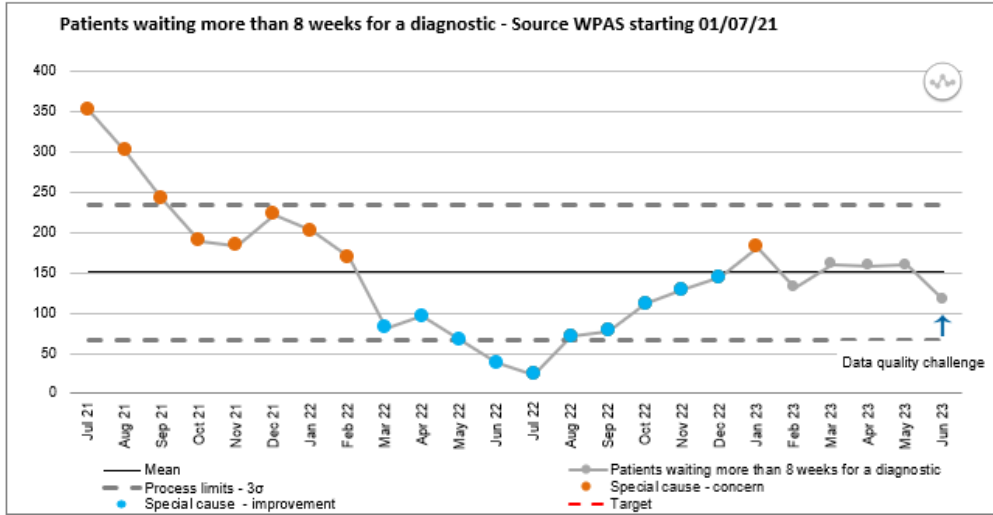
- Powys as a provider monitors acute providers with daily updates from England and national daily workstream within Wales.
- The provider aim to repatriate patients as soon as possible where appropriate to reduce bed blocks in acute providers.

Mitigations

Diagnostics - Number of patients waiting more than 8 weeks for a specified diagnostic

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Jun-23		
Reported performance	117	All Wales benchmark	*1 st (49,657)
Target	PTHB trajectory target <150		
Variance	Common cause		Escalated
Data quality & Source		WPAS	



What the data tells us

This measure includes various diagnostic provisions, echo cardiograms, endoscopy, and non-obstetric ultrasound.

- The health board has reported 117 breaches in June 2023, but this information is not complete missing all radiology data from North Powys as a result of a server connection problems, and other local data process and quality challenges. Due to this the metric has been flagged as escalated whilst under investigation. To note the server connection has been restored in August but data remains unavailable for the June period at present.

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**
- Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility (Aneurin Bevan University Health Board) and increasing demand

Actions	Recovery by	TBC – remedial action plan
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- Non-Obstetric Ultrasound (NOUS)**
- Working with providers to find capacity
 - PTHB have appointed own Sonographers
 - Training of sonographer underway for “lumps and bumps”.
- Cardiology**
- Development of clinical waiting list validation with in reach clinical team – On-going
 - Roll –out of GPSI cardiology transformation programme into South Powys, implementation plan in pace – Q3 2023/24

Mitigations

- Non-Obstetric Ultrasound (NOUS)**
- Continuous monitoring of waiting list
- Cardiology**
- Escalated via CQPRM, capacity shortfall escalated as part of in sourcing proposal

Please note detail on Endoscopy detail is available on the next slide

Diagnostics – Number of patients waiting more than 8 weeks for a specified diagnostic (Endoscopy specific narrative)

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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What the data tells us

When looking at Endoscopy specifically there is an increasing trend in breaches with 20 patients waiting over 8 weeks in June.

Issues

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
- General surgery capacity does not meet demand, routine and urgent pathways wait longer as Urgent Suspected Cancer is prioritised.
- Colonoscopy capacity is insufficient without supplementary insourcing
- Bowel screening (BS) FIT test changes from Oct-22 have increased demand.
- Delays in DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including USC.
- Staff challenges including senior clinical lead for theatres vacancy since June 2022.
- Joint Advisory Group (JAG) accreditation will be lost without the clinical vacancies being filled.
- Delay in Cytosponge rollout due to a national recall for device, device availability delayed until at least end of August whilst further checks are made.

Actions	Recovery by	N/A
<ul style="list-style-type: none">• Service have escalated without resolution the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board), this action requires key leadership and Commissioning support to resolve.• Q4 2022/23, PTHB trains first JAG accredited clinical endoscopist for gastroscopy increasing capacity and resilience (limited capacity risk for gastroscopy in the provider).• Cancer pathways and patient tracking review in the provider underway (currently in-reach capacity impacts on recorded patient waits).• Repatriation of patients from Wye Valley NHS Trust to Llandrindod Wells Hospital (ongoing with ABUHB support).• Trans nasal endoscopy (TNE) standard operating procedure awaiting approval, specialist equipment acquisition underway, clinical specialist training underway with regional workstream. TNE in Llandrindod Wells is planned to start from Q3 2023/24.		

Mitigations

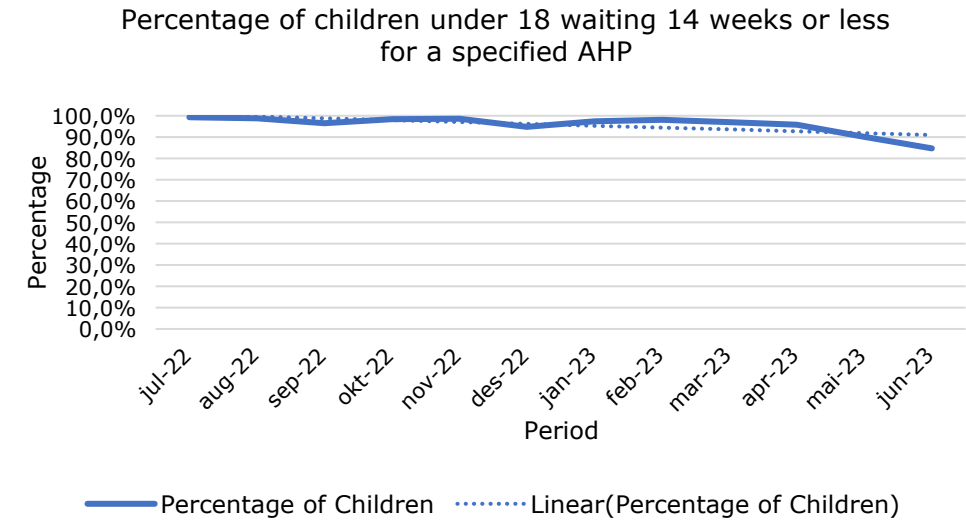
- Rolling programme of clinical and administrative waiting list validation.
- Additional in-sourcing capacity requested but awaiting financial package confirmation to allow utilisation.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid

Percentage of children under 18 waiting 14 weeks or less for a specified Allied Health Professional (AHP)

New measure for
2023/24

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5
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Latest available	Jun-23		
Reported performance	84.7%	All Wales benchmark	4 th (85.4%)
Target	12 month improvement trend		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



What the data tells us

- This is a new measure for the 2023/24 framework. The measure is designed to provide greater transparency and improve timeliness for young people who require timely access to support their developmental requirements.
- The percentage of young people (<18s) who are waiting over 14 weeks for a specified allied health professional (AHP) has fallen not meeting the 12-month improvement trend reporting 84.7% in June.
- 59 patients breach 14 weeks in total, predominately these breaches are within speech and language therapy.

Issues

- Unfilled vacancies
- Large caseload numbers
- High percentage of caseloads/children not being seen for 6 months+
- Focus of team has been RTTs and not current/open episodes of care

Actions	Recovery by	TBC
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- Recruitment plans underway:
- 3x 1.0 Whole time equivalent (WTE) band 5 staff starting by Q3
 - 1.2 WTE band 3 staff starting Sept/Oct time to support delivery of therapy.
 - Team working in more defined episodes of care to reduce cases open for extended periods of time.
 - Focus of the team has shifted to open caseload rather than RTTs. However urgent/high priority children are still being seen from the waiting list.

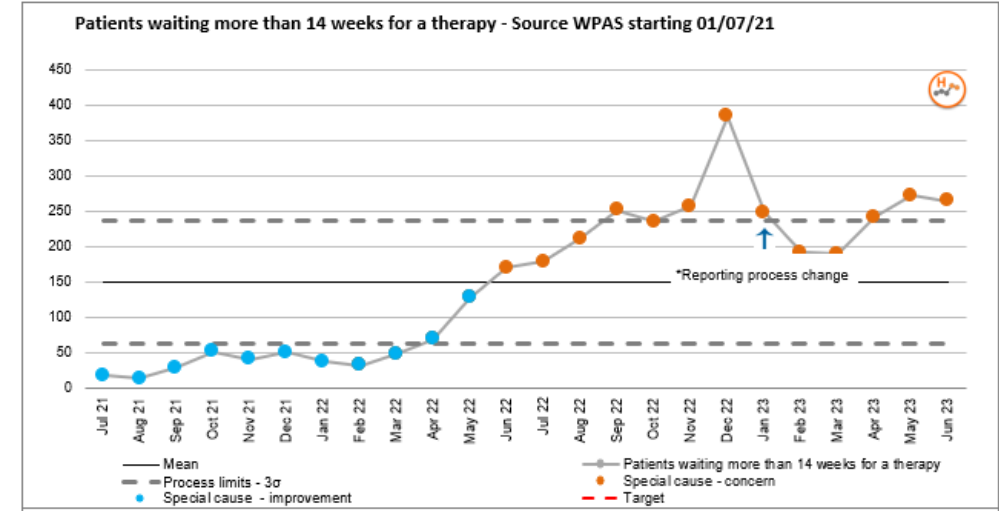
Mitigations

- Locum finishing in July 2023
- Band 6 vacancy unfilled but has been re-advertised as band 6 development post (annex 21) e.g., more junior starter but progressing with training to a higher pay band
- Parents/carers have been offered to attend training/education (which is part of the pathway) whilst on the waiting list (Waiting well) following triage so they can start to implement strategies.

Number of patients waiting more than 14 weeks for a specified therapy (Inc. Audiology)

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5
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Latest available	Jun-23		
Reported performance	265	All Wales benchmark	2 nd (7,944)
Target	PTHB Trajectory – =<180 (Jun-23)		
Variance	Special cause concern		Escalated
Data quality & Source		PTHB Information warehouse	



What the data tells us

- 265 patients breached the 14 week target in June.
- Data quality following new waiting list reporting process resulted in a single extreme outlier in December 2022.
- Shift – more than 7 sequential points fall above and below the mean in the last 24 months (indicating shift change in process).
- This process is not in control.
- As the measure is has not met the required target since December 2021 and continues to indicate a poor trend it has been **escalated** to Service & Executive lead.

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	Recovery by	Mar-24 (details in mitigations)
<ul style="list-style-type: none">• Weekly management of waiting lists by Heads of Service.• Additional locum to support MSK physiotherapy, and new graduate from August 2023.• 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

Improvement planned for full recovery by *Mar-24

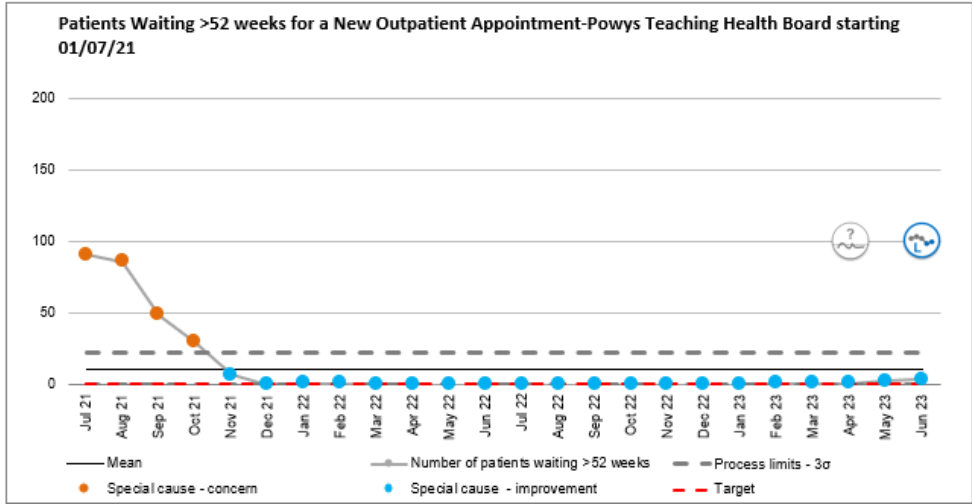
- MSK physiotherapy planned Q3 23/24
- Podiatry planned Q3 23/24
- Dietetics paediatrics Q4 23/24
- Speech and language therapy Q4 23/24

*Projections are based on recruitment plan/return to work, and that no other incidents of long term sickness or maternity leave occur which results in capacity challenge/gaps in service.

New Outpatient – Number of patients waiting over 52 weeks for a new outpatient appointment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5
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Latest available	Jun-23		
Reported performance	4	All Wales benchmark	1 st (52,409)*
Target	PTHB Trajectory – 0 (Jun-23)		
Variance	Special cause improvement		Escalated
Data quality & Source		DHCW	



What the data tells us

- Powys as a provider is starting to see slippage against this measure and its target, June report 4 patients waiting over 52 weeks for a new outpatient appointment.
- Measure continues to report special cause improvement over 24 months as a result of the initial post COVID-19 backlog reduction.
- This measure breaches the Powys set trajectory for 2023/24 of zero patients waiting for a new outpatient appointment over 52 weeks.

Issues

- Specific issues for the Rheumatology breaches 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, General Surgery is particularly fragile with significant capacity deficit.
- Increased demand of urgent and urgent suspected cancer referrals impacting on routine referrals especially in General Surgery, this short fall of capacity will cause significant challenge in meeting planned care measures.

Actions

Recovery by

TBC – remedial action plan

- Review of inter provider pathways with CTMUHB around general surgery, endoscopy and USC pathways commenced Q1 2023/4
- In reach service fragility and capacity issues flagged via Commissioning Assurance Framework (CAF) mechanisms
- Progressing additional in reach support with Commissioning
- Baseline assessment review of PTHB services against GIRFT OP recommendations undertaking with implementation plan under development
- OPD reviewing use of virtual amd group clinics

Mitigations

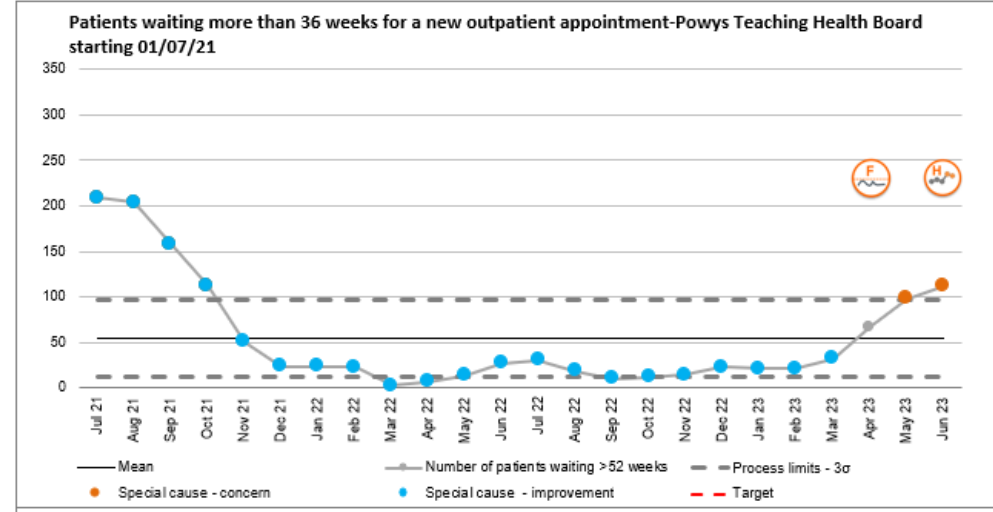
- Outpatient transformation focussing on MDT approach to ensure patient seen at right time by right PTHB clinician – to support improvements in access times, care closer to home, environmental impact less miles travelled
- Utilising in reach to support capacity shortfalls in oral surgery & general surgery.
- 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.

New Outpatient – Number of patients waiting over 36 weeks for a new outpatient appointment

New measure for
2023/24

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5
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Latest available	Jun-23		
Reported performance	112	All Wales benchmark	1 st (105,925)*
Target	35		
Variance	Special cause - concern		Escalated
Data quality & Source		DHCW	



What the data tells us

- This is a new performance measure for the 2023/24 NHS Performance Framework with the aim to illustrate where organisations have improved their service planning and the ability to provide sustainable planned care services.
- Current performance has shifted away from expected trajectory with 112 patients waiting over 36 weeks for a new outpatient appointment (stage 1).
- This measures is flagging special cause concern and fails to meet the target of 35 or less breaches.
- The data is showing early indication of a system out of control without intervention.

- Issues
- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
 - General surgery capacity even does not meet demand, routine and urgent pathways wait longer as USC prioritised to all available clinic/diagnostic slots.
 - Delays in DGH diagnostics (soft tissue & nerve conduction in particular) Histology/Pathology risk timeliness of pathways including USC.
 - Other challenging specialties within the provider include ENT, Orthopaedics, Ophthalmology and Rheumatology due to increased demand/reduced capacity due to in-reach fragility or diagnostic requirements.
 - In-reach Anaesthetics is a particular challenge with cover provided by in-source
 - Staff challenges including senior clinical lead for theatres vacancy since June 2022.
 - Fragility of PTHB staffing and recruitment challenges nationally

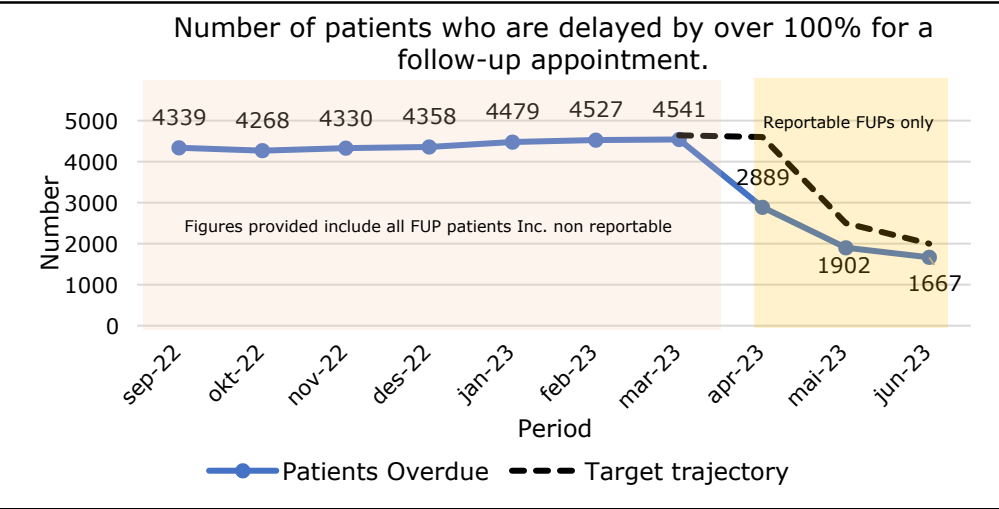
- | Actions | Recovery by | TBC – remedial action plan |
|--|-------------|----------------------------|
| <ul style="list-style-type: none">• Service have escalated without resolution the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board), this action requires key leadership and Commissioning support to resolve.• Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.• Capacity requirements provided for insourcing consideration corporately Q1 2023/4• Recruitment to Clinical Director Planned Care new medical leadership post Q3 2023/24• Job description reviewed & banding uplift for Senior Clinician Theatres/Endoscopy with recruitment be undertaken in Jul/Aug 2023. | | |

- Mitigations
- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
 - Standard Operating Procedures (SOPs) continually reviewed in line with updated Royal College, PHW and national guidance.

Follow Up Outpatient (FUP) – Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health*	Officer lead	Assistant Director of Community Services*	Strategic priority	5
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Latest available	Jun-23		
Reported performance	1667	All Wales benchmark	1 st (251,831)*
Target	PTHB set trajectory target equal or less than 2000 (Jun-23)		
Variance	N/A		Escalated
Data quality & Source		WPAS	



What the data tells us

- PTHB is reports “reportable” only FUP’s to Welsh Government (WG) from April as required by the national measure. Prior to this figures reported to board included all FUP pathways overdue.
- It should be noted that the recovery trajectory was set for 2023/24 included all FUP’s within the calculation and is to be reviewed and re-submitted with health board/WG agreement.
- This measure remains in an escalated state until the data quality issues are satisfactorily resolved.

Issues

- Original challenge started in January 2022 where local service reports were displaying incorrect values.
- Reporting was updated to use National team stored procedure which returned significantly more pathways.
- Digital & Transformation (D&T) team capacity limitations required Performance & Service lead Phase 1 validation to be undertaken without the closure/fixing of incorrect pathways (this left a significant number of pathways that could not be closed by the service due to system problems). Phase 2 validation supported by D&T was unable to start until circa 12 months later.
- Ongoing incorrect reported volumes result in challenges for service demand planning.
- Service capacity pressure prioritising urgent, and USC pathways, which in turn places pressure of compliance on routine and FUP pathways.
- Clinical teams do not consistently use see on symptoms (SOS) and patient-initiated pathways (PIFU) which can result in overdue standard FUP pathways.
- Capacity challenges in planned care result in prioritisation of USC, urgent appointments with routine and FUP appointment timeliness impact.

Actions	Recovery by	Nov-23
<ul style="list-style-type: none">Validation progress (phase 2) has been led on by the Digital and Transformation (D&T) team since April 2023, this has reduced “reportable” over 100% overdue by a further circa 45% was following bulk pathway fixes within the patient administration platform (WPAS) and validated discharges.D&T have completed a three-stages of a multistage action plan to reduce the remaining pathways that require validation, this was completed by the end of May 2023.Stage 4 validation has missed the end of June target for completion but remains underway with patient services, local WPAS team, and National team.Formal recovery trajectory set as part of the ministerial priorities to have no breaches reported by November 2023, this is an ambitious target.		

Mitigations

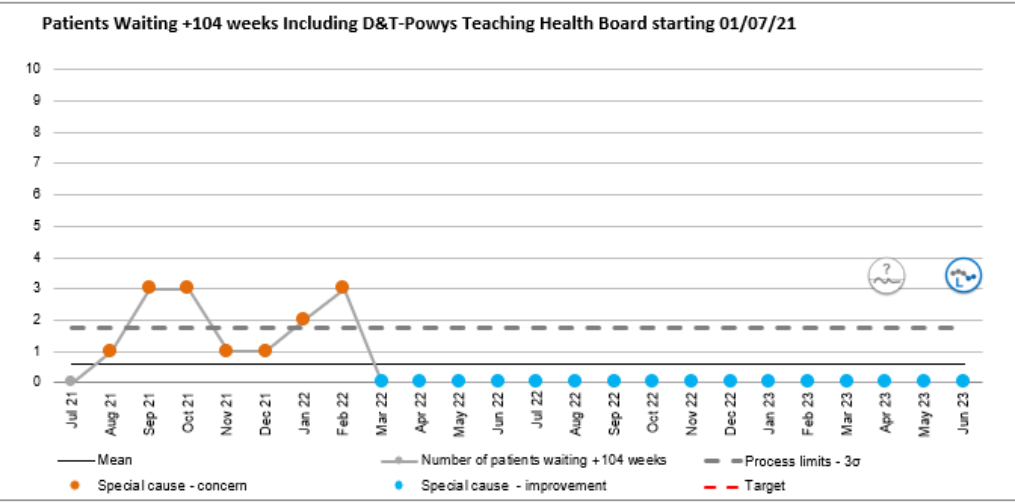
- Reportable waiting lists are clinically validated, and risk stratified in addition to administrative waiting list validation, this is carried out to reduce the risk to pathways.
- Work with services during 2023/24 to implement the correct use of see on symptoms (SOS) and patient initiated FUP (PIFU) pathways to reduce the incorrect usage of a “standard” FUP pathway resulting in +100% waiters who are actually a PIFU.

* This measure and they follow-up investigation, validation and recovery is currently led by the Interim Director of Performance & Commissioning and Director of Finance and ICT and Interim Deputy Chief Executive.

Referral to Treatment – Number of patients waiting more than 104 weeks

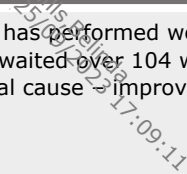
Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5
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Latest available	Jun-23		
Reported performance	0	All Wales benchmark	1 st (30,769)*
Target	PTHB Trajectory - 0		
Variance	Special cause - improvement		
Data quality & Source		DHCW	



What the data tells us

- PTHB has performed well recovering from COVID-19 backlog in March 2022. No patients have waited over 104 weeks since this period.
- Special cause - improvement is reported via SPC



Issues

- Impact of delayed DGH diagnostics, fragility of in reach and on-going capacity shortfalls on this measure, waiting times are increasing.
- I think the HB needs to flag that this measure may potentially be breached due to the above waiting times are over 80 weeks for small number of patients

Actions	Recovery by
<ul style="list-style-type: none">Service have escalated without resolution the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board), this action requires key leadership and Commissioning support to resolve.Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.Capacity requirements provided for insourcing consideration corporately Q1 2023/4Recruitment to Clinical Director Planned Care new medical leadership post Q3 2023/24Job description reviewed & banding uplift for Senior Clinician Theatres/Endoscopy with recruitment be undertaken in Jul/Aug 2023.	

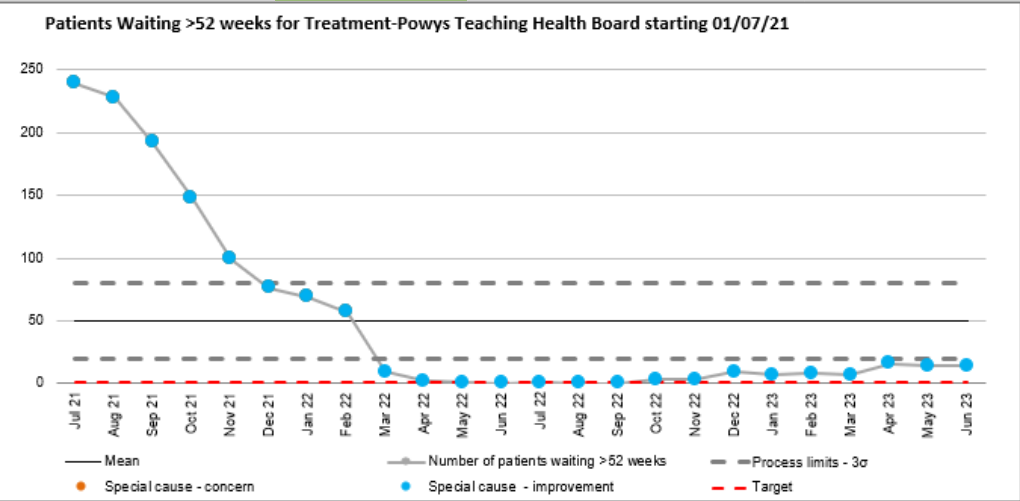
Mitigations

- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Standard Operating Procedures (SOPS) continually reviewed in line with updated Royal College, PHW and national guidance.

Referral to Treatment – Number of patients waiting more than 52 weeks for treatment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5
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Latest available	Jun-23		
Reported performance	14	All Wales benchmark	1 st (136,549)*
Target	PTHB Trajectory - 10		
Variance	Special cause - improvement		Escalated
Data quality & Source		DHCW	



What the data tells us

- This is a new measure for the 2023/24 NHS Performance Framework. This measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS services to improve outcomes.
- The health board has failed to meet the submitted trajectory of 10 or less breaches in June with 14 patients waiting over 52 weeks for treatment.
- The measure still reports special cause – improvement after significant improvement post COVID-19 backlog.

Issues

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
- General surgery capacity even does not meet demand, routine and urgent pathways wait longer as USC prioritised to all available clinic/diagnostic slots.
- Delays in DGH diagnostics (soft tissue & nerve conduction in particular) Histology/Pathology risk timeliness of pathways including USC.
- Other challenging specialties within the provider include ENT, Orthopaedics, Ophthalmology and Rheumatology due to increased demand/reduced capacity due to in-reach fragility or diagnostic requirements.
- In-reach Anaesthetics is a particular challenge with cover provided by in-source
- Staff challenges including senior clinical lead for theatres vacancy since June 2022.
- Fragility of PTHB staffing and recruitment challenges nationally

Actions

Recovery by

No estimate available

- Service have escalated without resolution the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board), this action requires key leadership and Commissioning support to resolve.
- Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.
- Capacity requirements provided for insourcing consideration corporately Q1 2023/4
- Recruitment to Clinical Director Planned Care new medical leadership post Q3 2023/24
- Job description reviewed & banding uplift for Senior Clinician Theatres/Endoscopy with recruitment be undertaken in Jul/Aug 2023.

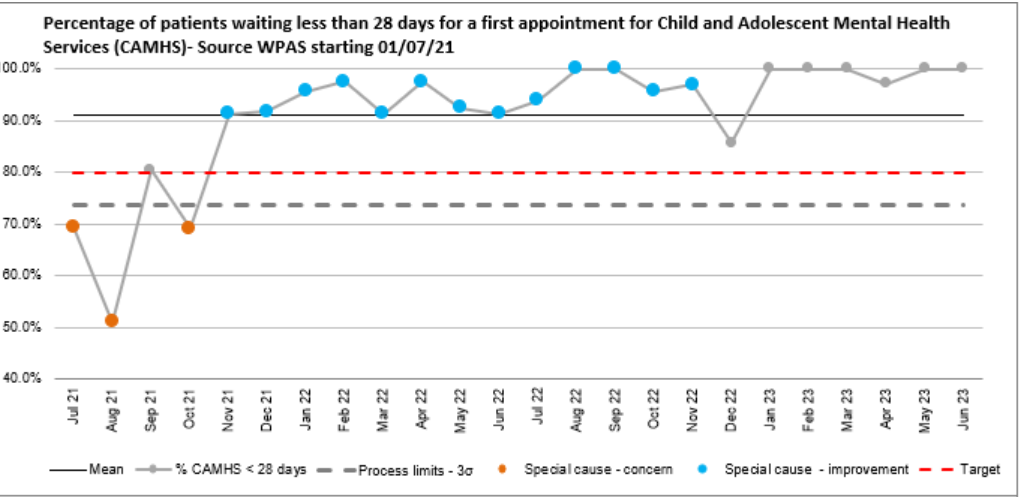
Mitigations

- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Standard Operating Procedures (SOPS) continually reviewed in line with updated Royal College, PHW and national guidance.

CAMHS – Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Women’s and Children’s	Strategic priority	
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Latest available	Jun-23		
Reported performance	100%	All Wales benchmark	1 st (92.2%)*
Target	80%		
Variance	Common cause		
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Performance remains excellent in June with 100% compliance against the 80% national target.
- PTHB ranks first against the All-Wales position of 92.2%.
- This metric reports common cause variation

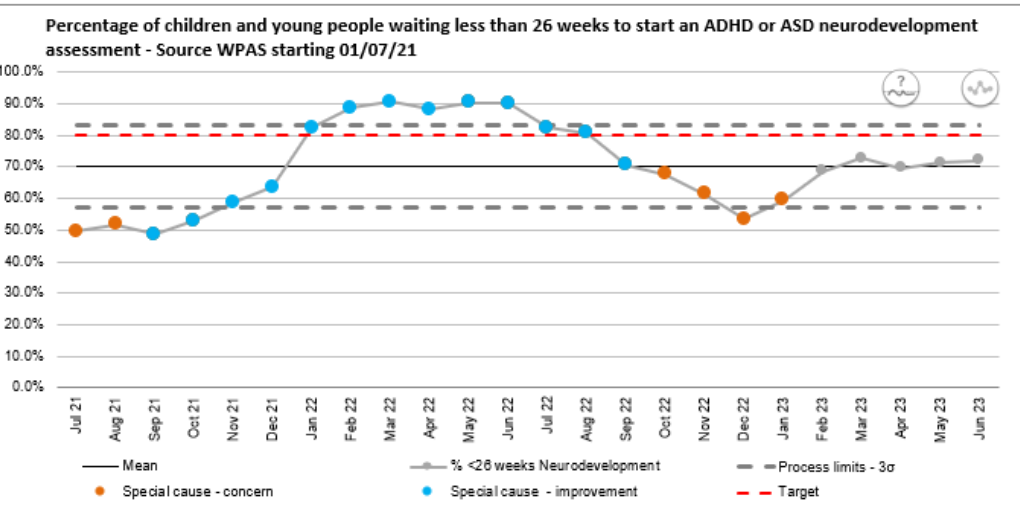
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Issues		
<ul style="list-style-type: none">• No issues 100% compliance achieved and ranking 1st in Wales.		
Actions	Recovery by	N/A
Mitigations		

Neurodevelopment (ND) Assessment – Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Women’s and Children’s	Strategic priority	10
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Latest available	Jun-23		
Reported performance	72.1%	All Wales benchmark	*1 st (31.5%)
Target	80%		
Variance	Common cause variation		Exception
Data quality & Source		WPAS	



What the data tells us

- Performance for neurodevelopmental assessment had remained above average (mean) for the last 24 months, June compliance reported as 72.1%.
- Performance remains common cause variation
- Although not meeting target PTHB benchmarks positively against the All-Wales position routinely.

Issues

- The average referral rate of 20 per month pre COVID has drastically increased to 60 per month in 2022/23. This peaked at 107 referrals for July 23.
- From April 2022 we have been in receipt of non-recurrent funding via the Regional Partnership Board's (RPB) Revenue Integration Fund (RIF) (2022-26) plus Welsh Gov Neurodivergence monies (2022-25), all of which is supporting temporary staff to address the RTT and waiting list backlog.
- 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 30th June 2023.

Actions	Recovery by	TBC
<ul style="list-style-type: none">• During Q4 2022/23, 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.		

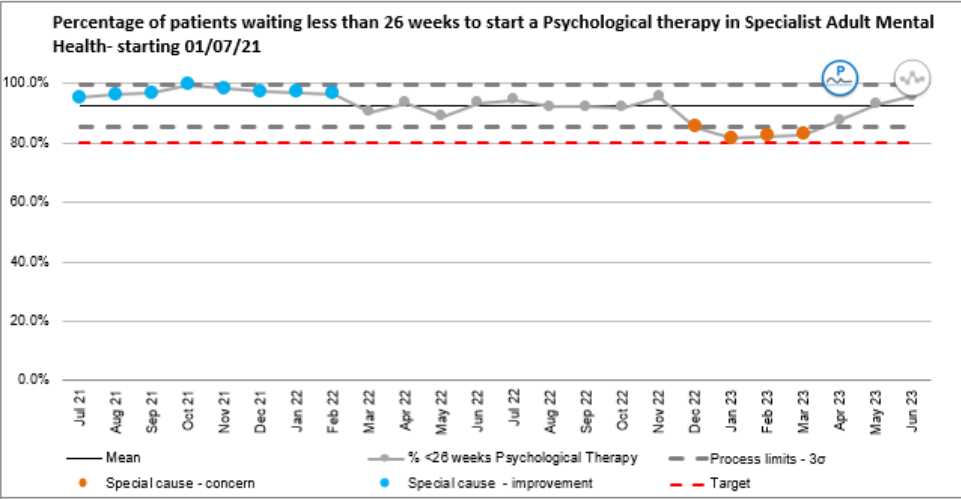
Mitigations

- A business case (BC) has been drafted to secure core recurrent monies beyond March 2024. This will support the essential capacity required to meet the increase in referral demand long term. It is anticipated this be presented to the IBG Scrutiny Panel Sept/Oct 2023.
- In the interim, ND temporary posts have been extended to September 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 2023-26.

Psychological Therapy - Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Latest available	Jun-23		
Reported performance	95.6%	All Wales benchmark	2 nd (64.6%)*
Target	80%		
Variance	Common cause		
Data quality & Source		PTHB Mental Health Service	
























What the data tells us
















- Performance remains robust reporting 93% in May vs the national 80% target.
- The reported variation is common cause and slightly above average for the last 24 months.
- Powys benchmarks positively and currently rank 2nd against the All-Wales position of 64.6%.

Issues		
• No issues 95.6% compliance achieved and ranking 2 nd in Wales.		
Actions	Recovery by	N/A
Mitigations		

Powys resident – Commissioned referral to treatment waits (RTT)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5
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	Jun-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	65.4%	585		348		66		2356
Betsi Cadwaladr University Local Health Board	52.9%	275		169		53		734
Cardiff & Vale University Local Health Board	52.1%	148		93		23		388
Cwm Taf Morgannwg University Local Health Board	51.4%	228		155		40		613
Hywel Dda Local Health Board	59.7%	459		247		54		1595
Swansea Bay University Local Health Board	54.6%	668		408		157		1953
Total	58.4%	2363		1420		393		7639

	May-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	73.5%	50		13		0		317
Robert Jones & Agnes Hunt Orthopaedic & District Trust	62.1%	781		356		10		3089
Shrewsbury & Telford Hospital NHS Trust	68.8%	730		229		0		3947
Wye Valley Trust	63.7%	796		213		0		3686
Total	65.2%	2357		811		10		11039

May-23 data available via submission excel sheets not validated DHCW feed

Return to provider RTT slides

What the data tells us

Commissioned services in Wales are reporting slow improvement across the long wait metrics of +104, over 36 weeks, and new OP 52+ weeks. Key challenged providers in Wales for Powys residents include Cwm Taf Morgannwg UHB (CTMUHB) and Swansea Bay UHB (SBUHB).

The table below is for Welsh providers and can be used to view relative improvement of waiting lists.

Wales Measures	Jun-22	Jun-23
Total pathways over 36 weeks	2634	2363
Pathways waiting +52 new outpatient	840	253
Pathways waiting 104+ weeks	699	393

English providers still report an improved position when compared to waiting pathways in Wales. Very long waits 104+ weeks are limited to RJAH consisting of complex spinal cases

English Measures	May- 22	May-23
Total pathways over 36 weeks	2391	2373
Pathways waiting 104+ weeks	36	10

Powys residents are being impacted by significant geographical equity for care, especially those who have waited and remain waiting over 2 years for treatment. English acute health trusts providing a better service for residents in the North & East of the county. Those residents who live within the southwest health economy have the poorest access times for treatment and wait the longest.

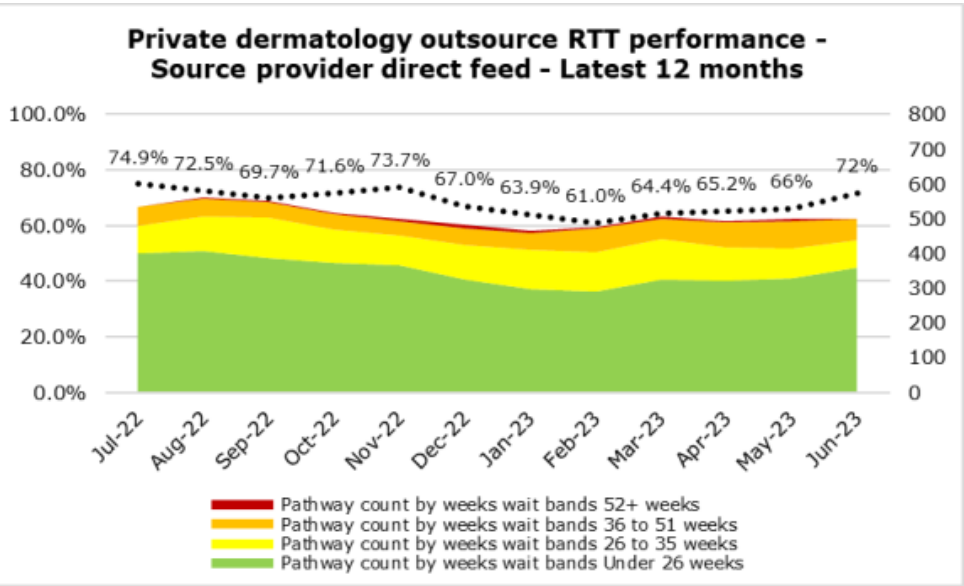
Powys resident – Commissioned referral to treatment waits (RTT)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Interim Assistant Director of Performance & Commissioning	Strategic priority	5
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Issues		
<ul style="list-style-type: none">• PTHB continues to work with commissioned service providers to obtain an understanding of referrals, demand and capacity, waiting list profiles at specialty level and convert outpatients into Indicative Activity Plans including detail on anticipated performance trajectories to deliver against NHS Wales and NHS England targets 2023/24. Recovery forecasts for waiting lists across all providers have been particularly challenging with increased demand, and staffing fragility impacting through put.• English and Welsh providers reporting clinical staff retirements with difficulties in being able to replace.• 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 more timely access for residents in the North & East of the county. Those residents who live within the southwest 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.		
Actions	Recovery by	N/A
<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.• The health board continues to engage on a regular basis with all commissioned providers via contracting, 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 case mix recommendations are discussed and noted.• Opportunities being explored with RJAH for increased insourcing capacity for high volume, low complexity long waiting orthopaedic patients to be repatriated to PTHB.• Long waiting patients: Through contracting, quality and performance meetings commissioned service providers requests to provide assurance that all long waiting patients are contacted to ensure that they have access to support and information whilst waiting for their appointment, actions that they can take to keep themselves well and to confirm the prehab support offered to patients to ensure that they are fit for their proposed treatment.• PTHB to use 'Your NHS Experience' survey to obtain feedback from patients accessing commissioned services.		
Mitigations		
All patients waiting are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait.		

Insourcing/Outsourcing - Private Dermatology Outsourcing – Referral to Treatment

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Interim Assistant Director of Performance & Commissioning	Strategic priority	5
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What the data tells us

In June 2023 the provider RTT performance has shown a step of improvement to 71.8% of the waiting list being under 26 weeks. Patients that wait over 36 weeks has reduced from 84 (May) to 61 in June reversing a 6-month trend of increase. Since July 2022, a small number of pathways have exceeded 1 years wait, the longest wait in June reported at 56 weeks and only 2 patients have breached both as result of patient-initiated cancellations.

Issues

- None reported

Actions	Recovery by	N/A
<ul style="list-style-type: none">None reported		

Mitigations

- None reported

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	
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
Apr-23	65.2%	321	95	72	4	492
May-23	66.1%	329	85	80	4	498
Jun-23	71.8%	359	80	59	2	500

Powys resident – Commissioned Cancer Waits

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Interim Assistant Director of Performance & Commissioning	Strategic priority	5
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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	2022-06	2022-07	2022-08	2022-09	2022-10	2022-11	2022-12	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06
Aneurin Bevan Local Health Board	58%	77%	67%	65%	67%	48%	48%	56%	82%	85%	69%	55%	56%
Betsi Cadwaladr University Local Health Board	0%	100%	100%	0%	30%	38%	53%	29%	20%	29%		63%	
Cardiff & Vale University Local Health Board				50%		100%	0%	0%					
Cwm Taf Morgannwg University Local Health Board	67%	14%	20%	22%	57%	0%	50%	20%	25%	33%	29%	75%	0%
Hywel Dda Local Health Board	40%	25%	33%	50%	50%	57%	57%	20%	57%	20%	56%	17%	13%
Swansea Bay University Local Health Board	67%	25%	83%	67%	67%	60%	100%	38%	67%	50%	33%	50%	25%
Total number treated within target (numerator)	17	14	20	22	22	26	26	19	20	29	17	16	11
Total pathways that started treatment (denominator)	33	29	32	48	41	52	50	51	37	46	32	31	32
Total monthly percentage compliance	52%	48%	63%	46%	54%	50%	52%	37%	54%	63%	53%	52%	34%

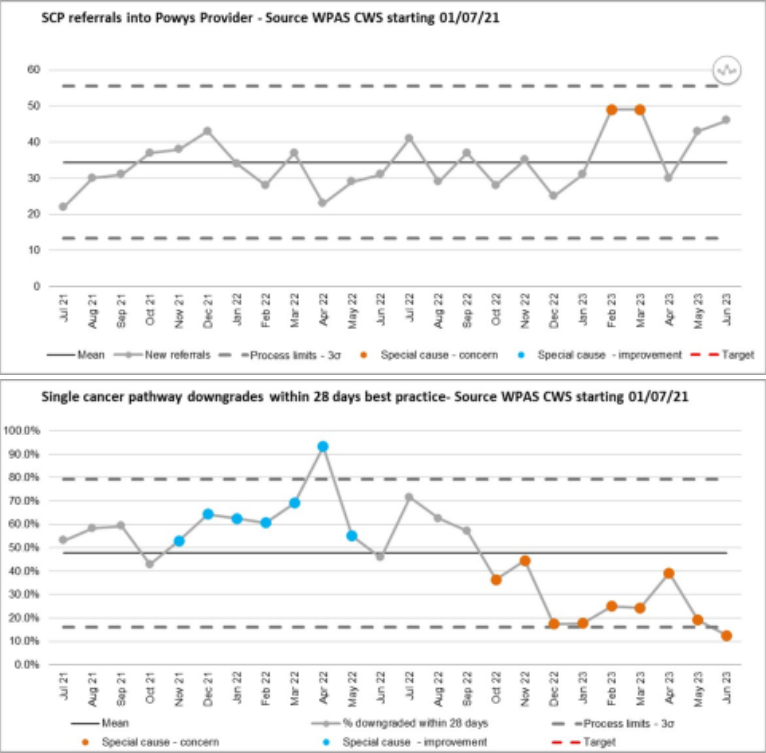
Data
Quality &
Source

DHCW -
Please note
SCP data is
not finalised
until quarterly
refresh is
carried out by
submitting
health boards

What the data tells us
<p>Wales</p> <p>Performance in Wales remains challenging for cancer pathways, provisional data for Jun 2023 shows 62-day cancer compliance at 34% with 11 of 32 pathways treated within target. 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).</p> <ul style="list-style-type: none">Rapid diagnostic centre (RDC) access now in place for Powys residents in BCUHB, SBUHB, and ABUHB, further work is being done with BCUHB to assess access for Mid Powys residents also into their RDC (which would not normally be the geographical flow for this cluster).
What the data tells us
<p>England</p> <ul style="list-style-type: none">Shrewsbury and Telford Hospital (SATH) NHS Trust reported 5 breaches of their cancer pathway reported for June 2023. All breaches were patients waiting over 104 days, and all breaches were as a result of complex diagnostics pathways, and outpatient capacity challenges across multiple different tumour types.Wye Valley NHS Trust (WVT) – The provider has reported in March 62 day performance for all patients (including non-Powys) of 54.5% for the 62 days urgent GP referral to treatment measures. Escalated via Commissioning Quality Reporting & Performance meetings is the lack of Powys responsible patient breach information, this challenge is ongoing and at present the latest breach reports are from March where 5 Powys patients waited over 62 days predominately on a urological tumour site pathways.Both SATH and WVT have challenging cancer performance when compared to other English NHS trusts against the 62 day target, however their rapid diagnostic and two week wait performance is generally more robust and aligned to other English provider performance.

SCP - Powys provided cancer pathways (Powys does not provide treatment, but the health board is required to submit and validate downgrades)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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What the data tells us

- There is significant challenge with Powys cancer pathways where key outpatient and diagnostic endoscopy are undertaken. The level of demand remains high in Q1 and has again reported above mean with 46 referrals accepted in June. Downgrade performance against the 28-day best practice (not an NHS Performance Framework metric) has been especially poor with declining performance through Q3, low performance in Q4, and into Q1 23/24 reporting (12.5%) for June.
- PTHB median to first outpatient appointment, and to first diagnostic is reported as higher than all Wales. But it should be noted that complex diagnostics are carried out within acute care providers.

Issues

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
- General surgery capacity even with private insource does not meet demand, routine pathways wait longer as urgent/USC prioritise available clinic/diagnostic slots.
- Colonoscopy capacity is not sufficient without supplementary insource.
- Bowel screening (BS) FIT test changes from Oct-22 have increased demand.
- Delays in DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including USC.
- Staff challenges including senior clinical lead for theatres vacancy since June 2022.
- Delay in Cytosponge rollout due to a national recall for device, device availability delayed until at least end of August whilst further checks are made.
- Powys local red-card process is not compatible with CTMUHB in-reach clinical processes and capacity (e.g., some patients are clinical downgrades/discharged but their pathway remains “digitally” open until red card is completed).

Actions	Recovery by	N/A
<ul style="list-style-type: none">Service have escalated without resolution the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board), this action requires key leadership and Commissioning support to resolve.Q4 2022/23, PTHB trains first JAG accredited clinical endoscopist for gastroscopy increasing capacity and resilience (limited capacity risk for gastroscopy in the provider).Cancer pathways and patient tracking review in the provider underway (currently in-reach capacity impacts on recorded patient waits).Trans nasal endoscopy (TNE) standard operating procedure awaiting approval, specialist equipment acquisition underway, clinical specialist training underway with regional workstream. TNE in Llandrindod Wells is planned to start from Q3 2023/24Provider 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.		

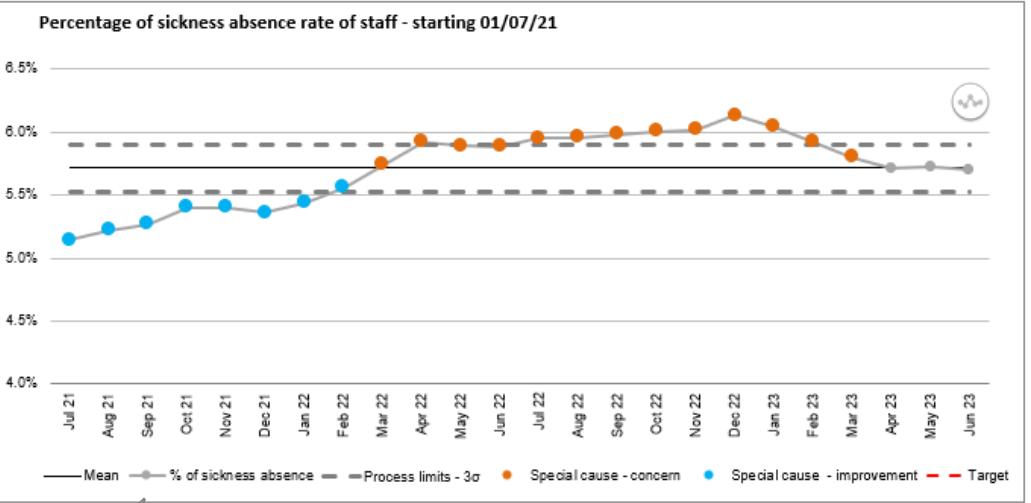
Mitigations

- Rolling programme of clinical and administrative waiting list validation.
- Additional in-sourcing capacity requested but awaiting financial package confirmation to allow utilisation.
- Powys has a limited proportion of the resident cancer referrals and for predominately general surgery, and incidental findings in ENT or Dental. Most USC referrals go directly to acute care or rapid diagnostic centres.
- Regional working on-going as part of National Diagnostic workstream

Sickness Absence – Percentage of sickness absence rate of staff

Executive lead	Executive Director of Workforce and OD	Officer lead	Deputy Director of Workforce and OD	Strategic priority
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Latest available	Jun-23		
Reported performance	5.7%	All Wales benchmark	4 th (6.53%) – Apr-23
Target	12 Month Reduction Trend		
Variance	Common cause		
Data quality & Source		PTHB Workforce	



What the data tells us

- The rolling 12-month sickness absence rate is reported as 5.7% for June with actual sickness absence for the month being 5.52%. Rolling sickness had been trending downwards since December 2022, however, has remained the same in June 2023 as in May 2023.
- Variation is common cause and slightly below the 24-month average.

Issues

In the last 12 months 3,011 episodes of sickness were recorded of which 418 were long term. Anxiety Stress & Depression continues to be the top reason, accounting for nearly 28% of all sickness and 303 episodes recorded (138 of which were long term, mainly Nursing and Admin & Clerical). This is followed by Other Musculoskeletal problems which accounted for nearly 9%, 133 reported episodes (47 long term, mainly in Additional Clinical Services and Admin and Clerical).

In the month of June, Anxiety, Stress & Depression accounted for nearly 31% of all sickness reported, with 61 episodes (36 long term, mainly in Nursing).

This was followed by Other Musculoskeletal problems, responsible for 11%, with 26 episodes (15 long term, mainly within Nursing)

Actions	Recovery by	N/A
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- Directorates with performance above the target set in the MDS have been asked to provide trajectory recovery plans.
- Directorates to actively promote all available wellbeing support to staff that are in work and absent.
- Long-term absence cases are being reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy.

Mitigations

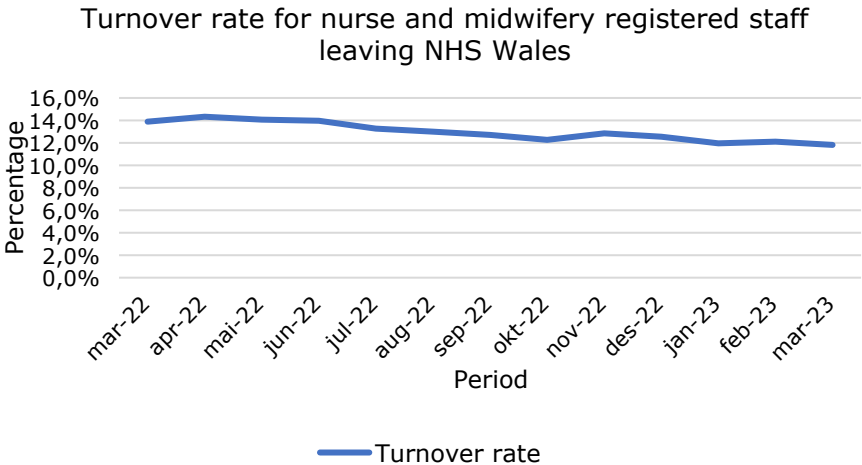
- The WOD Business Partners (BP) team have updated the managers toolkit to support the deployment of the All Wales Managing Attendance at work policy.
- The WOD BP team are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed.
- Sickness absence is monitored via directorate Senior Management Team meetings.
- A series of roadshows have begun across all hospital sites to support wellbeing.

Workforce – Turnover rate for nurse and midwifery registered staff leaving NHS Wales

New measure for 2023/24

Executive lead	Executive Director of Workforce and OD	Officer lead	Deputy Director of Workforce and OD	Strategic priority
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Latest available	Mar-23		
Reported performance	11.8%		
Target	Rolling 12-month reduction against a baseline of 2019-20 (9.5%)		
Variance	N/A		Exception
Data quality & Source	Welsh Government Scorecard		



What the data tells us

- This is a new measure for the 2023/24 NHS Performance Framework. This metric focuses on the measurement of staff leaving employment, and the identification of key causes and how best to tackle them. High staff turnover results in both high costs and a negative effect on services.
- Performance is improving over the last 12 months (11.8% Mar-23) but remains higher than the 2019/20 baseline of 9.5% for the equivalent period.

Issues

- Health Education and Improvement Wales (HEIW) have produced the analysis and data for this measure along with the methodology, as such the health board cannot replicate this information locally.
- HEIW have noted that "current data has some anomalies and we will be going to organisations to discuss the raw data to iron these out"

Actions	Recovery by	TBC
<ul style="list-style-type: none">Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave.The Workforce and OD Directorate are working to develop good practice guides to support managers in working to improve retention.The Workforce and OD Directorate will be rolling out a Team Climate survey which will support managers and teams to identify actions which they can take to support retention.		

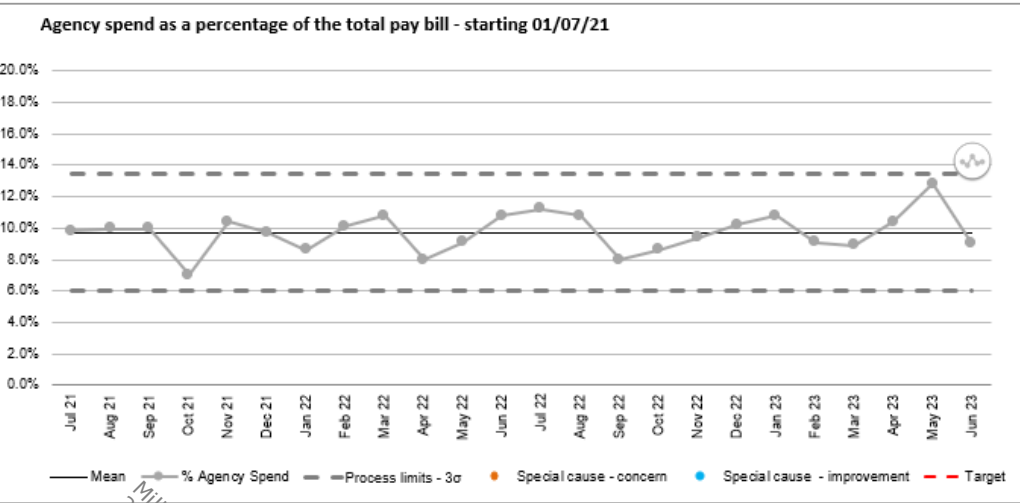
Mitigations

The Workforce and OD Directorate together with the Trade Unions and colleagues from services continue to roll out a series of Staff Roadshows across all Hospital sites. The aim of these events is to support staff wellbeing and promote the support that is available within the Health Board.

Agency Spend – Agency spend as a percentage of the total pay bill

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health/ Executive Director of Workforce & OD - TBC	Officer lead	Deputy Director of Workforce and OD/Assistant Director of Community Services Group - TBC	Strategic priority	13
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Latest available	Jun-23		
Reported performance	9.0%	All Wales benchmark	12 th (5.6%) (Apr-23)
Target	12-month reduction trend		
Variance	Common cause		Exception
Data quality & Source		PTHB Finance	



What the data tells us

- The provider agency spend as a percentage of total pay bill varies as a response to demand.
- No trajectory was required for 23/24 under the revised ministerial priorities, and as such the target defaults to 12-month reduction for the 2023/24 financial year.
- This reduction is not achieved with although reported spend reduced to 9% below average for the 24 months reported.
- Variation remains common cause.

Issues
<ul style="list-style-type: none">• Changes in operational footprint including escalation / surge capacity• Limited substantive Professional workforce availability• Rurality• COVID & impacts of short-term Sickness absence• Patient acuity & dependency

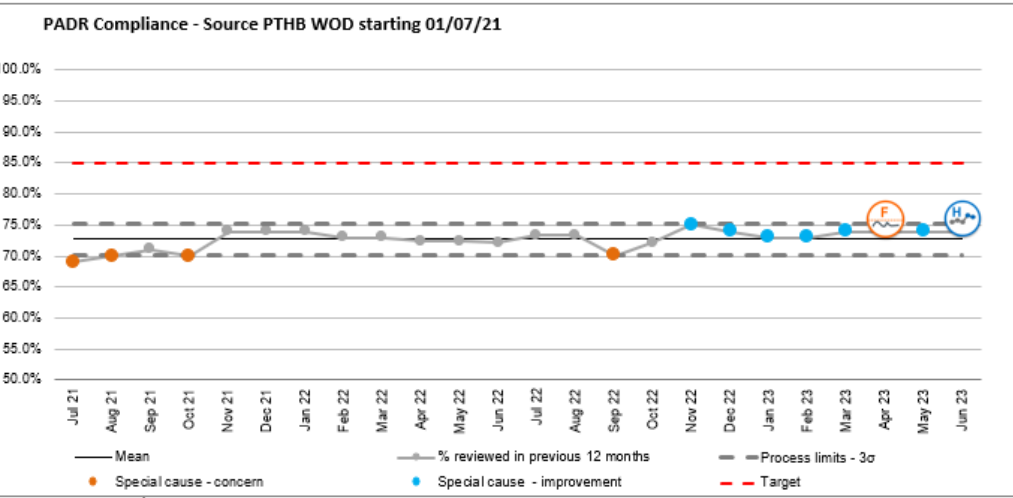
Actions	Recovery by	TBC
<ul style="list-style-type: none">• Reviewing operational footprint to further reduce reliance on temporary staffing• Negotiating with on-contract agencies for additional recruitment and long-lining of staff• refresh of actions from establishment review• Additional recruitment of overseas nurses (OSN) who undertake Objective Standard Clinical Examination (OSCE) that the nurses must pass in order to re-register from April 2023		

Mitigations
<ul style="list-style-type: none">• 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 registered nurses into Welshpool• Roster scrutiny and accountability.• Targeted analysis of enhanced levels of care to support pre planning of staffing requirements.• Conversion of agency to substantive in one setting• Conversion of Thornbury nurses to on framework agency in high-cost area.

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)

Executive lead	Executive Director of Workforce and Organisational Development	Officer lead	Deputy Director of Workforce and OD	Strategic priority	14
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Latest available	Jun-23		
Reported performance	74.0%	All Wales benchmark	3 rd (69.4%) (Apr-23)
Target	85%		
Variance	Special cause- improvement		Exception
Data quality & Source		PTHB WOD	



What the data tells us

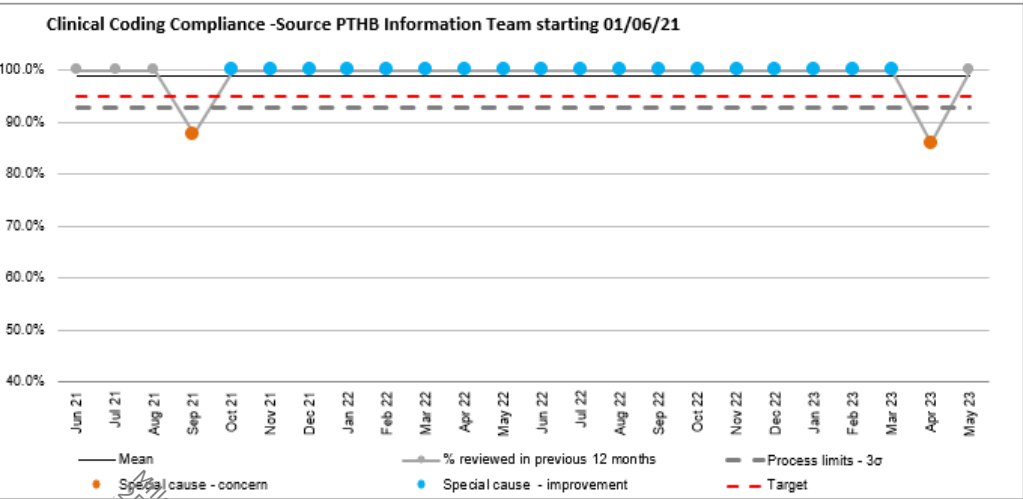
- THB PADR compliance is reported at 74% for June 2023, 11% below the national target of 85%.
- Statistically the SPC chart reports special cause improvement with consistent performance above average over the last 24 months.
- The health board benchmarks positively when compared the All-Wales position of 69.4% (Apr 2023).

Issues		
<ul style="list-style-type: none">• 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.• As of June 2023, there were 10 service areas who's performance was below the national target of 85% but above the All-Wales benchmark of 65%.		
Actions	Recovery by	TBC
<ul style="list-style-type: none">• WOD 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.		
Mitigations		
<ul style="list-style-type: none">• WOD Business Partners discuss alternative methods of PADR delivery with Service Managers e.g. Group PADRs and delegated responsibility.• Managers toolkit on Pay progression has been developed and implemented.		

Percentage of episodes clinically coded within one month post discharge end date

Executive lead	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Officer lead	Head of Information, digital transformation and informatics	Strategic priority
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Latest available	May-23
Reported performance	100% All Wales benchmark 1 st (74.3%)
Target	Maintain 95% target or demonstrate an improvement trend over 12 months
Variance	Common cause
Data quality & Source	DHCW



What the data tells us

- PTHB has a very small but high performing clinical coding team who predominately report 100% compliance against the national measure.
- Variation is reported as common cause for May.

Issues

- Our own internal data for April suggests we exceeded the national target as all episodes were coded within one month post discharge end date.

Actions	Recovery by	N/A
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- The Information and Data Quality Manager is working with colleagues in DHCW to identify why April’s performance fell below the national target.

Mitigations

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience

NHS Performance Measure - 41

Powys as a provider



New measure for 2023/24

Percentage of all classifications’ coding errors corrected by the next monthly reporting submission

Executive lead	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Officer lead	Head of Information, digital transformation and informatics	Strategic priority	
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Latest available	May-23		
Reported performance	0.0%	All Wales benchmark	8 th (48%)
Target	90%		
Variance	Exception		
Data quality & Source		Welsh Government Scorecard	

Insufficient data/data quality concerns for visual reporting

Issues		
<ul style="list-style-type: none">Unable to reconcile the reported errors with PTHB own internal data.		
Actions	Recovery by	TBC
<ul style="list-style-type: none">The Information and Data Quality Manager is working with colleagues in DHCW to identify the cause of the low performance, which affects a low number of records (5 in April, 3 in May).		
Mitigations		
<ul style="list-style-type: none">Errors from the reported period have been corrected and are not outstanding.		

What the data tells us
<p>This is a new measure for the 2023/24 NHS Performance Framework.</p> <p>This measure reports 0.0% compliance in May for 5 coded records (this is under investigation as the local team view this as incorrect without further evidence.</p> <p>Rationale - This measure supports the improvement of data quality which informs significant clinical management decisions. It supports the identification of issues of inaccuracy in clinically coded data and ensure that Health Boards and Trusts improve the quality of this data by correcting issues as soon as possible. The aim is for 100% accuracy, but 10% discretion allows for outlier cases and aligns with data quality methodology.</p>

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience

NHS Performance Measure - 42

Powys as a provider

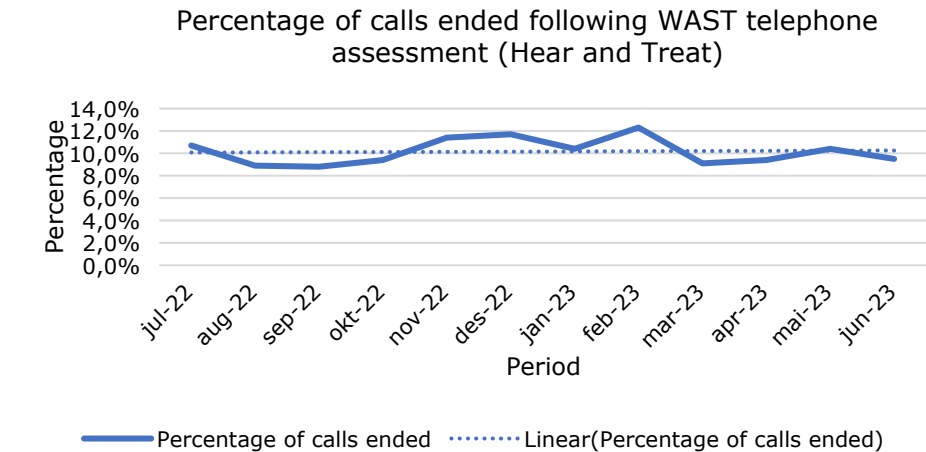


New measure for 2023/24

Percentage of calls ended following WAST telephone assessment (Hear and Treat)

Executive lead	Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	
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Latest available	Jun-23		
Reported performance	9.5%	All Wales benchmark	7 th (13.9%)
Target	17% or more		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



Issues		
• No issues currently reported		
Actions	Recovery by	TBC
Mitigations		

What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework. Hear and Treat enables 999 callers who are deemed to have a non-life-threatening condition to receive advice over the phone or to be triaged to a non-emergency service. This helps ambulance vehicles to be despatched quickly to patients who need to be admitted to an emergency department. Hear and Treat helps to reduce ambulance transportation, hospital admission and patient flow. It also makes it easier and quicker for patients to the right advice or treatment closer to home.

Powys has not met the national target in Jun-23 with 9.5% reported against the 17% target. It should be noted that the health board area ranks 7th against the All-Wales position of 13.9%.

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience

NHS Performance Measure - 43

Powys as a provider

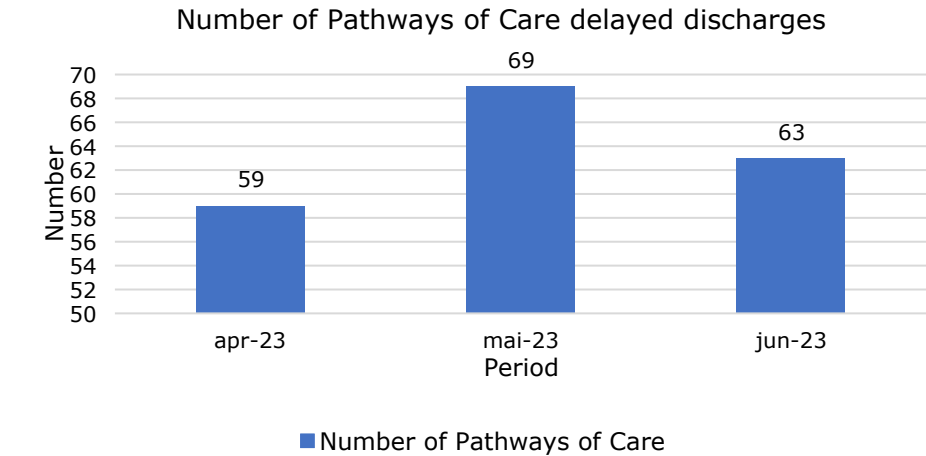


New measure for 2023/24

Number of Pathways of Care delayed discharges

Executive lead	Interim Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	
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Latest available	Jun-23		
Reported performance	63	All Wales benchmark	2 nd (1,526)
Target	12 month reduction trend		
Variance	N/A		
Data quality & Source	Welsh Government Scorecard		



What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework. Key to this rationale is due to the negative impact that a pathway of care delay has on patient outcomes and the wider unscheduled and scheduled care systems, there is a need for a sustained reduction in the number of pathways of care delays across Wales.

Data points for this measure are limited e.g., from April 2023, as such no compliance performance can be ascertained against the 12-month reduction target.

Issues

- Increased deconditioning following extended stays
- Increased assessment delays trending upward
- Limitations of domiciliary care market
- Market capacity
- Market responsiveness
- Increasing community demand
- Limitations on care home market capacity
- Delayed social care allocation and assessment
- Requirement to refresh community hospital model

Actions

Recovery by

N/A

- Development of business case for increased numbers of discharge liaison officers to drive reduction in length of stay
- Bed census to better understand and inform patient need prior to admission and change in need to support discharge
- Domiciliary care market exploration capacity/ demand
- Participation in Accelerated Sustainability Model workstream
- System engagement with Powys County Council to inform market development

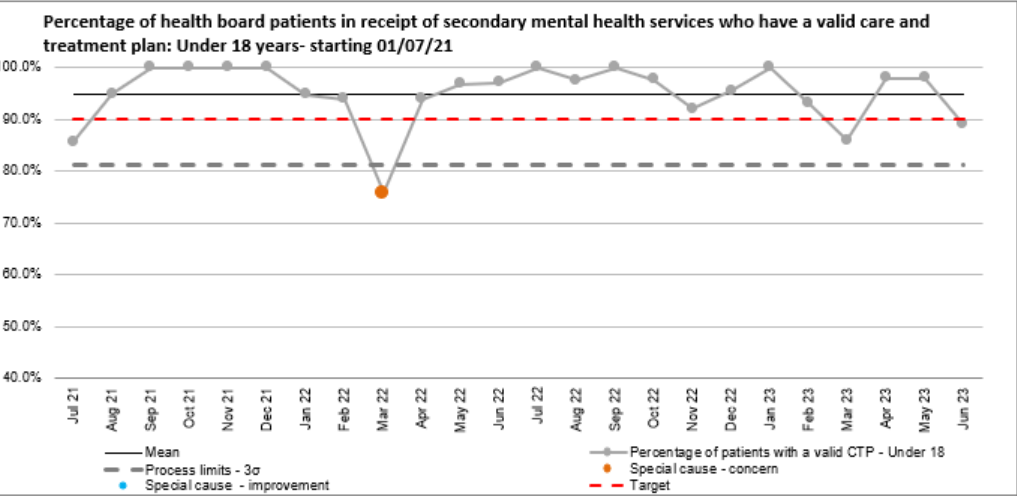
Mitigations

- Promotion of Home First model as per Goal 5 focus outcomes
- Promotion of reablement, reduced LOS and activities to reduce deconditioning
- Daily Sitrep and flow discussions
- Bi weekly focus on stranded patient review
- Weekly themes and trends meeting
- Accelerated Sustainability model planning to inform community offer
- Continued participation in market engagement with care providers/ third sector provisions.

Mental Health CTP, Under 18's- Percentage of health board residents under 18 years in receipt of secondary mental health services who have a valid care and treatment plan

Executive lead	Interim Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	
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Latest available	Jun-23		
Reported performance	89.0%	All Wales benchmark	3 rd (90.3%)*
Target	90%		
Variance	Common cause		Exception
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Performance in June has fallen marginally under target to 89% against a 90% national target. The health board ranked 3rd against the All-Wales position of 90.3% in May.
- Variation remains common cause.

Issues

50 out of 56 patients had a valid CTP at the end of the month. 1 more patient being seen would have achieved compliance and 90% target.

Actions

Recovery by

TBC

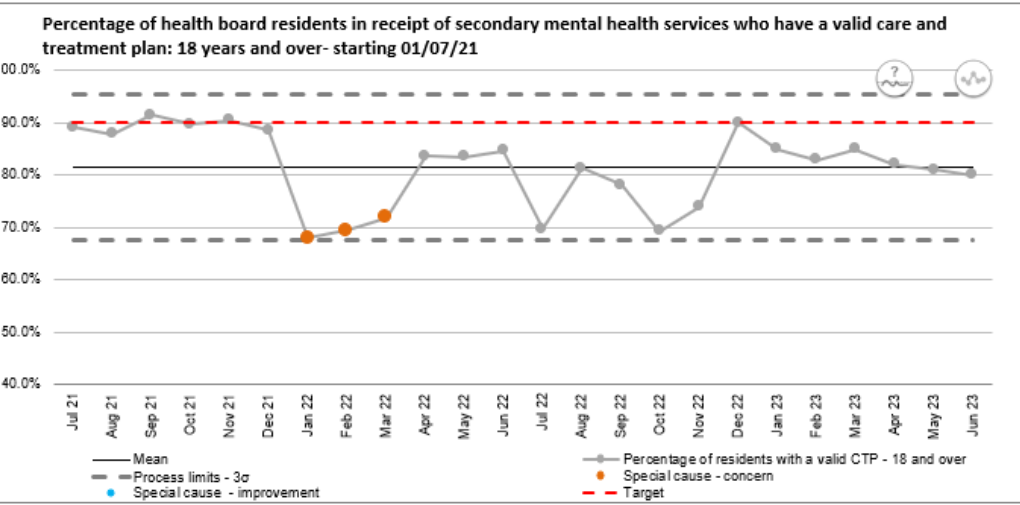
Mitigations

- Staffing shortfall can have an immediate impact on compliance.

Mental Health CTP, 18 years+ Percentage of health board residents 18 years and over in receipt of secondary mental health services who have a valid care and treatment plan

Executive lead	Interim Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Latest available	Jun-23		
Reported performance	80%	All Wales benchmark	5 th (77.5%)*
Target	90%		
Variance	Common cause		Exception
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Adult and older CTP compliance has measured at 80% and reports common cause variation in June slightly below average for the last 24 reported months.
- In May PTHB benchmarked 5th against an All-Wales position of 77.5%.

62

74

Issues

- North Powys vacancies and sickness absence continue to impact.
- The service is further affected by Social Services inability to undertake their share of Office Duty, which places additional demand on NHS staff.
- Data quality challenge including post submission revisions.

Actions	Recovery by	TBC
<ul style="list-style-type: none">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. A change to the duty model is being scoped.Continue to advertise recruitment positions.A data cleansing project is soon to be completed reviewing 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.

Executive lead	Executive Director of Nursing and Midwifery	Officer lead	Deputy Director of Nursing	Strategic priority	
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Latest available	
Reported performance	
Target	Month on month improvement
Variance	
Data quality & Source	

Data for this metric is not currently available and under national development.

Issues		
Actions	Recovery by	N/A
Mitigations		

What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework.

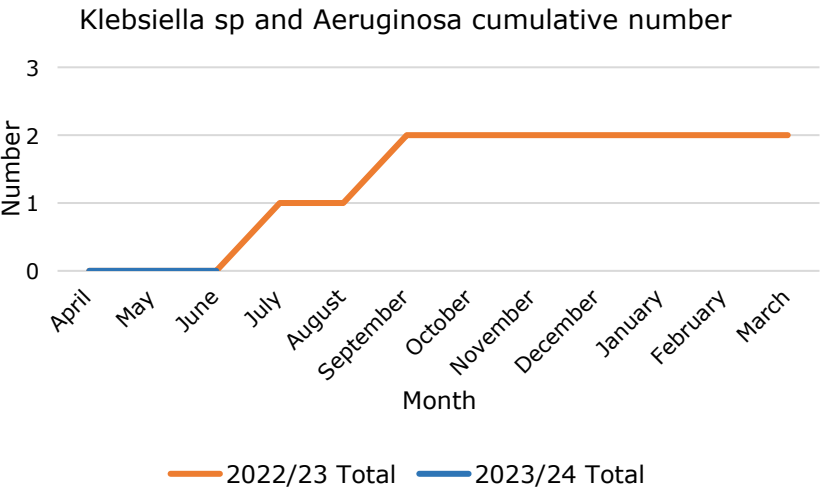
Rationale - Every person in Wales who uses health services has the right to receive excellent care as well as advice and support to maintain their health. Gathering patient feedback and assessing it for themes and trends is a valuable opportunity for NHS organisations to make improvements. It is important that patients feel that their views are welcomed, that notice is being taken of their feedback and improvements are being made where necessary. This indicator measures compliance with the completion of patient experience surveys on CIVICA ensuring that satisfaction rates can be monitored.

HCAI - Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa

Executive lead	Executive Director of Nursing and Midwifery	Officer lead	Deputy Director of Nursing	Strategic priority	
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Latest available	Jun-23	
Reported performance	0	
Target	Health Board Specific Target	
Variance	N/A	
Data quality & Source		HCAI Dashboard

Issues		
<ul style="list-style-type: none">Due to PTHB commissioning microbiology results outside of Wales (Wye Valley, Shrewsbury & Telford); results published by PHW will differ. There has been a recent issue, whereby microbiology results from Wye Valley have not been feeding through to ICNET, as they should.		
Actions	Recovery by	N/A
Mitigations		
<ul style="list-style-type: none">A meeting has been held with IP&C and pathology IT colleagues in Wye Valley, and Baxter (ICNET) to ascertain the issues related to the ICNET feed not capturing results; immediate make safes have been implemented and an internal DATIX has been raised.		

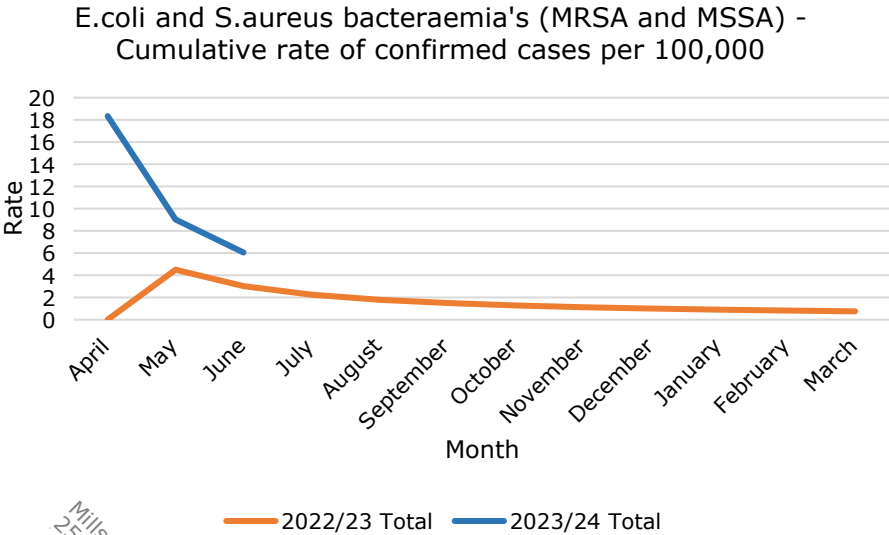


What the data tells us
<ul style="list-style-type: none">This measure has been revised for the 2023/24 framework with the combined number of infections for Klebsiella sp and Aeruginosa bacteria.The health board reports no cases of either bacteria in 2023/24 to June.

HCAI - Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)

Executive lead	Executive Director of Nursing and Midwifery	Officer lead	Deputy Director of Nursing	Strategic priority	
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Latest available	Jun-23
Reported performance	6.05
Target	Health Board Specific Target
Variance	N/A
Data quality & Source	HCAI Dashboard



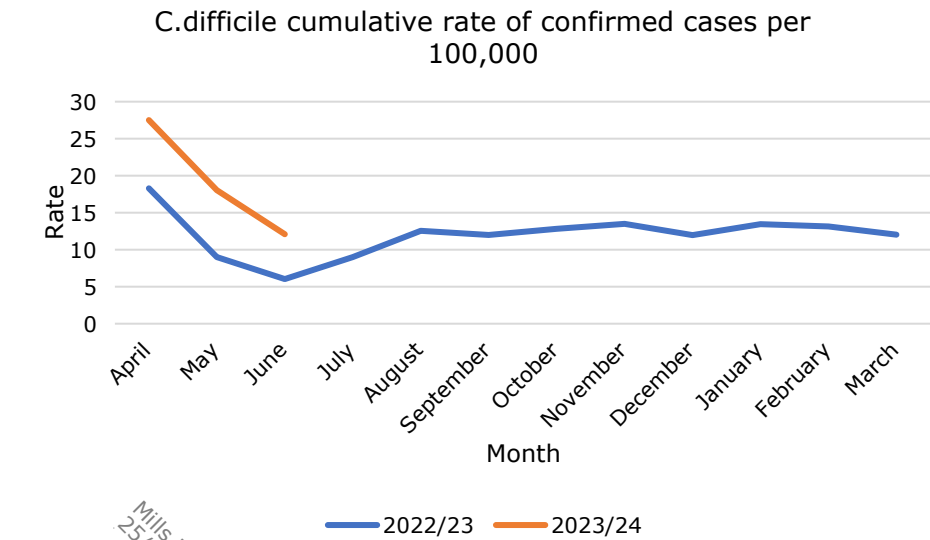
Issues		
<ul style="list-style-type: none">Due to PTHB commissioning microbiology results outside of Wales (Wye Valley & Shrewsbury & Telford); results published by PHW will differ. There has been a recent issue, whereby microbiology results from Wye Valley have not been feeding through to ICNET, as they should.		
Actions	Recovery by	N/A
Mitigations		
<ul style="list-style-type: none">A meeting has been held with IP&C and pathology IT colleagues in Wye Valley, and Baxter (ICNET) to ascertain the issues related to the ICNET feed not capturing results; immediate make safes have been implemented and an internal DATIX has been raised. PHW colleagues have been informed.		

What the data tells us
<ul style="list-style-type: none">2 cases of hospital onset e.coli bacteraemia were identified in April 2023; no further cases of gram-negative bacteraemia have been identified since – this is the same number as the equivalent period in 2022/23. The rate per 100,000 in June has been reported as 6.05.The health board has reported 0 cases of MRSA or MSSA bacteraemia for the period Apr-Jul 2023

HCAI - cumulative rate of C.Difficile cases per 100,000 population

Executive lead	Executive Director of Nursing and Midwifery	Officer lead	Deputy Director of Nursing	Strategic priority	
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Latest available	Jun-23
Reported performance	12.09
Target	Health Board Specific Target
Variance	N/A
Data quality & Source	HCAI Dashboard



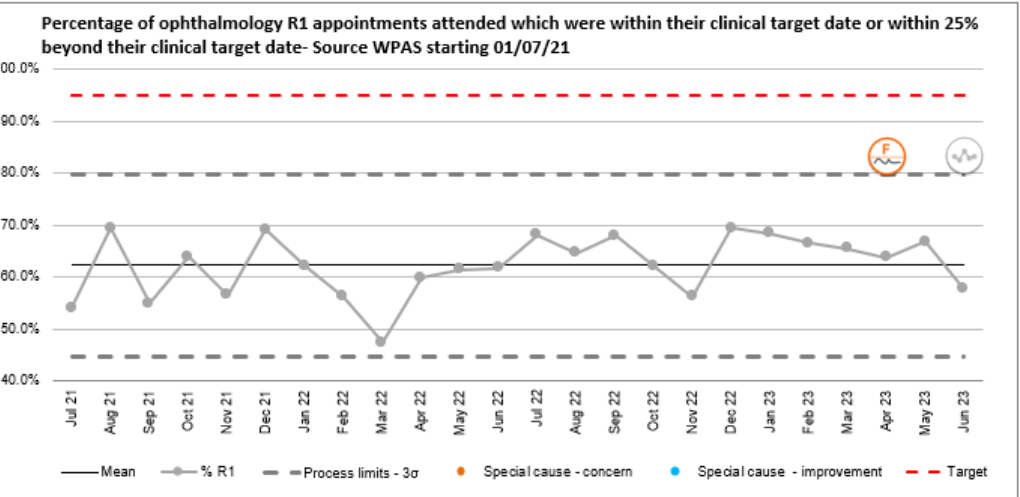
What the data tells us
<ul style="list-style-type: none">4 cases of c.difficile have been reported for the period April to June 2023; all cases were community acquired. The rate of infection per 100k was 12.09 in this period.For the period April to June 2023; there is 1 more c.difficile case than the equivalent period in 2022/23. This figure is likely to rise, due to an error in reporting from commissioning organisations via ICNET. Immediate make safes have been implemented.

Issues		
<ul style="list-style-type: none">• Post infection reviews (PIR) reviews identified substandard antimicrobial prescribing, which is a contributing factor• Due to PTHB commissioning microbiology results outside of Wales (Wye Valley, Shrewsbury & Telford); results published by PHW will differ. There has been a recent issue, whereby microbiology results from Wye Valley have not been feeding through to ICNET, as they should.		
Actions	Recovery by	N/A
Mitigations		
<ul style="list-style-type: none">• A joint letter has been sent to GP's from the Chief Pharmacist and Consultant Nurse for IPC outlining the HB's position in relation to antimicrobial prescribing• A meeting has been held with IP&C and pathology IT colleagues in Wye Valley, and Baxter (ICNET) to ascertain the issues related to the ICNET feed not capturing results; immediate make safes have been implemented and an internal DATIX has been raised.		

Ophthalmology - Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Executive lead	Interim Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5
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Latest available	Jun-23		
Reported performance	57.7%	All Wales benchmark	*2 nd (62.8%)
Target	95%		
Variance	Common cause		Exception
Data quality & Source		WPAS	



What the data tells us

- Performance for R1 appointments attended does not meet the 95% target reporting to 57.7% at the end of June, performance remains common cause variation. The health board benchmarked 2nd in May 2023 against and All-Wales position of 62.8%.

The quality of this data is still subject to review as part of the waiting list and FUP reporting changes.

Issues

- In-reach fragility impacts available capacity for specialty.
- Local staffing challenges reducing capacity include sickness absence, vacancies in theatre staffing, and industrial actions during Q4.
- Regional recruitment challenges include Mid Wales Joint Committee recruitment for PTHB/HDUHB ophthalmology consultant lead post.
- Ongoing demand and capacity challenge resulting from inaccuracies with follow-up (FUP) reporting impacting service planning assumptions.
- National Digital Eye Care pilot delayed since May-22, this impacts outpatient nursing team support and roll out with in-reach ophthalmology clinical lead for Ystradgynlais & phase 2 in North Powys.
- Awaiting outcome of DHCW Review of National Digital Eye Care Programme anticipated Sept 23

Actions	Recovery by	TBC
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- Multi-Disciplinary Team (MDT) lead glaucoma management within Planned Care & Community Optometry – service opened Q4 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.

Mitigations

- Enhancing staffing – including first non-registrant Ophthalmic health care scientist in the UK (supporting MDT development), and work with Rural Health Care Academy on career pathways for eye care in PTHB has resulted in trainee Eye care developmental post recruitment.
- One stop shop cataracts biometrics pre assessment, consultant appointment pan Powys – from Q3 2022/23.
- 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).
- Service SOPs in place utilising best practice from Birmingham and Midland Eye Centre.
- Local Safety Standard for Invasive Procedures (LOCSIPs) in place for Eye Care & other outpatient department specialities first HB in Wales.

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience

NHS Performance Measure - 53

Powys as a provider

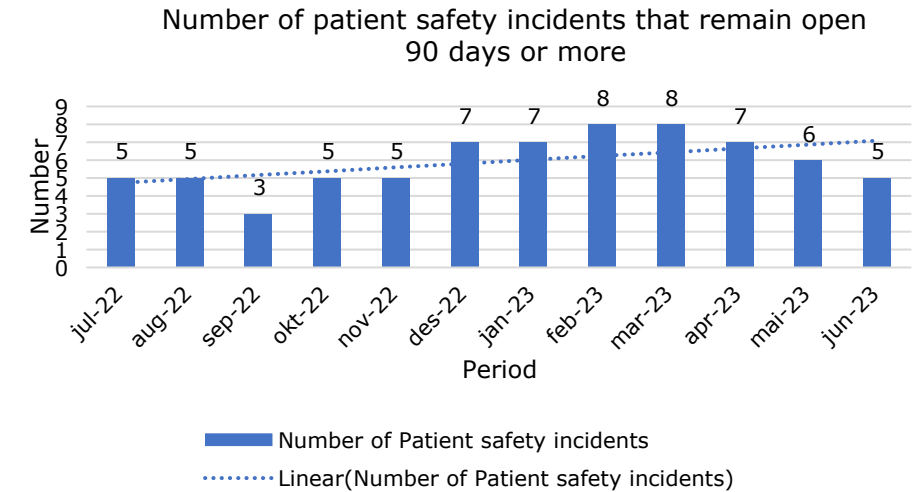


New measure for 2023/24

No of nationally reportable patient safety incidents that remain open 90 days or more

Executive lead	Executive Director of Nursing and Midwifery	Officer lead	Assistant Director of Quality & Safety	Strategic priority	
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Latest available	Jun-23		
Reported performance	5	All Wales benchmark	3 rd (308)
Target	12-month reduction trend		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



Issues		
<ul style="list-style-type: none">Data discrepancies recognised and actions being taken by the HB to address the issue during August 2023 with WG.2 incident open >90days at current time due to complexities of investigations		
Actions	Recovery by	TBC
<ul style="list-style-type: none">Address data challenges		
Mitigations		
<ul style="list-style-type: none">Regular communication with NHS Executive to ensure data is accurate.		

What the data tells us

- This is a new measure for the 2023/24 NHS Performance Framework. Although NHS Wales aims to provide the very best care and treatment, sometimes things can go wrong. NHS organisations are required to report and investigate patient safety incidents in accordance with national policy requirements, ensuring that learning is embedded. This measure will monitor NHS Wales compliance with the standard, ensuring the timely resolution of incidents and identification of lessons learnt.
- Powys reported 5 patients safety incidents that remained open over 90 days in June although reducing through Q1 the 12-month trend remains increasing and not meeting the national target.



Appendix 1

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 Period	Current	Ranking	All Wales
Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self-management	Executive Director of Public Health	Consultant in Public Health	1	% Attempted to quit smoking		5% annual target	Q4 2022/23	3.34%		3.15%	6th	4.17%
	Interim Executive Director of Operations / Director of Community and Mental Health - T&C	Assistant Director of Mental Health	2	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)		4 quarter improvement trend	Q1 2023/24	65.0%	62.1%	62.2%	5th	59.6%
	Executive Director of Public Health	Consultant in Public Health	3	% of children up to date with scheduled vaccinations by age 5		95%	Q4 2022/23	93.3%	85.8%	89.2%	2nd	88.3%
	Executive Director of Public Health	Consultant in Public Health	4	% of girls receiving HPV vaccination by age 15		90%	Data not available until Q2 2023/24					
			5	Flu Vaccines - 65+		75%	Data currently not available					
			6	% uptake of COVID-19 vaccination for those eligible		75%	Jun-23		65.40%	72.4%	1st	67.1%
	Interim Executive Director of Operations / Director of Community and Mental Health - T&C	Senior Manager - Planned Care	7	% of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment	✓	90%	May-23		0.0%	6.7%	5th	12.4%
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Women's and Childrens Services	8	% of well babies completing the hearing screening programme within 4 weeks		90%	May-23	94.4%	97.1%	96.5%	4th	96.9%
			9	% of eligible newborn babies who have a conclusive bloodspot screening result by day 17		95%	Jun-23	48.6%	91.8%	94.7%	6th	95.8%

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Appendix 1

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
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Asssistant Director of Primary Care	10	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	✓	100%	2022/23	100.0%		100.0%	1st	95.5%
			11	% of primary care dental services (GDS) contract value delivered - New	✓	Month on Month Increase towards a minimum of 30% contract value delivered by Sep-23/100% by 31/03/24	Data currently unavailable					
				% of primary care dental services (GDS) contract value delivered - New Urgent								
				% of primary care dental services (GDS) contract value delivered - Historic								
		12	No of patients referred from primary care (optometry, general medical practitioners) into secondary care ophthalmology services	✓	PTHB Trajectory - <= 135	Jun-23	87	97	101	1st	6,635	
	Medical Director	Chief Pharmacist	13	No of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	✓	Increase on the number in the equivalent month in the previous year	Jun-23	172	339	375	7th	5,728
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Mental Health	14	Assessments <28 days <18	✓	80%	Jun-23	97.4%	100.0%	100.0%	1st	69.9%
			15	Interventions <28 days <18	✓	80%	Jun-23	70.6%	83.3%	87.5%	1st	49.9%
			16	Assessments <28 days 18+	✓	80%	Jun-23	72.5%	91.6%	92.9%	3rd	65.6%
			17	Interventions <28 days 18+	✓	80%	Jun-23	37.4%	47.2%	62.3%	6th	75.9%
	Interim Executive Director of Operations / Director of Community and Mental Health	Senior Manager Unscheduled Care	18	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	✓	65%	Jun-23	45.0%	46.2%	43.2%	7th	54.6%
			19	Median emergency response time to amber calls	✓	12 month improvement trend	Jun-23	00:00:19	00:36:26	00:43:02	1st	01:01:06
			22	% of patients who spend less than 4 hours in all major & minor emergency care facilities from arrival until admission, transfer or discharge	✓	Improvement compared to the same month in 2022-23, towards the national benchmark of 95%	Jun-23	99.9%	100.0%	100.0%	1st	72.5%
			23	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	✓	PTHB Trajectory - 0	Jun-23	0	0	0	1st	8,526
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	25	Number of diagnostic breaches 8+ weeks	✓	PTHB trajectory of <150	Jun-23	38	160	117	1st	49,657
			26	% of children <18 waiting 14 weeks or less for a specified AHP	✓	12 month improvement trend	Jun-23	100.0%	90.1%	84.7%	4th	85.4%
			27	Number of therapy breaches 14+ weeks (all ages) inc. audiology	✓	PTHB Trajectory - 180	Jun-23	171	273	265	2nd	7,944
			28	Number of patients waiting >52 weeks for a new outpatient appointment	✓	PTHB Trajectory - 0	Jun-23	0	3	4	1st	49,928
			29	Number of patients waiting >36 weeks for a new outpatient appointment	✓	PTHB Trajectory - 35	Jun-23	27	98	112	1st	105,705
			30	Number of patient follow-up outpatient appointment delayed by over 100%	✓	PTHB Trajectory - 2,000	Jun-23	479	1902	1667	1st	242,541
			31	RTT patients waiting more than 104 weeks	✓	PTHB Trajectory - 0	Jun-23	0	0	0	1st	28,331
			32	RTT patients waiting more than 52 weeks	✓	PTHB Trajectory - 10	Jun-23	1	14	14	1st	132,616
		Assistant Director of Mental Health	33	CAMHS % waiting <28 days for first appointment	✓	80%	Jun-23	91.3%	100.0%	100.0%	1st	89.5%
34			Children/Young People neurodevelopmental waits	✓	80%	Jun-23	90.2%	71.0%	72.1%	1st	32.6%	
35			Adult psychological therapy waiting < 26 weeks	✓	80%	Jun-23	89.6%	93.0%	95.6%	2nd	57.9%	

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Appendix 1

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 Period	Current	Ranking	All Wales
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable	Executive Director of Workforce and Organisational Development	Deputy Director of Workforce and OD	36	(R12) Sickness Absence	✓	12 month reduction trend	Jun-23	5.9%	5.7%	5.7%	4th (May-23)	6.45%
			37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	✓	Rolling 12 month reduction against a baseline of 2019/20	Mar-23	13.9%	12.1%	11.8%	8th	8.07%
	Interim Executive Director of Operations / Director of Community and Mental Health/ Executive Director of Workforce & OD - TBC	Deputy Director of Workforce and OD/Assistant Director of Community Services Group - TBC	38	Agency spend as a percentage of the total pay bill	✓	12 month reduction trend	Jun-23	10.8%	12.8%	9.0%	12th (May-23)	5.2%
	Executive Director of Workforce and Organisational Development	Deputy Director of Workforce and OD	39	Performance Appraisals (PADR)	✓	85%	Jun-23	72.2%	74.0%	74.00%	3rd (May-23)	69.1%

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Appendix 1

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
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	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Head of Information-Digital Transformation and Informatics	40	% of episodes clinically coded within one month post discharge end date	✓	Maintain 95% target or demonstrate an improvement trend over 12 months	May-23	100.0%	85.9%	100%	1st	74.3%
			41	% of all classifications' coding errors corrected by the next monthly reporting submission	✓	90%	May-23		0.00%	0.00%	8th	48%
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	42	% of calls ended following WAST telephone assessment (Hear and Treat)	✓	17% or more	Jun-23	10.80%	10.40%	9.50%	7th	14%
			43	No of Pathways of Care delayed discharges	✓	12 month reduction trend	Jun-23		69	63	2nd	1,625
		Assistant Director of Mental Health	44	% residents with CTP <18	✓	90%	Jun-23	97.1%	98.0%	89.0%	4th	91.2%
			45	% residents with CTP 18+	✓	90%	Jun-23	84.7%	81.3%	80.0%	5th	77.2%
	Executive Director of Nursing and Midwifery	Assistant Director of Quality & Safety	46	No of patient experience surveys completed and recorded on CIVICA		Month on Month Improvement	Data currently not available					
	Executive Director of Nursing and Midwifery	Deputy Director of Nursing	47	HCAI - Klebsiella sp and Aeruginosa cumulative number		Health Board Specific Target	Jun-23		0	0	PTHB is not nationally benchmarked for infection rates	
			48	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) - Cumulative rate of confirmed cases per 100,000		Health Board Specific Target	Jun-23		9.02	6.05		
			49	HCAI - cumulative rate of C.Difficile cases per 100,000 population		Health Board Specific Target	Jun-23	3.02	18.04	12.09		
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	51	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	✓	95%	Jun-23	61.8%	66.8%	57.7%	5th	61.5%
	Executive Director of Nursing and Midwifery	Assistant Director of Quality & Safety	53	No of patient safety incidents that remain open 90 days or more		12 month reduction trend	Jun-23	5	6	5	3rd	308

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Appendix 2

Progress against Ministerial Priorities 2023/24

Submitted trajectories vs Actuals

Ministerial Priority Measures			Month											
Measure	Target		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	Performance Trajectory	135	135	135	135	135	135	128	120	113	105	98	90
		Actual	94	97	101									
Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	1	3	4									
Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	35	35	35	30	30	25	20	15	10	5	5	0
		Actual	67	98	112									
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	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	Performance Trajectory	20	15	10	5	5	0	0	0	0	0	0	0
		Actual	16	14	14									
Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	160	160	150	130	120	110	100	80	50	30	15	0
		Actual	159	160	117									
Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	190	190	180	170	120	70	20	0	0	0	0	0
		Actual	243	273	265									
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	Performance Trajectory	4,600	2,500	2,000	1,700	1,400	900	400	0	0	0	0	0
		Actual	4,763	1902	1667									
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	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	0	0	0									



Appendix 3

Powys Measures are key metrics that are reported, these are either locally defined or historic & retired NHS Performance Framework measures that remain key for assurance

Executive Lead	Officer Lead	No.	Powys Measures	Target	Reporting Frequency	Month	12 months Previous	Previous Period	Current Period
Medical Director		PM1	Crude hospital mortality rate (74 years of age or less)	12 month reduction trend	Monthly	Jun-23		1.94%	
Medical Director	Chief Pharmacist	PM2	Number of women of childbearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Quarterly	Q4 2022/23	0.10%	0.09%	0.10%
Director of Nursing and Midwifery	Assistant Director of Quality and Safety	PM3	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%	Quarterly	Q1 2023/24	35%	64%	81%
Executive Director of Public Health	Consultant in Public Health	PM4	2 doses of the MMR vaccine by age 5	95%	Quarterly	Q4 2022/23	94%	88%	90%
Executive Director of Public Health	Consultant in Public Health	PM5	Flu Vaccines - Health Care Workers	55%	Monthly				
Director of Operations/Director of Mental Health	Assistant Director of Community Services	PM10	Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	12 month reduction trend	Monthly	Apr-23	35	53	58
Director of Operations/Director of Mental Health	Assistant Director of Community Services	PM11	Percentage of total emergency bed days accrued by people with a length of stay over 21 days	13 month reduction trend	Monthly	Apr-23	83.5%	76.5%	81.3%
Director of Operations/Director of Mental Health	Assistant Director of Community Services	PM12	Number of diagnostic endoscopy breaches 8+ weeks	Improvement trajectory towards a national target of zero by Spring 2024	Monthly	Jun-23	18	17	20
Director of Operations/Director of Mental Health	Assistant Director of Community Services	PM13	RTT patients waiting more than 36 weeks	Improvement trajectory towards a national target of zero by 2026	Monthly	Jun-23	71	211	203
Director of Operations/Director of Mental Health	Assistant Director of Community Services	PM14	RTT patients waiting less than 26 weeks	95%	Monthly	Jun-23	95.3%	92.2%	92.7%
Executive Director of Workforce & OD	Head of Workforce	PM15	Core Skills Mandatory Training	85%	Monthly	Jun-23	84%	84%	83%
Medical Director	Chief Pharmacist	PM16	Total antibacterial items per 1,000 specific therapeutic age-sex related prescribing units (STAR-PU)	Quarterly reduction of 5% against a baseline of 2019-20	Quarterly	Q4 2022/23	230.3	333.2	290.7
Medical Director	Chief Pharmacist	PM17	Number of patients 65+ years prescribed an antipsychotic	Quarter on quarter reduction	Quarterly	Q4 2022/23	489.0	502.0	489.0
Medical Director	Chief Pharmacist	PM18	Opioid average daily quantities per 1,000 patients	4 Quarter reduction trend	Quarterly	Q4 2022/23	4040.0	4261.0	4119.0

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NHS Wales Performance Framework comparisson 2022/23 vs 2023/24

Qualitative Measures
Measures that have continued from 2022/23 to 2023/24
New measures for 2023/24
2022/23 Retired Measures

Targets - 2022/23 targets are as at the March 23 snapshot, and 2023/24 display official targets from framework.

Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management

NHS Performance Framework 2022/23				NHS Performance Framework 2023/24			
No.	Abbreviated Measure Name	Ministerial Priority	Target	No.	Abbreviated Measure Name	Ministerial Priority	Target
1	% Achieving Clinically Significant weight loss	✓	Annual improvement	1	% Attempted to quit smoking		5% annual target
2	Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway	✓	Evidence of Improvement	2	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)		4 quarter improvement trend
3	% Babies breastfed 10 days old	✓	Annual Improvement	3	% of children up to date with scheduled vaccinations by age 5		95%
4	% of adults that smoke daily or occasionally	✓	Annual reduction towards 5% prevalence 2030	4	% of girls receiving HPV vaccination by age 15		90%
5	% Attempted to quit smoking	✓	5% annual target	5	Flu Vaccines - 65+		75%
6	Qualitative report - Implementing Help Me Quit in Hospital smoking cessation services and to reduce smoking during pregnancy	✓	Evidence of Improvement	6	% uptake of COVID-19 vaccination for those eligible		75%
7	% diabetics who receive 8 NICE care processes	✓	>=35.2%	7	% of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment	✓	90%
8	% Diabetics achieving 3 treatment targets	✓	1% annual increase from 2020-21 baseline (27.2%)	8	% of well babies completing the hearing screening programe within 4 weeks		90%
9	Standardised rate of alcohol attributed hospital admissions	✓	4 quarter reduction trend	9	% of eligible newborn babies who have a conclusive bloodspot screening result by day 17		95%
10	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	✓	4 quarter improvement trend	A	Qualitative report detailing implementation of Help Me Quit in Hospital smoking cessation services		Evidence of improvement
11	% in 1' vaccine by age 1		95%	B	Qualitative report detailing progress to reduce smoking during pregnancy		Evidence of improvement
12	2 doses of the MMR vaccine by age 5		95%	C	Qualitative report detailing progress against the Health Boards plans to deliver the NHS Wales Weight Management Pathway		Evidence of improvement
13	Autumn 2022 COVID-19 Booster	✓	75%				
14a	Flu Vaccines - 65+		75%				
14b	Flu Vaccines - under 65 in risk groups		55%				
14c	Flu Vaccines - Pregnant Women		75%				
14d	Flu Vaccines - Health Care Workers		60%				
15a	Coverage of cancer screening for: cervical		80%				
15b	Coverage of cancer screening for: bowel		60%				
15c	Coverage of cancer screening for: breast		70%				

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

NHS Performance Framework 2022/23				NHS Performance Framework 2023/24			
No.	Abbreviated Measure Name	Ministerial Priority	Target	No.	Abbreviated Measure Name	Ministerial Priority	Target
16	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%	10	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	✓	100%
17	Number of Urgent Primary Care Centres (UPCC) established	✓	Health Board 6-goals plan	11	% of primary care dental services (GDS) contract value delivered (new, new urgent and historic patients)	✓	Month on Month increase towards a minimum of 30% contract value delivered by Sep-23/100% by 31/03/24
18	Number of new patients (children aged under 18 years) accessing NHS dental services	✓	4 quarter improvement trend	12	No of patients referred from primary care (optometry, general medical practitioners) into secondary care ophthalmology services	✓	Improvement trajectory towards a national target reduction by 31/03/24
19	Number of new patients (adults aged 18 years and over) accessing NHS dental services	✓	4 quarter improvement trend	13	No of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	✓	Increase on the number in the equivalent month in the previous year
20	Number of existing patients accessing NHS dental services	✓	4 quarter improvement trend	14	Assessments <28 days <18	✓	80%
21	% 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed		90%	15	Interventions <28 days <18	✓	80%
22	Percentage of total conveyances taken to a service other than a Type One Emergency Department	✓	4 quarter improvement trend	16	Assessments <28 days 18+	✓	80%
24	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	✓	The most recent SSNAP UK national quarterly average	17	Interventions <28 days 18+	✓	80%
25	MIU % patients who waited <4hr		95%	18	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	✓	65%
26	MIU patients who waited >12hrs		0	19	Median emergency response time to amber calls	✓	12 month improvement trend
27	Median time from arrival at an emergency department to triage by a clinician		12 month reduction trend	20	Median time from arrival at an emergency department to triage by a clinician	✓	12 month reduction trend
28	Median time from arrival at an emergency department to assessment by a senior clinical decision maker		12 month reduction trend	21	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	✓	12 month reduction trend
29	Percentage of patients (aged 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours		12 month improvement trend	22	% of patients who spend less than 4 hours in all major & minor emergency care facilities from arrival until admission, transfer or discharge	✓	Improvement compared to the same month in 2022-23, towards the national target of 95%
30	Percentage of stroke patients who receive mechanical thrombectomy		10%	23	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	✓	Improvement trajectory towards a national target of 0 by 31/04/24
31	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	24	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	✓	Improvement trajectory towards a national target of 80% by 03/2026

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32	Number of ambulance patient handovers over 1 hour		0	25	Number of diagnostic breaches 8+ weeks	✓	Improvement trajectory towards a national target of zero by 31 March 2024
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	26	% of children <18 waiting 14 weeks or less for a specified AHP	✓	12 month improvement trend
34	Percentage of total emergency bed days accrued by people with a length of stay over 21 days	✓	12 month reduction trend	27	Number of therapy breaches 14+ weeks (all ages) inc. audiology	✓	Improvement trajectory towards a national target of 0 by 31/03/24
35	Percentage of people assigned a D2RA pathway within 48 hours of admission	✓	4 quarter improvement trend (towards 100%)	28	Number of patients waiting >52 weeks for a new outpatient appointment	✓	Improvement trajectory towards a national target of 0
36	Percentage of people leaving hospital on a D2RA pathway	✓	4 quarter improvement trend	29	Number of patients waiting >36 weeks for a new outpatient appointment	✓	Improvement trajectory towards a national target of 0
37	Percentage of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days		50%	30	Number of patient follow-up outpatient appointment delayed by over 100%	✓	Improvement trajectory towards a national target of 0
38	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	✓	Improvement trajectory towards a national target of 80% by 2026	31	RTT patients waiting more than 104 weeks	✓	Improvement trajectory towards a national target of 0
39	Number of diagnostic endoscopy breaches 8+ weeks	✓	PTHB set trajectory target zero Mar-23	32	RTT patients waiting more than 52 weeks	✓	Improvement trajectory towards a national target of 0
40	Number of diagnostic breaches 8+ weeks		12 month reduction trend towards 0 by Spring 2024	33	CAMHS % waiting <28 days for first appointment	✓	80%
41	Number of therapy breaches 14+ weeks		12 month reduction trend towards 0 by Spring 2024	34	Children/Young People neurodevelopmental waits	✓	80%
42	Number of patients waiting >52 weeks for a new outpatient appointment	✓	PTHB set trajectory target zero Mar-23	35	Adult psychological therapy waiting < 26 weeks	✓	80%
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	D	Qualitative report providing assurance on GP access improvement		Evidence of improvement
44	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)		95%	E	Allied Health Professionals accessible and available to clusters by Health Board and Regional Partnership Board footprint		Evidence of improvement
45	RTT patients waiting more than 104 weeks	✓	PTHB set trajectory target zero Mar-23	F	Qualitative report detailing progress to embed the National Framework for the Delivery of Bereavement Care in Wales and the National Bereavement Gateway		Evidence of improvement
46	RTT patients waiting more than 36 weeks	✓	PTHB set trajectory target zero Mar-23	G	Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services		Evidence of improvement
47	RTT patients waiting less than 26 weeks	✓	PTHB set trajectory target 95% Mar-23				
48	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	✓	Annual Reduction				
49	CAMHS % waiting <28 days for first appointment	✓	80%				
50	Assessments <28 days <18	✓	80%				
51	Interventions <28 days <18	✓	80%				
52	% residents with CTP <18	✓	90%				
53	Children/Young People neurodevelopmental waits	✓	80%				
54	Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services	✓	Evidence Improvement				
55	% adults admitted to a psychiatric hospital 9am-9pm that have a CRHT gate keeping assessment prior to admission	✓	95%				
56	% adults admitted without a CRHTS gate keeping assessment that receive a FU assessment within 24hrs of admission	✓	100%				
57	Assessments <28 days 18+	✓	80%				
58	Interventions <28 days 18+	✓	80%				
59	Adult psychological therapy waiting < 26 weeks	✓	80%				
60	% residents with CTP 18+	✓	90%				
61	Qualitative report detailing progress to improve dementia care	✓	Evidence Improvement				
62	Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities	✓	Evidence Improvement				
63	HCAI - Klebsiella sp and Aeruginosa cumulative number	✓	Local				
64	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) and C.difficile	✓	Local				
65	% COVID cases within hospital which had a definite hospital onset	✓	Reduction against the same month 2021-22				
66	% COVID cases within hospital which had a probable hospital onset	✓	Reduction against the same month 2021-22				

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable							
NHS Performance Framework 2022/23				NHS Performance Framework 2023/24			
No.	Abbreviated Measure Name	Ministerial Priority	Target	No.	Abbreviated Measure Name	Ministerial Priority	Target
67	Agency spend as a percentage of the total pay bill	✓	PTHB set trajectory target 8.4% Mar-23	36	(R12) Sickness Absence	✓	12 month reduction trend
68	(R12) Sickness Absence	✓	PTHB set trajectory target 5.1% Mar-23	37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	✓	Rolling 12 month reduction against a baseline of 2019/20
69	% staff Welsh language listening/speaking skills level 2 (foundational level) and above	✓	Bi-annual improvement	38	Agency spend as a percentage of the total pay bill	✓	12 month reduction trend
70	Core Skills Mandatory Training	✓	85%	39	Performance Appraisals (PADR)	✓	85%
71	Performance Appraisals (PADR)	✓	85%	H	Qualitative report detailing progress made in preparation to embed and report against the Workforce Race Equality Standard (WRES) indicators		Evidence of improvement
72	Staff Engagement Score	✓	Annual Improvement	I	Qualitative report detailing the progress made against the organisation's prioritised Strategic Equality Plan's equality objectives		Evidence of improvement
73	% staff reporting their line manager takes a positive interest in their health & wellbeing	✓	Annual Improvement	J	Qualitative report detailing progress to improve dementia care (providing evidence of learning and development in line with the Good Work - Dementia Learning and Development Framework) and increasing access to timely diagnosis		Evidence of improvement

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							
NHS Performance Framework 2022/23				NHS Performance Framework 2023/24			
No.	Abbreviated Measure Name	Ministerial Priority	Target	No.	Abbreviated Measure Name	Ministerial Priority	Target
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	40	% of episodes clinically coded within one month post discharge end date	✓	Maintain 95% target or demonstrate an improvement trend over 12 months
75	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	✓	Evidence Improvement	41	% of all classifications' coding errors corrected by the next monthly reporting submission	✓	90%
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	42	% of calls ended following WAST telephone assessment (Hear and Treat)	✓	17% or more
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)	43	No of Pathways of Care delayed discharges	✓	12 month reduction trend
78	Number of risk assessments completed on the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	44	% residents with CTP <18	✓	90%
79	Number of wards using the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	45	% residents with CTP 18+	✓	90%

80	Percentage of episodes clinically coded within one month post discharge end date		Maintain 95% target or demonstrate an improvement trend over 12 months
81	Total antibacterial items per 1,000 STAR-PUs	✓	A quarterly reduction of 5% against a baseline of 2019-20 (215.8)
82	% secondary care antibiotic usage within the WHO access category	✓	55%
83	Number of patients 65+ years prescribed an antipsychotic		Quarter on quarter reduction
84	Opioid average daily quantities per 1,000 patients	✓	4 quarter reduction trend

Operational Measures			
A	Crude hospital mortality rate (74 years of age or less)	12 month reduction trend	Monthly
B	Percentage of survival within 30 days of emergency admission for a hip fracture	12 month improvement trend	Monthly
C	Number of women of childbearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Quarterly
D	Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Quarter on quarter improvement	Quarterly
E	Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to time and target	80%	Quarterly
F	Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to time and target	80%	Quarterly
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%	Quarterly
H	Percentage of critical care bed days lost to delayed transfer of care (ICNARC definition)	Quarter on quarter reduction towards the target of no more than 5%	Monthly

46	No of patient experience surveys completed and recorded on CIVICA		Month on Month Improvement
47	HCAI - Klebsiella sp and Aeruginosa cumulative number		Health Board Specific Target
48	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) - Cumulative rate of confirmed cases per 100,000		Health Board Specific Target
49	HCAI - cumulative rate of C.Difficile cases per 100,000 population		Health Board Specific Target
50	% of Confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19 >14 days after admission		Reduction against the same month in 2022/23
51	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	✓	95%
52	No. of ambulance handovers over 1 hour	✓	Improvement trajectory towards achievement of zero ambulance patient handover delays >1 hour by March 2024
53	No of patient safety incidents that remain open 90 days or more		12 month reduction trend
K	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 Programme		Evidence of improvement
L	Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision-making processes		Evidence of improvement
M	Qualitative report detailing progress against the health boards' plans to reduce pathways of care delays		Evidence of improvement
N	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan		Evidence of improvement
O	Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities		Evidence of improvement

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Board Meeting		Date of Meeting: 27 September 2023	
Subject :		Progress Against the Integrated Plan 2023-2026, for the Quarter 1 Period, April to June 2023	
Approved and Presented by:		Interim Director of Planning and Performance	
Prepared by:		Assistant Director of Planning/ Planning Managers	
Other Committees and meetings considered at:		Executive Committee, 09 August Delivery and Performance Committee 31 August 2023	
PURPOSE:			
<p>This report provides the Board with an update of the progress made against the Integrated Plan for the Quarter 1 period (April to June 2023). Following consideration at the Delivery and Performance Committee, it is presented to this Board and subsequently submitted to Welsh Government, as a formal report of Progress against Plan for Quarter 1.</p>			
RECOMMENDATION(S):			
<p>The Board are asked to:</p> <ul style="list-style-type: none">• RECEIVE the report as an update of progress against the Integrated Plan delivery for 2023-24; in relation to progress tracking of Quarter 1 and forecasting of the year end position against plan;• Take ASSURANCE that the Health Board has appropriate systems in place to monitor performance against the Integrated Plan.			

Following consideration at Board, this report will be provided to Welsh Government as a formal report of Progress against Plan for the Quarter 1 Period.

Approval/Ratification/Decision ¹	Discussion	Information
		✓

EXECUTIVE SUMMARY:

This report provides the Board with an update of the progress made against the Integrated Plan for the Quarter 1 period (April to June 2023).

This report will subsequently be provided to Welsh Government as a formal report of Progress against Plan for the Quarter 1 Period.

Improvements have been made continuously to this report to enable sufficiently detailed yet concise reporting of the PTHB Integrated Plan. These are noted in the detailed background and include a new reporting element to demonstrate the level of 'delivery confidence' on each item.

DETAILED BACKGROUND AND ASSESSMENT:

This report provides the Board with an update of the progress made against the Integrated Plan for the Quarter 1 period (April to June 2023).

A number of improvements were made during 2022/23 to both the process for monitoring progress against plan and the format and content of the report itself and this is built into this report.

A number of further improvements have been made to this version which include:

- The inclusion of an additional chart on the summary page which gives the totality of the RAG ratings. This allows a quick view of progress against the whole plan and the proportion of items that are completed; on track; at risk and not yet due.
- The inclusion of a delivery confidence rating for each milestone. It was requested by the Executive Committee that a rating was given for all items including those not yet due, so that it is possible to have a line of sight across the whole plan on likely deliverability.
- Automated 'drop down' boxes to guide and control inputs so that the report is consistent and accurate and use of background coding on the automated items to produce a colour coding for the RAG ratings.

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

- The issuing of step by step guidance for completion of the form, to improve consistency and minimise gaps and errors in returns.

These improvements are intended to produce a more consistent and meaningful overview, whilst remaining as concise as possible, across a complex and multi-dimensional plan.

The change request component has been rolled over to this year as this proved helpful to enable adjustments to be made in the light of the more agile and fluid environment in which the organisation is working. It was noted during the moderation process at Executive Committee that the changes noted in the Q1 return were not material and therefore would be treated as performance narratives rather than changes to the agreed Plan. It was agreed at Executive Committee that only changes at the level of Strategic Priorities would be treated as formal change requests in future (ie. the removal of, or addition to, the agreed 32 Strategic Priorities).

Executive lead sign off has been maintained as a requirement for submission of returns on progress against plan, to ensure that the report reflects the appraisal carried out within Directorates and is given as part of the Lead Executive's accountability for their portfolio and strategic priorities.

Each of the 32 Strategic Priorities set out in the Integrated Plan has been reviewed by the relevant Director and a commentary provided on key achievements and challenges, where required for Quarter 1. An additional explanation including mitigating action is also included where any items are rag rated as red.

Following consideration at Board, this report will be provided to Welsh Government as a formal report of Progress against Plan for the Quarter 1 period.

NEXT STEPS:

Following consideration at this Board, this report will be provided to Welsh Government as a formal report of Progress against Plan for the Quarter 1 Period.

The Board will be aware that further review of the Integrated Plan is taking place in Quarter 2 and 3, as part of the work being carried out via the Executive Opportunities Group. The initial outputs of a review were presented to a Board Development session in September and further work is underway to check and confirm any areas of reprioritisation or reset. These will be consolidated and presented to the Board in due course.

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	✓

Integrated Plan Progress Report

Quarter 1 2023/ 2024

April to June 2023

BRAGG Key

Blue - Complete

Red - Behind schedule

Amber - At risk/issues present

Green - On track

Grey - Not due yet

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Addysgu Powys
Powys Teaching
Health Board

Plan on a page 2023 > 24



1. Population health improvement including health inequalities
2. Health Protection including vaccination
3. Health protection – Infection Prevention and Control



4. Primary Care
**Ministerial Priority*
5. Diagnostics
**Ministerial Priority*
6. Admission Avoidance
7. Planned Care
**Ministerial Priority*



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



12. Frailty and Community Model
**Ministerial Priority in relation to DTOC*
13. Urgent and Emergency Care
**Ministerial Priority*
14. 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

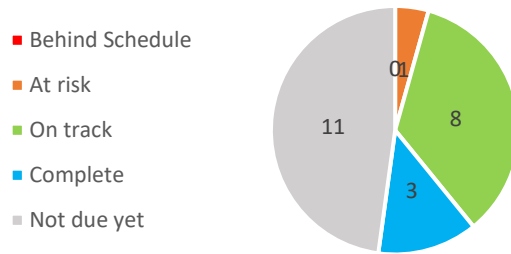
- Governance
- Quality Governance
- Engagement and Communication
- Strategic Commissioning and Performance
 - Strategic Planning
- Innovation and Improvement
- Strategic Equalities and Welsh Language

Enabling Priorities 2023-2026

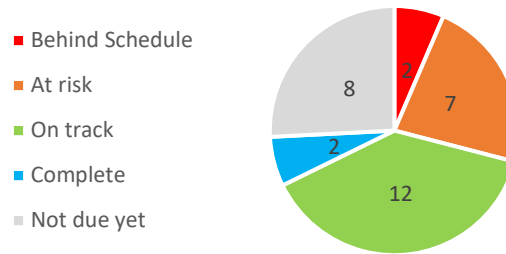
Quality and Value (Patient Safety, Outcomes and Experience) are fundamental across the whole plan

SUMMARY OVERVIEW

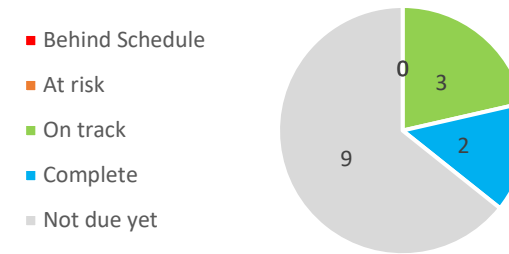
Focus on Well being



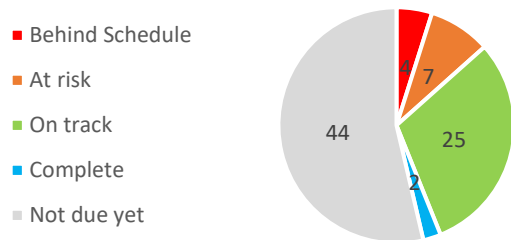
Joined Up Care



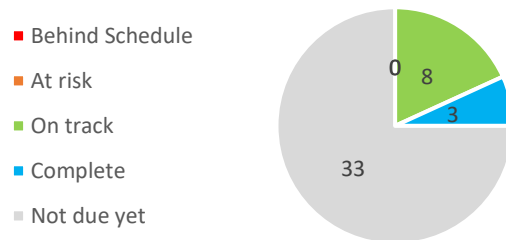
Innovative Environments



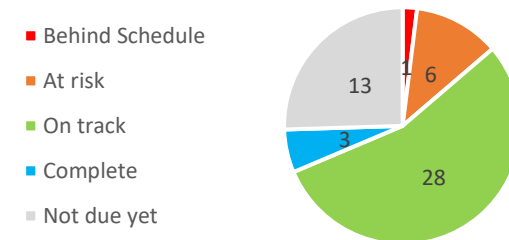
Early Help and Support



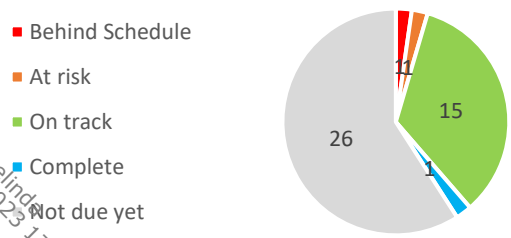
Workforce Futures



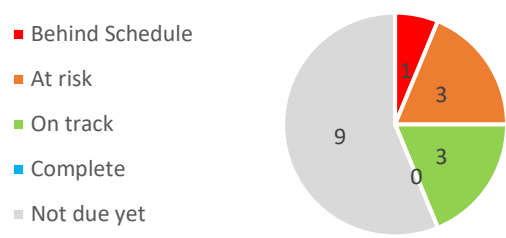
Transforming in Partnership



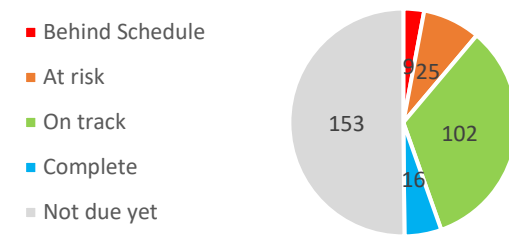
Tackling the Big Four



Digital First



Overall



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Focus on Wellbeing

Strategic Priority 1 – Population Health improvement including Health Inequalities

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

Commentary on Progress in this Quarter:

- Designed to Smile - 82 settings in total on the target list in Welsh Index of Multiple Deprivation 1,2 &3. The programme has had to completely restart following covid. 26 settings toothbrushing, 53 refused. 27 settings have had fluoride varnish application twice, 38 refused. 15 not yet targeted. Children have received home packs twice. Plan is to increase toothbrushing and fluoride in the setting working on issues surrounding refusals.
- Pathfinder pilots are running well in Llanfyllin and Knighton. Full recruitment is complete. Early Years strategy workshops have been completed and attended well from service providers across sectors to look at co production of strategy. A working group has been established to develop the strategy which will be presented to Start Well in October.
- NYTH/NEST (Mental Health and Wellbeing Framework for Children and Young People) - Steering Group set up to support implementation of the Powys Plan and resource agreed via Regional Partnership Board to support further coordination and delivery of the plan.
- The work of the smoking cessation team has been reorientated, enabling focus on targeted groups/areas. There has been a return to face-to-face delivery again in addition to the telephone support provided. The team are delivering the new Help Me Quit Hospital smoking cessation service with includes outpatients and cross border patients, and also the Help Me Quit Baby service for pregnant women. The team have been active in promoting the service with PTHB colleagues and partner agencies, and recent data has shown an increase in referrals.
- Whole System Approach to Healthy Weight has been agreed as a priority area within the Public Services Board (PSB) Well-being Plan. Two engagement events were held in May 2023 with the aim of;
 - To begin to understand the drivers of unhealthy weight within the area of 'Children, Families and Access to Healthy Food'.
 - To identify leverage points and actions to inform a shared action plan.

The events involved a range of key stakeholders identified via a mapping process. The events helped to identify gaps in the system and key actions required to progress the work. The key themes identified included 'breastfeeding', 'weaning', 'cooking skills' and 'cost of healthy food'.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	Status				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current

Delivery of health-board-led population level health improvement programmes (including recovery of delivery following pandemic)	• Healthy Child Wales Programme Q1 – Q4	DoNM	Green					High	High
	• Designed to Smile Q1 – Q4	DoCMH	Green					High	High
	• Expand the offer of Just B smoking prevention programme to targeted secondary schools in conjunction with Public Health Wales Q3 – Q4	DPH						Medium	High
	• Work in partnership to improve awareness of and access to NHS Stop Smoking Service Q1–Q4	DPH	Green					Med	Medium
	• Delivery of Pathfinder Early Years Integration programme (Regional Partnership Board Start Well Programme) Q1 – Q4	DoNM/D oCMH	Green					High	High
	• Delivery of NYTH/NEST programme (Regional Partnership Board Start Well Programme) Q1 – Q4	DoNM/D oCMH	Green					High	High
	Work in partnership to develop a Whole System Approach to Healthy Weights programme by:	DPH	Blue					High	High
	• Planning and delivering stakeholder engagement workshops Q1							High	High
	• Undertaking mapping and analysis at sub-system level to identify specific system areas for action Q3							High	High
	• Developing an action plan Q4							High	High

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	Change in Timescale	N/A	
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Executive Director Sign Off	Mererid Bowley (Director of Public Health) Joy Garfitt (Director of Community and Mental Health) Claire Roche (Director of Nursing and Midwifery)
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Strategic Priority 2 – Health Protection including vaccination

Executive Lead – Director of Public Health

Commentary on Progress in this Quarter:

- The revised model for mass vaccination was implemented during Q1. The vaccination centre in Mid-Powys was decommissioned and there are now 2 main vaccination centres in Powys, based in Bronllys and Newtown. The immunisation team delivered outreach clinics in 5 communities across Powys, which helped to increase overall spring booster uptake by 8% to 80.9%, and by 24% in the Ystradgynlais GP Practice population. In Q1, spring booster vaccination uptake was 89.3% in eligible care home residents, and 84.2% in eligible 75+ year olds.
- Work has been undertaken with GPs to improve the recording of immunisation data of children in the early years. The data will be used to inform targeting of promotion campaigns to increase uptake.
- Discussion is happening at a national level to clarify roles and responsibilities for a Health Protection response as the service transitions from TTP to a wider health protection service to respond to 'all hazards'.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
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 Q1	DPH	Blue				High	High
	• Deliver covid-19 booster campaigns in line with WG directives Q1, Q2, Q4		Green				High	High
	• Develop a vaccine equity plan to reduce variation in uptake Q3						High	High
	• Promote uptake of immunisation for all ages Q1 - 4		Green				High	High
	• Implementation of immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars Q3 – Q4						Medium	High
	• Promote uptake of national cancer screening in partnership with Public Health Wales Q1 – Q4		Green				High	High
Delivery of local component of Health Protection response	• Support Public Health Wales to refresh the Communicable Disease Outbreak Plan for Wales Q4	DPH					High	High

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aligned with National Health Protection Review including communicable disease, community outbreaks of infectious diseases, public health emergencies, testing, tracing, Monkeypox, refugees	<ul style="list-style-type: none"> Annual review of civil contingency response plans, participation in training and exercises Q4 						High	High
	<ul style="list-style-type: none"> Work with partners to develop a joint recovery plan for Hepatitis B and C – delivery Q2 						High	High
	<ul style="list-style-type: none"> Work with Public Health Wales and Local Authority to evolve a transitional health protection service to respond to public health threats within allocated funding Q1 - 4 		Amber				Medium	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	Change in Timescale	N/A	
Executive Director Sign Off	Mererid Bowley (Director of Public Health)			

Strategic Priority 3 – Health Protection – Infection Prevention and Control

Executive Lead – Director of Nursing and Midwifery

Commentary on Progress in this Quarter: Infection, Prevention and Control gap analysis completed and presented to Executive Committee.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Deliver improvements in Infection Prevention and	<ul style="list-style-type: none"> Diagnostic phase: Gap analysis of Infection Prevention and Control Q1 	DoNM	Blue				High	High

Control, building on and strengthening learning from the Covid-19 pandemic and beyond	• Implementation of Improvement Programme, “Journey to Excellence” informed by diagnostic assessment above, to include objective setting for year 1 – Q3							High	High
	• Completion and embedding of immediate “make safe” actions, as identified in “Infection Prevention and Control: Journey to Excellence” Q4							High	High
	• Completion of Year 1 objectives Q4							High	High
Formal change request (Please tick as applicable and provide explanation below)									
Change in Scope	N/A	Change in Timescale	N/A						
Executive Director Sign Off	Claire Roche (Director of Nursing and Midwifery)								

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Early Help and Support

Strategic Priority 4 – Primary Care *Ministerial priority

Executive Lead – Director of Finance and IT

Commentary on Progress in this Quarter:

Commentary on red rated actions:

- Optometry - Contract reform including the Independent Prescribing Optometric Services (IPOS) Pathway launched Q1- reliant on national release of IPOS pathway
- Community Pharmacy - Work is ongoing at a national level, this is largely outside health board control.
- With regards to out of hours provision, local contractors are struggling to sustain support during contracted day time hours. There are serious workforce challenges in community pharmacy and it will be a significant challenge, particularly in light of the financial challenge faced by the health board, to secure Out of Hours (OOH) provision

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Increased access to GP and Community Services	• GP Practice Sustainability and contract reform Q1 - 4	DoFIT	Green				High	High
	• Data analysis and review, including review of additional investment Q1 - 4		Green				High	High
	• Analysis of feedback and lessons learnt Q1 - 4		Green				High	High
	• Quality Improvement Data Activity Project will conclude Q1 - 4		Green				High	High
	• Engagement with patients and stakeholders on the perception and experience of access Q1 - 4		Green				High	High
	• Maturing Clusters and GP Collaboratives in line with Cluster plans Q1 - 4		Green				High	High

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Improved use of Community Pharmacy	<ul style="list-style-type: none"> Development of a workforce model including out of hours model Q1 - 4 	DoFIT	Red				Medium	Low
	<ul style="list-style-type: none"> Community Pharmacy Service contract implementation to be monitored Q1 - 4 		Green				High	High
	<ul style="list-style-type: none"> Systematic tracking of access and compliance with contractors (including emergency medicine service and prescribing) Q1 - 4 		Green				High	High
	<ul style="list-style-type: none"> Work with contractors to identify barriers, service gaps and opportunities including Out of Hours Q1 - 4 		Green				Medium	High
	<ul style="list-style-type: none"> Scoping, viability assessment, business case and skill development for identified opportunities Q2 - 4 						High	Low
	<ul style="list-style-type: none"> Rollout Community Pharmacy Collaborative Leads in Mid and South Powys Clusters Q1 		Amber				Medium	Medium
	<ul style="list-style-type: none"> Evaluate patient use of rota services and consider improvements Q1 		Red				High	Medium
	<ul style="list-style-type: none"> Refine and develop promotional opportunities Q1 - 4 		Green				High	High
	<ul style="list-style-type: none"> Ambition to implement, promote and monitor 56 day prescribing subject to resolution of operational challenges Q1 - 4 		Green				Medium	High
	<ul style="list-style-type: none"> Support increased take up of non-medical prescribers Q2 						Medium	High
Improved use of Optometry	<ul style="list-style-type: none"> Contract reform including the Independent Prescribing Optometric Services (IPOS) Pathway launched Q1 	DoFIT	Red				High	High
	<ul style="list-style-type: none"> Medical retina referral refinement and data capture Q2 						Medium	Medium
	<ul style="list-style-type: none"> Legislative change implementation Q3 						High	High
	<ul style="list-style-type: none"> Glaucoma referral refinement and data capture with virtual review Q3 						High	Medium

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	<ul style="list-style-type: none"> Pre-registration optometrist working between primary and secondary care in Mid Powys Cluster ; implementation Q1 - 2 		Green				Medium	High
	<ul style="list-style-type: none"> Establish systematic tracking of access in relation to Independent Prescribing Optometric Services hours of operation Q1 		Green				Medium	High
	<ul style="list-style-type: none"> Establish inter-practice referral for urgent cases Q1 		Amber				Medium	High
	<ul style="list-style-type: none"> 1 optometrist qualified as prescriber in North Powys; inter-practice referral in this area; second role with inter practice referral Q2 - 4 						Medium	Medium
	<ul style="list-style-type: none"> School vision and eyecare access improvements Q1 - 4 		Amber				Medium	Medium
	<ul style="list-style-type: none"> Scope and develop health board led domiciliary service Q4 						Low	Low
	<ul style="list-style-type: none"> Agree and implement 'The Eyes Open' communication campaign Q2 						Medium	Medium
Increased use of Dental	<ul style="list-style-type: none"> Implementation of new Llandrindod Wells contract with full operational capacity up to contract value Q1 - 4 	DoFIT	Green				High	Medium
	<ul style="list-style-type: none"> Rural enhancement offer for Foundation Dentists – two posts in place Q3 - 4 						High	High
	<ul style="list-style-type: none"> Transfer 200 waiting list patients per quarter to salaried General Dental Practitioner Q1 - 4 		Green				Medium	Medium
	<ul style="list-style-type: none"> Procure dental service in Newtown (North Powys Cluster) Q1 - 4 		Amber				Medium	High
	<ul style="list-style-type: none"> Recruit additional dental officer for sedation Q4 						Medium	High
	<ul style="list-style-type: none"> Recruit dental therapist in Mid Powys Cluster Q4 						Medium	Medium
	<ul style="list-style-type: none"> Rescoped mobile dental services operational in areas with limited or no access Q4 						High	High
	<ul style="list-style-type: none"> South Powys Cluster dental provider fully operational Q3 						Medium	Medium

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	<ul style="list-style-type: none">• Maintain urgent access in General and Community Dental Service to achieve balance of capacity with slots meeting need by year end Q1 - 4		Green					Medium	High
								Low	Medium
Formal change request (Please tick as applicable and provide explanation below)									
Change in Scope		Change in Timescale							
Contract reform including the Independent Prescribing Optometric Services (IPOS) Pathway launched Q1- reliant on national release of IPOS pathway									
Executive Director Sign Off		Pete Hopgood (Director of Finance and IT)							

Strategic Priority 5 – Diagnostics *Ministerial priority

Executive Lead – Director of Community and Mental Health

Commentary on Progress in this Quarter:

- TransNasal Endoscopy: Mobilisation meetings in place and meet fortnightly. Moondance have agreed to support the additional funding to secure 4 scopes, formal offer letter from Moondance is with Medical Director for sign off. Approval sought from Digital Governance, Cyber and Information Governance. Cwm Taf UHB have a short delay in getting their Clinics up and running so there is a delay around the training however, lead endoscopist seeking additional training from Ear Nose and Throat Specialist in the interim. Patient Information Leaflets and Standard Operating Procedures drafted and with Medical Director for Sign off.
- Dermatology: GP with Extended Role (GPwER) in Dermatology appointed and due to start in July 2023. Mobilisation meetings are in place and meet fortnightly. Standard Operating Procedure in draft for the service following process mapping. Outpatient space secured for the clinic and procedure clinics. Data Protection Impact Assessment (DPIA) in draft.
- BCUHB have agreed to accept referrals for mid Powys patients to the Rapid Diagnostic Clinics (RDC) at Wrexham Maelor Hospital. Discussions currently taking place between PTHB and BCUHB commissioning teams to confirm arrangements. Cancer Clinical Lead to share guidance and referral pathway with mid Powys General Practices. This will be subject of a Powys GP Collaborative meeting on 13/07/2023 including Wrexham Rapid Diagnostic Clinic Cancer Nurse Specialist.

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- Rapid Diagnosis Service research project commenced January 2023 and is reported to end in July 2023. A part time Project Manager has been deployed by the Wales Cancer Network supported by the PTHB Cancer Clinical Lead and Transformation Programme Manager. Initial findings of the research were discussed at the Cancer Programme Board Meeting on 6/6/23 and conclusions and recommendations are due in July 2023

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Access to additional regional diagnostics capacity	<ul style="list-style-type: none"> Identify potential to repatriate low complexity activity and clarify basis of access Q2 - 4 	DCMH					Medium	Medium
	<ul style="list-style-type: none"> Undertake demand and capacity analysis including Non-Emergency Patient Transport (NEPTs) Q2 						High	Medium
	<ul style="list-style-type: none"> Issue commissioning intentions, Agree Long Term Agreements Q3 - 4 						High	High
	<ul style="list-style-type: none"> Adjust in year Long Term Agreements where solutions can be expedited Q3 						Medium	Low
Implementation of Transnasal Endoscopy	<ul style="list-style-type: none"> Readiness assessment, capital installed, pilot initiated in Mid and South Powys, review, Plan for North Powys developed Q1 - 4 		Green				High	High
Implementation of Community Cardiology	<ul style="list-style-type: none"> Implementation of plan for first phase of Community Cardiology and transition to business as usual in North Powys; tracking activity, patient outcomes and experience Q3 						Medium	Medium
	<ul style="list-style-type: none"> Commence roll out the next phase of the Community Cardiology service to Mid and South Powys (subject to resource and funding) Q4 						Medium	Medium
	<ul style="list-style-type: none"> Work to improve equity of access to cardiac rehabilitation Q3 						Medium	Medium

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Implementation of Dermatology	<ul style="list-style-type: none"> Phase 2 (South Powys) recruitment, implementation, Phase 3 (North Powys), Phase 4 (Mid Powys) Q1 - 4 		Green					Medium	Medium
Complete access to Rapid Diagnostic Clinics	<ul style="list-style-type: none"> Interim access for Mid Powys Q1 		Amber					High	High
	<ul style="list-style-type: none"> Research potentiality of rural model Q1 - 2 		Green					High	High
	<ul style="list-style-type: none"> Agree longer term model Q2 							High	Medium
Straight to Test Model	<ul style="list-style-type: none"> Work with commissioned services on straight to test models Q1 - 2 		Amber					Medium	Medium
	<ul style="list-style-type: none"> Review impact on outpatient delivery, business case development, implementation Q3 - 4 							Medium	Medium
Implement Regional Image Sharing Platform & capital review of diagnostic equipment	<ul style="list-style-type: none"> Regional Image Sharing Platform implementation plan Q4 							Medium	Low
	<ul style="list-style-type: none"> Capital bid complete Q3 							High	Low

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope ☒ **Change in Timescale** **N/A**

On section "Complete access to Rapid Diagnostics Clinics" above could the bullet points be changed to reflect the section under Strategic Priority 8 - Cancer for consistency – the new bullets above should read:

- Review solution in place for access for Mid Powys patients Q1 - 2
- Scoping Rapid Diagnostic Clinic service in PTHB (Cancer Research Wales funded project), recommendations due June 2023 – Q2
- Consideration of research project and identification of access for mid Powys patients in partnership with Wales Cancer Network and providers Q1 - 2

Executive Director Sign Off Joy Garfitt (Director of Community and Mental Health)

Strategic Priority 6 – Admission Avoidance
Executive Lead – Director of Community and Mental Health

Commentary on Progress in this Quarter: Workstream meetings in place. High level narrative around the potential opportunities on Admission Avoidance have been explored and included in the design phase of the Accelerated Sustainable Model.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Develop and implement a phased plan for admission avoidance in Powys (Detail to be determined as part of the Design phase of the ASM)	<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 Q1 - 2 	DCMH	Blue				High	High
	<ul style="list-style-type: none"> Develop a business case, with phased and costed implementation plan, including capital, Digital, workforce, demand and capacity modelling, engagement and consultation implications and impact assessment Q2 						High	Medium
	<ul style="list-style-type: none"> Secure approval for business case and implement Phase 1 – Q3 						Blank	Medium
	<ul style="list-style-type: none"> Implement Phase 2 – Q4 						Blank	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	Change in Timescale	N/A
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Executive Director Sign Off

Joy Garfitt (Director of Community and Mental Health)

Strategic Priority 7a) – Planned care (Transformation / Accelerated Sustainable Model)

Executive Lead – Director of Community and Mental Health

Commentary on Progress in this Quarter:

- Work is continuing under Outpatient Transformation to increase capacity to implement, monitor and expand clinically See on Symptoms (SOS) and Patient Initiated Follow Up (PIFU) pathways utilising a Multi-Disciplinary Team (MDT) approach. The development of SOS/PIFU documentation is in progress. Work is also ongoing supporting the refocus of the National digital Eyecare Programme and priorities around the implementation on the Electronic Referral Service (ERS) awaiting Digital Health and Care Wales (DHCW) timescales to be confirmed. Support is ongoing around waiting list validation to support access targets, Planned Care Recovery Programme Goals and reduce number of patients waiting for Follow up.
- Value Based Opportunities papers developed for Wet Age-Related Macular Degeneration (AMD) / Cataracts and Musculoskeletal (MSK) shoulders and opportunities identified. Wet AMD Value Based Opportunities paper and action plan approved by Executive Committee. Getting it Right First Time (GIRFT) Review underway with Glaucoma and Cataracts and awaiting recommendation report where an action plan will be drafted in response.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Strengthen existing infrastructure and governance	<ul style="list-style-type: none"> • Gap assessment of Planned Care infrastructure inc. Operational Management; Clinical Leadership and supervision; quality and safety governance Q2 - 4 	DCMH					High	Medium
Deliver improvements in line with Getting It Right First Time reviews	<ul style="list-style-type: none"> • Delivery of Theatre Efficiencies Plan Q2 - 4 						High	High
	<ul style="list-style-type: none"> • Implement Getting It Right First Time recommendations for orthopaedics, general surgery and gynaecology including repatriation of low complexity day cases Q4 						High	High
	<ul style="list-style-type: none"> • Detailed exploration of Insourcing to provide additional capacity extended Q4 						Medium	High

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Deliver benefits of Outpatient Transformation	<ul style="list-style-type: none">• Appoint Planned Care Clinical Director Q3								High	Medium
	<ul style="list-style-type: none">• Implement agreed plan (virtual appointments, access to advice and guidance, modernisation of follow ups including see on symptoms) Q1 - 4		Green						Medium	Medium
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 Q2								Medium	Low
	<ul style="list-style-type: none">• Identify potential to repatriate low complexity activity and clarify basis of access e.g., second offer Q2								Medium	High
	<ul style="list-style-type: none">• Undertake demand and capacity analysis including Non-Emergency Patient Transport (NEPTs) Q2								High	Medium
	<ul style="list-style-type: none">• Issue commissioning intentions, Agree Long Term Agreements, Adjust in year Long Term Agreements where solutions can be expedited Q3								Medium	High
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 Q1 - 4		Green						High	High
	<ul style="list-style-type: none">• Musculoskeletal - Develop Action Plan Q1 - 2		Green						High	High
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope	N/A	Change in Timescale	N/A							
Please add explanation for change request here										
Executive Director Sign Off		Joy Garfitt (Director of Community and Mental Health)								

Strategic Priority 7b) – Planned Care (Women and Children)

Executive Lead – Director of Community and Mental Health

Commentary on Progress in this Quarter:

- Digital Maternity Cymru (DMC) – Senior Lead Maternity Clinical Informaticist commenced post. Project board continues implementation steered by Digital Health and Care Wales (DHCW) national DMC team. National system procurement awaited.
- Maternity Continuous Improvement Plan – continues to progress. Reviewed monthly and reports to Maternity Matters.
- All Wales HIV Plan – sexual health contribution to the overarching plan in progress.
- Gender Identity – Service Level Agreement (SLA) revised and work underway to formalise a sustainable model.
- Community Paediatric Remodel - steering group and respective work streams established and work underway, and project plan drafted.

Commentary on red rated actions:

- There is a GIRFT (Getting It Right First Time) action plan drafted and agreed, however, a number of key actions such as a demand and capacity exercise and the required clinical expertise and input into delivering the work have been delayed due to ongoing resource issues. Therefore, until these can be resolved we are not able to progress some of the actions as defined in the plan.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Delivery of the Maternity Assurance and Safety Improvements	<ul style="list-style-type: none"> • Implement the Digital Maternity Cymru solution with Powys Project Board; recruitment of Senior Lead Maternity Clinical Informaticist (Digital Midwife); Implement project plan Q1 - 4 	DCMH	Green				High	High
	<ul style="list-style-type: none"> • Implement PTHB Maternity Continuous Improvement Plan 		Green				High	High
	<ul style="list-style-type: none"> • Implement recommendations of All Wales Maternity Neonatal Report Q2 - 4 						High	Medium
	<ul style="list-style-type: none"> • Review establishment against Birth Rate Plus Recommendations and develop response Q2 - 3 						Medium	Medium

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		<ul style="list-style-type: none">Deliver the transfer from South Powys Maternity Pathways from Aneurin Bevan University Health Board to Cwm Taf Morgannwg Q3 - 4							High	High
		<ul style="list-style-type: none">Implement Healthcare Inspectorate Wales (HIW) recommendations for birth centre environments including CAD designs and works for Llanidloes/Knighton Q3 - 4							Medium	Low
Delivery of the Women’s and Sexual Health Improvement Plans		<ul style="list-style-type: none">Implement All Wales case management system Q3							Medium	Low
		<ul style="list-style-type: none">Implement the All Wales HIV Plan Q1 - 4	Amber						Medium	Medium
		<ul style="list-style-type: none">Develop sustainable model for Gender Identity Service Q1 - 4	Amber						Medium	Medium
		<ul style="list-style-type: none">Delivery of All Wales Women’s Health Implementation Group Priorities and Getting it Right First Time Gynaecology recommendations Q1 -4	Red						Medium	Low
		<ul style="list-style-type: none">Delivery of recommendations of the demand and capacity exercise Q3 - 4							High	Low
		<ul style="list-style-type: none">Scale up Endometriosis & Menopause pilots, based on evaluation outcomes Q2 - 3							High	High
Implementation of Paediatric Remodel including Paediatric Therapies		<ul style="list-style-type: none">Improve outcomes for children and families through earlier, targeted interventions, integrated multidisciplinary team working and enhanced case management including cross border Q1 - 4	Green						High	High
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope	N/A	Change in Timescale	N/A							
Executive Director Sign Off		Joy Garfitt (Director of Community and Mental Health)								

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Tackling the Big Four

Strategic Priority 8 – Cancer *Ministerial priority

Executive Director – Medical Director

Commentary on Progress in this Quarter:

- The mapping of the Cancer Improvement Plan for NHS Wales 2023-2026 has been undertaken (informed by ongoing benchmarking) and reviewed at a workshop held on 23rd June 2023.
- The Cancer Plan is being drafted following the mapping of the Cancer Improvement Plan and subsequent workshop held on 23rd June 2023. Cancer Plan to be presented at Executive Committee on 6th September and Cancer Programme Board Meeting on 19th September.
- BCUHB has agreed to accept referrals for mid Powys patients to the Rapid Diagnostic Clinics (RDC) at Wrexham Maelor Hospital. Discussions currently taking place between PTHB and BCUHB commissioning teams to confirm arrangements. Cancer Clinical Lead to share guidance and referral pathway with mid Powys General Practices. This will be subject of a Powys GP Collaborative meeting on 13th July including the Wrexham RDC Cancer Nurse Specialist.
- Rapid Diagnosis Service research project commenced January 2023 and is reported to end in July 2023. A part time Project Manager has been deployed by the Wales Cancer Network supported by the PTHB Cancer Clinical Lead and Transformation Programme Manager. Initial findings of the research were discussed at the Cancer Programme Board Meeting on 6th June and conclusions and recommendations are due in July 2023.
- Community Services Group appointing to Cancer Tracker. Non-recurrent funding allocation of £29,773 transferred to Patient Services budget.
- It has been confirmed that the three pathways of focus will be Lower Gastrointestinal, Urology and Gynaecology. Due to the complexity of the Powys pathways across England and Wales the Wales Cancer Network has indicated it would consider additional short term support to map the whole system pathways using data warehouse information. The Executive Lead is confirming whether this would provide added value over and above the information already available to the health board's Commissioning team.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
	<ul style="list-style-type: none"> • Map, benchmark and agree actions for nine themes; implementation, Review and plan next year Q1 – 4 	MD	Green				High	High

Deliver Cancer Improvement (in line with NHS Wales Cancer Improvement Plan)	<ul style="list-style-type: none"> Single Cancer plan for Powys agreed Q1 – 2 		Green					High	High
Rapid Diagnostic Clinics	<ul style="list-style-type: none"> Review solution in place for access for Mid Powys patients Q1 – 2 		Green					High	High
	<ul style="list-style-type: none"> Scoping Rapid Diagnostic Clinic service in PTHB (Cancer Research Wales funded project), recommendations due June 2023 – Q2 							Medium	High
	<ul style="list-style-type: none"> Consideration of research project and identification of access for mid Powys patients in partnership with Wales Cancer Network and providers Q1 – 2 		Green					Medium	High
Delivery of Key Initiatives to improve access: <ul style="list-style-type: none"> Cancer tracking 	<ul style="list-style-type: none"> Transnasal Endoscopy pilot Q2 – 4 							High	High
	<ul style="list-style-type: none"> Pilot the use of Cytosponge Q3 – 4 							Medium	High
	<ul style="list-style-type: none"> Set up Cancer tracking pilot approach within PTHB as a provider Q1 – 3 		Green					High	High
	<ul style="list-style-type: none"> Evaluation and approval for the way forward Q4 							High	Medium
Quality Statement and Pathways	<ul style="list-style-type: none"> Work with the Wales Cancer Network on optimal pathways and quality statement Q1 – 4 		Green					High	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	Change in Timescale	N/A
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Executive Director Sign Off	Kate Wright (Medical Director)
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Tackling the Big Four

Strategic Priority 9 - Circulatory *Ministerial priority

Executive Director – Director of Public Health, Director of Therapies and Health Sciences

Commentary on Progress in this Quarter:

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Quality statement and pathways	<ul style="list-style-type: none"> In partnership with the All Wales Strategic Clinical Networks work towards compliance with Quality Statements for Stroke, Diabetes and Cardiac Q4 	DPH					Medium	Medium
Cardiac	<ul style="list-style-type: none"> First phase of Community Cardiology; transition to business as usual in North Powys; tracking activity, outcomes and experience Q3 						Medium	Medium
	<ul style="list-style-type: none"> Commence roll-out of the next phase of the community cardiology service to mid and south Powys (subject to successful recruitment) Q4 						Medium	Medium
	<ul style="list-style-type: none"> Work to improve equity of access to cardiac rehabilitation Q3 						Medium	Medium
	<ul style="list-style-type: none"> Work with primary care on use of NT-proBNP blood test and clinical guidance for referral Q3 - 4 						High	High
	<ul style="list-style-type: none"> Review national prescribing indicators for Atrial Fibrillation and explore improvements Q4 						High	High
Diabetes	<ul style="list-style-type: none"> Review The National Institute for Health and Care Excellence (NICE) care processes and treatment targets for Diabetes and explore improvements Q3 - 4 						High	High

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Stroke		<ul style="list-style-type: none">Participation in All Wales and Herefordshire and Worcestershire strategic change programme Q1 - 4				Green				High	High
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope	N/A	Change in Timescale	N/A								
Executive Director Sign Off		Mererid Bowley (Director of Public Health)									

Strategic Priority 10– Respiratory *Ministerial priority

Executive Director – Director of Therapies and Health Science

Commentary on Progress in this Quarter: Following the final Breathe Well Programme Board in May PTHB is working to ensure compliance with the remaining areas for implementation. PTHB is above the national average for the number of app users per GP practice of the NHS Wales Chronic Obstructive Pulmonary Disease (COPD)Hub and AsthmaHub apps to support patients to self-manage their respiratory condition. Where PTHB is below the national average, work with Children and Young Person's services to improve uptake of the NHS Wales Asthma for Parents App continues. We have successfully recruited a second physiologist, starting in post in August. Work continues to review patients waiting for consultant follow up.

Commentary on red rated actions: The job description for the specialist post focussing on asthma has been drafted, submitted to Job Evaluation and approved. The post was advertised in early June 2023, however there were no applicants. The post is to be readvertised in July 2023 which means there is a risk that the post may not be operational from Q2.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Implementation of the Respiratory Quality statement	<ul style="list-style-type: none"> Asthma Specialist Post and Primary Care roles recruitment Q1; Operational Q2 	DoTH	Red				Medium	Medium
	<ul style="list-style-type: none"> Compliance to be achieved by Q4 						Medium	Low

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Strategic Priority 11– Mental Health *Ministerial priority

Executive Director – Director of Community and Mental Health

Commentary on Progress in this Quarter:

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
	<ul style="list-style-type: none"> Design stage of the accelerated sustainable model to confirm scope of mental health transformation Q2 – Q4 	DoCMH					High	High

Mental Health Service Transformation	• Interim sustainability improvements Q1 - 2	Green				High	High
	• National peer and clinical pathway review Q3					Medium	High
	• Implementation Q4					Medium	High
	• 111 press 2 implementation Q1	Blue				High	High
	• Demand and capacity review Q4					High	High
Pathway design and development	• Sanctuary service specification and tender Q2					High	High
	• Contract award Q3 - 4					High	High
	• Perinatal mental health key posts Q1	Green				High	High
	• Training, service user focus groups and outcome measures, online platform Q1 - 3	Green				Medium	High
	• Peer review Q1	Green				Medium	Medium
	• Update operational policy in line with all Wales pathway Q4					Medium	Medium
CAMHS	• Update part 1 scheme no wrong door panel Q1 - 2	Green				High	High
	• Update operational policy with Primary Child and Adolescent Mental Health Service (PCAMHS) and Specialist child and Adolescent Mental Health Service (SCAMHS) Q1 - 4	Green				High	High
	• Improve accessibility of home treatment/intensive support including potential for 16+ crisis resolution and home treatment Q2 - 3					Medium	Medium
	• Develop as a trauma informed service (Incorporating TSW, ACE, HUB, NEST/NYTH) Q3					High	High
	• Develop Child and Adolescent Mental Health Service (CAMHS) Eye Movement Desensitization and Reprocessing (EMDR) service Q2					Medium	Medium

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	<ul style="list-style-type: none"> • Improve training for practitioners in Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT); create a DBT service Q4 						High	High
	<ul style="list-style-type: none"> • Improve physical health monitoring for young people being prescribed medication Q2 - 4 						High	High
	<ul style="list-style-type: none"> • Increase service user involvement especially with recruitment and service development Q1 - 4 	Green					High	High
Formal change request (Please tick as applicable and provide explanation below)								
Change in Scope	N/A	Change in Timescale	✓					
<p>There has been limited resource available to take forward the Sanctuary work to date, therefore this has not progressed as initially intended. Dedicated resource has now been secured from July 2023 and therefore able to progress at pace, however it is anticipated that the specification and tender for the Sanctuary will slip from Q2 into Q3, given the delays in starting this work and the timescales attached to tendering processes.</p>								
Executive Director Sign Off		Joy Garfitt (Director of Community and Mental Health)						

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Joined Up Care

Strategic Priority 12 – Frailty and Community Model - *Ministerial priority

Executive Lead – Director of Community and Mental Health

Commentary on Progress in this Quarter:

- First phase of implementation; detailed scheduling determined at Design stage: The Accelerated Sustainable Model has moved into the Design Stage and through its Programme Board, with input from its Coordinating Programme Team, an emerging model is being developed. The Design Phase will include the scheduling and phasing of actions.
- Community hospital model and ward design including East Radnorshire and Out of County bed use: This is being taken forward through the Accelerated Sustainable Model. It is proposed that this action is amended as set out below.
- Define Powys approach to Frailty Scoring, Rollout in North Cluster, review and rollout Mid and South Clusters: Frailty Workstream being established. Clinical Director in Community Frailty Medicine and Consultant in Community Frailty Medicine posts advertised and shortlisted. Interviews to be held for the Clinical Director post and the way forward for the Consultant post to be confirmed by the Medical Director. Work in relation to Falls prevention has also continued. It is proposed that the wording for this action is amended as set out below.
- Reduce use of out of county community hospital beds through escalation and tracking: Baseline of out of county bed days and associated expenditure from 2022/23. Awaiting Q1 data from providers to track progress against the 2022/23 baseline.
- Prevent deconditioning with agreed approach to identification, tracking and reporting including length of stay: PTHB engaging with nationally-led Preventing Deconditioning Working Group. Ward-based initiatives have demonstrated increased use of communal space by patients and that a higher proportion of patients are out of bed, dressed and moving than in the previous quarter. It is proposed that this action is removed as set out below.
- Improve co-ordination in the last year of life and the support available at home and in the community at the end of life: The existing Palliative / End of Life Workstream is to be broadened as part of the Accelerated Sustainable Model to consider the Last Year of Life. The revised workstream will be established in Q2.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current

Design and delivery of an Accelerated Sustainable Model	<ul style="list-style-type: none">First phase of implementation; detailed scheduling determined at Design stage Q1 - 4	DoCMH	Green				High	High
	<ul style="list-style-type: none">Community hospital model and ward design including East Radnorshire and Out of County bed use Q1 - 4		Amber				Medium	Medium
Improve key pathways and interventions	<ul style="list-style-type: none">Define Powys approach to Frailty Scoring, Rollout in North Cluster, review and rollout Mid and South Clusters Q1 - 4		Amber				Medium	Medium
	<ul style="list-style-type: none">Deliver revised Falls Pathway including Single Point of Access aligned with Shropdoc and 111 – Q3						Medium	Medium
	<ul style="list-style-type: none">Reduce use of out of county community hospital beds through escalation and tracking Q1 - 4		Amber				High	High
	<ul style="list-style-type: none">Prevent deconditioning with agreed approach to identification, tracking and reporting including length of stay Q1 – 4		Green				Medium	High
	<ul style="list-style-type: none">Improve co-ordination in the last year of life and the support available at home and in the community at the end of life Q1 - 4		Amber				Medium	Medium
Formal change request (Please tick as applicable and provide explanation below)								
Change in Scope	✓	Change in Timescale	N/A					
<ul style="list-style-type: none">Proposing that “Community hospital model and ward design including East Radnorshire and Out of County bed use” is amended to 2 separate new actions: “<u>Community hospital model and ward design developed</u>” and “<u>Implementation of revised model for East Radnorshire</u>”. The rationale for this is that the community hospital model and ward design will be for Powys as a whole, which will then include East Radnorshire. The out of county bed use is duplicated with an existing action “Reduce use of out of county community hospital beds through escalation and tracking.”Proposing that “Define Powys approach to Frailty Scoring, Rollout in North Cluster, review and rollout Mid and South Clusters” is amended to: “<u>Define Powys approach to Frailty Scoring, rollout and review</u>”. This work will still continue to involve the clusters but the rollout is likely to be different to the original wording.Proposing that “Prevent deconditioning with agreed approach to identification, tracking and reporting including length of stay” is removed as it duplicates with an action in Strategic Priority 13 - Implementation of guidance to prevent deconditioning.								
Executive Director Sign Off		Joy Garfitt (Director of Community and Mental Health)						

Strategic Priority 13 – Urgent and Emergency Care - *Ministerial priority

Executive Lead – Director of Community and Mental Health

Commentary on Progress in this Quarter:

- Expand community based urgent care (Accelerated Sustainable Model) scope to be set out: Workstream meetings in place. High level narrative around the potential opportunities for Admission Avoidance have been explored and included in the Design Phase of the Accelerated Sustainable Model.
 - Swift transaction of out of county repatriation requests: Embedded Care Transfer Coordinators across all out of county sites with daily review of delays and targeted focus on patients stranded in acute beds. Engagement with escalation processes across out of county services with daily review of discharge planning at flow meeting.
 - Cluster led risk stratification, care co-ordination: Care co-ordination embedded into “Patients in Care Homes” Direct Enhanced Service in Powys. Discussions with clusters ongoing in developing optimal approach to risk stratification.
 - Phone First embedded in Minor Injury Units: This is embedded in PTHB Minor Injury Units and future plans being considered through ASM Admission Avoidance Workstream.
 - Embed improved whole system approach to Delayed Transfer of Care (D2RA): Pathway of Care Delay data are reported monthly, approved by PTHB and Powys County Council, and submitted to the NHS Executive. In line with the data, a joint PTHB/Powys County Council Pathway of Care Action Plan is in place, being implemented and monitored. See proposed amendment to the wording of this action.
 - Assessment and discharge including Discharge to Recover and Assess (D2RA) and home first: Embedded revised D2RA pathways during Q1 and worked with the NHS Executive and other health boards to design and begin the capture of measures as part of the Welsh Information Standards Board requirements. Further work underway to support PTHB wards with data capture.
 - Rehabilitation and reablement bridging team; expansion of home first community rehabilitation: Initial meeting held on 12 June 2023 between PTHB and Powys County Council to discuss scope and agree the way forward. Further meeting scheduled for 12 July 2023 to confirm the detail and next steps.
 - Implementation of 111 Press 2 on track for delivery: This action is completed. 111 Press 2 went live in Powys on 10 May 2023 for 12 hours, extended to testing 24 hours on 8 June 2023 and went fully live with 24 hours per day on 15 June 2023.
 - Implementation of guidance to prevent deconditioning: PTHB engaging with nationally-led Preventing Deconditioning Working Group. Ward-based initiatives have demonstrated increased use of communal space by patients and that a higher proportion of patients are out of bed, dressed and moving than in the previous quarter.
- Unscheduled Care dashboard to drive improvements in bed utilisation and capacity: The collation of the data has been taken forward as part of the PTHB Integrated Performance Framework. Data is being utilised by the operational Unscheduled Care Team as part of bed utilisation, pathway flow management and capacity.
- Roll out Trusted Assessor: Joint regular meetings between PTHB and Powys County Council established. Trajectory of Trusted Assessor workforce submitted to NHS Executive and monthly monitoring against the trajectory in place. There have been delays in agreeing the governance for Trusted Assessor with Powys County Council and an amendment to the timescale for this action is proposed below.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Deliver alternatives to Urgent and Emergency Care	• Expand community based urgent care (Accelerated Sustainable Model) scope to be set out Q1	DCMH	Green				Medium	Medium
	• Refine Virtual Ward & Virtual Hospital models and scope Community Assessment Triage model Q3 - 4						Medium	High
	• Swift transaction of out of county repatriation requests Q1 - 4		Green				Medium	Medium
Delivery of Joint Integrated Commissioning Action Plan and Rapid Escalation Plan	• Cluster led risk stratification, care co-ordination Q1 - 4		Amber				Tbc	Medium
	• Phone First embedded in Minor Injury Units		Blue				High	High
	• Embed improved whole system approach to Delayed Transfer of Care (DTC) Q1		Green				Medium	High
	• Assessment and discharge including Discharge to Recover and Assess (D2RA) and home first Q1 - 4		Amber				Medium	Medium
	• Additional Discharge Liaison Officers Q2						High	High
	• Roll out Trusted Assessor Q1 - 2		Green				Medium	High
	• Explore and complete benefits analysis of an Integrated Brokerage Process development Q2						Medium	Medium
	• Patient level pathway assignment and tracking Q2 - 3						Medium	Medium

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	<ul style="list-style-type: none"> Rehabilitation and reablement bridging team; expansion of home first community rehabilitation Q1 - 3 		Amber					Medium	High
	<ul style="list-style-type: none"> Scoping of in-house reablement focused domiciliary provision and work with the care sector to improve resilience and processes Q2 							Medium	Medium
	<ul style="list-style-type: none"> Implementation of 111 Press 2 on track for delivery Q1 		Blue					High	High
	<ul style="list-style-type: none"> Red to Green days and SAFER to be embedded into daily practice and audit refine processes Q2 - 4 							Medium	Medium
	<ul style="list-style-type: none"> Implementation of guidance to prevent deconditioning Q1 - 4 		Green					Medium	Medium
	<ul style="list-style-type: none"> Unscheduled Care dashboard to drive improvements in bed utilisation and capacity Q1 		Green					Medium	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope

✓

Change in Timescale

✓

Propose amendment to the wording of "*Embed improved whole system approach to Delayed Transfer of Care*" to "*Embed improved whole system approach to Pathways of Care delays*" in order to align with Six Goals wording and the move away from the term DTOC.

Propose amendment to the timescale for "*Additional Discharge Liaison Officers*" from Q2 to Q2-Q4 due to a delay in the business case being approved.

Propose amendment to the wording and timescale of "*Roll out Trusted Assessor*" to "*Develop the model for Trusted Assessor Q1 and Q2,*" and "*Roll Out Trusted Assessor Q3 and Q4*". This is due to delays in establishing the governance arrangements with Powys County Council.

Executive Director Sign Off

Joy Garfitt (Director of Community and Mental Health)

Strategic Priority 14– Specialised Care

Executive Lead – Director of Performance and Commissioning

Commentary on Progress in this Quarter:

- PTHB continues to participate in the Welsh Health Specialised Services Committee (WHSSC) Joint Committee and Management Group. Integrated Commissioning Plan developed.

- Integrated Plan 2023-24 developed with priorities of:
 - Cancer and blood
 - Cardiac services
 - Mental Health and Vulnerable Groups
 - Neurosciences and Trauma Services
 - Renal
 - Women and Children services
- Cross cutting priorities – WHSSC and Health Boards to progress cross cutting strategic programmes to identify pathway wide opportunities to reduce costs and/or increase efficiency in either WHSSC or HB cost base including:
 - Home Parental Nutrition Pathways: review to be undertaken to enhance pathways for patients for patients with Intestinal Failure including the service commissioned for patients requiring inpatient, home care feeding and nursing support. Options being developed explore equitable model of provision across Health Boards; mixed economy of provision dependent on demand; collaborative model across Health Boards. Low numbers of patients from PTHB and Swansea Bay perspective, further work to be undertaken to understand the demand and intensity of support across Wales. Review to also explore pathways to facilitate patients transfer of care from tertiary to locally provided care and to reduce length of stay in tertiary care with potential savings of £1.3m identified.
 - System wide savings from PET increases.
 - System wide savings from Mental Health Pathway functioning across secure, CAMHS and eating disorders.
 - CAMHS: proposed project to explore Welsh units better staffed than NHS England however how does that compare to the quality of services provided. WHSSC Integrated Performance Report indicating CAMHS Out of Area performance much improved and been consistently below target for an extended period. The NHS inpatient units are close again to pre-Covid levels.
 - Adult Medium Secure: Both inpatient units delivering fewer bed days than pre-Covid, however the use of other providers has increased. Performance meetings are occurring with both units monthly to monitor progress and a repatriation plan is in place for each unit and is on profile.
 - Specialised Psychology Services Review: Currently commissioned from Cardiff and Vale, Swansea Bay and Betsi Cadwallader across multitude of specialties investing £1.773m. Project Initiation Document developed for the review with phase 1 underway to review baseline position of all WHSSC commissioned psychology posts. Phase 2 to be completed by end of July 2023, workshops to be held with 3 Health Board psychology leads to inform phase 3, development and implementation of the model. Cash release/efficiency to be determined in Q2.
 - Efficiency and performance of Welsh specialist services provision including comparative cost and contracting mechanisms. Proposals being explore including Cardiac Surgery disinvestment in Cardiff and Vale and Swansea Bay (recurrent); Paediatric Surgery Cardiff and Vale; Plastics, Thoracic and Bariatric Swansea Bay; Thoracic Cardiff and Vale. Commissioning and Strategy efficiencies being explore including reduction in neonatal out of area transfers; reduction in forensic out of area placements; reduction in North West and South West CAMHS out of area placements; reduce in Eating Disorder out of area placements.

NHS England has approved plans to establish joint committees between NHS England and multi-Integrated Care Board collaborations from 1 April 2023, covering 9 geographical footprints, that will oversee and take commissioning decisions on 59 specialised services.

Commentary on red rated actions: Two red rated actions in quarter 1 were not achieved due to capacity constraints within the team. The aim is to undertake the actions in quarter 2

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
The health board participates in collective action via Welsh Health Specialised Services Committee (WHSSC) to improve value. It will work with the Welsh Health Specialised Services Committee to improve value through a focus on improved outcomes, experience and cost.	<ul style="list-style-type: none"> Equitable access; reducing unwarranted variation for the Powys population including improving information about Powys patient experience and data specific to the population Q1 - 4 	DPC	Red				Medium	Medium
	<ul style="list-style-type: none"> Reviewing Parenteral Nutrition pathways 		Green				Medium	Medium
	<ul style="list-style-type: none"> Improving the performance of Welsh Child and Adolescent Mental Health Services and medium secure services through better utilisation and reduced out of area placements Q1 - 4 		Green				Medium	Medium
	<ul style="list-style-type: none"> Reviewing specialised psychology services 		Green				Medium	Medium
	<ul style="list-style-type: none"> Reviewing efficiency and performance of Welsh specialist services provision including comparative cost and contracting mechanisms Q1 - 4 		Green				Medium	Medium
	<ul style="list-style-type: none"> Evaluating investments over 3 years to test and map benefits and to re-target as appropriate 		Red				Medium	Medium
	<ul style="list-style-type: none"> Welsh Health Specialised Services Committee (WHSSC) - Appoint to specialised pathway lead Q3 						Medium	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	Change in Timescale	N/A
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Executive Director Sign Off	Stephen Powell (Director of Performance and Commissioning)
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Workforce Futures

Strategic Priority 15 – Transformation and Sustainability of our Workforce

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Good progress has been made and all milestones for the quarter are on track with high levels of confidence against each milestone for delivery by year end. Executive Committee has approved the adoption of Wagestream to incentivise more staff to sign up to Bank, with plans in place to implement in Qtr 2. The 4 overseas nurses for Welshpool have secured longer term accommodation and are completing their Objective Structured Clinical Examination (OSCE) training in preparation for deployment and a proposal for scaling up of overseas Nurse recruitment was agreed at Workforce Steering Group for a further 3 sites. Workforce planning training has been rolled out, targeting managers at 8a and above, with monthly classroom-based training now also available. To date 16 managers have completed the on-line training, a further 19 have started, 5 have attended the first classroom-based training with a further 35 have signed up to undertake it over the coming months. A detailed workforce profile has been disseminated to services to inform the baseline assessment of the current workforce deployment. A targeted piece of work has also been undertaken for both our older adult and mental health wards to shape and inform workforce plans and support variable pay reduction.
- Work to develop the reservist pilot in partnership with Health Education and Improvement Wales (HEIW) is underway. Workshops including operational staff and volunteers along with colleagues from PTHB and HEIW have been held to develop the model. The focus has been on designing appropriate onboarding and “back office” processes involving systems such as ESR, Trac and payroll. Frequently asked questions and an advertisement have been developed, in readiness to advertise the reservist opportunity for Healthcare Support Workers in the first instance.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions		Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
				Q1	Q2	Q3	Q4	Initial	Current
Workforce Planning		<ul style="list-style-type: none">All prioritised service areas to have a workforce plan Q4	DWOD					High	Medium
		<ul style="list-style-type: none">Draft Workforce Resource Plan (incorporating North Powys Wellbeing Programme as appropriate) Q4						High	Low
		<ul style="list-style-type: none">Organisational Change approach to support Accelerated Sustainable Model Q2						High	Medium
Recruitment redesign		<ul style="list-style-type: none">Direct Sourcing Model in place Q4						Medium	High
		<ul style="list-style-type: none">All appropriate marketing material bilingual Q4						High	High
		<ul style="list-style-type: none">4 Overseas Nurses fully onboarded Q2 - 3						High	High
		<ul style="list-style-type: none">Scaling up plan for overseas recruitment and working with partners as part of the All Wales activity on international recruitment Q3 - 4						Medium	High
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 Q4						Medium	Medium
		<ul style="list-style-type: none">Incentivise Bank take up with more flexible arrangements for accessing wages Q1 - 2		Green				High	High
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 Q4						Medium	High
		<ul style="list-style-type: none">Recruit 20 reservists (NHS Wales pilot), to be evaluated end of year Q4						Medium	Medium
Formal change request (Please tick as applicable and provide explanation below)									
Change in Scope	N/A	Change in Timescale	N/A						

Executive Director Sign Off	Debra Wood Lawson (Director of Workforce and Organisational Development)
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Strategic Priority 16 – A Great Place to Work

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Good progress has been made and all milestones for the quarter are on track with high levels of confidence against each milestone for delivery by year end. Although not included within the Integrated Plan, the Executive Committee has approved a new suite of salary sacrifice schemes which will be rolled out for staff in Qtr 2. Casework for the past 2 years has been reviewed and analysed to identify opportunities to avoid harm through their application of workforce policies together with the development of a revised escalation process and a robust initial assessment. Workshops have been set up with staff side in Qtr 2 to discuss and explore further opportunities to enhance the understanding and application of workforce policies. The whole of Women and Childrens services have undertaken a Team Climate survey with 134 responses received (approximately 50% of the workforce). Further work is being undertaken to support the service understand their results and develop supportive actions. The triangulation of the team climate survey results with other workforce data is being explored to develop a comprehensive picture of the workforce opportunities and challenges for the services.
- Promotion of the Health and Care Academy facilities, including simulation space, is continuing. Visits have been undertaken by neighbouring health boards and social care colleagues, along with the Haygarth General Practice.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
	<ul style="list-style-type: none"> • Promotion and utilisation of outputs of National Staff Survey Q1 - 4 	DWOD	Green				Medium	High

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Temperature Checks and Analytics Capability	<ul style="list-style-type: none">Conduct Team Climate Survey (targeting one service area per quarter) Q1 - 4		Green					High	High
	<ul style="list-style-type: none">Develop team health metrics; apply by year end							High	High
	<ul style="list-style-type: none">Review and relaunch Chat 2 Change Q3 – 4							High	High
Leadership Development	<ul style="list-style-type: none">Design and deliver a two-tiered Clinical Leadership Programme Q2 - 3							Medium	Medium
	<ul style="list-style-type: none">Evaluate benefit of Intensive Learning Academy (ILA); Final Business Plan for Powys Intensive Learning Academy Q4							High	High
Professional Development	<ul style="list-style-type: none">Promote and increase self-sufficient use of simulation space in Health & Care Academy Q1 - 4		Green					Medium	Medium
Employee Support	<ul style="list-style-type: none">Achieve Employers for Carers accreditation, identifying and offering signposting Q4							High	High
	<ul style="list-style-type: none">Adopt All Wales approach to ‘Speaking Up Safely’ about concerns or issues by end of year Q1 - 4		Green					High	High
	<ul style="list-style-type: none">Develop online Staff Retention guide, to include the developing work by Health Education Improvement Wales on ‘stay’ interviews Q3 - 4							High	High
	<ul style="list-style-type: none">Workforce Policies Caseload review; social partnership with focus on avoidable harm and timely, proportionate management practices, checks and balances, workshops Q2 - 3							High	High
Formal change request (Please tick as applicable and provide explanation below)									
Change in Scope	N/A	Change in Timescale	N/A						
Executive Director Sign Off		Debra Wood Lawson (Director of Workforce and Organisational Development)							

Strategic Priority 17 – Employee Health and Wellbeing

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Good progress has been made and all milestones for the quarter are on track. The Gold Corporate Health Standard was awarded to PTHB for a further year. However, the current award scheme will close, and Healthy Working Wales will provide an ongoing suite of wellbeing offers for organisations. The final round of the Staff Wellbeing Roadshow was held in Machynlleth in June with 270 staff members attending across all locations throughout the year. The final evaluation and feedback on the events are currently being collated. A schedule from September, for the next round of visits, is being put in place.
- Two new staff networks have been established for Black, Asian and Minority Ethnic and LGBTQ+ staff respectively; the pre-existing Neurodiversity network has also been invigorated and now holds biweekly meetings. The Anti-Racist Action Plan for 2022-23 has been approved and the initial objectives within it are being pursued. A survey for our ethnic minority staff is in development and work is ongoing to source anti-racism training. A Staff Story has been provided to the Board on the subject of the experience of workplace racial prejudice.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Gold Corporate Health Standard	• Regain Gold Corporate Health Standard Q1	DWOD	Blue				High	High
	• Create development plan from the feedback received from the reassessment Q1		Blue				High	High
Wellbeing Roadshows & Other Events	• Undertake a wellbeing roadshow at each hospital site Q1		Blue				High	High
	• Revisit each site by year end						High	High

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Strategic Priority 18 – Joint Workforce Futures Programme

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

Good progress has been made and all milestones for Q1 are on track. Academy Careers Education Enterprise Scheme (ACEES) progressing at pace with support from social care and education colleagues. A detailed implementation plan has been developed in partnership with 10 secondary schools and Further Education providers. The Health and Social Care schools training programme is being incorporated into ACEES. 7 schools and one FE provider have confirmed interest in this more intensive experience for learners undertaking a level 3 health and social care qualification or science A levels. An 'experience and wellbeing' survey issued across the partnership. The survey asked a range of questions such as: staffs' engagement with

their organisation, their general wellbeing, work environment, stress levels, career development, staff voice, workload and changes they would implement to improve staff wellbeing. Analysis to be undertaken in early part of Q2 to inform development of RPB action plan to improve wellbeing and engagement across the sector by Q4. Workforce Futures Programme Board approved a further cohort to be included in the pilot phase of the Joint Induction. In Q1 a social care professional was recruited into the team and cohort 3 delivered. A total of 20 participants (spanning social care, nursing and therapies support workers) have completed the Joint Induction in 3 cohorts. The ability to recruit staff has resulted in low numbers of participants. Early findings of the pilot evaluation were reported to Programme Board on 03.07.23. The timing of future cohorts is to be confirmed due to changes in national workbook by HEIW and Social Care Wales.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
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 Q4 	DWOD					High	High
	<ul style="list-style-type: none"> Upscale the Health and Social Care Schools training programme to two further schools Q4 						High	High
	<ul style="list-style-type: none"> Identify degree level qualifications available to the Health and Social Care Academy delivered by a range of providers Q4 						High	High
Leading the Workforce	<ul style="list-style-type: none"> Compassionate Leadership Programme trial Q2 						Medium	Low
	<ul style="list-style-type: none"> Rollout 4 a month (12 per cohort) Q4 						Medium	Medium
Engagement and Wellbeing	<ul style="list-style-type: none"> Understand the lived experience of the workforce Q2, Q4 						Medium	High
	<ul style="list-style-type: none"> RPB action plan to improve wellbeing and engagement across the sector Q4 						High	High
Education Training and Development	<ul style="list-style-type: none"> After an initial pilot, deliver one joint induction programme per month by year end Q1 - 4 		Green				Medium	Medium

		<ul style="list-style-type: none">Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream Q4							Medium	Medium
Partnership and Citizenship		<ul style="list-style-type: none">Carers strategic framework by year end to increase support to paid and unpaid carers Q4							High	High
		<ul style="list-style-type: none">Increased volunteering opportunities Q4							High	High
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope	N/A	Change in Timescale	N/A							
Executive Director Sign Off		Debra Wood Lawson (Director of Workforce and Organisational Development)								

Digital First									
Strategic Priority 19 – Digital Strategic Framework									
Executive Lead – Director of Finance and I.T.									
Commentary on Progress in this Quarter: N/A									
Commentary on red rated actions: N/A									
Progress against key actions and milestones									
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment		
			Q1	Q2	Q3	Q4	Initial	Current	

Why What When and How we deliver Digital services for the workforce, to improve outcomes for staff and patients	<ul style="list-style-type: none">Develop and agree the Digital Strategic Framework to prioritise delivery Q2				DoFIT					High	High
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope	N/A	Change in Timescale	N/A								
Executive Director Sign Off		Pete Hopgood (Director of Finance and IT)									

Strategic Priority 20 – Implement clinical digital systems								
Executive Lead – Director of Therapies								
<p>Commentary on Progress in this Quarter:</p> <ul style="list-style-type: none"> The Electronic Prescribing and Medicines Administration (ePMA) project is in its pre-implementation phase. Clinical, technical and project management resource have been appointed. Stakeholder engagement has commenced with community hospital teams to ensure requirements are scoped in preparation for implementing ePMA across Powys by mid-2025. Regional Information Sharing Platform - Discussions have commenced with Digital Health and Care Wales. <p>Commentary on red rated actions: N/A</p>								
Progress against key actions and milestones								

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Key Actions		Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
				Q1	Q2	Q3	Q4	Initial	Current
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 functional requirements for service areas Q2	DoTH					High	Medium
		• Assessment, review and gap analysis of all clinical applications to rationalise and avoid duplication Q3						Medium	Medium
		• Support secondary care information flow into commissioned NHS Trusts in England Q4						Medium	Medium
		• Implement standardised processes using policy, SOPS and staff training and support Q2 - 4						High	Medium
		• Support national digital system implementations e.g. Regional Imaging Sharing Platform, Electronic Prescribing and Medicines Administration Q1 - 4		Green				Medium	Medium
		• Health Pathways implementation - scoping Q1 - 2		Red				Medium	Medium
		• Health Pathways - recruiting, implementing Q2 - 3						Medium	Low
Formal change request (Please tick as applicable and provide explanation below)									
Change in Scope		N/A	Change in Timescale		N/A				
Executive Director Sign Off		Claire Madsen (Director of Therapies)							

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Strategic Priority 21 – Resilient, Cybersecure Infrastructure

Executive Lead – Director of Finance and I.T.

Commentary on Progress in this Quarter:

- Upgrade Network/Cabling/Wi-Fi – Due to local estates limitation, there is a risk around hazardous material and asbestos in ward areas. Additional capital funding has been requested to support work. Small, localised improvements have taken place, but further work dependent on WG DPIF funding.
- Full Telephony upgrade – Tentatively awarded capital funded from Welsh Government Digital Priorities Innovation Fund subject to Health Minister approval, and PTHB identifies revenue funding. Looking to commence procurement process during Q2.
- Network resilience – Work to implement Cyber Security controls and network segmentation has commenced in Bronllys which is the main hospital network site and most complex of sites.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
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. Pace of delivery subject to additional funding Q1 - 4 	DoFIT	Amber				Medium	Medium
	<ul style="list-style-type: none"> • 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 Q1 - 4 		Amber				Medium	Medium
	<ul style="list-style-type: none"> • Improved resilience and capacity for business continuity and faster access and system performance through implementation of network redesign plans Q1 - 4 		Green				Medium	Medium

Formal change request (Please tick as applicable and provide explanation below)

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Change in Scope	N/A	Change in Timescale	
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Executive Director Sign Off	Pete Hopgood (Director of Finance and IT)
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Strategic Priority 22 – Electronic Document Management and Digitisation

Executive Lead – Director of Finance and I.T.

Commentary on Progress in this Quarter: The business case is being re-evaluated to determine if there are existing systems that can offer a document management solution within the current NHS Wales infrastructure.

Commentary on red rated actions: Funding request was returned by Welsh Government and so alternative options are being investigated.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Develop and implement electronic document management policies and processes, digitalisation of paper records	Pace of delivery will be subject to availability of additional funding Q1 – 4	DoFIT	Red				Medium	Low

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	Change in Timescale	✓
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Alternative solutions are being investigated due to the cost of procuring an electronic document management system.

Executive Director Sign Off	Pete Hopgood (Director of Finance and IT)
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Strategic Priority 23 – Modernise Data Architecture and Business Intelligence

Executive Lead – Director of Finance and I.T. /Director of Performance and Commissioning

Commentary on Progress in this Quarter: The local platform has been built and is now live ready to support Powys wide projects when/if the need arises. Patient Reported Outcome Measures (PROMS) work is reliant on national framework competition which is due to complete August 2023. Integrated Performance Framework (IPF) support is ready once metrics have been confirmed by the health boards performance team.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Provide a modern data architecture and improved business intelligence and knowledge for informed decision making	• Creation of Health & Care Data Platform Q3	DoFIT/ DPC					Medium	Low
	• Explore opportunities Robotic Automation (RPA) to release administrative time Q2						Medium	High
	• Workforce collaboration to make the best use of the workforce resource data available Q2						Medium	Medium
	• Explore and develop the platforms to support PROMS, PREMS and the Integrated Performance Framework Q1 - 4		Amber				Medium	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	Change in Timescale	N/A
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Executive Director Sign Off Pete Hopgood (Director of Finance and IT)

Stephen Powell (Director of Performance and Commissioning)

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Innovative Environments

Strategic Priority 24 – Capital and Estates Programme

Executive Lead – Assistant Director of Estates, Capital and Property

Commentary on Progress in this Quarter: All Q1 measures on track.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Delivery of major capital programmes including:	<ul style="list-style-type: none"> Phase 2 of Llandrindod Wells Regional Rural Centre and Spa Road Development – Business Justification Case; work to commence Q1 - 3 	ADoECP	Green				High	High
	<ul style="list-style-type: none"> Operationalisation of Bro Dyfi Community Hospital site developments at Machynlleth Q1 - 4 		Green				High	High
	<ul style="list-style-type: none"> Further Stages of work relating to the North Powys Multi Agency Campus with submission of infrastructure Business Justification Case Q2 						Medium	Medium
	<ul style="list-style-type: none"> Llanfair Caereinion; Third Party Primary Care development works scheduled for 14 month construction phase, commence work Q2 - 4 						Medium	Low
Delivery of Estates Strategy including:	<ul style="list-style-type: none"> Develop and agree an Estates Strategy to prioritise delivery Q2 						Medium	Medium

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	<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 Q1 - 4 		Green					High	High
	<ul style="list-style-type: none"> Delivery of Regional Partnership Boards (RPB) Innovative Environments Capital Plan in support of the RPB Area Plan Q2 							Medium	High
	<ul style="list-style-type: none"> Year three of the programme to strengthen maintenance contracts will include the remainder of the significant specialist services Q4 							High	High
Implementation of 'Soft' Facilities Management	<ul style="list-style-type: none"> Cleaning Standards review Q1 		Green					Medium	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope

N/A

Change in Timescale

N/A

Executive Director Sign Off

Wayne Tannahill (Assistant Director of Estates, Capital and Property)

Strategic Priority 25 – Environmental Management and Decarbonisation

Executive Lead – Assistant Director of Estates, Capital and Property

Commentary on Progress in this Quarter: All Q1 measures completed.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions		Key Milestones		Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
					Q1	Q2	Q3	Q4	Initial	Current
Biodiversity enhancement and protection in line with Section 6 of Environment (Wales) Act		• Proceed through tendering phases to selection of Re:fit Framework Supply Partner Q1		ADoECP	Blue				High	High
Delivery of energy efficiency improvements		• Develop Investment Grade Proposal in conjunction with Supply Chain Partner Q3							High	High
		• Commence Re:fit programme of works activity Q4							High	High
Decarbonisation including ambition for Net Zero by 2030 across public sector including		• Rollout of Carbon Literacy throughout organisation; Support development of and collate department delivery plans enabled through knowledge gained from training Q3							Medium	Low
		• Quarterly tracking and internal reporting to Environment & Sustainability Group against 46 Initiatives listed within Welsh Government's Decarbonisation Strategic Delivery Plan Q1 - 4			Blue				High	High
		• Agile Working and optimisation of space utilisation with delivery of Bronllys pilot and agreement of Agile Working Principles Q3							Medium	Medium
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		N/A	Change in Timescale		N/A					
Executive Director Sign Off		Wayne Tannahill (Assistant Director of Estates, Capital and Property)								

Transforming in Partnership

Strategic Priority 26a - Corporate Governance

Executive Lead – Director of Corporate Governance

Commentary on Progress in this Quarter:
Work against all milestones is underway and currently on target as planned.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Delivery of the Annual Programme of Governance and Corporate Business Plan Further improve the effectiveness of the Board and its committees	<ul style="list-style-type: none"> Reviewing and recreating a revised Board Assurance Framework (design, delivery) Q2 - 4 	DCG					High	High
	<ul style="list-style-type: none"> Strengthening the Board and Committee work planning approach and clearly aligning the work programmes to the Board Assurance Framework and Corporate Risk Register Q1 - 4 		Green				High	High
	<ul style="list-style-type: none"> Further improving the quality of information to the Board and its Committees Q1 - 4 		Green				High	High
	<ul style="list-style-type: none"> Design and Delivery of a Board Development programme that underpins the High Performing Board programme Q1 - 4 		Green				High	High
	<ul style="list-style-type: none"> Reviewing the Board's Advisory Structure and implementing relevant changes Q1 - 2 		Green				Medium	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope N/A Change in Timescale N/A

Executive Director Sign Off	Helen Bushell (Director of Corporate Governance)
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Strategic Priority 26b - Quality Governance

Executive Lead – Director of Nursing and Midwifery

Commentary on Progress in this Quarter:

- Implementation has been supported by an executive led implementation board (internal) during Q1 along with health board representation at national implementation sub committees and board structures.
- Ongoing monitoring will be assured through health board implementation board structure.
- National resource has been utilised to support the Duty of Candour implementation along with local documents to support teams with the practicalities of both Duty of Candour and Duty of Quality.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Implement the Duty of Quality and Duty of candour in line with the Quality and Engagement Act (Wales)	<ul style="list-style-type: none"> • Continue implementation of PTHB's Duty of quality and Duty of Candour Implementation Plan Q1 	DoNM	Blue				High	High
	<ul style="list-style-type: none"> • Monitoring of the actions aligned to the implementation plan Q2 						High	High
	<ul style="list-style-type: none"> • PTHB governance framework aligned to Duty of Quality, completion of the Implementation plan Q3 						High	High
	<ul style="list-style-type: none"> • Production of annual report aligned to Duty of Candour. Continued monitoring of the Quality Management System Q4 						High	High

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Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	N/A	Change in Timescale	N/A	
Executive Director Sign Off	Claire Roche (Director of Nursing and Midwifery)			

Strategic Priority 27 – Engagement and Communication

Executive Lead – Director of Corporate Governance

Commentary on Progress in this Quarter:

- Key achievements during the quarter include conclusion of analysis following engagement on the application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern with presentation to Board for decision in May 2023. Work is also continuing in establishing new working arrangements with the new Llais citizen voice body, and the engagement capacity and capability within the health board is being strengthened with the appointment of an Engagement Manager who is due to commence in post in Q2.
- The PTHB Staff Excellence Awards were re-launched in Q1 with planning under way for a celebration event in October 2023. A further communication focus during Q1 has been planning for NHS75 activities in partnership with the Powys Health Charity, with special events commencing at the end of Q1 and continuing into Q2.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Design and delivery of a programme of marketing and communications	<ul style="list-style-type: none"> Design and deliver annual programme focusing on areas where communication activity can offer the most significant strategic benefit and management of principal risks Q1 – 4 	DCG	Green				High	High

Design and delivery of a programme of continuous and/or targeted engagement	<ul style="list-style-type: none">Design and deliver compliant programmes of engagement and/or consultation reflecting new national guidance / Citizen Voice Body Q1 – 4					Green				Medium	Medium
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope	N/A	Change in Timescale	N/A								
Executive Director Sign Off		Helen Bushell (Director of Corporate Governance)									
Strategic Priority 28 – Strategic Commissioning											
Executive Lead – Director of Performance and Commissioning											
Commentary on Progress in this Quarter:											
<ul style="list-style-type: none">Commissioning Intentions developed January 2023 – to be factored in to Commissioning Quality Performance Review meetings.Getting It Right First Time recommendations – standing agenda item at CQPR meetings seeking assurance from commissioned service providers on implementation of the recommendations.Analysis undertaken of commissioned service provider waiting lists, by provider and by specialty. Further work to be undertaken, as part of the Integrated Performance Framework, to analyse demand, capacity, activity against contract, and provider trajectories to deliver NHS Wales and NHS England Referral To Treatment targets.Through the Integrated Performance Framework, it is proposed that a Performance and Engagement Workstream is established to provide a mechanism to oversee performance of PTHB provider services. The CQPR meetings continue with commissioned service providers. It is proposed that the Integrated Commissioning Assurance Meeting (ICAM) is being repurposed to establish a Commissioned Services Board with representatives from commissioning, performance, finance, quality and safety, workforce, information, operational colleagues and medicines management to consider and review key information relating to each commissioned service provider across England and Wales to feed into the Health Board Integrated Performance Report and the CQPR meetings.Commissioned Services financial plan – ongoing to determine opportunities to deliver savings against commissioned services budgets including repatriation of high volume, low complexity activity from commissioned service providers that could be provided in PTHB.											
Commentary on red rated actions: N/A											
Progress against key actions and milestones											

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Strategic Commissioning	<ul style="list-style-type: none"> Develop commissioning intentions and manage any in year adjustments Q1 - 2 	DPC	Amber				High	Medium
	<ul style="list-style-type: none"> Implementation of Getting It Right First Time (GIRFT) recommendations Q1 - 4 		Green				Medium	Medium
	<ul style="list-style-type: none"> Refinement of baseline activity against contract and targets Q1 - Q4 		Green				High	High
	<ul style="list-style-type: none"> Develop external and internal commissioner / provider relationship Q1 - 4 		Green				High	High
	<ul style="list-style-type: none"> Review sustainability of secondary care in-reach provision Q2 						Medium	Medium
	<ul style="list-style-type: none"> Improve processes for Individual Patient Funding Review and High Cost Panels and Interventions Not Normally Undertaken Q2 						High	High
	<ul style="list-style-type: none"> Deliver commissioned services financial savings plan Q1 - 4 		Amber				Low	Low
	<ul style="list-style-type: none"> Review of Service level Agreements (SLAs) with third sector organisations Q2 - 3 						Medium	High

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	Change in Timescale	N/A
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Executive Director Sign Off	Stephen Powell (Director of Performance and Commissioning)
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Strategic Priority 29 – Integrated Performance
Executive Lead – Director of Performance and Commissioning

Commentary on Progress in this Quarter:

- Performance and Commissioning team continues to lead the development of the performance reporting process and production of relevant data 'packs' for the IQPD (Integrated Quality, Planning and Delivery) and Joint Executive Team meetings.
- Annual performance report completed.
- Integrated Performance Framework embedded as an approach within the CQPR process with commissioned service providers. Work ongoing and will continue during the financial year to further embed and provide assurance through the Health Board Integrated Performance Report.
- Process of performance monitoring and management continues through CQPR process in accordance with the Integrated Performance Framework. It is proposed that a Commissioned Services Board be established to further improve this process as well as ensuring increased focus on quality metrics to provide feedback and assurance through the Integrated Performance Framework.
- Performance Escalation and Exception reporting developed through the Health Board Integrated Performance Report.
- Remedial Action Plan template developed as part of the Integrated Performance Framework to be implemented in Q2.

Commentary on red rated actions:

Implementation of remedial action plan not achieved in Q1, but will be in Q2.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Integrated Performance	<ul style="list-style-type: none"> Leading the cycle of annual Performance reporting including Integrated Quality, Planning and Delivery (IQPD) and Joint Executive Team (JET) Q1 - 4 	DPC	Green				High	High
	<ul style="list-style-type: none"> Preparation and delivery and production of annual report Q1 		Blue				High	High
	<ul style="list-style-type: none"> Integration of performance approach with Contract Quality Performance Review (CQPR) process with commissioned providers Q1 - 4 		Green				High	High
	<ul style="list-style-type: none"> Robust monitoring of commissioned service through Contract Quality Performance Review (CQPR) Q1 - 4 		Green				High	High

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	<ul style="list-style-type: none"> Support PTHB Demand and capacity and activity planning (Commence with Therapies with remaining services phased) Q1 - 4 		Amber					High	Select
	<ul style="list-style-type: none"> Implement and rollout the Integrated Performance Framework from both a governance and system perspective for all commissioned services. (As per Implementation plan) Q1 - 2 		Green					High	High
	<ul style="list-style-type: none"> Develop Demand & Capacity Model Q1 		Amber					High	High
	<ul style="list-style-type: none"> Roll out use of Demand & Capacity Model Q1 - 3 		Amber					High	Medium
	<ul style="list-style-type: none"> Develop Performance Escalation and Exception reporting Q1 		Blue					High	High
	<ul style="list-style-type: none"> Implement Remedial Action Plan regime for services failing targets Q1 		Red					High	High

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	Change in Timescale	N/A	
Executive Director Sign Off	Stephen Powell (Director of Performance and Commissioning)			

Strategic Priority 30 - Strategic Planning

Executive Lead – Director of Therapies

Commentary on Progress in this Quarter: Additional information on the Integrated Plan was submitted to Welsh Government at the end of May 2023; the formal response from Welsh Government has not yet been received. Horizon scanning of strategic changes is increasingly complex, however the Stocktake process has been successfully delivered in Q1. The key Powys Partnership plans have also been finalised in Q1.

Commentary on red rated actions: N/A

Progress against key actions and milestones								
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Strategic Planning	<ul style="list-style-type: none">Development of the Integrated Plan for the organisation: co-ordinating internal and external processes and providing support and guidance to teams and Directorates Q3 - 4	DoTH					High	High
	<ul style="list-style-type: none">Delivery of Integrated Plan products including Delivery Plan, Everyday version, Plain Text, Welsh translations Q2						High	High
	<ul style="list-style-type: none">Management of monitoring of progress against plan Q1 - 4		Green				High	High
	<ul style="list-style-type: none">Leading Strategic Change horizon scanning, surveillance, tracking and production of management information Q1 - 4		Green				High	High
	<ul style="list-style-type: none">Leading health board participation in key Partnership Plans including the Regional Partnership Board Area Plan & Public Services Board Wellbeing Plan Q1 - 4		Green				High	High
	<ul style="list-style-type: none">Delivery of Planning module of PTHB Managers Training Q1 - 4		Green				High	High
	<ul style="list-style-type: none">Providing planning expertise for corporate products including Annual Report, external and internal reports and programmes Q1 - 4		Green				High	High
Formal change request (Please tick as applicable and provide explanation below)								
Change in Scope	N/A	Change in Timescale	N/A					
Executive Director Sign Off		Claire Madsen (Director of Therapies)						

Strategic Priority 31 – Innovation and Improvement

Executive Lead – Medical Director

Commentary on Progress in this Quarter:

- We continue to make progress in these areas. In May 2023 we facilitated the Powys Eco System Event which saw over 40 key partners from across academia, industry and the wider eco system visiting the Health & Care Academy. The event allowed us to explain the challenges and opportunities that we have within Powys and to explore how we might work together with the wider eco system to solve some of these.
- We have been actively supporting and engaging with the Safer Care Collaborative and supporting staff working on projects to be part of this systemwide Quality Improvement.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
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 Q2 - 4 	MD					High	High
	<ul style="list-style-type: none"> Provide Quality Improvement support to the Safer Patients Care collaborative with Welsh Ambulance Service NHS Trust (WAST) Q2 						High	High
	<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 Q1 – 3 		Green				High	High

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	<ul style="list-style-type: none">Embed Quality Improvement approach Q1 – 4				Green				High	High
	<ul style="list-style-type: none">Delivery of Clinical Audit and Assessment with review of learning by Learning from Experience Group to inform next cycle Q3								High	High
	<ul style="list-style-type: none">Develop research participation and Powys led studies with academic and industry engagement; Cascade learning Q1 - 2				Green				High	High
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope	✓	Change in Timescale	N/A							
"Provide Quality Improvement support to the Safer Patients Care collaborative with Welsh Ambulance Service NHS Trust (WAST) Q2"										
This needs to be amended to read 'Provide Quality Improvement support to the IHI / Improvement Cymru Safer Care collaborative'. The WAST element did not proceed but we are supporting several initiatives as part of Powys' involvement within the Safer Care Collaborative.										
Executive Director Sign Off		Kate Wright (Medical Director)								

Strategic Priority 32 - Strategic Equalities and Welsh Language

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Progress continues on all the objectives in this area. The Welsh Language in the Workforce Policy (79) has been drafted and will be approved during July 2023; work is underway on the initial consultation elements of the Strategic Equality Plan and Standard 110 plans. The local Anti-Racist action plan has been approved and several actions within have been met; all are on target. The Welsh language service leads group continues to meet; and the response to the Welsh language Audit is on track.
- Work on Trans Awareness training has been delayed by other priorities including an investigation by the Welsh language Commissioner, however this should still be delivered by year end.
- NB: Corporate responsibility for Patient Stories has been moved to Quality and Safety team.

Commentary on red rated actions: N/A

Progress against key actions and milestones									
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment		
			Q1	Q2	Q3	Q4	Initial	Current	
Delivery of Strategic Equality Plan and Welsh Language Standards:	• Meeting PTHB responsibilities under the Anti-Racist Wales Action Plan Q1 - 4	DWOD	Green					High	High
	• Roll out Trans Awareness training for Staff Q1 - 2		Amber					High	High
	• Deliver Patient Stories project Q1 – 4	DoNM	Green					TBC	Medium
	• Consultation, draft and approval of Strategic Equality Plan (for 2025-29) Q1 - 4	DWOD	Green					High	High
	• Welsh Language Standards Audit response Q1 - 2		Green					High	High
	• Consultation, draft and approval of Clinical Consultations Plan 2024-28 and More than Just Words Plan Q1 - 4		Green					High	High
	• Approve Welsh Language Policy (Standard 79) Q1		Green					High	High
	• Welsh Language Service Leads Group to drive improvements Q1 - 4		Green					High	High
• Design of Welsh Language Managers’ training and incorporation into Management Training Program Q2 - 3				High	High				
Formal change request (Please tick as applicable and provide explanation below)									
Change in Scope	✓	Change in Timescale	✓						
Please add explanation for change request here									
<div><div>Miles Delind 25/09/2023 10:09</div><div><ul style="list-style-type: none">Request that delivery of patient stories project is moved to 26b – “Implement the Duty of Quality and Duty of candour in line with the Quality and Engagement Act (Wales)”Delay provision of Gender awareness training until Q3-4.</div></div>									

- Remove Patient Stories project as no longer being delivered in this Directorate.

Executive Director Sign Off

Debra Wood Lawson (Director of Workforce and Organisational Development)

Mills Belinda
25/09/2023 17:09:11

Powys THB Finance Department Financial Performance Report Board

**Period 05 (August 2023)
FY 2023/24**

Date Meeting: 27 September 2023 (PTHB Board)

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25/09/2023 17:09:11

Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 5 OF FY 2023/24
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Hywel Pullen, Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee on 20 September
PURPOSE:	
This paper provides the Board with an update on the August 2023 (Month 05) Financial Position, including progress with savings delivery.	
RECOMMENDATION:	
It is recommended that the Board/Committee: <ul style="list-style-type: none">DISCUSS and NOTE the Month 05 2023/24 financial positionDISCUSS and NOTE the 2023/24 financial forecast deficit position	

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	Focus on Wellbeing	✗
	Provide Early Help and Support	✗
	Tackle the Big Four	✗
	Enable Joined up Care	✗
	Develop Workforce Futures	✗
	Promote Innovative Environments	✗
	Put Digital First	✗
	Transforming in Partnership	✓
Health and Care Standards:	Staying Healthy	✗
	Safe Care	✗
	Effective Care	✗
	Dignified Care	✗
	Timely Care	✗
	Individual Care	✗
	Staff and Resources	✓
	Governance, Leadership & Accountability	✗

Approval/Ratification/Decision	Discussion	Information
	✓	

Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Plan	Actual	Trend
	£'000	£'000	
Reported in-month financial position – (deficit)/surplus – Red	-2,790	-2,845	↓
Reported Year To Date financial position – (deficit)/surplus – Red	-13,948	-14,277	↓
Year end – (deficit)/surplus – Red	-33,474	-33,474	→

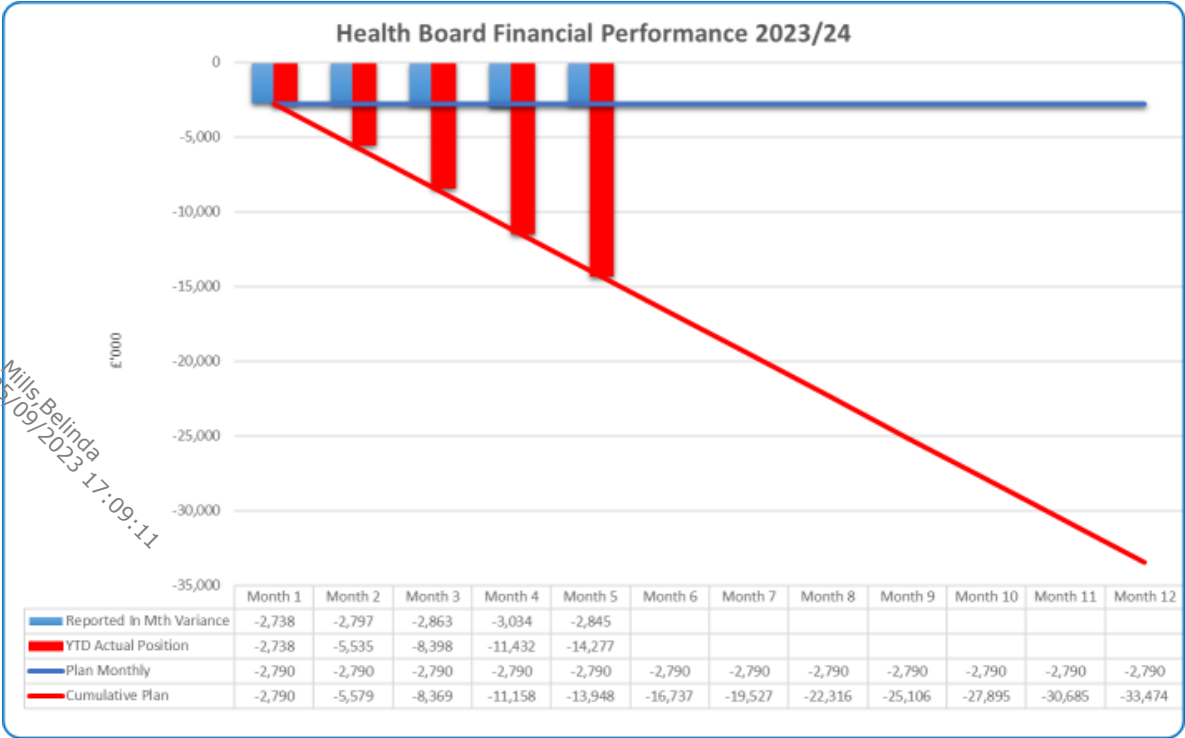
Capital		
	Value	Trend
	£'000	
Capital Resource Limit	3,656	→
Reported Year to Date expenditure	0.513	→
Reported year end – (deficit)/surplus – Forecast	0	→

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 5, there is a £14.277m overspend against the planned deficit of £13.948m giving the Health Board an operational overspend of £0.329m.

The year end forecast is in line with the submitted plan at £33.474m.

The capital resource limit for 2023/24 is £3.656m. To date £0.513m has been spent.



DAY FIVE – Flash

- Overspend on commissioning budget, due to increased emergency activity at providers and savings yet to be found.
- Emerging overspend on primary care prescribing has continued, given national price concession pressures.
- Agency expenditure of £795k in August, a drop on last month, whilst still high against 2022/23 levels.
- Underspend on some funding streams.
- CHC is moving over budget. Net increase of 1 package of care, so up to 300, masks growth in mental health (MH) and cost growth of MH packages.

Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(162,354)	(162,354)	0
02 - Capital Donations	(54)	(54)	0
03 - Other Income	(2,998)	(3,284)	(287)
Total Income	(165,406)	(165,693)	(287)
05 - Primary Care - (excluding Drugs)	18,239	17,993	(246)
06 - Primary care - Drugs & Appliances	14,496	14,974	479
07 - Provided services -Pay	44,990	45,873	882
08 - Provided Services - Non Pay	12,080	11,043	(1,036)
09 - Secondary care - Drugs	626	582	(44)
10 - Healthcare Services - Other NHS Bodies	67,781	68,409	627
12 - Continuing Care and FNC	12,060	12,135	74
13 - Other Private & Voluntary Sector	1,575	1,455	(120)
14 - Joint Financing & Other	3,876	3,876	(0)
15 - DEL Depreciation etc	2,070	2,070	0
16 - AME Depreciation etc	1,559	1,559	0
18 - Profit/Loss Disposal of Assets	0	0	0
Total Costs	179,353	179,969	616
Reported Position	13,947	14,277	329

At Month 05, there is a £14.277m overspend. This comprises four twelfths of the planned deficit £13.947m, plus an operational overspend of £0.329m.

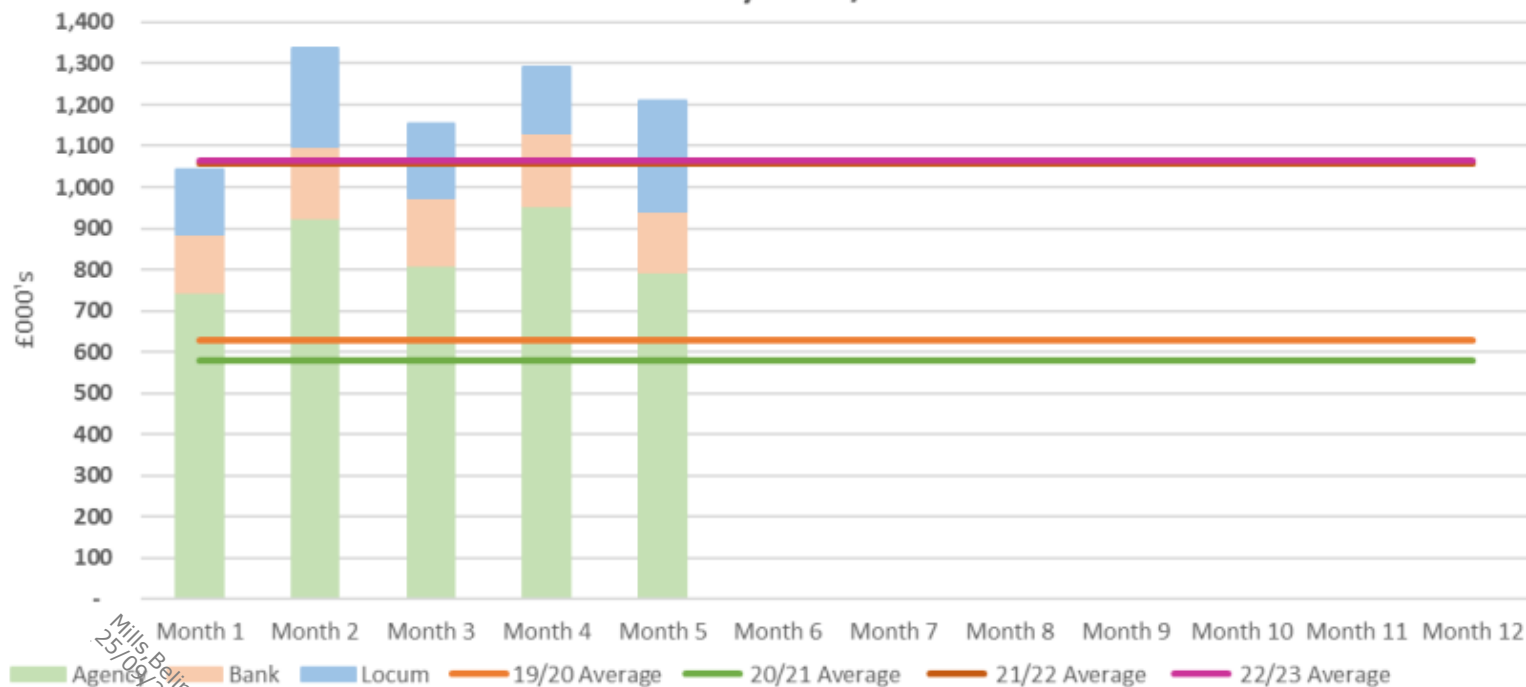
The most significant adverse variance is on pay budgets at £0.882m:

- driven by the use of agency, from both on and off contract suppliers, which is running at a much higher rate in April to August than it was for the equivalent months last year;
- Also, partially as a result of the favourable income variance (as income is being received to fund posts).

We are focused on this because:

Tackling our high agency spend levels (volume and price) is key to successfully mitigating financial risk and achieving the financial plan. Agency spend is far too high and is adversely impacting upon our use of resources (and wider outcomes).

Total Actual Variable Pay 2023/24 vs Previous Years



Performance and Actions

- The Month 05 YTD pay is showing an overspend of £0.882m against the year-to-date plan. The current level of vacancies is 343 (15%) against the HB's budgetary establishment, mainly in MH and Community services.
- The chart opposite on variable pay demonstrates high levels of variable pay in the first 5 months of 2023/24 compared to the average value from each of the last 4 financial years.
- Powys appears to be an outlier within NHS Wales as agency spend was 11.0% of total pay in Month 04, against the Wales average of 5.0%. Across Wales Nursing & Midwifery accounts for 52% of the total agency spend.
- The HB's Variable Pay Reduction group is implementing its action plan.

Risks

- Level of agency (% of pay).
- Increased workforce gaps resulting in greater requirement for temporary workforce.
- Supply and demand price pressures leading to growing use of off-contract agencies.

What the charts tells us: Agency usage is at an unsustainable level and poses a significant risk to the achievement of the financial plan.

We are focused on this because:

Commissioning of healthcare services is circa 40% of all expenditure and has been growing steadily. It is a core component of the Health Board's Strategy facilitated through the Accelerated Sustainability Model.

Status Update

At Month 05 overspend of £0.627m on year-to-date budget of £67.781m. This is £0.348m on transformational savings not achieved and increased expenditure with English providers. LTAs for 2023/24 are in the process of being agreed with our providers in England.

Commissioning Forecast 2023/24

Commissioning	2021-22 Outturn (£'000)	2022-23 Outturn (£'000)	2023-24 Forecast (£'000)
Welsh Providers	38,536	38,772	40,237
English Providers	61,013	65,033	69,171
WHSSC / EASC	44,608	48,694	48,929
Other NHS Providers	4,374	4,501	4,944
Mental Health (LTAs Only)	742	851	900
Total	149,274	157,851	164,181

2023/24 forecast is less certain due to pace of recovery by providers.

- 2023/24 inflation included in forecast; Welsh Health Boards 1.5% / English providers 3.4% (This is set to change once pay awards have been settled).
- 2023/24 Welsh Health Boards based on DoFs financial flows agreement (2019/20 activity baseline with 5% tolerance levels).
- Activity information for the first Quarter informs the forecast. A trend of increased emergency presentations has been noted, which is under investigation. Providers ability to deliver both core and recovery activity is variable and will be closely monitored.
- To date, the HB has experienced 2,337 days of delayed discharges as a result of Social Care availability. At the daily full cost of a community hospital bed, this equates to a cost of £1.378m to date.

Risks

- Providers exceed their RTT recovery targets.
- Winter pressures and capacity of the system generally to treat patients and thus avoid secondary care admissions.
- Delivery of saving plans.

We are focused on this because:

Commissioning of complex healthcare packages is an area of significant expenditure growth (price inflation and number of packages). Maintaining strong and transparent governance over CHC processes is crucial for financial sustainability and relationships with our partners.

Area	19/20 Year end Position £'000	20/21 Year end Position £'000	21/22 Year end Position £'000	22/23 Year end Position £'000	23/24 Budget £'000	23/24 Forecast £'000	Growth 2022/23 to 2023/24 Forecast £'000
Children	267	151	157	296	324	303	7
Learning Disabilities	957	1,568	1,639	2,461	2,580	3,234	773
Mental Health	7,344	7,801	10,611	13,949	16,487	15,906	1,957
Mid Locality	981	925	1,635	1,882	1,560	1,988	106
North Locality	1,365	1,537	2,098	2,646	2,907	2,961	315
South Locality	1,495	1,958	1,853	1,904	2,068	1,964	61
Grand Total	12,410	13,941	17,994	23,138	25,927	26,357	3,219
Number of active clients	236	252	294	307	307	300	(7)

D2RA				696	648	480	(217)
FNC	2,218	2,095	1,960	2,131	2,370	2,270	139
Total	14,628	16,035	19,954	25,966	28,945	29,107	3,141

Performance and Action

The 2023/24 financial plan had provision for CHC inflation and growth.

As at month 5, there is an overspend of £0.074m on year-to-date budget of £12,060m against Continuing Care and FNC. The number of CHC packages has increased by 1 from 299 to 300 in August.

D2RA is the cost associated with discharging patients direct into nursing homes to facilitate flow from DGHs, prior to full CHC assessment.

Across Wales, at Month 04, the forecast is for a 16.4% increase in costs in 23/24 compared to 22/23, with Powys currently showing 8.2% increase.

Risks

The HB has seen a significant increase in the complexity and number of patients requiring CHC, there is a risk the growth continues in 23/24 above that planned for.

What the table tells us

The table shows the significant growth in CHC costs across all categories (mental health, learning disability, children and frail adults). If this continues unabated it poses a significant risk to the achievement of the financial plan and medium-term sustainability.

We are focused on this because:

Delivering savings is key to successfully mitigating financial risk and achieving the financial plan. Maximising recurrent savings is key to our financial sustainability and tackling our underlying deficit into the medium term.

Progress against Savings Target

Exec Lead	23/24 Target	Green	Amber	Green + Amber	Red	Shortfall on Total Target vs Green & Amber	% Achievement on Target vs Green & Amber
Director of Environment	251	26	18	43	221	208	17%
Finance	558	50	504	554	350	4	99%
Medical	504	559	128	687	0	(183)	136%
Nursing	21	22	0	22	0	(1)	102%
Planning & Performance	2,570	496	2,301	2,797	246	(226)	109%
Primary & Community Care & MH/LD	1,464	112	1,240	1,353	914	111	92%
Therapies Directorate	12	52	0	52	0	(40)	430%
Public Health	2,089	2,089	0	2,089	0	0	100%
Workforce & Organisational Development	17	16	0	16	0	1	96%
Chief Executive	14	37	0	37	0	(23)	266%
Grand Total	7,500	3,458	4,191	7,649	1,731	(149)	102%

Performance and Actions

- The 2023/24 Financial Plan is a deficit of £33.5m, this is predicated on the Health Board achieving £7.5m savings.
- As shown in the table £7.6m schemes have been identified (£3.4m Green and £4.2m Amber), with a further £1.7m Red pipeline ideas.
- The HB is underperforming against savings profiled to date by £62k.
- There are two key actions:
 - Develop increased certainty on amber schemes so that they turn green.
 - Red pipeline opportunities need to be converted into deliverable plans and further opportunities identified.

Note: RAG rating is per WG’s guidance in WHC (2023) 012: [Welsh Health Circular 2023 012 \(English\).pdf](#)

Performance of Schemes

Lead	Green and Amber							RED				
Exec Lead	No of Schemes	Plan to Date	YTD Actual Savings	Variance to Date	Current Year Annual Plan	Current Year Forecast	Forecast Variance	Plan FYE (Recurring Schemes only)	Forecast FYE (Recurring schemes only)	No of Red Schemes	Red Potential 23/24	Red Potential FYE
Finance	4	187	222	34	554	620	67	554	645	3	350	400
Medical	7	124	181	57	687	746	58	687	1,033	0	0	0
Planning & Performance	5	862	862	0	2,797	2,796	(1)	2,301	2,300	1	246	493
Primary & Community Care & MH/LD	22	295	138	(158)	1,353	1,274	(78)	1,377	1,336	47	914	1,407
Therapies Directorate	3	17	17	0	52	52	0	59	59	0	0	0
Public Health	3	870	870	(0)	2,089	2,089	(1)	2,090	2,089	0	0	0
Workforce & Organisational Development	2	6	6	0	16	16	0	16	16	0	0	0
Chief Executive	1	25	25	0	37	37	0	0	0	0	0	0
Director of Environment	3	0	5	5	43	40	(3)	87	58	7	221	385
Nursing	7	5	5	0	22	22	0	22	22	0	0	0
Grand Total	57	2,392	2,330	(62)	7,649	7,691	42	7,192	7,558	58	1,731	2,684

Risks

Timescales and capacity of teams to deliver the schemes. This risk is currently quantified at £838k, 20% of amber schemes.

What the tables tells us

Focus is on converting opportunities into deliverable schemes. Particularly recurrent schemes to impact upon the underlying financial deficit.

Summary:

- PTHB has submitted a plan with a £33.5m planned deficit for 2023/24
- At month 5, PTHB is reporting a £14.277m overspend. This comprises five twelfths of the planned deficit £13.947m with an operational overspend of £0.329m.
 - The £7.5m savings target is profiled into the position. Actions are progressing to deliver the savings identified.
 - The key operational pressure needing to be addressed is agency expenditure.
- The revenue forecast for 2023/24 is £33.5m in line with the Financial Plan. This is also the underlying deficit of the Health Board.
- The Health Board has a £3.656m capital allocation, which it will manage within.
- Due to the £33.5m planned financial deficit, the THB will require Revenue Working Capital Cash in the latter part of the year (months 11 and 12).

Powys THB Finance Department

Financial Performance Report - Appendices

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Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 13 September 2023.

MMR Narrative



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MMR Tables



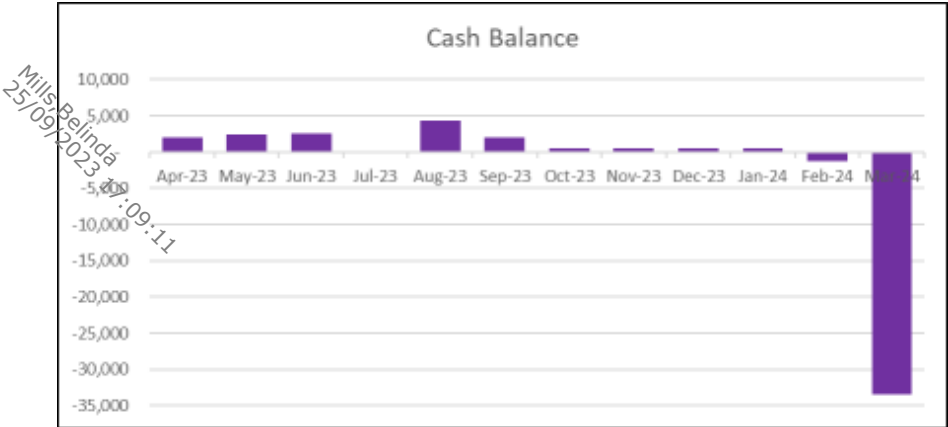
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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st August 2023
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	0.993	0.993	0.441
EFAB Infrastructure	0.406	0.406	0.008
EFAB Fire	0.107	0.107	0.000
EFAB Decarbonisation	0.378	0.378	0.000
Llandrindod Fees	0.236	0.236	0.064
Replacement Roofing, Bronllys Hospital	1.468	1.468	0.000
IFRS16 Leases	0.068	0.068	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	3.656	3.656	0.513

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	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	1,268	2,011	2,438	2,598	118	4,335	2,000	500	500	500	500	- 1,305
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	37,680	35,008	41,867	34,714	35,921	35,913	29,778	33,305	33,289	33,572	30,588	0
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA	(130)	(130)	(130)	(130)	(106)	(198)	(130)	(130)	(130)	(130)	(130)	(130)
WG Revenue Funding - Other (e.g. invoices)	6	150	5	58	19	10	62	5	21	209	1,074	1,514
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	500	0	0	250	176	498	447	761	553	876
Income from other Welsh NHS Organisations	1,137	509	489	875	687	600	600	600	600	600	600	600
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	610	612	289	229	549	600	600	600	600	600	600	600
Total Receipts	39,303	36,149	43,020	35,746	37,070	37,175	31,086	34,878	34,827	35,612	33,285	3,460
Payments												
Primary Care Services : General Medical Services	2,722	2,386	3,119	1,998	2,606	2,407	2,433	2,400	2,400	2,871	2,557	2,520
Primary Care Services : Pharmacy Services	904	0	845	417	366	900	0	450	450	450	450	450
Primary Care Services : Prescribed Drugs & Appliances	2,852	0	2,970	1,494	1,534	3,100	0	1,500	1,500	1,500	1,500	1,500
Primary Care Services : General Dental Services	307	465	545	628	488	450	450	450	450	450	450	450
Non Cash Limited Payments	81	81	88	85	75	80	80	80	80	80	80	80
Salaries and Wages	8,918	8,647	9,864	9,261	8,715	9,000	8,200	8,200	8,200	8,200	8,200	8,200
Non Pay Expenditure	22,723	24,070	25,201	24,212	19,041	23,283	21,300	21,300	21,300	21,300	21,300	21,353
Capital Payment	53	73	228	131	28	290	123	498	447	761	553	1,074
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	38,560	35,722	42,860	38,226	32,853	39,510	32,586	34,878	34,827	35,612	35,090	35,627
NET CASH FLOW IN MONTH	743	427	160	(2,480)	4,217	(2,335)	(1,500)	0	0	0	(1,805)	(32,167)
Balance c/f	2,011	2,438	2,598	118	4,335	2,000	500	500	500	500	(1,305)	(33,472)



Due to the £33.5m planned financial deficit, the THB will require Revenue Working Capital Cash in the latter part of the year (months 11 and 12).

	Opening Balance	Closing Balance	Forecast Closing
	Beginning of	End of	Balance
	Apr-22	Aug-23	End of
	£'000	£'000	Mar-24
			£'000
Tangible & Intangible Assets	104,855	105,443	105,443
Trade & Other Receivables	18,154	19,306	19,306
Inventories	147	147	147
Cash	1,268	4,335	(33,473)
Total Assets	124,424	129,231	91,423
Trade and other payables	52,318	32,605	32,605
Provisions	13,369	13,369	13,369
Total Liabilities	65,687	45,974	45,974
Total Assets Employed	58,737	83,257	45,449
Financed By			
General Fund	11,604	36,124	(1,684)
Revaluation Reserve	46,625	46,625	46,625
Total Taxpayers' Equity	58,229	82,749	44,941

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

Core Financial Plan Year 1 2023/24

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 a deficit of £33.5m

Range of significant risks to be managed

All Health Boards asked to revisit the Financial Plan to reassess the underpinning assumptions and actions with an aim of reducing/ providing greater assurance on the forecast financial deficit

Submission of supplementary papers and associated Minimum Data Set on 31 May 2023 confirmed a deficit financial plan of £33.5m, with increased assurance.

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PTHB BOARD		Date of Meeting: 27th September 2023
Subject:	To receive an update on the mitigation plan for Belmont Branch Surgery (Crickhowell Medical Practice)	
Presented by:	Director of Finance, IT and Information (as lead Executive Director for Primary Care) / Interim Deputy Chief Executive	
Prepared by:	Assistant Director of Primary Care Assistant Director (Engagement and Communication)	
Other Committees and meetings considered at:	Board Meeting 24 th May 2023 Task and Finish Group 7 th July 2023 Board Meeting 25 th July 2023 Task and Finish Group 1 st August 2023 Task and Finish Group 5 th September 2023	

PURPOSE:

This paper updates the Board on the continued development and delivery of the mitigation plan for the closure of Crickhowell Group Practice's Belmont Branch Surgery in Gilwern, Monmouthshire. It also updates the Board on ongoing liaison and correspondence with Llais in relation to the closure application.

RECOMMENDATION(S):

The Board is asked:

- To RECEIVE and NOTE the update on the mitigation plan, and take ASSURANCE in relation to the progress being made on the further development and delivery of the mitigation plan.
- To RECEIVE and NOTE the correspondence with Llais in relation to the closure application

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 Quality Standards:	1. Safe	✓
	2. Timely	✓
	3. Effective	✓
	4. Efficient	✓
	5. Equitable	✓
	6. Person Centred	✓

1. MITIGATION PLANNING AND DELIVERY:

1.1 Background

On 24 May 2023 the Board gave conscientious consideration to an application from Crickhowell Group Practice to close their Belmont Branch Surgery premises in Gilwern.

Given that no feasible alternatives were identified that satisfactorily address the twin challenges of both staffing and premises identified in the application from Crickhowell Group Practice, the Board agreed to approve the recommendation from the Branch Practice Review Panel to accept the application from Crickhowell Medical Practice to close their premises in Gilwern, with a planned closure date of 30 November 2023.

The Board also approved a series of proposed mitigations, recognising that the mitigation plan would be further developed in continued partnership with Aneurin Bevan University Health Board (ABUHB). This included the establishment of a task and finish group, and a requirement for regular updates to the Board.

The first update was presented to the Board on 25 July 2023, and this paper provide the second update.

1.2 Task and Finish Group

The task and finish group is now well established and has met on 7 July 2023, 1 August 2023 and 5 September 2023.

Membership continues to expand and includes representation from Powys Teaching Health Board, Aneurin Bevan University Health Board, Monmouthshire County Council, and Crickhowell Group Practice. Llais is represented in an observer capacity by the Llais Powys Region.

The next meeting will take place on 3 October 2023.

1.3 Progress on Development and Delivery of the Mitigation Plan

The attached Mitigation Plan Tracking document (Appendix 1) provides a summary of the current position and next steps.

Key highlights include:

- Regular meetings with local community transport providers keep the potential impact of this change under ongoing review and no significant concerns have been identified in relation to their capacity to accommodate any additional demand. These meetings will continue after the 30 November 2023 branch closure date.
- Changes in practice registration are being kept under review and no significant issues have been identified, although it is recognised that the closure in November may be a key trigger for further re-registrations.

- Planning is under way for the community development and participation event to engage local stakeholders in the Gilwern area in confirming opportunities to strengthen health and social care provision in the area.
- A letter to all households of registered patients in the Gwent area of the practice catchment has been developed through partnership between Crickhowell Group Practice, PTHB, ABUHB and Llais and has been agreed for issue. This includes detailed information about a range of alternative services.

1.4 Practice Sustainability

The application from the practice to close their premises in Gilwern reflected the twin challenges of staffing and premises.

- In relation to premises, it remains the case that no feasible alternatives have been identified.
- In relation to staffing, the practice has recently received the resignation of a salaried doctor.

Acceptance of the application therefore remains critical to support the ongoing sustainability of general medical services in the area.

2. LIAISON WITH LLAIS

Powys Teaching Health Board received a formal representation from Llais on 18 July 2023. The Health Board responded on 14 August 2023.

A copy of the representation from Llais, and the acknowledgment and response from the health board, is included in the appendices.

3. NEXT STEPS:

The patient letter is due to be issued to households of registered patients living in Gwent postcode areas by mid October, with plans also under way for community participation activities in the Gilwern area.

The next meetings of the Task and Finish Group are due to take place on 3 October 2023 and 7 November 2023.

A further update on the development and delivery of the mitigation plan will be presented to the Board on 29 November 2023.

The branch practice is scheduled to close from 30 November 2023.

Further detail on the next steps can be found in the Mitigation Plan Tracking document at Appendix 1.

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			
<p align="center">Statement</p> <p>Review and approval of this paper does not impact on equality protected characteristics or Welsh Language as this paper provides an update on work under way to continue to develop and deliver the mitigation plan for Belmont Branch Surgery. The key impacts of the decision to accept the application from Crickhowell Group Practice to close Belmont Branch Surgery were identified in the paper to the Board on 24 May 2023.</p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	X			
Financial	X			
Corporate	X			
Operational	X			
Reputational	X			
<p align="center">Statement</p> <p>Review and approval of this paper does not have further risk impact beyond the key impacts identified in the paper to the Board on 24 May 2023.</p>				

Appendices:

- Appendix 1: Mitigation Plan Tracking
- Appendix 2: Letter from Llais to PTHB on 18 July 2023
- Appendix 3: Acknowledge from PTHB to Llais on 21 July 2023
- Appendix 4: Letter from PTHB to Llais on 14 August 2023

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Gilwern Branch Closure
Assurance report

Belmont Branch Surgery Mitigation Plan Tracking

Updated based on discussion and review at
Task and Finish Group meeting on 5 September 2023

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2. Strengthen the availability of telephone and online services for those who are able to use them – so that more face-to-face appointments are available for older people, people with disabilities, carers and others who may be less comfortable with these technologies and services

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
2.1: Review with the practice current use of online and telephone services, to understand potential development opportunity.	PTHB Primary Care Department / Crickhowell Group Practice	By 31 October 2023	Crickhowell Group Practice (CGP) have confirmed they will write to all households to confirm that the closure application has been accepted, that Belmont Branch Surgery will close from 30 November 2023, and that from 1 December 2023 all patients will remain registered with CGP and be able to continue to access services from the War Memorial Health Centre (WMHC). The letter will also provide information about the online and telephone services available to patients that will help reduce the need for travel to WMHC. Meeting arranged between PTHB and CGP to explore options further.	The position was reviewed between PTHB and CGP on 12 July. CGP have confirmed that they provide a range of services via their website (see below). The website is part of a cluster-wide initiative with scope to continue to expand and develop the range of online services available. Patients are able to use the telephone to book appointments and for all other queries that would otherwise be made at the reception desk. Patients can have appointments with all clinicians via the telephone where it is practicable, appropriate and safe to do so. The practice has multiple telephone appointment slots available each day. The Practice operates a 'call back' service whereby the patient is able to receive a return call from the practice in the event the line is busy. Although rarely needed, this reduces the need for patients to wait on the line at times of significantly high demand.	CLOSED 1 August 2023 <i>This transfers to business as usual as well as to the inclusion of information in the letter to patients (see 14.1).</i>

Online services available via the Practice website: Self help advice; Advice on how to make an appointment; Requesting repeat medications; Requesting medication synchronisations; Requesting advice on medication; New patient registrations; Register a carer; Request medical report; Subject Access Requests; Ask reception a question; Change in personal details; Feedback and complaint submission; Wellbeing support services; Chronic disease management questionnaires."

1. Explore options to improve the availability of transport between the Gilwern area and Crickhowell

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
1.1 Explore options to improve the availability of transport between the Gilwern area and Crickhowell.	PTHB Primary Care Department with Facilities Department	By 31 July 2023	A meeting is arranged between PTHB and the community transport schemes provided by Bridges and Crickhowell Volunteer Bureau for Monday 5 th June 2023 to discuss potential arrangements.	Meeting took place on 5 June, where it was confirmed that Gilwern residents can access the car scheme to be taken to Crickhowell. A further meeting is arranged for 25 July, with ongoing touchpoints being arranged every 4-6 weeks to keep impact and demand under review.	1 August 2023 Review meetings are in place every 4-5 weeks with community transport providers. Brecon Dial-A-Ride has confirmed that they can support patients using wheelchairs with travel from the Gilwern area to War Memorial Health Centre. Given the relatively limited level of services provided at the branch surgery, patients with transport needs will often be aware of the transport options available and the reception team is already familiar with providing information, advice and signposting. Further details will be included in the patient letter (see 14.1). CGP has also reconfirmed their commitment to flexibility with appointment timings (see 6.3).
1.2: ABUHB colleagues to explore option with GAVO and the Welsh Community Transport Association regarding potential improvements to interim transport services between Gilwern area and Crickhowell.	ABUHB	By 31 July 2023	ABUHB have provided the following response: “Bridges Community Car Share Scheme have confirmed that residents of Monmouthshire are eligible to access the scheme which can accommodate transport requests to services outside of the borough i.e. to the main site in Crickhowell: Bridges Community Car Scheme ”	A “transport to health” community transport directory is also maintained between local partners to identify the range of transport support available. This can be accessed at TRANSPORT TO HEALTH PROJECT (ctauk.org) .	23 August 2023 Meeting held with MCC’s Grass Routes Transport scheme 21 August (see 1.3). Assurance that the scheme has the capacity to support Monmouthshire residents requiring transport to/from the War Memorial Health Centre. Wording to be included in the patient letter to be included in the patient letter.

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2. Strengthen the availability of telephone and online services for those who are able to use them – so that more face-to-face appointments are available for older people, people with disabilities, carers and others who may be less comfortable with these technologies and services (continued)

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
2.2: Promote use of My Health Online and practice website for appointment booking and repeat medication ordering	PTHB Primary Care Department / Crickhowell Group Practice	By 31 October 2023	CGP will include information specifically relating to services available through My Health Online and the website, including how to access these services, in the letter to each household. Meeting arranged between PTHB and CGP to explore options further.	The position was reviewed between PTHB and CGP on 12 July. The national direction of travel in Wales is towards the new NHS Wales App. This has completed its beta testing with 10 GP practices and more than 700 people across Wales. During 2023 it has entered its next phase of testing. The NHS Wales app will include a variety of useful features such as appointment scheduling, test result access, and prescription ordering. PTHB will continue to work with DHCW and CGP on the implementation of the NHS Wales App for CGP patients.	23 August 2023 The Practice have committed to exploring the opportunity of becoming an early adopter practice for the rollout of the NHS Wales app.

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3. Specifically, work with children and young people to develop telephone and online options that work for them and recognise the need for consent and confidentiality.

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
3.2: ABUHB colleagues to confirm health promotion activities and understanding in the surrounding schools to Gilwern, particularly around the SPACE-Wellbeing project etc	ABUHB	By 31 October 2023	This will be taken forward through a Task and Finish Group with ABUHB.	ABUHB is working to develop a clear list of wellbeing options available for children and young people (e.g. SPACE-Wellbeing and Healthier Together) and will undertake a period of targeted engagement and marketing in the Gilwern area working with Monmouthshire County Council and GAVO, with oversight to be provided by the Monmouthshire Integrated Service Partnership Board.	1 August 2023 An invitation will be extended to Charlotte Drury from MCC to join the TFG. 18 September 2023 Information specific to children and young people to be included in the letter to households.
3.3: Scope possibility to promote healthcare and wellbeing options available to children and young people in surrounding education facilities, leisure facilities, social media options and direct correspondence to home addresses	ABUHB	By 31 October 2023	This will be taken forward through a Task and Finish Group with ABUHB.		

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3. Specifically, work with children and young people to develop telephone and online options that work for them and recognise the need for consent and confidentiality (continued).

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
3.1: Liaise with the practice to understand current use with a view to promote/enhance current options to contact the practice	PTHB Primary Care Department	By 31 October 2023	<p>CGP will include information specifically relating to services available to Children and Young People, including how to access these services, in the letter to each household.</p> <p>Meeting arranged between PTHB and CGP to explore options further.</p>	<p>The position was reviewed between PTHB and CGP on 12 July.</p> <p>CGP have confirmed they will include the ABUHB list of wellbeing options in the letter to each household.</p> <p>The practice will also keep hard copies of the information available in the waiting room at Crickhowell for patients to take home opportunistically.</p> <p>CGP are planning to install digital display units in their waiting room, and will then be able to also display this information digitally, to include QR codes where available for digital capture.</p> <p>In addition, the Practice have offered to reach out to the local Schools (see actions 3.2 and 3.3) to ensure young people are aware of the practice services, and wellbeing options available to them.</p>	<p>23 August 2023</p> <p>Point of contact for the plan to engage with secondary schools has been identified, further arrangements will be made through September following return to school. In the meantime, arrangements are underway for CGP information to be included in the School wellbeing leaflets for pupils, and inclusion on the school website.</p>

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4. Review the approach to home visits, recognising that some people would now have further to travel for their appointment – including recognising any carer responsibilities.

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
4.1: Obtain assurances from the practice regarding Home Visiting SOP (links with action 1.1)	PTHB Primary Care Department	By 31 October 2023	Crickhowell Group Practice have confirmed that all Home Visiting arrangements are currently made from the WMHC site, including those for patients living closer to the Belmont Branch site. CGP have confirmed these arrangements will continue unchanged post closure, and assure that all registered patients requiring a home visit will receive one where clinically appropriate.	COMPLETE Assurances have been provided by Crickhowell Group Practice that patients in the Gilwern area will continue to have access to home visits unaffected by the decision to close Belmont Branch Surgery. This action now transfers to routine monitoring through existing processes.	CLOSED 1 August 2023 <i>See left</i>

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5. Ensure that physical access to the practice premises and parking remained a priority, including availability of parking.

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
5.1: Review with NHSWSSP-Specialist Estate Services current parking provision.	PTHB Primary Care Department	By 30 June 2023	<p>A meeting is being arranged between the health board, the GP Practice and shared services.</p> <p>Meeting arranged with PTHB and CGP for initial discussion and scoping.</p>	<p>The position was reviewed between PTHB and CGP on 12 July.</p> <p>The Practice have confirmed that the current parking potential is maximised due to the size of the car park and spaces available. However, the car parking is not often full and the level of activity transferring from Belmont Branch surgery can be accommodated within normal usage.</p> <p>In addition to car parking spaces within the practice car park, other nearby parking is available with a one hour or two hour wait limit. These spaces are within a short walking distance from the practice. Some neighbouring businesses may have underutilised parking. The practice is exploring opportunities for partnership working to use neighbouring spaces for staff parking which would increase capacity for patients within the practice car park.</p>	<p>CLOSED</p> <p>1 August 2023</p> <p><i>Conversations have taken place with neighbouring businesses but this has not identified options for use for staff parking by CGP.</i></p> <p><i>Beaufort Street Car Park is approximately 1/3 km on a 1.4% incline (source: Google Maps) with a charge of £2.50 for up to two hours.</i></p>
5.2: NHSWSSP-SES to scope improvements to current parking arrangements.	NHSWSSP-SES	By 30 September 2023			

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6. Review booking, appointments, prescriptions etc. including to reduce unnecessary trips (e.g., for ordering and collecting repeat prescriptions).

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
6.1: Review with the practice current arrangements and maximise opportunities for telephone and online options to book appointments.	PTHB Primary Care Department	By 31 October 2023	Meeting arranged between PTHB and CGP to discuss a transition plan to include maximising opportunities for telephone and online appointments where appropriate to the patient and their needs, in order to reduce unnecessary travel to WMHC.	See 2.1.	<i>TRANSFERRED</i> <i>The delivery of this action is covered under 2.1</i>
6.2: Explore options with community pharmacist for sample drop-offs and sample bottle collection, as Pharmacist already providing a daily prescription collection service from Crickhowell Practice.	ABUHB Pharmacy Contracting Team/PTHB Primary Care Department	By 31 October 2023	A meeting is being arranged between the health board and the community pharmacy. A new system of electronic transmission of prescriptions is also due to be launched in Wales. This will reduce the need for patients to travel to Crickhowell to pick up a physical prescription, as an electronic copy can be sent to the pharmacy of their choice.	There is ongoing communication with ABUHB and the community pharmacy, including discussion in relation to implementation timetable for electronic prescription systems. CGP has also committed to ensure Repeat Dispensing opportunities are maximised for patients.	23 August 2023 NHS hearing aid battery supply now transferred from Gilwern Branch and provided from Gilwern Community Pharmacy.
6.3 Explore options for appointment availability for patients reliant on public transport	PTHB Primary Care Department with Crickhowell Group Practice	By 31 October 2023	Meeting arranged between PTHB and CGP to discuss a transition plan to include appointment availability and inter-connectedness with travel options.	COMPLETE: The position was reviewed between PTHB and CGP on 12 July. CGP have confirmed they already accommodate (where safe and possible), appointment times to work around availability of patients (e.g. patient working hours, school run etc.). The Practice will ensure this process encompasses needs of those using public transport and car schemes. This will be reviewed through monitoring of the mitigation plan with CGP, and through routine monitoring of access standards.	CLOSED 1 August 2023 <i>This will be reviewed through monitoring of the mitigation plan with CGP, and through routine monitoring of access standards.</i>

7. Work in partnership with the community pharmacy in Gilwern to maintain and/or improve availability of services (continued overleaf)

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
7.1. ABUHB to confirm existing Community Pharmacy services offered, identify whether scope for any expansion (within the parameters of the Regulations).	ABUHB Pharmacy Contracting Team	By 30 June 2023	<p>ABUHB have confirmed that currently the pharmacy dispenses between 6500 and 7000 prescription items per month and is commissioned to provide a range of additional clinical services including: Emergency Supply, Common Ailments, Contraception, Flu Vaccination, Medication Administration Records, Discharge Medicines Reviews, Supervised Consumption, Smoking Cessation, and the Waste Reduction Scheme.</p> <p>There are opportunities to promote these services to the local community as an alternative to some GP practice attendances. For example, the common ailment service provides access to free NHS treatment for a range of common ailments and the Emergency Supply Service may help patients who need their next dose of prescribed medication before they can obtain a prescription. Increased use of these services will also maintain the viability of the pharmacy.</p> <p>ABUHB has confirmed that where new services become available through the pharmacy contract, they will be offered for commissioning to all pharmacy contractors.</p>	There is ongoing communication with ABUHB and the community pharmacy.	<p>CLOSED</p> <p>1 August 2023</p> <p><i>Ongoing service delivery by the pharmacy is addressed through “business as usual” contract monitoring arrangements in ABUHB.</i></p>

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7. Work in partnership with the community pharmacy in Gilwern to maintain and/or improve availability of services (continued from previous page)

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
7.2 Support & enable promotional activity to raise awareness of the services to the local community.	ABUHB	By 31 October 2023	<p>When Crickhowell Group Practice writes to all households regarding the forthcoming closure, the letter will include information about the services available from the community pharmacist in Gilwern.</p> <p>PTHB communication team will also work with ABUHB communication team on options for promotional activity for the Gilwern area outlining the range of local services available including alternatives to GP practice in line with the national primary care model.</p>	PTHB will ensure this is included in the patient letter (see 14.1)	<p><i>TRANSFERRED</i></p> <p>1 August 2023</p> <p><i>The delivery of this action is covered in 14.1</i></p>
7.3: ABUHB to explore options if viability of pharmacy is affected	ABUHB	By 31 October 2023	<p>ABUHB has confirmed that currently the pharmacy dispenses between 6500 and 7000 prescription items per month, and should the closure of Belmont Branch Surgery affect the pharmacy to the extent that its prescription volume falls below 35,160 items per year (approximately 2,930 items per month), the pharmacy contractor can apply to ABUHB for inclusion in the Essential Small Pharmacies Scheme to ensure continued viability.</p> <p>As highlighted above, promotion of the range of services provided by the local pharmacy e.g. Common Ailments Scheme will help to maintain the viability of the pharmacy.</p>	There is ongoing communication with ABUHB and the community pharmacy.	<p>CLOSED</p> <p>1 August 2023</p> <p><i>Ongoing viability of the pharmacy is addressed through business as usual contract monitoring arrangements in ABUHB.</i></p>

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8. Explore opportunities for working together across partners - are there ways of strengthening partnerships with ABUHB, public sector, third sector and business sector in Northwest Monmouthshire to consider alternative provision and to address the disadvantage that older people, people with disabilities, and carers may experience from any changes

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
8.1: ABUHB to confirm opportunities to strengthen the health and social care provision in the area.	ABUHB	By 31 October 2023	<p>ABUHB has provided the following response: “ABUHB are working with Monmouthshire County Council and GAVO to explore the potential for developing community wellbeing activities for older people, people with disabilities and carers in Gilwern and surrounding areas through the Monmouthshire Community Wellbeing Network. Oversight will be provided by the Monmouthshire Integrated Service Partnership Board.</p> <p>“The approach we would like to take with this initiative would be to work with local community to utilise participatory budgeting opportunities to provide services in line with an asset-based approach.”</p>	<p>A range of schemes is in place to support the development of local events and activities.</p> <p>Communities & Well-being – Monmouthshire</p> <p>The Wellbeing Links Service GAVO</p> <p>Grant funding is also available for participatory budgeting.</p> <p>A community development and participation event is due to take place by the end of September to engage local stakeholders in taking this work forward.</p>	<p>1 August 2023</p> <p>A smaller task group reporting to the Integrated Service Partnership Board is proposed in order to plan and complete this work. A more detailed plan and confirmed timing will be confirmed at the next TFG meeting.</p> <p>It was proposed that examples be gathered from elsewhere of actions that had been taken following branch practice closure to strengthen local wellbeing options.</p> <p>Widespread publicity of the community event will help to ensure awareness of the forthcoming closure, ahead of the issue of the patient letter which is expected by late September 2023 (see Action 14).</p> <p>5 September 2023</p> <p>First meeting of smaller task group planned for 5 September with representatives from ABUHB, MCC, Monmouthshire Housing Association, Pobl, GAVO and PTHB Engagement. The community event will be publicised via the</p>

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9. Specifically for patients in the Clydach area, explore appetite for other practices to extend their catchment to provide further opportunities for re-registration for those patients who are furthest from Crickhowell.

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
9.1: ABUHB to link in with relevant practices in the Abergavenny area to expand their practice area to include Clydach	ABUHB Primary Care Department	By 30 June 2023	<p>ABUHB has provided the following response: “All GP practices within ABUHB have an ‘open list’ and therefore patients can choose to register with the GP practice of their choice, subject to residing within the practice boundary/area, as per the GMS contract regulations.</p> <p>“It is acknowledged that the boundaries of the 3 local practices in Monmouthshire did not extend as far as Clydach. This area is covered by Crickhowell Practice and Brynmawr Medical Practice, therefore those individuals living in Clydach could re-register with Brynmawr Medical Practice if they so wish.”</p> <p>ABUHB has additionally confirmed that there have been no expressions of interest from the Abergavenny practices to extend their boundaries to include Clydach.</p>	<p>The position remains unchanged with all practices having open lists and no practices expressing an interest in extending their boundaries.</p> <p>This is kept under ongoing review by ABUHB primary care department.</p>	<p>1 August 2023</p> <p>The position remains unchanged with all practices having open lists and no practices expressing an interest in extending their boundaries.</p> <p>This is kept under ongoing review by ABUHB primary care department.</p>

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10. Consider options for monitoring health impact so that action to address this can be kept under review and agree a schedule for reporting to the Citizen Voice Body, the Local Authority and the local community on progress to deliver agreed mitigations and on monitoring of health impact.

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
10.1: ABUHB to consider the population needs assessments and any impact post closure	ABUHB	Ongoing	ABUHB and PTHB will continue to listen and respond to the concerns of the local community and other stakeholders such as Citizen Voice, Llais and elected members. If the branch surgery request is supported the mitigations put in place will be formally reviewed after 6 months. The transition will be monitored by the Monmouthshire North Neighbourhood Care Network and the Monmouthshire Locality team based within the Primary and Community Care Division.	This will transfer to “business as usual” through existing mechanisms in place in ABUHB.	CLOSED 1 August 2023 <i>Transferred to “business as usual” mechanisms</i>
10.2: ABUHB to confirm health impact reporting arrangements to the Monmouthshire Citizen Voice Body, Local Authority and the local community	ABUHB	By 30 November 2023	ABUHB and PTHB will continue to listen and respond to the concerns of the local community and other stakeholders such as Citizen Voice, Llais and elected members. If the branch surgery request is supported the mitigations put in place will be formally reviewed after 6 months. The transition will be monitored by the Monmouthshire North Neighbourhood Care Network and the Monmouthshire Locality team based within the Primary and Community Care Division.	This will transfer to “business as usual” through existing mechanisms in place in ABUHB.	CLOSED 1 August 2023 <i>Transferred to “business as usual” mechanisms</i>

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11. Identify options for working with partners to understand and mitigate wider Future Generations impact on the economic, cultural and social vibrancy of the community

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
11.1 ABUHB to identify and work with relevant partners	ABUHB	By 30 November 2023	ABUHB has provided the following response: “The Gwent Public Services Board, often called the PSB, have undertaken a Well-being Assessment to look at how to improve well-being across the region. ABUHB will continue to work with partners to deliver on the Gwent Well-being Plan, when published, which focuses on ensuring that decisions made today give consideration to economic, cultural and social vibrancy in the communities across Monmouthshire for future generations.”	When published, the Gwent Wellbeing Plan will provide the framework for taking this work forward through existing mechanisms.	1 August 2023 The Gwent Wellbeing Plan is not yet published. An update will be provided to the next meeting.

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12. Maintain ongoing viability of Crickhowell Group Practice to continue to provide GMS services for patients from South East Powys and North West Monmouthshire

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023	Current position (with date of update)
12.1 PTHB to work with practice on ongoing sustainability	PTHB	Ongoing	This will be implemented through our existing practice sustainability framework	Practice sustainability continues to be kept under review through the existing PTHB practice sustainability framework arrangements.	1 August 2023 The quantum of change in practice roll will be included below in the next report. 5 September 2023 ABUHB confirmed low number of patients (27 since April) re-registering elsewhere. ABUHB, PTHB and CGP agree unlikely to cause sustainability issues. Keep action open.

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13. Monitor impact on neighbouring practices in ABUHB and take steps in response to significant increases in registration

Action	Responsibility	Timetable	New action added June 2023	Position at 17 July 2023	Current position (with date of update)
13.1 ABUHB to work with practices on ongoing sustainability	ABUHB	Ongoing	This will be implemented through the existing practice sustainability framework.	Since notification of the branch surgery closure, no concerns have been raised by any of the local GP practices. ABUHB Primary Care Department is monitoring increases in registrations and no significant changes have been identified.	1 August 2023 The latest update on re-registrations is included below. To date, no issues have been raised by any of the neighbouring practices. Whilst this quantum is within normal expected range for practice list fluctuations, ABUHB to be asked whether data can be identified at ward level to understand any specific patterns or trends associated with the Gilwern area. Sustainability of neighbouring practices continues to be kept under ongoing review through ABUHB sustainability framework. 5 September 2023 ABUHB confirmed low number of patients (27 since April) re-registering elsewhere. ABUHB, PTHB and CGP agree unlikely to cause sustainability issues. Keep action open.

In relation to action 13.1, please see table below detailing the patient list sizes for the neighbouring practices. These are total increases/decreases and do not identify registrations from any particular ward/area.

	01/04/23	01/07/23	Difference
Hereford Road	5010	5028	+18
Old Station	10544	10603	+59
Tudor Gate	8661	8697	+36
Brynmawr	10718	10706	-12

To date, no issues have been raised by any of the above practices.

14. Write to patients in line with Stage 5 requirements and recommendation at the meeting of the Board on 24 May 2023

Action	Responsibility	Timetable	New action added June 2023	Position at 17 July 2023	Current position (with date of update)
14.1 PTHB to work with CGP to prepare and issue letter	PTHB with CGP	30 September 2023	<p>Based on the mitigation plan, the patient letter to include:</p> <ul style="list-style-type: none"> Confirmation of timetable Reassurance that all patients remain registered with CGP and do not need to take action Information about how to register for online services, and the range of services available online and by telephone Information about the services provided by Gilwern pharmacy Useful about services for children and young people (including relevant local community provided by ABUHB) Information about alternative practices and their practice boundaries, and how people can re-register if they choose Information about transport options 	<p>Household letter distribution is suggested to be planned for end September 2023 in order to capture all relevant information patients may need, and also include any new patient queries which may arise due to seasonal influences.</p> <p>A draft will be reviewed by the Task and Finish Group prior to issue.</p>	<p>1 August 2023</p> <p>The TFG agreed with the principle that a single definitive letter to patients was the preferred approach but in the meantime there should be ongoing engagement and communication with local residents including through publicity for the proposed community event in September. No further changes to the proposed content of the letter were identified, and the TFG agreed that a draft letter would be prepared for review at next meeting.</p> <p>5 September 2023</p> <p>Draft letter received by TFG. PTHB and Llais will work with CGP to finalise the letter, with input from ABUHB. TFG agreed that the letter will be distributed to CGP registered households within the ABUHB area only. The community event will be promoted via the letter if details are confirmed before the print deadline.</p> <p>18 September 2023</p> <p>Letter has been updated to reflect comments and re-circulated.</p>

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15. Extend notice period for branch closure to six months (compared with three month period in branch closure process) to support transition and mitigation

Action	Responsibility	Timetable	New action added June 2023	Position at 17 July 2023	Current position (with date of update)
15.1 PTHB to confirm six month notice period to CGP	PTHB with CGP	30 November 2023	Practice have been informed that a six month notice period will	Belmont Branch Surgery will remain open until 30 November 2023. However, the staffing challenges identified in the practices Branch Surgery Closure application continue to affect the ongoing delivery of services.	CLOSED <i>Six month notice period to 30 November 2023 is agreed and being implemented.</i>

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CF11 9HB

Llais,
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Cardiff,
CF11 9HB



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Our ref JM/KB
18 July 2023

Hayley Thomas
Interim Chief Executive
Powys Teaching Health Board

Letter sent by email

Copied to: Minister for Health and Social Services Office
Welsh Government Partnership team

Dear Hayley

Formal letter of representation

Crickhowell Group Practice - Branch Surgery Closure (Gilwern Branch)

Thank you kindly for your letter of response dated 27 June 2023 to our request for formal public consultation as per the NHS service change guidance.

We have sought formal advice in respect of the Health Board's position that the next steps for public consultation are not intended and that the Health Board is of the view that the engagement exercise has fulfilled the requirements of public consultation.

This position is disappointing as we remain concerned that public engagement and public consultation are two separate phases in the NHS service change process, and the need for public consultation is not known until the conclusion of the engagement exercise because public views, feedback and the impact of the proposals will not be known until the engagement phase is complete.

Cadeirydd / Chair: **Athro / Professor Medwin Hughes, DL**

Prif Weithredwr / Chief Executive: **Alyson Thomas**

E-bost / E-mail: **enquiries@llaiscymru.org**

Ffôn / Tel: **02920 235558**

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

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Caerdydd,
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a gofal cymdeithasol | and social care

Powys Teaching Health Board's policy is clear on this two-phased approach where indicated:

"Stage 2 – Primary Care Department – Engagement & Consultation with key stakeholders:

A bilingual patient engagement process will take place by the Engagement & Communications Team. If agreed in stage 2, a formal consultation process will take place in line with the NHS communications guidance. All patients accessing the Branch Surgery will be communicated with. If the practice is unable to identify specifically those patients who have accessed the branch surgery, then the total practice population will be subject to the patient engagement.

- Consultation should last a minimum of six weeks (extended if this coincides with holiday periods). This will be agreed with the Community Health Council.*
- The Primary Care Department will progress an Equality Impact Assessment on the process undertaken to conduct the patient engagement."*

In view of the above policy indicators, and the NHS service change guidance, formal consultation is the next phase following the engagement exercise where substantial change and impact is identified. We therefore need to highlight that procedural unfairness appears to now exist, given the Health Board's decision to support the application at its Board meeting on 24 May 2023.

Your letter refers to a lack of prompting by the former Community Health Council's and now Llais as to the need for consultation at an earlier point, but as explained, the necessity for public consultation is not determined until the conclusion of engagement and when public feedback demonstrates significant adverse impact. Furthermore, our concerns for service change process handling were raised in the closed Branch Practice Review Panel meeting held on 26 April, with concern expressed by Jemma Morgan that further work was required, in line with guidance, given the level and nature of the

Cadeirydd / Chair: **Athro / Professor Medwin Hughes, DL**

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responses received and that it could be premature to put a recommendation for decision to the Public Board on the 24 May 2023. We were clear in this meeting that the panel may wish to advise the Board of a deferred recommendation pending the further work required, with a reconvened Panel at a later date. Minutes of this meeting have been requested and we have been advised that minutes are not usually recorded.

In view of our remaining concerns on behalf of the affected population, about procedural unfairness and a lack of further consultation, we ask what actions the Health Board will take should the mitigation plan/actions not meet peoples' needs, e.g. travel concerns where community transport providers have stated that they could not assist, given that a decision to close the Branch surgery and support a draft mitigation plan has already been taken?

For Llais to consider any next steps in a timely way, we would appreciate a response by the Monday 24 July 2023 please.

Yours sincerely

Katie Blackburn
Regional Director – Llais Powys Region

Jemma Morgan
Regional Director – Llais Gwent Region

Cc: Nicola Prygodzicz – Chief Executive – Aneurin Bevan University Health Board
Minister for Health and Social Services Office
Welsh Government Partnership Team

Please let us know if you would like to communicate with us in Welsh.

Cadeirydd / Chair: **Athro / Professor Medwin Hughes, DL**

Prif Weithredwr / Chief Executive: **Alyson Thomas**

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25/09/2023 17:09:11

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Carl Cooper, Cadeirydd / Chair
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 Health Board

Hayley Thomas, Prif Weithredwr Dros Dro/ Interim Chief Executive
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21st July 2023

Katie Blackburn, Regional Director, Llais Powys Region
 Jemma Morgan, Regional Director, Llais Gwent Region
 Llais
 33-35 Cathedral Road
 Cardiff
 CF11 9HB

Dear Katie and Jemma

Thank you for your letter dated 18th July, received via email on Tuesday evening. I will work with colleagues to consider your letter and respond upon my return from annual leave, week commencing 7th August 2023.

Yours sincerely

Hayley Thomas

Hayley Thomas
Interim Chief Executive Officer

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 Ffôn: 01874 712730



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Rydym yn croesawu gohebiaeth Gymraeg
 Bwrdd Iechyd Addysgu Powys yw enw gweithred Bwrdd Iechyd Lleol
 Addysgu Powys



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Health Board

14th August 2023

Katie Blackburn, Regional Director, Llais Powys Region
Jemma Morgan, Regional Director, Llais Gwent Region
Llais
33-35 Cathedral Road
Cardiff
CF11 9HB

Dear Katie and Jemma

Thank you for your letter dated 18th July 2023.

I am very grateful for the time and consideration that Llais has given to these matters including making a representation to the health board in support of co-development of health services.

As Chief Executive Officer, I have ensured that the health board has given due regard to the issues you have raised.

Following conscientious consideration, I remain content that the thorough and comprehensive eight week period of engagement from 10th January 2023 to 6th March 2023 has enabled the health board to involve and consult service users (including through Llais/CHC) in fulfilment of the requirements set out under s183 of the National Health Service (Wales) Act 2006 and the previous and current guidance on changes to health services.

With regard to the Branch Practice Review Panel, held on 26th April, this panel would not normally meet again to review and approve minutes, and therefore in accordance with the terms of reference the proceedings are instead recorded through the report made to the Board as a matter of public record.

The record of proceedings can be found in Section 3.3 of Paper 2.1 of the meeting of Powys Teaching Health Board on 24 May 2023. The papers and a recording of the meeting of the Board are available from our website at <https://pthb.nhs.wales/about-us/the-board/board-meetings/2023/24-may-2023/>

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We look forward to continuing to work with you as we review and refresh our Branch Practice Review Process to draw on experience and the latest guidance.

You will be aware from discussions at our Board and my letter on 27th June 2023 that the delivery of the mitigation plan remains a priority focus both for Powys Teaching Health Board and Aneurin Bevan University Health Board.

The Task and Finish Group has been established, and includes representation from Powys Teaching Health Board, Aneurin Bevan University Health Board, Crickhowell Group Practice and Monmouthshire County Council. I am grateful to the Regional Director for Llais Powys Region for joining this group in an observer capacity.

Monthly meetings of this group are in place to ensure a co-ordinated and partnership approach to mitigation action.

An update on mitigation action was received and discussed at the meeting of the Health Board on 25 July 2023 (<https://pthb.nhs.wales/about-us/the-board/board-meetings/2023/1/>). Further updates will be presented to the Board on 27 September and 29 November. This ensures that we have a process of assurance in place.

I have also attached the latest update on the Mitigation Plan reflecting the meeting of the Task and Finish Group on 1st August 2023.

Yours sincerely



Hayley Thomas
Interim Chief Executive Officer

Enc

Mills Belinda
25/09/2023 17:09:11

Agenda item: 3.4

PTHB BOARD		Date of Meeting: 27 th September 2023	
Subject:	PTHB Winter Respiratory Vaccination Programme		
Approved and Presented by:	Mererid Bowley, Executive Director of Public Health		
Prepared by:	Sarah Barnes, Head of Service: Public Health Programmes & Projects		
Other Committees and meetings considered at:	Executive Team meeting 23 rd August 2023		

PURPOSE:

The purpose of the paper is to:

- Inform PTHB Board Members of the plan for delivering the Winter Respiratory Vaccination Programme (Covid-19 and flu vaccines) to eligible population groups in line with Welsh Government and the Joint Committee on Vaccination and Immunisation guidance.

RECOMMENDATION(S):

The Board is asked to:

- NOTE the eligible populations groups for flu and covid-19 vaccines forming part of the Winter Respiratory Vaccination Programme;
- NOTE the blended delivery models to deploy the Winter Respiratory Vaccination Programme in Powys;

- NOTE the complex logistics and that 'agile' planning will continue to be deployed to delivery the Programme to eligible population groups throughout the Autumn/Winter period in line with Welsh Government guidance;
- Take ASSURANCE that the Winter Respiratory Vaccination Programme provides access to eligible population of Powys.

Approval/Ratification/Decision ¹	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	✓

EXECUTIVE SUMMARY:

Vaccination is a vital tool in helping to mitigate the effects of respiratory viruses circulating in the community, protecting the vulnerable and supporting the resilience of the NHS and care systems.

For 2023-24 the National Influenza Immunisation Programme and the COVID-19 booster programme have been brought together to form a Winter Respiratory Vaccination Programme. This programme is underpinned by the key principles of:

- Protecting those at greatest risk
- Protecting children and young people
- Protecting frontline health and social care workers
- Protecting the NHS.

This report provides Board Members with the current position in terms of planning and delivery of the Powys Winter Respiratory Vaccination Programme.

The Winter Respiratory Vaccine Programme is guided by the latest clinical and scientific evidence, and by the latest advice from the Chief Medical Officer for Wales and the Joint Committee on Vaccination and Immunisation (JCVI). A summary of the guidance issued is set out below together with the hyperlinks to the documents.

A Welsh Health Circular (WHC) was issued to Health Boards on the 22 June 2023 setting out the National Influenza Immunisation Programme for 2023-24. (available at hyperlink: [WN \(Year\) Number \(gov.wales\)](#))

The JCVI announced their advice regarding eligible groups for the 2023 Autumn booster on 08 August 2023 (available at hyperlink: [JCVI advises on eligible groups for 2023 autumn booster - GOV.UK \(www.gov.uk\)](#))

These guidance documents were brought together in a collective WHC that was issued to all Health Boards on 17 August 2023 which clearly sets out the priorities, ambitions and expectations, programme information and alignment as a Winter Respiratory Vaccination Programme (available at hyperlink: <https://www.gov.wales/winter-respiratory-vaccination-programme-2023-2024-whc2023029>)

Further information on vaccine type was published by the JCVI, on 30 August 2023, which was outlined in the Welsh Government Ministerial Statement issued on the same day (available at hyperlink: [Written Statement: Joint Committee on Vaccination and Immunisation. COVID-19 autumn booster vaccination programme \(30 August 2023\) | GOV.WALES](#))

DETAILED BACKGROUND AND ASSESSMENT:

1.0 Winter Respiratory Vaccination Campaign

1.1 Covid-19 Booster Campaign – JCVI guidance

On 08 August 2023, the JCVI published a statement with its advice on eligibility for the Autumn 2023 Covid-19 booster programme which was accepted by the Welsh Government. The primary aim of the Covid-19 vaccination programme is to boost immunity in those at higher risk from Covid-19 infection and to improve protection against severe illness, hospitalisation, and death.

The JCVI guidance sets out the eligible population for Covid-19 booster vaccination for Autumn 2023-24. This advice differs slightly from the 2022-23 Autumn programme, as the age threshold for adults who are not in a clinical risk group or a household contact of someone with immunosuppression has increased from 50 years to 65 years. Given the high proportion of older adults with comorbidities and the high uptake seen in universal age-based programmes, the JCVI considers at this transition stage of the pandemic recovery, it is cost effective and appropriate to offer vaccination to all adults aged 65 years and over. This means the age threshold for a Covid-19 Autumn booster aligns with eligibility for influenza vaccination in 2023-24.

The JCVI additionally advises that a primary course of Covid-19 vaccination should change to consist of a single dose of Covid-19 vaccine (instead of two doses). Eligibility for the offer of primary vaccination will be the same as the eligibility for Autumn 2023 booster vaccination programme, as the universal offer for all ages finished on the 30 June 2023.

The eligible groups, as set out by the JCVI guidance is as follows:

- immunosuppressed persons aged 6 months and over
- care home residents
- adults 65 years and over on 31 March 2024
- clinically vulnerable persons aged 6 months and over
- pregnant women
- frontline health and social care and care home staff
- individuals experiencing homelessness
- household contacts of persons who are immunosuppressed and aged 12 years and over
- carers aged 16 years and over
- adult prisoners.

Further information on vaccine type was published by the JCVI, on 30 August 2023, which was outlined in the Welsh Government Ministerial Statement issued on the same day. This guidance stressed the need to prioritise timeliness over vaccine choice for the most vulnerable. For Autumn 2023, the JCVI is recommending:

- the use of both the approved bivalent Omicron BA4-5 mRNA and monovalent XBB vaccines (subject to licensure by the Medicines and Healthcare products Regulatory Agency (MHRA))
- the latest Covid-19 variant vaccines which are available should be prioritised for use in persons at higher individual clinical risk of severe Covid-19.

Eligible individuals will be given the most appropriate vaccine available depending on their age and clinical risk.

In addition, the JCVI Committee advises:

- vaccines should be offered at least 3 months after the previous vaccine dose, although operational flexibility may be applied.
- where substantial delays might be incurred in deploying the latest UK approved Covid-19 vaccine by December, the principle of timeliness should take priority over the choice of vaccine.
- where operationally expedient, Covid-19 and influenza vaccines may be given concurrently.

1.2 Influenza vaccine campaign – Welsh Government guidance

On 22 June 2023, the Welsh Government issued a Welsh Health Circular (WHC) [National Influenza Immunisation Programme 2023 to 24 \(WHC/2023/023\)](#) which sets out the campaign guidance for the flu vaccination programme for the Autumn/Winter 2023-24. The Welsh Government has set an ambition to improve uptake from the 2022-23 Winter Respiratory campaign.

The WHC states that Health Boards should be focussed on the ambitions outlined in the National Immunisation Framework (NIF) for Wales when developing their flu vaccination plans, and to ensure that every eligible person has the opportunity to receive a vaccine, and as many as possible take up that offer.

The eligible **adult groups** as set out in the WHC for the flu vaccination programme 2023-24 are as follows:

- people aged six months to 64 years in clinical risk groups
- people aged 65 years and older (on 31 March 2024)
- all adult residents in Welsh prisons residents
- pregnant women
- carers
- people with a learning disability
- staff in nursing homes and care homes with regular client contact
- staff providing domiciliary care
- staff providing frontline NHS/Primary care services
- healthcare workers (including healthcare students) with direct patient contact
- individuals experiencing homelessness.

The Welsh Government National Influenza Immunisation Programme 2023-24 (WHC/2023/023) guidance sets out the **under 18 eligible groups** as:

- children aged two and three years on 31 August 2023
- children in primary school from reception class to year 6 (inclusive)
- children in secondary school from year 7 to year 11 (inclusive)
- people aged 6 months to 64 years in clinical risk groups.

(Guidance available at hyperlink: [The National Influenza Immunisation Programme 2023 to 24 \(WHC/2023/023\) | GOV.WALES](#))

2.0 Winter Respiratory Vaccination Campaign: planning parameters

2.1 Adults and clinically vulnerable

A summary of the key Autumn/Winter respiratory vaccination aims for adults and people who are defined as clinically vulnerable is as follows:

Objective: Achieve at least 75% uptake in eligible flu and Covid-19 cohorts alongside a reduction in uptake between the most and least deprived areas, applying the most resource efficient and effective deployment model.

Co-administration: Co-administration should take place where efficient and effective to do so; however, availability of Covid-19 and/or flu vaccines should not delay either individual programme. The recent rise in Covid-19

cases and concerns around the emergence of a new variant BA.2.86, have meant that Welsh Government have reprioritised the order of vaccination of eligible groups to prioritise timeliness over vaccine choice for the most vulnerable.

- **Campaign Window:** First vaccine administered 11 September 2023.

The Flu vaccine should be offered to all those who are eligible, at the earliest possible opportunity.

A Covid-19 vaccine should be offered to all those who are eligible by 30th November 2023, when the main campaign converts to leaving no-one behind until 31 March 2024.

3.0 Covid-19 vaccination delivery model

A blended delivery model is being deployed for the Autumn Covid-19 programme incorporating vaccination centres, some GP Practices, community hospital clinics, mobile teams, and District Nursing teams.

The deployment model, for Autumn 2023, has been planned to promote equity of uptake of vaccinations. The Service has increased availability of clinics in communities across Powys to improve accessibility to vaccinations and reduce travel distance for residents. Uptake data will continue to be monitored throughout the campaign with the aim of reducing inequity of uptake between the most and least deprived areas, and further 'pop-up' community clinics organised in targeted areas.

The deployment plan commences with residents of care homes for older adults on 11 September 2023. The programme will then invite Powys residents to vaccination appointments in priority group order, ensuring that those most at risk from harm if infected with the virus are prioritised for vaccination. Eligible groups will initially be invited to attend an appointment at one of the main vaccination centres in Newtown or Bronllys, a clinic in one of PTHB's community hospitals or at a participating GP Practice. District Nursing staff will offer vaccination to individuals who are designated housebound.

The current model of delivery by PTHB is based on the guidance issued on 30 August 2023, however an agile and flexible approach will continue to be deployed

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as required, to deliver the programme in line with Welsh Government guidance, and local uptake rates.

4.0 Flu vaccination delivery model

Flu vaccination delivery model is well established with vaccinations available through various routes, as set out below.

4.1 Adults and clinically vulnerable delivery plan

GP practices and community pharmacies are offering flu vaccination to eligible groups commencing early September 2023. Care homes residents are offered vaccination by their GP; with GPs and District Nursing Teams delivering to designated housebound patients.

Powys Teaching Health Board employed staff are being invited for flu vaccination through a combination of the Health Board Vaccination Service and Occupational Health Team. The delivery model will be strengthened during Autumn campaign to widen accessibility through increased clinics across Health Board sites.

4.2 Pregnant women

The Health Board will offer pregnant women the flu vaccination through the Midwifery Service which has been hailed as best practice by the national immunisation group. Pregnant women can also access through their GP Practice.

4.3 Childhood delivery plan

GP Practices are delivering the influenza programme for two-and three-year-olds and to individuals aged six months to eighteen-year-olds in a clinical risk group.

The Welsh Health Circular states that particular attention should be paid to pre-school children, amongst whom flu vaccine uptake was lower in 2022-23 than in 2021-22, which was itself lower than in 2020-21. The uptake for this cohort also continues to be lower than uptake in school aged children. To respond to this, Welsh Government have requested that when the vaccine becomes available, two and three-year-olds should be prioritised and actively called and offered vaccination as soon as possible by their GP practice. This should help protect them and to reduce flu transmission in the community to other vulnerable groups.

The uptake in children aged 2 and 3 years in Powys Health Board during 2022-23 was 52.2%. This was the highest uptake when comparing to other Health Boards across Wales, and above the Wales average of 44%. Additional actions are being implemented to increase uptake in 2023-24 including offering support to GP Practices to offer 'child friendly' clinics, writing directly to all parents/guardians of this group informing them of eligibility, and increasing awareness of importance of vaccination through pre-school settings.

4.4 School-aged children/young people delivery plan

The Health Board School Health Nursing Service is delivering the influenza vaccine to all school children aged in reception class to year 11. Delivery is through the school setting; a mode of delivery which has previously proved very successful, with uptake in 4-10-year-olds at 75.1% (Wales average 63.9%) and uptake in 11-15 years at 68.6% (Wales average 54.4%)

NEXT STEPS:

The Winter Respiratory Vaccination Programme commenced on 11th September 2023, with eligible residents of care homes for older adults being offered Covid-19 vaccination during the first 5 days of deployment. The deployment plan and blended delivery models will continue to be 'agile' and deployed to offer vaccinations, to eligible population groups as quickly as possible, throughout the Autumn period in line with Welsh Government guidance.

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 <i>Vaccination will be offered to eligible groups as defined by Welsh Government and the JCVI. This will positively impact on those over 65 who will all be eligible, pregnant women and anyone in a clinically 'at risk' group.</i> <i>There will be consideration given to ensuring equity of access to vaccinations throughout the campaign. Vaccine information will be available in Welsh where required.</i>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical			X	
Financial		X		
Corporate		X		
Operational			X	
Reputational		X		
Statement <i>There is a risk to reputation of non delivery. There is a financial and operational risk should the cold chain for vaccinations be compromised or should WG financial or operational support for the programmes change. There is a clinical risk should delivery of vaccination be compromised.</i> <i>Risks will be minimised through regular updates to Executives (through the Director of Public Health) and through Public Health Directorate quality assurance structures.</i>				

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Winter Respiratory Vaccination
Programme cover paper

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Board
27 September 2023
Item 2.1

Board Meeting		Date of Meeting: 27 September 2023
Subject:	CORPORATE RISK REGISTER (August 2023)	
Approved and Presented by:	Director of Corporate Governance and Board Secretary	
Prepared by:	Director of Corporate Governance and Board Secretary PA to Director of Corporate Governance and Board Secretary	
Other Committees and meetings considered at:	Executive Committee, 20 September 2023	

PURPOSE:

The purpose of this paper is to provide the Board with the August 2023 version of the Corporate Risk Register (CRR) for discussion and assurance.

RECOMMENDATION(S):

It is recommended that the Board:

- RECEIVE the August 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.
- NOTE there are no proposed amendments set out to the Corporate Risk Register at this time.
- NOTE the emerging risks in relation to costs associated with capital and estate development as set out in the paper.
- NOTE that CRR 009 (Cyber Security) and CRR 012 (National Power Outage) will be reported to the In-Committee Board due to the confidential nature of its content.

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 to the Board. Development of a revised Corporate Risk Register is currently underway to ensure the register accurately reflects the organisations current strategic risks following Board approval of the Integrated Medium-Term Plan 2023-26 in March 2023 and the Integrated Annual Plan 2023-24 in May 2023.

As the Board are aware, Welsh Government have not approved PTHBs plans for 2023-24 given the projected financial deficit and on this basis the in-year plans are under review.

The review of the Corporate OIRsk Register is being led by the Director of Corporate Governance, in collaboration with Executive Leads and builds on the Board workshop held at the Board Development day in June 2023. Whilst this work is underway the existing risks have been updated for reporting to the September Board, with an anticipation that the revised CRR will be presented to the November 2023 Board.

Changes to the Corporate Risk Register

The register has been updated (changes on the register in red) but there are no substantial changes to the risk descriptors, score or controls at this time to report to the Board.

Any changes to CRR 009 and CRR 012 (which is a new risk) will be discussed by the Board during its In-Committee meeting due to the sensitive and confidential nature of those risks.

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.

Emerging Risks

During its review of the Corporate Risk Register, the Executive Committee wished to inform the Board of an emerging risk in relation to capital and estates work in the context of capital costs, particularly in mid rural Powys. Building and construction costs are generally higher in rural areas, but an even greater cost increase has been seen in recent months. This clearly creates significant impact on an already stretched capital budget. Further consideration will be given to this risk and any mitigating control during the risk register review.

NEXT STEPS:

The Director of Corporate Governance is due to hold further engagement with both the Board and Executive Leads in October 2023 in order to progress with the review of the Corporate Risk Register and the work paused from June/July, with the intention to present the revised register to the Executive Committee and Board in November 2023.

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.

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Powys Teaching
Health Board

Corporate Risk Register August 2023

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Appendix 1 – Corporate Risk
Register

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Board
27 September 2023
Item 3.5a

CORPORATE RISK HEAT MAP: August 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 A national power outage results in significant disruption to services and the 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 – current financial year the urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens the health board fails to manage its financial resources in line with statutory requirements – medium term 	
	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					
	Negligible	1					
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain
			Likelihood				

CORPORATE RISK DASHBOARD – August 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
DFIT	CRR 001a	Financial Sustainability	The health board fails to manage its financial resources in line with statutory requirements -current financial year	4 x 5 = 20	Cautious	8	✗	Delivery and Performance	Organisational Priorities underpinning all WBOs
DFIT	CRR 001b	Financial Sustainability	The Health board fails to manage its financial resources in line with statutory requirements – medium term	4 x 5 = 20	Cautious	8	✗	Delivery and Performance	Organisational Priorities underpinning all WBOs
DFIT	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

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
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
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
DPPC	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
DPPC	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

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 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
DFIT	CRR 009		A cyber-attack results in significant disruption to services and quality of patient care	RISK CONSIDERED IN COMMITTEE				Delivery and Performance	
ADCEP	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
DPH	CRR 012		A national power outage results in significant disruption to services and the quality of patient care	RISK CONSIDERED IN COMMITTEE				Executive Committee	

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.

Executive Lead:	
CEO	Chief Executive
DFIT	Director of Finance, Information and IT
DoO	Director of Operations/Director of Community and Mental Health
DoNM	Director of Nursing and Midwifery
MD	Medical Director
DPH	Director of Public Health
DWOD	Director of Workforce & Organisational Development
DTHS	Director of Therapies & Health Sciences
DPPC	Director of Planning, Performance and Commissioning
ADCEP	Associate Director of Capital, Estates and Property
BS	Board Secretary

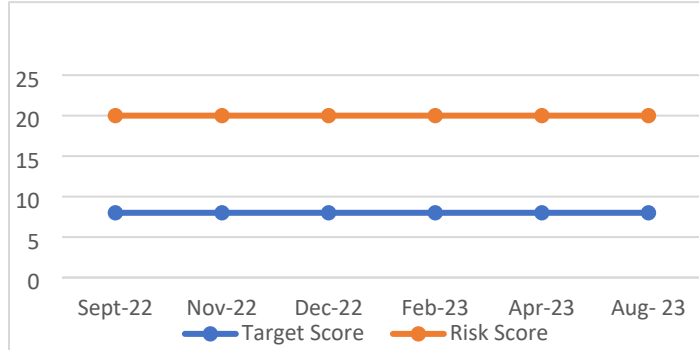
Risk Scoring

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
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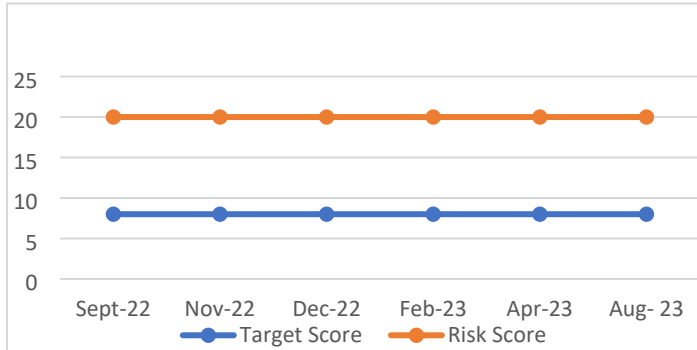
RISK APPETITE	
Category	Appetite for Risk
Safety	Averse
Quality	Minimal
Regulation and Compliance	Cautious
Reputation and Public Confidence	Cautious
Performance and Service Sustainability	Cautious
Financial Sustainability	Cautious
Workforce	Cautious
Partnerships	Open
Innovation and Strategic Change	Open

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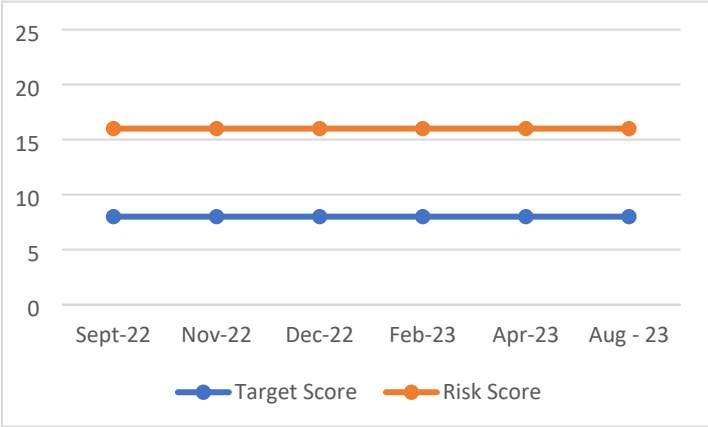
CRR 001a Risk that: the health board fails to manage its financial resources in line with statutory requirements – current financial year Risk Impacts on: Organisational Priorities underpinning all objectives		Executive Lead: Director of Finance, Information and IT Assuring Committee: Delivery and Performance Date last reviewed: August June 2023																						
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 2 x 4 = 8 Date added to the risk register Risk Updated & Split June 2023	 <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>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><tr><td>Aug-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	Aug-23	8	20
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																						
Aug-23	8	20																						
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Clear Financial Plan included in IMTP Submission with recurrent 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 arrangements in 2023/24 and going forward.		Mitigating actions (What more will we do?) <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 – implement a modernisation programme to improve function performance and delivery</td><td>DFIIT</td><td>Actions being completed</td></tr><tr><td>Revisit the assessment of cost pressures in the Financial Plan for 2023/24.</td><td>DFIIT</td><td>Completed</td></tr><tr><td>Consider whether saving schemes can achieve more in 2023/24.</td><td>DFIIT</td><td>Completed</td></tr><tr><td>Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. Value Based Healthcare and Sustainable Model Programme Boards established.</td><td>DFIIT / MD</td><td>Established</td></tr></tbody></table>		Action	Lead	Deadline	Strengthening of the capability and sustainability of the Finance Team – implement a modernisation programme to improve function performance and delivery	DFIIT	Actions being completed	Revisit the assessment of cost pressures in the Financial Plan for 2023/24.	DFIIT	Completed	Consider whether saving schemes can achieve more in 2023/24.	DFIIT	Completed	Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. Value Based Healthcare and Sustainable Model Programme Boards established.	DFIIT / MD	Established						
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<ul style="list-style-type: none"> ▪ 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. ▪ Investment Benefits Group to increase its focus on benefits realisation alongside supporting the VBHC approach. ▪ Regular communication and reporting to Welsh Government and Financial Planning and Delivery Directorate regarding the impact of pressures and impact on Financial Plan and underlying position. ▪ Value Programme Board supporting a series of Getting it Right First Time Reviews and Planned Care Programme Board implementing the findings to improve outcomes and use of resources. 			
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 5 = 20	Finance and Performance Group is focussing on delivery of recurrent £7.5m mitigating actions targeted for 2023/24. Recent exercise focused on financial improvement has helped to inform actions being taken to manage and off-set emerging cost pressures.		

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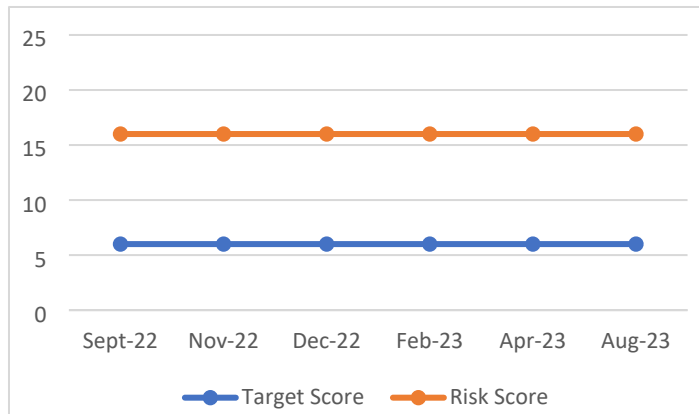
CRR 001b Risk that: the health board fails to manage its financial resources in line with statutory requirements – medium term		Executive Lead: Director of Finance, Information and IT																						
		Assuring Committee: Delivery and Performance																						
Risk Impacts on: Organisational Priorities underpinning all objectives		Date last reviewed: August June 2023																						
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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																						
Aug-23	8	20																						
<div>Controls (What are we currently doing about the risk?)</div> <ul style="list-style-type: none">Clear Financial Plan included in IMTP Submission with recurrent 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		<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 – implement a modernisation programme to improve function performance and delivery.</td><td>DFIIT</td><td>Actions being completed</td></tr><tr><td>Revisit the assessment of cost pressures in the Financial Plan for 2023/24.</td><td>DFIIT</td><td>Completed</td></tr><tr><td>Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. Value Based</td><td>DFIIT / MD</td><td>Established</td></tr></tbody></table>			Action	Lead	Deadline	Strengthening of the capability and sustainability of the Finance Team – implement a modernisation programme to improve function performance and delivery.	DFIIT	Actions being completed	Revisit the assessment of cost pressures in the Financial Plan for 2023/24.	DFIIT	Completed	Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. Value Based	DFIIT / MD	Established								
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<p>decision making).</p> <ul style="list-style-type: none"> Contracting Framework to monitor and forecast the impact of 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. Investment Benefits Group to increase its focus on benefits realisation alongside supporting the VBHC approach. Regular communication and reporting to Welsh Government and Financial Planning and Delivery Directorate regarding the impact of pressures and impact on Financial Plan and underlying position. Value Programme Board supporting a series of Getting It Right First Time Reviews and Sustainable Model Planned Care Programme Board implementing the findings to drive improved outcomes and use of resources. 	Healthcare and Sustainable Model Programme Boards established.		
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 5 = 20	<p>Finance and Performance Group is focussing on delivery of £7.5m recurrent mitigating actions targeted for 2023/24.</p> <p>Recent exercise focused on financial improvement is identifying actions to achieve recurrent savings.</p>		

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 Assuring Committee: Delivery and Performance																					
Risk Impacts on: Organisational Priorities underpinning all WBOs		Date last reviewed: August April 2023																					
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	 <table border="1"> <caption>Risk Score Data</caption> <thead> <tr> <th>Period</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> <tr> <td>Aug-23</td> <td>8</td> <td>16</td> </tr> </tbody> </table>	Period	Target Score	Risk Score	Sept-22	8	16	Nov-22	8	16	Dec-22	8	16	Feb-23	8	16	Apr-23	8	16	Aug-23	8	16	Rationale for current score: <ul style="list-style-type: none"> Planned deficit of £33.5m for 2023/24 indicates that resources are being consumed above planned and allocated levels. Lack of data re Patient Outcome and Experience to support understanding. Value Based Healthcare approach introduced, but not yet 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. Procurement of a national platform is underway. 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. CEO led Sustainable Model Programme Board in place, embedding a value based health care approach. Value Programme Board continuing to support a series of Getting It Right First Time Reviews Sustainable Model Planned Care Programme implementing findings from a series of Getting It Right First Time Reviews; and rolling out implementation of value based service developments and clinical techniques.
Period	Target Score	Risk Score																					
Sept-22	8	16																					
Nov-22	8	16																					
Dec-22	8	16																					
Feb-23	8	16																					
Apr-23	8	16																					
Aug-23	8	16																					

	<ul style="list-style-type: none"> Frailty, community and urgent care Programme Board developing sustainable model. 		
Controls (What are we currently doing about the risk?)	Mitigating actions (What more will we do?)		
<ul style="list-style-type: none"> Value Board established (report via Sustainable Model Executive Committee Programme Board. 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. 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 through the Sustainable Model Planned Care Programme Board Full Board involvement in development of priorities and financial plans for 2023/24. 	Action	Lead	Deadline
	Action as identified in Value Group Workplan including approach to developing PROMs and PREMs.	AD T&V	Ongoing.
	<p>Ongoing Action as per the Value Group Workplan.</p> <p>Continue to progress work on the Accelerated Sustainable Model including Design and Delivery phases, including work on planned care, frailty and mental health.</p>	AD T&V Execs and ADTV	Ongoing. 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 August 2023																						
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 4 = 16 Target: 2 x 3 = 6 Date added to the risk register Risk Updated September 2022	 <table><caption>Risk Score Data</caption><thead><tr><th>Date</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>6</td><td>16</td></tr><tr><td>Nov-22</td><td>6</td><td>16</td></tr><tr><td>Dec-22</td><td>6</td><td>16</td></tr><tr><td>Feb-23</td><td>6</td><td>16</td></tr><tr><td>Apr-23</td><td>6</td><td>16</td></tr><tr><td>Aug-23</td><td>6</td><td>16</td></tr></tbody></table>	Date	Target Score	Risk Score	Sept-22	6	16	Nov-22	6	16	Dec-22	6	16	Feb-23	6	16	Apr-23	6	16	Aug-23	6	16	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)	
Date	Target Score	Risk Score																						
Sept-22	6	16																						
Nov-22	6	16																						
Dec-22	6	16																						
Feb-23	6	16																						
Apr-23	6	16																						
Aug-23	6	16																						
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			
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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																						

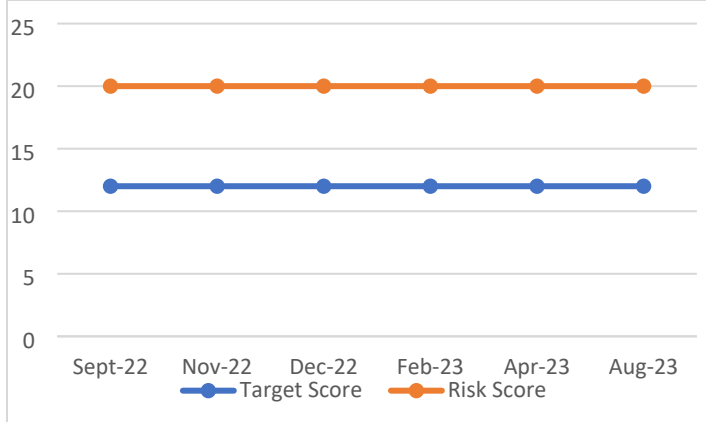
4 x 4 = 16

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.

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.

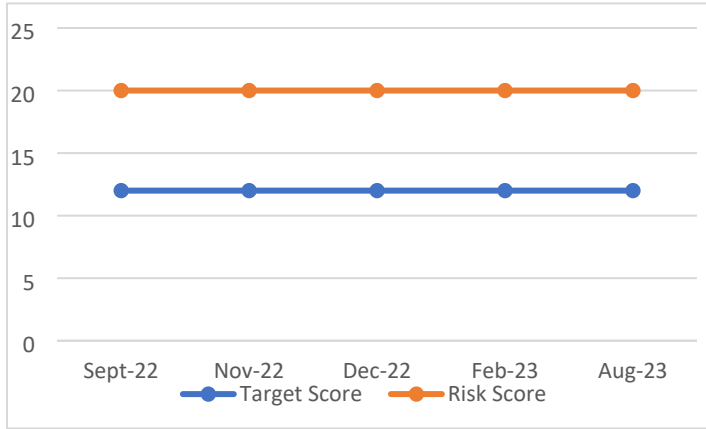
4.09.2023: The scoring of this current risk needs to remain the same presently. There is an acknowledgement that this current risk is multiple risks in one and therefore needs to be fully re-assessed. The Medical Director and Director of Nursing and Midwifery have a meeting planned with the Director of Corporate Governance/ Board Secretary to agree a course of action.

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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-August 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><tr><td>Aug-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	Aug-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																						
Aug-23	12	20																						
Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)																						
		Action	Lead Deadline																					

- 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 **Weekly** 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 **agreement to fund exploration of a business case for 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.~~ **Reinstatement of Delivery Coordination Group including Senior Social Care attendance.**
- ~~Delivery Coordination Group in place to manage operational delivery across whole system~~ **Winter Plan developed reviewed to manage whole system pressures. Urgent review Refresh 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 Escalation Plan.**
- **Daily operational management of patient flow.**
- **Refresh of 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.**

Operational delivery of Winter Plan Review of Complex Care arrangements in place to improve system improvements and to reduce delays.	DPCCMH DoO	Ongoing April 2024
<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.	DoO	Ongoing
Delivery of RPB Plan including additional capacity for Supported Living.		October 2024
Deliver the Integrated Care Action Plan (ICAP).		2025
ASM Programme for Frailty and Community Model.		2025
North Powys Wellbeing Programme.		

<ul style="list-style-type: none">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.																						
Current Risk Rating 4 x 5 = 20		Update including impact of actions to date on current risk score N/a - new risk September 2022																				
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 Planning, Performance and Commissioning Assuring Committee: Delivery and Performance																				
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: February August 2023																				
Risk Rating (likelihood x impact): Inherent: 5 x 4 = 20 Current: 5 x 4 = 20 Target: 3 x 4 = 12 Date added to the risk register Risk Updated December 2022	 <table><caption>Risk Rating Data</caption><thead><tr><th>Date</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>Aug-23</td><td>12</td><td>20</td></tr></tbody></table>		Date	Target Score	Risk Score	Sept-22	12	20	Nov-22	12	20	Dec-22	12	20	Feb-23	12	20	Aug-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 July 2022 ³ in NHS Wales commissioned service providers, 543 ³⁷⁴ Powys residents waiting > 104 weeks; 10 ⁵⁹ 2 Powys residents waiting 53-104 weeks. At end of November 2022 June 2023 in NHS England commissioned service providers, 13 Powys residents waiting > 104 weeks; 1062 ⁵⁷¹ 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.	
Date	Target Score	Risk Score																				
Sept-22	12	20																				
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Aug-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"> 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 and NHSE access target requirements by March 2024. access target requirements by June 2023; and NHSE access target requirements by March 2024). 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. Performance Engagement Group established. 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. 	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 now expected to agree improvement trajectories in light of 22/23 guidance published for planned care recovery.	DPP/ DOF	Jan 2023
Current Risk Rating	Update including impact of actions to date on current risk score		
5 x 4 = 20	Improved performance experienced within NHS England commissioned service providers; same level of improvement not being experienced in NHS Wales commissioned service providers creating inequity of access for Powys residents.		

CRR 006
Risk that: failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services

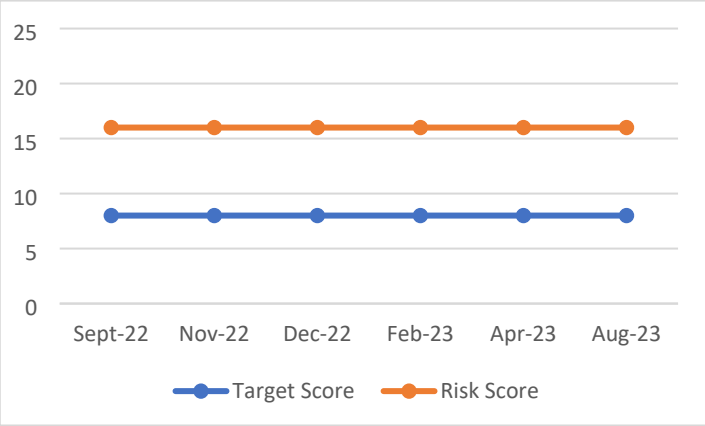
Executive Lead: Director of Workforce and Organisational Development

Assuring Committee: Workforce and Culture

Risk Impacts on: Organisational Priorities underpinning all WBOs

Date last reviewed: April ~~August~~ 2023

Risk Rating
(likelihood x impact):
Inherent: 4 x 4 = 16
Current: 4 x 4 = 16
Target: 2 x 4 = 8
Date added to the risk register
September 2022



Rationale for current score:

The Health Board had **13.44%** of all posts which were vacant, as at 31st July 2023, after the inclusion of overtime, additional hours and Bank. The below table provides a breakdown by staffing group of the budgeted WTE vs pay WTE expenditure:

Staffing Group	WTE Bud	WTE Act. Pay Expenditure	WTE Variance
1. Administrative & Clerical	664.54	613.92	50.62
2. Medical and Dental	48.42	32.23	16.19
3. Nursing and Midwifery Registered	711.04	559.43	151.61
4. Add Prof Scientific and Technical	95.45	74.44	21.01
5. Additional Clinical Services	438.76	406.24	32.52
6. Allied Health Professionals	172.40	126.06	46.34
7. Healthcare Scientists	10.01	8.72	1.29
8. Estates and Ancilliary	180.71	188.33	-7.62
9. Students	0.00	0.00	0.00
Grand Total	2,321.33	2,009.37	311.96

The challenges in recruitment are more pronounced in clinical roles with vacancies running at 33.44% for Medical and Dental, 26.87% for Allied Health Professionals and 21.32% for registered Nursing and Midwifery. To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in July 2023 from information held on the Health Roster/TSU systems:

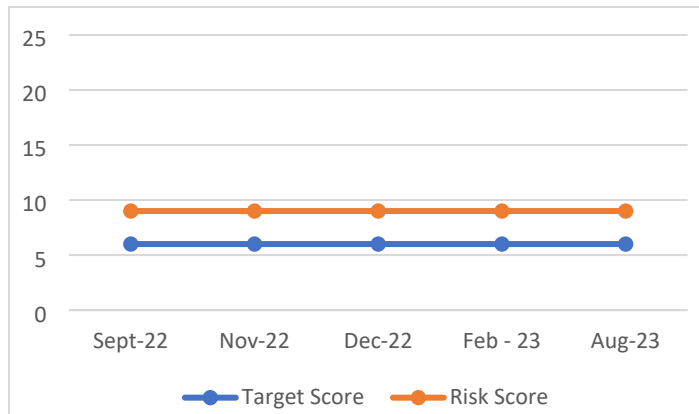
- Additional Clinical Services: 35.28 WTE
- Allied Health Professionals: 7.28 WTE
- Nursing & Midwifery Registered: 33.78 WTE
- Medical & Dental: 6.91 WTE

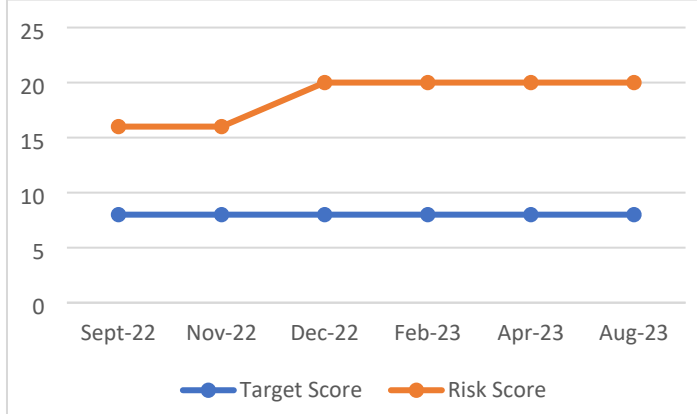
Accounting for the WTE agency staff the overall vacancy level reduces to approximately **10%**. The Temporary Staffing Unit is continuing to provide support to meet the heath board staffing deficits. However, this has resulted

		<p>in a significant and increasing reliance on agency staffing to meet this demand. For the month of March 2023, RN bank was 18.85 WTE and 37.11 WTE from agency. For Bank HCSW it was 18.04 WTE and 44.9 WTE from agency.</p> <ul style="list-style-type: none">• 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%. 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.		
Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)		
<ul style="list-style-type: none">▪ 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.▪ All roles on trac 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 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 due to start on the 17th April 2023.▪ Plans to recruit a further cohort of international nurses▪ Weekly Sustainable Model By the end of Q1 we will have undertaken a wellbeing roadshow at each of the main hospital sites across the county▪ Safecare has been implemented to support and monitor safe staffing levels on wards.		Action	Lead	Deadline
		Workforce Planning: Roll out the organisationally agreed workforce planning model by delivering training which supports services to develop their resource plans. <ul style="list-style-type: none">• Monthly workforce planning training in place• Bespoke sessions to be delivered for CSG & MG	DWOD	Q1 23/34
		Undertaken a wellbeing roadshow at each of the main hospital sites across the county	ADOD	Q1 23/24
		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.	DWOD	Q1 23/24
		Increase bank supply: Introduction of Wage Stream Recruitment to progress of: 47 Bank HCSW 5 Bank RN	DWOD DWOD	Q3 (23/24) Q2/3 (23/24)

<ul style="list-style-type: none"> A programmed schedule of staffing huddle meetings take place during the week between the TSU and services to plan and review rosters for the week ahead and prioritise areas requiring additional staffing. A Variable Pay Group has been established and meets twice monthly and a range of performance measures have been developed to monitor variable pay levels. Further work has commenced on the development of an Accelerated Workforce projections have been developed for all wards predicting future staffing levels against known pipelines. Monthly reporting of Time to Hire and recruitment KPI's. Regular programme of monthly workforce planning training in place Monthly Regular finance vacancy reporting in place identifying vacant posts against the financial ledger. 			
	Continue international nurse recruitment: <ul style="list-style-type: none"> <u>1</u> of the OSNs has passed their OSCE exam and will be deployed once their PIN is issued with the <u>3</u> remaining for Welshpool resitting Q2. <u>6</u> OSNs currently in offer for the next cohort (Q3) 	DWOD	Q3 (23/24)
	Continued deployment of the Aspiring Nurse Programme: <u>23</u> offers have been made to the HEWI supported cohort of Aspiring Nurses (18 for CSG wards and 5 for Mental Health wards)	DWOD	Q2 (23/24)
	Review of Variable Pay: Deployment of the variable pay action plan	DCSG	Ongoing
Current Risk Rating 4 x 4 = 16		Update including impact of actions to date on current risk score 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.	

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CRR 007 Risk that: ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys		Executive Lead: Director of Planning, Performance & Commissioning																			
Risk Impacts on: Organisational Priorities underpinning WBO 8		Assuring Committee: Planning, Partnerships and Population Health																			
		Date last reviewed: February August 2023																			
Risk Rating (likelihood x impact): Inherent: 3 x 4 = 12 Current:3 x 3= 9 Target: 2 x 3 = 6	 <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><tr><td>Aug-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	Aug-23	6	9	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.	
Period	Target Score	Risk Score																			
Sept-22	6	9																			
Nov-22	6	9																			
Dec-22	6	9																			
Feb - 23	6	9																			
Aug-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>31/03/2024 3</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>28/02/2024 3</td></tr><tr><td>Development and population of a Partnership Register</td><td>BS</td><td>31/03/2024 3</td></tr><tr><td>Development of the Partnership Governance Framework for presentation to Board in December 2022</td><td>BS / DPP</td><td>31/03/2024 3</td></tr></tbody></table>		Action	Lead	Deadline	Identify all existing partnerships and collaborations to inform development of a Framework	BS / DPP	31/03/2024 3	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	28/02/2024 3	Development and population of a Partnership Register	BS	31/03/2024 3	Development of the Partnership Governance Framework for presentation to Board in December 2022	BS / DPP	31/03/2024 3			
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Current Risk Rating		Update including impact of actions to date on current risk score																			
3 x 3 = 9		No further update																			

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 Assuring Committee: Planning, Partnerships and Population Health																						
Risk Impacts on: Organisational Priorities underpinning WBO 4		Date last reviewed: April August 2023																						
<div>Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 5 x 4 = 20 Target: 2 x 4 = 8</div> <div>Date added to the risk register Risk Updated September 2022</div>	 <table><caption>Risk Score History</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>16.5</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><tr><td>Aug-23</td><td>8</td><td>20</td></tr></tbody></table>	Month	Target Score	Risk Score	Sept-22	8	16	Nov-22	8	16.5	Dec-22	8	20	Feb-23	8	20	Apr-23	8	20	Aug-23	8	20	<div>Rationale for current score:</div> <ul style="list-style-type: none">▪ Sustainability assessment and escalation tool of GP Practices identifying consistently high risk practices across Powys. Practices may not be able to provide sustainable GMS services.▪ National roll out of SALUS (new OOH system) is delayed and current Shropdoc Adastra contract maybe compromised. National conversations ongoing▪ Increasing demand during in and out of hours particularly relating to paediatric demand resulting in impact on routine care.▪ Dental accesss continues to be challenging in areas with recruitment challenges. The PTHB Dental waiting list continues to demonstrate an increasing pressure on timely access to dental services. Currently there are approximately 5000 patients on the waiting list. South Powys GDS contract termination received 31/08/23. in particular urgent access currently reduced across Powys with demand for access currently greater than capacity. Routine and urgent General Dental Services compromised.	
Month	Target Score	Risk Score																						
Sept-22	8	16																						
Nov-22	8	16.5																						
Dec-22	8	20																						
Feb-23	8	20																						
Apr-23	8	20																						
Aug-23	8	20																						
<div>Controls (What are we currently doing about the risk?)</div> <ul style="list-style-type: none">▪ Close mMonitoring 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.		<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><ul style="list-style-type: none">▪ Primary Care – Ongoing regular review of sustainability matrix and applications for support. Weekly review of GP Escalation tool▪ Regular discussions with Cluster Leads regarding ongoing demands and additional actions to manage peaks</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 GP Escalation tool▪ Regular discussions with Cluster Leads regarding ongoing demands and additional actions to manage peaks	DFIT	Ongoing															
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<ul style="list-style-type: none"> ■ Adastra – System now fully reinstated. Regular meetings in place with 111 and Shropdoc to monitor SALUS implementation The metrics within GDS Contract Reform enable PTHB to allocate new patients from the waiting list to dental practices, however this is a slow process. Patient urgent access demand has sufficient capacity in the system to address patient need and this is monitored very closely on a weekly basis. ■ 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 Community Dental Service clinics continue to support urgent access to mitigate against gaps in provision. This is impacting on CDS routine access/appointments. New contract awarded in Newtown effective from 01/05/23 (contract replaces a contract handback due to retirement. 	<ul style="list-style-type: none"> ■ Implementation of the Accelerated Cluster Development Programme to meet national milestones. 		
	<ul style="list-style-type: none"> ■ Dental –Some urgent access slots commissioned across Powys. Utilise Reliant on CDS service for increased input to support urgent access provision as contractors consider Contract Reform metrics for 23/24when required. 	DFIT	Ongoing
Current Risk Rating		Update including impact of actions to date on current risk score	
5 x 4 = 20		Mitigating actions continue to manage the risks	

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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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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<tr><td>May-37</td><td>9</td><td>9</td></tr> <tr><td>Sep-37</td><td>9</td><td>9</td></tr> <tr><td>Jan-38</td><td>9</td><td>9</td></tr> <tr><td>May-38</td><td>9</td><td>9</td></tr> <tr><td>Sep-38</td><td>9</td><td>9</td></tr> <tr><td>Jan-39</td><td>9</td><td>9</td></tr> <tr><td>May-39</td><td>9</td><td>9</td></tr> <tr><td>Sep-39</td><td>9</td><td>9</td></tr> <tr><td>Jan-40</td><td>9</td><td>9</td></tr> <tr><td>May-40</td><td>9</td><td>9</td></tr> <tr><td>Sep-40</td><td>9</td><td>9</td></tr> <tr><td>Jan-41</td><td>9</td><td>9</td></tr> <tr><td>May-41</td><td>9</td><td>9</td></tr> <tr><td>Sep-41</td><td>9</td><td>9</td></tr> <tr><td>Jan-42</td><td>9</td><td>9</td></tr> <tr><td>May-42</td><td>9</td><td>9</td></tr> <tr><td>Sep-42</td><td>9</td><td>9</td></tr> <tr><td>Jan-43</td><td>9</td><td>9</td></tr> <tr><td>May-43</td><td>9</td><td>9</td></tr> <tr><td>Sep-43</td><td>9</td><td>9</td></tr> <tr><td>Jan-44</td><td>9</td><td>9</td></tr> <tr><td>May-44</td><td>9</td><td>9</td></tr> <tr><td>Sep-44</td><td>9</td><td>9</td></tr> <tr><td>Jan-45</td><td>9</td><td>9</td></tr> <tr><td>May-45</td><td>9</td><td>9</td></tr> <tr><td>Sep-45</td><td>9</td><td>9</td></tr> <tr><td>Jan-46</td><td>9</td><td>9</td></tr> <tr><td>May-46</td><td>9</td><td>9</td></tr> <tr><td>Sep-46</td><td>9</td><td>9</td></tr> <tr><td>Jan-47</td><td>9</td><td>9</td></tr> <tr><td>May-47</td><td>9</td><td>9</td></tr> <tr><td>Sep-47</td><td>9</td><td>9</td></tr> <tr><td>Jan-48</td><td>9</td><td>9</td></tr> <tr><td>May-48</td><td>9</td><td>9</td></tr> <tr><td>Sep-48</td><td>9</td><td>9</td></tr> <tr><td>Jan-49</td><td>9</td><td>9</td></tr> <tr><td>May-49</td><td>9</td><td>9</td></tr> <tr><td>Sep-49</td><td>9</td><td>9</td></tr> <tr><td>Jan-50</td><td>9</td><td>9</td></tr> <tr><td>May-50</td><td>9</td><td>9</td></tr> <tr><td>Sep-50</td><td>9</td><td>9</td></tr> <tr><td>Jan-51</td><td>9</td><td>9</td></tr> <tr><td>May-51</td><td>9</td><td>9</td></tr> <tr><td>Sep-51</td><td>9</td><td>9</td></tr> <tr><td>Jan-52</td><td>9</td><td>9</td></tr> <tr><td>May-52</td><td>9</td><td>9</td></tr> <tr><td>Sep-52</td><td>9</td><td>9</td></tr> <tr><td>Jan-53</td><td>9</td><td>9</td></tr> <tr><td>May-53</td><td>9</td><td>9</td></tr> <tr><td>Sep-53</td><td>9</td><td>9</td></tr> <tr><td>Jan-54</td><td>9</td><td>9</td></tr> <tr><td>May-54</td><td>9</td><td>9</td></tr> <tr><td>Sep-54</td><td>9</td><td>9</td></tr> <tr><td>Jan-55</td><td>9</td><td>9</td></tr> <tr><td>May-55</td><td>9</td><td>9</td></tr> <tr><td>Sep-55</td><td>9</td><td>9</td></tr> <tr><td>Jan-56</td><td>9</td><td>9</td></tr> <tr><td>May-56</td><td>9</td><td>9</td></tr> <tr><td>Sep-56</td><td>9</td><td>9</td></tr> <tr><td>Jan-57</td><td>9</td><td>9</td></tr> <tr><td>May-57</td><td>9</td><td>9</td></tr> <tr><td>Sep-57</td><td>9</td><td>9</td></tr> <tr><td>Jan-58</td><td>9</td><td>9</td></tr> <tr><td>May-58</td><td>9</td><td>9</td></tr> <tr><td>Sep-58</td><td>9</td><td>9</td></tr> <tr><td>Jan-59</td><td>9</td><td>9</td></tr> 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<tr><td>Sep-32</td><td>9</td><td>9</td></tr> <tr><td>Jan-33</td><td>9</td><td>9</td></tr> <tr><td>May-33</td><td>9</td><td>9</td></tr> <tr><td>Sep-33</td><td>9</td><td>9</td></tr> <tr><td>Jan-34</td><td>9</td><td>9</td></tr> <tr><td>May-34</td><td>9</td><td>9</td></tr> <tr><td>Sep-34</td><td>9</td><td>9</td></tr> <tr><td>Jan-35</td><td>9</td><td>9</td></tr> <tr><td>May-35</td><td>9</td><td>9</td></tr> <tr><td>Sep-35</td><td>9</td><td>9</td></tr> <tr><td>Jan-36</td><td>9</td><td>9</td></tr> <tr><td>May-36</td><td>9</td><td>9</td></tr> <tr><td>Sep-36</td><td>9</td><td>9</td></tr> <tr><td>Jan-37</td><td>9</td><td>9</td></tr> <tr><td>May-37</td><td>9</td><td>9</td></tr> <tr><td>Sep-37</td><td>9</td><td>9</td></tr> <tr><td>Jan-38</td><td>9</td><td>9</td></tr> <tr><td>May-38</td><td>9</td><td>9</td></tr> <tr><td>Sep-38</td><td>9</td><td>9</td></tr> <tr><td>Jan-39</td><td>9</td><td>9</td></tr> <tr><td>May-39</td><td>9</td><td>9</td></tr> <tr><td>Sep-39</td><td>9</td><td>9</td></tr> <tr><td>Jan-40</td><td>9</td><td>9</td></tr> <tr><td>May-40</td><td>9</td><td>9</td></tr> <tr><td>Sep-40</td><td>9</td><td>9</td></tr> <tr><td>Jan-41</td><td>9</td><td>9</td></tr> <tr><td>May-41</td><td>9</td><td>9</td></tr> <tr><td>Sep-41</td><td>9</td><td>9</td></tr> <tr><td>Jan-42</td><td>9</td><td>9</td></tr> <tr><td>May-42</td><td>9</td><td>9</td></tr> <tr><td>Sep-42</td><td>9</td><td>9</td></tr> <tr><td>Jan-43</td><td>9</td><td>9</td></tr> <tr><td>May-43</td><td>9</td><td>9</td></tr> <tr><td>Sep-43</td><td>9</td><td>9</td></tr> <tr><td>Jan-44</td><td>9</td><td>9</td></tr> <tr><td>May-44</td><td>9</td><td>9</td></tr> <tr><td>Sep-44</td><td>9</td><td>9</td></tr> <tr><td>Jan-45</td><td>9</td><td>9</td></tr> <tr><td>May-45</td><td>9</td><td>9</td></tr> <tr><td>Sep-45</td><td>9</td><td>9</td></tr> <tr><td>Jan-46</td><td>9</td><td>9</td></tr> <tr><td>May-46</td><td>9</td><td>9</td></tr> <tr><td>Sep-46</td><td>9</td><td>9</td></tr> <tr><td>Jan-47</td><td>9</td><td>9</td></tr> <tr><td>May-47</td><td>9</td><td>9</td></tr> <tr><td>Sep-47</td><td>9</td><td>9</td></tr> <tr><td>Jan-48</td><td>9</td><td>9</td></tr> <tr><td>May-48</td><td>9</td><td>9</td></tr> <tr><td>Sep-48</td><td>9</td><td>9</td></tr> <tr><td>Jan-49</td><td>9</td><td>9</td></tr> <tr><td>May-49</td><td>9</td><td>9</td></tr> <tr><td>Sep-49</td><td>9</td><td>9</td></tr> <tr><td>Jan-50</td><td>9</td><td>9</td></tr> <tr><td>May-50</td><td>9</td><td>9</td></tr> <tr><td>Sep-50</td><td>9</td><td>9</td></tr> <tr><td>Jan-51</td><td>9</td><td>9</td></tr> <tr><td>May-51</td><td>9</td><td>9</td></tr> <tr><td>Sep-51</td><td>9</td><td>9</td></tr> <tr><td>Jan-52</td><td>9</td><td>9</td></tr> <tr><td>May-52</td><td>9</td><td>9</td></tr> <tr><td>Sep-52</td><td>9</td><td>9</td></tr> <tr><td>Jan-53</td><td>9</td><td>9</td></tr> <tr><td>May-53</td><td>9</td><td>9</td></tr> <tr><td>Sep-53</td><td>9</td><td>9</td></tr> <tr><td>Jan-54</td><td>9</td><td>9</td></tr> <tr><td>May-54</td><td>9</td><td>9</td></tr> <tr><td>Sep-54</td><td>9</td><td>9</td></tr> <tr><td>Jan-55</td><td>9</td><td>9</td></tr> <tr><td>May-55</td><td>9</td><td>9</td></tr> <tr><td>Sep-55</td><td>9</td><td>9</td></tr> <tr><td>Jan-56</td><td>9</td><td>9</td></tr> <tr><td>May-56</td><td>9</td><td>9</td></tr> <tr><td>Sep-56</td><td>9</td><td>9</td></tr> <tr><td>Jan-57</td><td>9</td><td>9</td></tr> <tr><td>May-57</td><td>9</td><td>9</td></tr> <tr><td>Sep-57</td><td>9</td><td>9</td></tr> <tr><td>Jan-58</td><td>9</td><td>9</td></tr> <tr><td>May-58</td><td>9</td><td>9</td></tr> <tr><td>Sep-58</td><td>9</td><td>9</td></tr> <tr><td>Jan-59</td><td>9</td><td>9</td></tr> <tr><td>May-59</td><td>9</td><td>9</td></tr> <tr><td>Sep-59</td><td>9</td><td>9</td></tr> <tr><td>Jan-60</td><td>9</td><td>9</td></tr> <tr><td>May-60</td><td>9</td><td>9</td></tr> <tr><td>Sep-60</td><td>9</td><td>9</td></tr> <tr><td>Jan-61</td><td>9</td><td>9</td></tr> <tr><td>May-61</td><td>9</td><td>9</td></tr> <tr><td>Sep-61</td><td>9</td><td>9</td></tr> <tr><td>Jan-62</td><td>9</td><td>9</td></tr> <tr><td>May-62</td><td>9</td><td>9</td></tr> <tr><td>Sep-62</td><td>9</td><td>9</td></tr> <tr><td>Jan-63</td><td>9</td><td>9</td></tr> <tr><td>May-63</td><td>9</td><td>9</td></tr> <tr><td>Sep-63</td><td>9</td><td>9</td></tr> <tr><td>Jan-64</td><td>9</td><td>9</td></tr> <tr><td>May-64</td><td>9</td><td>9</td></tr> <tr><td>Sep-64</td><td>9</td><td>9</td></tr> <tr><td>Jan-65</td><td>9</td><td>9</td></tr> <tr><td>May-65</td><td>9</td><td>9</td></tr> <tr><td>Sep-65</td><td>9</td><td>9</td></tr> <tr><td>Jan-66</td><td>9</td><td>9</td></tr> <tr><td>May-66</td><td>9</td><td>9</td></tr> <tr><td>Sep-66</td><td>9</td><td>9</td></tr> <tr><td>Jan-67</td><td>9</td><td>9</td></tr> <tr><td>May-67</td><td>9</td><td>9</td></tr> <tr><td>Sep-67</td><td>9</td><td>9</td></tr> <tr><td>Jan-68</td><td>9</td><td>9</td></tr> <tr><td>May-68</td><td>9</td><td>9</td></tr> <tr><td>Sep-68</td><td>9</td><td>9</td></tr> <tr><td>Jan-69</td><td>9</td><td>9</td></tr> <tr><td>May-69</td><td>9</td><td>9</td></tr> <tr><td>Sep-69</td><td>9</td><td>9</</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	May-21	4	16	Sep-21	9	9	Jan-22	9	9	May-22	9	9	Sep-22	9	9	Jan-23	9	9	May-23	9	9	Sep-23	9	9	Jan-24	9	9	May-24	9	9	Sep-24	9	9	Jan-25	9	9	May-25	9	9	Sep-25	9	9	Jan-26	9	9	May-26	9	9	Sep-26	9	9	Jan-27	9	9	May-27	9	9	Sep-27	9	9	Jan-28	9	9	May-28	9	9	Sep-28	9	9	Jan-29	9	9	May-29	9	9	Sep-29	9	9	Jan-30	9	9	May-30	9	9	Sep-30	9	9	Jan-31	9	9	May-31	9	9	Sep-31	9	9	Jan-32	9	9	May-32	9	9	Sep-32	9	9	Jan-33	9	9	May-33	9	9	Sep-33	9	9	Jan-34	9	9	May-34	9	9	Sep-34	9	9	Jan-35	9	9	May-35	9	9	Sep-35	9	9	Jan-36	9	9	May-36	9	9	Sep-36	9	9	Jan-37	9	9	May-37	9	9	Sep-37	9	9	Jan-38	9	9	May-38	9	9	Sep-38	9	9	Jan-39	9	9	May-39	9	9	Sep-39	9	9	Jan-40	9	9	May-40	9	9	Sep-40	9	9	Jan-41	9	9	May-41	9	9	Sep-41	9	9	Jan-42	9	9	May-42	9	9	Sep-42	9	9	Jan-43	9	9	May-43	9	9	Sep-43	9	9	Jan-44	9	9	May-44	9	9	Sep-44	9	9	Jan-45	9	9	May-45	9	9	Sep-45	9	9	Jan-46	9	9	May-46	9	9	Sep-46	9	9	Jan-47	9	9	May-47	9	9	Sep-47	9	9	Jan-48	9	9	May-48	9	9	Sep-48	9	9	Jan-49	9	9	May-49	9	9	Sep-49	9	9	Jan-50	9	9	May-50	9	9	Sep-50	9	9	Jan-51	9	9	May-51	9	9	Sep-51	9	9	Jan-52	9	9	May-52	9	9	Sep-52	9	9	Jan-53	9	9	May-53	9	9	Sep-53	9	9	Jan-54	9	9	May-54	9	9	Sep-54	9	9	Jan-55	9	9	May-55	9	9	Sep-55	9	9	Jan-56	9	9	May-56	9	9	Sep-56	9	9	Jan-57	9	9	May-57	9	9	Sep-57	9	9	Jan-58	9	9	May-58	9	9	Sep-58	9	9	Jan-59	9	9	May-59	9	9	Sep-59	9	9	Jan-60	9	9	May-60	9	9	Sep-60	9	9	Jan-61	9	9	May-61	9	9	Sep-61	9	9	Jan-62	9	9	May-62	9	9	Sep-62	9	9	Jan-63	9	9	May-63	9	9	Sep-63	9	9	Jan-64	9	9	May-64	9	9	Sep-64	9	9	Jan-65	9	9	May-65	9	9	Sep-65	9	9	Jan-66	9	9	May-66	9	9	Sep-66	9	9	Jan-67	9	9	May-67	9	9	Sep-67	9	9	Jan-68	9	9	May-68	9	9	Sep-68	9	9	Jan-69	9	9	May-69	9	9	Sep-69	9	9	Jan-70	9	9	May-70	9	9	Sep-70	9	9	Jan-71	9	9	May-71	9	9	Sep-71	9	9	Jan-72	9	9	May-72	9	9	Sep-72	9	9	Jan-73	9	9	May-73	9	9	Sep-73	9	9	Jan-74	9	9	May-74	9	9	Sep-74	9	9	Jan-75	9	9	May-75	9	9	Sep-75	9	9	Jan-76	9	9	May-76	9	9	Sep-76	9	9	Jan-77	9	9	May-77	9	9	Sep-77	9	9	Jan-78	9	9	May-78	9	9	Sep-78	9	9	Jan-79	9	9	May-79	9	9	Sep-79	9	9	Jan-80	9	9	May-80	9	9	Sep-80	9	9	Jan-81	9	9	May-81	9	9	Sep-81	9	9	Jan-82	9	9	May-82	9	9	Sep-82	9	9	Jan-83	9	9	May-83	9	9	Sep-83	9	9	Jan-84	9	9	May-84	9	9	Sep-84	9	9	Jan-85	9	9	May-85	9	9	Sep-85	9	9	Jan-86	9	9	May-86	9	9	Sep-86	9	9	Jan-87	9	9	May-87	9	9	Sep-87	9	9	Jan-88	9	9	May-88	9	9	Sep-88	9	9	Jan-89	9	9	May-89	9	9	Sep-89	9	9	Jan-90	9	9	May-90	9	9	Sep-90	9	9	Jan-91	9	9	May-91	9	9	Sep-91	9	9	Jan-92	9	9	May-92	9	9	Sep-92	9	9	Jan-93	9	9	May-93	9	9	Sep-93	9	9	Jan-94	9	9	May-94	9	9	Sep-94	9	9	Jan-95	9	9	May-95	9	9	Sep-95	9	9	Jan-96	9	9	May-96	9	9	Sep-96	9	9	Jan-97	9	9	May-97	9	9	Sep-97	9	9	Jan-98	9	9	May-98	9	9	Sep-98	9	9	Jan-99	9	9	May-99	9	9	Sep-99	9	9	Jan-00	9	9	May-00	9	9	Sep-00	9	9	Jan-01	9	9	May-01	9	9	Sep-01	9	9	Jan-02	9	9	May-02	9	9	Sep-02	9	9	Jan-03	9	9	May-03	9	9	Sep-03	9	9	Jan-04	9	9	May-04	9	9	Sep-04	9	9	Jan-05	9	9	May-05	9	9	Sep-05	9	9	Jan-06	9	9	May-06	9	9	Sep-06	9	9	Jan-07	9	9	May-07	9	9	Sep-07	9	9	Jan-08	9	9	May-08	9	9	Sep-08	9	9	Jan-09	9	9	May-09	9	9	Sep-09	9	9	Jan-10	9	9	May-10	9	9	Sep-10	9	9	Jan-11	9	9	May-11	9	9	Sep-11	9	9	Jan-12	9	9	May-12	9	9	Sep-12	9	9	Jan-13	9	9	May-13	9	9	Sep-13	9	9	Jan-14	9	9	May-14	9	9	Sep-14	9	9	Jan-15	9	9	May-15	9	9	Sep-15	9	9	Jan-16	9	9	May-16	9	9	Sep-16	9	9	Jan-17	9	9	May-17	9	9	Sep-17	9	9	Jan-18	9	9	May-18	9	9	Sep-18	9	9	Jan-19	9	9	May-19	9	9	Sep-19	9	9	Jan-20	9	9	May-20	9	9	Sep-20	9	9	Jan-21	9	9	May-21	9	9	Sep-21	9	9	Jan-22	9	9	May-22	9	9	Sep-22	9	9	Jan-23	9	9	May-23	9	9	Sep-23	9	9	Jan-24	9	9	May-24	9	9	Sep-24	9	9	Jan-25	9	9	May-25	9	9	Sep-25	9	9	Jan-26	9	9	May-26	9	9	Sep-26	9	9	Jan-27	9	9	May-27	9	9	Sep-27	9	9	Jan-28	9	9	May-28	9	9	Sep-28	9	9	Jan-29	9	9	May-29	9	9	Sep-29	9	9	Jan-30	9	9	May-30	9	9	Sep-30	9	9	Jan-31	9	9	May-31	9	9	Sep-31	9	9	Jan-32	9	9	May-32	9	9	Sep-32	9	9	Jan-33	9	9	May-33	9	9	Sep-33	9	9	Jan-34	9	9	May-34	9	9	Sep-34	9	9	Jan-35	9	9	May-35	9	9	Sep-35	9	9	Jan-36	9	9	May-36	9	9	Sep-36	9	9	Jan-37	9	9	May-37	9	9	Sep-37	9	9	Jan-38	9	9	May-38	9	9	Sep-38	9	9	Jan-39	9	9	May-39	9	9	Sep-39	9	9	Jan-40	9	9	May-40	9	9	Sep-40	9	9	Jan-41	9	9	May-41	9	9	Sep-41	9	9	Jan-42	9	9	May-42	9	9	Sep-42	9	9	Jan-43	9	9	May-43	9	9	Sep-43	9	9	Jan-44	9	9	May-44	9	9	Sep-44	9	9	Jan-45	9	9	May-45	9	9	Sep-45	9	9	Jan-46	9	9	May-46	9	9	Sep-46	9	9	Jan-47	9	9	May-47	9	9	Sep-47	9	9	Jan-48	9	9	May-48	9	9	Sep-48	9	9	Jan-49	9	9	May-49	9	9	Sep-49	9	9	Jan-50	9	9	May-50	9	9	Sep-50	9	9	Jan-51	9	9	May-51	9	9	Sep-51	9	9	Jan-52	9	9	May-52	9	9	Sep-52	9	9	Jan-53	9	9	May-53	9	9	Sep-53	9	9	Jan-54	9	9	May-54	9	9	Sep-54	9	9	Jan-55	9	9	May-55	9	9	Sep-55	9	9	Jan-56	9	9	May-56	9	9	Sep-56	9	9	Jan-57	9	9	May-57	9	9	Sep-57	9	9	Jan-58	9	9	May-58	9	9	Sep-58	9	9	Jan-59	9	9	May-59	9	9	Sep-59	9	9	Jan-60	9	9	May-60	9	9	Sep-60	9	9	Jan-61	9	9	May-61	9	9	Sep-61	9	9	Jan-62	9	9	May-62	9	9	Sep-62	9	9	Jan-63	9	9	May-63	9	9	Sep-63	9	9	Jan-64	9	9	May-64	9	9	Sep-64	9	9	Jan-65	9	9	May-65	9	9	Sep-65	9	9	Jan-66	9	9	May-66	9	9	Sep-66	9	9	Jan-67	9	9	May-67	9	9	Sep-67	9	9	Jan-68	9	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<ul style="list-style-type: none"> Estates Compliance Group and Capital Control Group established 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 	Continue to seek WG Capital pipeline programme funding continuity: seek alternative capital funding opportunities to mitigate funding 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.	AD Estates & Property	In line with Annual Plan for 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 2024 ³
Current Risk Rating	Update including impact of actions to date on current risk score		
4 x 4 = 16	<p>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.</p>		

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: August April 2023

Risk Rating

(likelihood x impact):

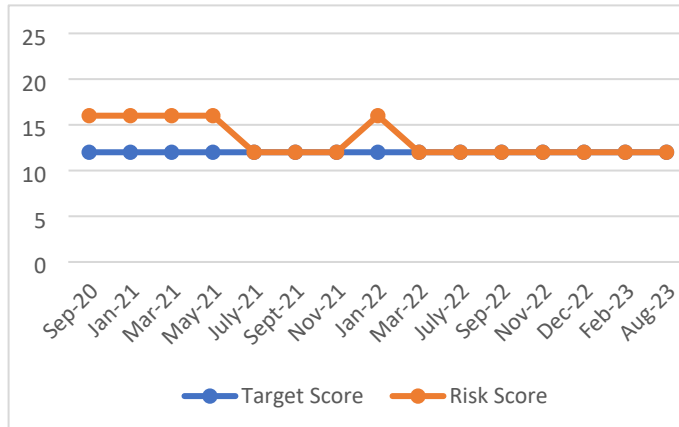
Inherent: 4 x 4 = 16

Current: 3 x 4 = 12

Target: 3 x 4 = 12

Date added to the risk register

February 2020



Rationale for current score:

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.

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. Other winter respiratory viruses such as influenza virus and respiratory syncytial virus (RSV) are co-circulate with Covid-19, and 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.

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. 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

		capacity, and large numbers of staff isolating due to illnesses may impact on some services. From 1 April 2023 WG 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.		
		Impact: 'Major'. COVID-19 presents four harms to the population: - 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; and 4. 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. Commencing Spring (2023) Booster Programme implemented to eligible groups between April - June 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> <p>3. Test, Trace Protect programme transitioned to a Health Protection Service 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 will be focused on those in an outbreak situation and those immunocompromised;		Action	Lead	Deadline
		Delivery of COVID-19 and flu vaccination planning and delivery for 2023/24 in line with WG funding and directives and JCVI guidance	MB/SB	31/03/24
		Continued visits for Care homes for older adults for preparedness support regarding IP&C and training.	NB/CW	31/10/23
		Incorporate learning from surge plan exercise (now complete)	MD/DB	30/06/23
		Review the flu vaccination programme and commence planning for winter 2023/24 with monthly review (now complete)	MB/NB	31/07/23

<ul style="list-style-type: none"> • Contact tracing will only take place during period of escalation and to manage high risk outbreaks; • Care home cell meeting 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 '<i>Together for a Safer Future</i>' transition in line with WG policy decisions and national health protection review.</p> <p>6. Staff IPC measures 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 in line with WG Guidance and under direction of HB Infection Prevention and Advisory Group.</p> <p>9. Surge vaccination plan developed and submitted to WG in January 2023, and exercised tested in March 2023.</p> <p>10. Reviewing vaccination plan (workforce and venues) in line with substantially reduced WG funding for 2023/24 (implemented April 2023).</p> <p>11. Scoping health protection response in line with WG funding and requirements for 2023/24. Significant reduction in funding and local resource available to respond to all health protection 'hazards'.</p> <p>12. Preparing for Autumn/Winter Respiratory viruses and preventative preparedness support offered to care homes for older adults, during August/September 2023, including:</p> <ul style="list-style-type: none"> - delivery of IP&C workbooks. - staff training offered for swab sampling, use of PPE and hand hygiene - sampling processes/pathways - evidence base for vaccinations. <p>13. Updating and commencing implementation of plans for 2023/24 winter respiratory vaccination programme in line with national changes to Covid-19 vaccination planning communicated to Health Boards on 30 August 2023.</p> <p>14. Blended model of delivery for influenza vaccination in place involving GP Practices, Pharmacies, School Nursing Team, Vaccination Service with learning from 2022/23 incorporated into plans.</p>			
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Current Risk Rating	Update including impact of actions to date on current risk score		
3 x 4 = 12			

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AGENDA ITEM: 3.6a

BOARD MEETING		DATE OF MEETING: 27 September 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:

- **RECEIVE** and **NOTE** 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 20 July 2023. The assurance report from that meeting is attached at Appendix 1.

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 has not met since the last meeting of Board. The next meeting is scheduled for 4 October 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 RPB is Chaired by the Vice Chair of the Health Board.

A meeting took place on the 18 September 2023 where the following items were considered:

- Winter / System Resilience Planning update
- Powys RPB Members Charter Action Plan Progress and Next Steps
- RPB Executive Group update
- Powys RPB Strategic Capital Plan

The next meeting is scheduled for 20 November 2023.

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 meeting of Board. The next meeting is scheduled for 25 October 2023.

NEXT STEPS:

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

Mills, Belinda
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AGENDA ITEM: 3.6a

BOARD MEETING		DATE OF MEETING: 27 September 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.	

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- Powys Public Services Board (PSB);
- Regional Partnership Board (RPB);
- Joint Partnership Board (JPB).

RECOMMENDATION(S):

It is recommended that the Board:

- **RECEIVE** and **NOTE** 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 20 July 2023. The assurance report from that meeting is attached at Appendix 1.

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 has not met since the last meeting of Board. The next meeting is scheduled for 4 October 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 RPB is Chaired by the Vice Chair of the Health Board.

A meeting took place on the 18 September 2023 where the following items were considered:

- Winter / System Resilience Planning update
- Powys RPB Members Charter Action Plan Progress and Next Steps
- RPB Executive Group update
- Powys RPB Strategic Capital Plan

The next meeting is scheduled for 20 November 2023.

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 meeting of Board. The next meeting is scheduled for 25 October 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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WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 18 JULY 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 18 July 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 16 May 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. NHSE Funding Growth / Impact on Providers

Members **received** a presentation on the variation in growth and specialised services across the UK.

Members **noted** that work had been undertaken to analyse the variation in growth relating to specialised services across the different NHS sectors. The Joint Committee had requested that the work be undertaken to gain a benchmark of how Welsh services performed in comparison with those in England, Scotland and Northern Ireland.

Members **noted** the presentation.

4. Chair's Report

Members received the Chair's Report and **noted**:

- **Chair's Action** - The Chair's Action taken on 14 June 2023 to appoint Carolyn Donoghue, Independent Member (IM) at CTMUHB, as a WHSSC IM for an initial term of 2 years from 1 July 2023 until 30 June 2025, in accordance with the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the WHSSC Standing Orders (SOs); and
- **Key meetings attended**

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Members (1) **Noted** the report; and (2) **Ratified** the Chair's action taken on 14 June 2023 to appoint Carolyn Donoghue, Independent Member (IM) at CTMUHB, as a WHSSC IM for an initial 2 year term from 1 July 2023 until 30 June 2025.

5. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates:

- **Hosting Agreement with CTMUHB – Statutory Duty of Candour and the Duty of Quality** - Cwm Taf Morgannwg (CTMUHB), acting as Host Health Board (HB), requires WHSSC to use its reasonable endeavours to comply with this legislation in its activities where appropriate. WHSSC have written to CTMUHB to confirm we are aware of our duties and to advise that we will report on compliance with the duties within the Annual Governance Statement (AGS),
- **Memorandum of Understanding (MoU) with BCUHB** - WHSSC and Betsi Cadwaladr UHB (BCUHB) have developed a joint Memorandum of Understanding (MoU) to set out the arrangements for the management of contracts and commissioning for the population of North Wales from English providers. The MoU clearly describes the arrangements and responsibilities if a serious quality concern or risk materialises. The MoU has been signed by both parties and is operational with immediate effect,
- **Requests for WHSSC to Commission New Services – WHSSC has received requests to commission new services for NHS Wales**
 - Sacral Nerve Stimulation (SNS) for faecal incontinence in South Wales; and
 - Neurophysiology

The workload associated with the adoption of new services during 2023-24 will be absorbed into the existing WHSSC Team capacity. A review of the longer-term workload impact, including the potential commissioning of Hepato-Pancreato- biliary (HPB) Surgery Services will be undertaken and will inform the 2024-25 ICP,

- **Fertility Update - WHSSC Policy development: - CP37 Pre-implantation Genetic Testing-Monogenic Disorders, Commissioning Policy - CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning Policy** - The WHSSC team have been in discussion with Llais, regarding issues raised during the stakeholder engagement exercise on the above policies. In response to feedback, WHSSC will revise its Policy for Policies, and a paper describing the proposed approach is on the agenda for the July JC meeting. There is ongoing dialogue regarding the individual policies (CP37 and CP38) and a key issue to be resolved is the sequencing on any requirement for public consultation for policies, deemed to represent a significant service change which may have a budget impact, and therefore, require

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incorporation into the WHSSC prioritisation and ICP approval processes.

- **Neonatal Cot Configuration Project** - At the March 2023 meeting the JC requested that the WHSSC Director of Planning sought advice from the NHS Wales Directors of Planning (DoPs) Executive Peer Group on the best approach to the strategic planning for the second phase of the neonatal cot review, to ensure that the review fully addresses the interdependencies with non-WHSSC commissioned services such as maternity, and the Clinical Services Plans of Health Boards (HBs). A positive discussion was held with the DoPs in May where it was agreed that WHSSC should lead this planning, and that the DoPs should be involved in the design of Phase 2. This has been followed up with a factual briefing to the DoPs on Phase 1.

Members **noted** the report.

6. Future Commissioning of the Wales Neurophysiology Service

Members received a report outlining the process and timeline of the work that will be undertaken for WHSSC to return to commissioning Neurophysiology services in Wales.

Members noted that the NHS Wales Health Collaborative Executive Group (CEG) has formally requested that WHSSC return to commissioning Neurophysiology services in Wales.

Members (1) **Noted** the report, (2) **Approved** the request for WHSSC to return to commissioning neurophysiology services from April 2024 onwards; and (3) **Supported** the proposed next steps and the work that will be undertaken to take this forward.

7. Sacral Nerve Stimulation (SNS) for Faecal and Urinary Incontinence in South Wales

Members received a report outlining the process and timeline of the work for WHSSC to take on the commissioning of Sacral Nerve Stimulation (SNS) for faecal incontinence and urinary incontinence in South Wales,

Members noted that the NHS Wales Health Collaborative Executive Group (CEG) has formally requested that WHSSC take on the commissioning of Sacral Nerve Stimulation (SNS) for faecal incontinence and urinary incontinence in South Wales.

Members (1) **Noted** the report, (2) **Approved** the request for WHSSC to commission Sacral Nerve Stimulation (SNS); and (3) **Support** the proposed process and timeline of the work that will be undertaken to take this forward.

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8. Update on Welsh Kidney Network (WKN) Governance Review

Members received a report presenting an update on the Welsh Kidney Network (WKN) Governance Review.

Members **noted** the update on the Welsh Kidney Network (WKN) governance review.

9. WHSSC Policy for Policies Review

Members received a report which considered the implications of issues raised during the WHSSC stakeholder consultation on Clinical Commissioning Policies CP37 (Pre-implantation Genetic Testing) and CP38 (Specialist Fertility Services: Assisted Reproductive Medicine) in relation to the WHSSC 'Policy for Policies' and wider policy development in NHS Wales.

Members (1) **Noted** the report; and (2) **Supported** the proposed next steps.

10. IPFR Engagement Update – All Wales Policy

A recommendation was made and approved that this item not be discussed.

11. Appointment Process for the Individual Patient Funding Request (IPFR) Panel

A recommendation was made and approved that this item not be discussed.

12. Corporate Risk Assurance Framework (CRAF)

Members received a report presenting WHSSC's updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers.

Members noted that as at 30 June 2023 there were 17 risks on the CRAF, 13 commissioning risks and 4 organisational risks.

Members (1) **Noted** the updated Corporate Risk Assurance Framework (CRAF) and changes to the risks outlined in this report as at 30 June 2023, (2) **Approved** the CRAF as at 30 June 2023, (3) **Noted** that the CRAF is presented to each Integrated Governance Committee, Quality & Patient Safety Committee, CTMUHB Audit & Risk Committee and the Risk Scrutiny Group (RSG) meetings; and (4) **Noted** that a desktop Risk Benchmarking exercise has been undertaken and the results were considered at the Integrated Governance Committee (IGC) meeting on 13 June 2023.

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13. Annual Committee Effectiveness Self-Assessment Results 2022-2023

Members received a report presenting an update to the Joint Committee on the actions from the annual Committee Effectiveness Self-Assessment undertaken in 2021-2022 and to present the results of the annual committee effectiveness self-assessment 2022-2023.

Members **(1) Noted** the completed actions made against the Annual Committee Effectiveness Survey 2021-2022 action plan, **(2) Noted** the results from the Annual Committee Effectiveness Survey for 2022-2023, **(3) Noted** that an update on the survey findings was presented to the Integrated Governance Committee (IGC) Committee on the 13 June 2023, **(4) Noted** that the feedback will contribute to the development of a Joint Committee Development plan to map out a forward plan of development activities for the Joint Committee and its sub committees for 2023-2024; and **(5) Noted** the additional sources of assurance considered to obtain a broad view of the Committee's effectiveness.

14. WHSSC Annual Report 2022-2023

Members noted that the document will be sent to all members via email after the meeting for comment and subject to any further amendments for virtual approval. The document will be brought back to the September meeting under the corporate governance report to confirm approval.

Members **noted** the verbal update.

15. Declarations of Interest, Gifts, Hospitality and Sponsorship 2022-2023

Members received a report presenting an update on detail of the Declarations of Interest (DOI), Gifts, Hospitality and Sponsorship activities for the financial year 2022-2023.

Members (1) Noted the Declarations of Interest Register for 2022-2023, **(2) Noted** the Gifts, Hospitality and Sponsorship register for 2022-2023, **(3) Noted** that the Registers were presented and discussed at the Integrated Governance Committee meeting on 13 June 2023; and **(4) Received assurance** regarding the WHSSC Declarations of Interest (DOI), Gifts, Hospitality and Sponsorship process.

16. Performance & Activity Report Month 1 2023-2024

Members received a report providing a summary of the performance of WHSSC's commissioned services. Further detail including splits by resident Health Board (HB) was provided in an accompanying Power BI Dashboard report.

Members **noted** the report.

17. Financial Performance Report – Month 2 2023-2024

Members received the financial performance report setting out the financial position for WHSSC for month 2 2023-2024. The financial

position was reported against the 2023-2024 baselines following approval of the 2023-2026 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2023.

The year to date financial position reported at Month 2 for WHSSC an underspend of (£0.021m) and a break even forecast year-end position.

Members **noted** the contents of the report including the year to date financial position and forecast year-end position.

18. Financial Assurance Report

Members received a verbal update advising that the report would be discussed in the in committee session.

Members **noted** the verbal update.

19. South Wales Neonatal Transport Delivery Assurance Group Update Report

Members received a report providing a summary of the South Wales Neonatal Transport Delivery Assurance Group (DAG) Annual Report for 1 April 2022 – 31 March 2023.

Members (1) **Noted** the report; and (2) **Received assurance** that the Neonatal Transport service delivery and outcomes were being scrutinised by the Delivery Assurance Group (DAG).

20. Major Trauma Network Delivery Assurance Group Quarter 4 Update Report

Members received a report providing a summary of the Quarter 4 2022-23 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).

Members **noted** the South Wales Major Trauma Network (SMMTN) Delivery Assurance Group (DAG) Report.

21. All Wales PET Programme Progress Report

Members receive a report providing an update on the progress made by the All Wales Positron Emission Tomography (PET) Programme.

Members **noted** the progress made by the All Wales Positron Emission Tomography (PET) Programme and its associate projects and workstreams. The risk related to the availability of capital funding was noted.

22. Efficiency and Recommissioning Programme Update

Members received a report providing an update on the Efficiency and Recommissioning programme enabled to realise the 1% savings requested by Joint Committee when signing off the 2023-24 Integrated Commissioning Plan (ICP).

Members **noted** the report and the progress made.

23. 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.

24. 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).

25. Any Other Business

- **Retirement of WHSSC Director of Finance** – members noted that it was Stuart Davies' last Joint Committee meeting following announcing his retirement. Members thanked him for his stalwart contribution and commitment to developing specialised commissioning in Wales and wished him every success in future.



Tim Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team



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RESPECT



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WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) EXTRAORDINARY JOINT COMMITTEE MEETING BRIEFING – 1 AUGUST 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 1 August 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 \(nhs.wales\)](https://www.nhs.uk/whscc/2023/2024-Joint-Committee-Welsh-Health-Specialised-Services-Committee)

1. All Wales Individual Patient Funding Request (IPFR) Panel Chair Recruitment

Members received a report providing a proposal regarding the recruitment of a WHSSC IPFR Panel Chair in line with the WHSSC IPFR Panel Terms of Reference (ToR) agreed in March 2023.

Following discussion they supported the recommendations outlined within the report.

Members (1) **Noted** the rationale for the eligibility requirements of the role of WHSSC IPFR Panel Chair contained within the ToR agreed in March 2023, (2) **Noted** that the current Chair will no longer be eligible for the role in September 2023 and the urgent need to proceed with a recruitment process, (3) **Supported** WHSSC to take forward the urgent recruitment of an IPFR Panel Chair; and (4) **Approved** the associated remuneration package for both the Chair and Lay Members.



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	18 July 2023

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: <https://easc.nhs.wales/the-committee/meetings-and-papers/july-2023/>

- The minutes of the EASC meeting held on 16 May 2023 were approved.

PERFORMANCE REPORT

The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan. In presenting the report, Ross Whitehead highlighted a number of key areas.

Members noted that:

- The latest Ambulance Service Indicators (ASIs) <https://easc.nhs.wales/asi/> would be published on Thursday 20 July, reporting the June position
- 999 call volumes were 8% lower than in May 2022
- 4% reduction in incidents
- Hear and treat rates continued to improve
- See and treat rate back to the historical norm
- Improvements in response times – all on an improving trajectory as well as for those patients waiting the longest in the red and amber categories, although there was still a long way to go before the performance would be considered satisfactory (but in the right direction)
- An increase in the number of patients conveyed to hospital compared to the same period last year – this needed to be analysed further and would be presented to the EASC Management Group
- Improvement in handover delays and the number of patient waiting over 4 hours has reduced, in some areas this has been eradicated while others, though showing signs of improvement, required continued attention
- EASC Action Plan was being updated and, although it was no longer required to be submitted monthly, would be used at the Integrated Quality, Planning and Delivery meetings with Welsh Government.

Discussion took place and Members raised the issue of variation both across Wales but also within health boards. Members welcomed the dashboard approach in providing clarity and sought assurance that the data was being validated, particularly in relation to red release. Members noted that the weekly dashboard was constantly under review and enhancements would continue where members identified additional requirements.

Members discussed the impact of reducing handover delays and the expectation that this would affect performance although this had not yet been seen with performance in red consistently at the mid 50% level.

Jason Killens was asked to forecast where and when improvements would be seen and whether the assumptions made in the IMTP would be realised. Further discussion took place in relation to variation and Members noted good performance improvement in some areas whereas others were stubbornly at unacceptable levels. Further improvements were anticipated with the roll out of the Cymru High Acuity Response Units (CHARUs) and the improved utilisation of the ambulance fleet.

Stephen Harrhy raised the role of the Community First Responders, particularly in rural areas and also the variation in conveyance rates across health boards which would be important areas for the deployment of Advanced Paramedic Practitioners (APPs) in trying to avoid conveyance. Jason Killens explained that additional CFRs had been recruited & trained.

It was agreed that additional work would be required to retrospectively analyse the data from the electronic patient clinical record (ePCR) and other sources to correctly categorise the work; this would be included in the next report and would have the alternative services identified.

Members noted:

- Modelling suggested 4% of WAST activity could be dealt with in the Same Day Emergency Care (SDEC) units; this was currently at 0.2%
- The aim to make more use of video consultation, and to use to best effect
- The development of directories of services in health boards and the importance of ensuring access for WAST staff
- For lower acuity chest pain patients and some care homes analyse the data for potential opportunities to create services and track through actions (real time access)
- The importance of driving out variation in an environment of improving performance.

The version of data presented to the Committee was raised in view of the requirement for StatsWales to publish the Ambulance Service Indicators before any publication of the information. Ross Whitehead explained that ongoing meetings were taking place with the aim to resolve the issue and be agile as commissioners of the ambulance service. The aim would be to try and make progress in some areas with a view to ensuring the Committee had the most current information. Members noted that the Office of National Statistics (ONS) had been tasked to produce cross UK measures for health, which in view of the four different operating models was a complex request.

QUALITY AND SAFETY REPORT

The Quality and Safety Report was received.

In presenting the report, Ross Whitehead highlighted the presentation of the revised quality report in light of the requirements of the Duty of Candour and Duty of Quality.

Noted that:

- 25 ongoing investigations under the Joint Framework in May
- Work continuing to identify key themes in meetings with WAST and health boards

- The Welsh Risk Pool were supporting the work and seeking improvement opportunities for the tracking and reporting of joint investigations
- Reduction in the number of patients waiting over 12 hours in the community, although still a large number, the trajectory was one of improvement
- Improvement in the compliance of the clinical indicators within the Ambulance Service Indicators
- A technical error had been identified within the STEMI bundle and this would be rectified back to June 2020
- The published levels for the return of spontaneous circulation (ROSC) was 20% (the highest level achieved)
- The latest information was not available in respect of patients arriving as 'walk ins' but in the triage category one. This would be rectified as it was agreed this was an important metric for patient safety. Joint work was underway with the NHS Wales Delivery Unit (NHS Executive) to analyse those self-presenting and included stroke patients (high level of patients presenting at emergency departments).

Members responded asking about:

- learning from the North East Ambulance Service review and the potential to undertake a gap analysis to secure any insight or learning – noted that the EASC Team currently analysing the review and would report to EASC Management Group on any findings
- other reviews of ambulance services and noted that the EASC Team constantly scan for any ambulance service reviews and consider any learning. This would again be reported initially via EASC Management Group. Jason Killens also confirmed that WAST routinely undertake a gap analysis approach to any significant report on ambulance services.

EASC COMMISSIONING UPDATE

The EASC Commissioning Update Report was received. This included:

- Integrated Medium Term Plan 2023-26
- Current EASC Integrated Medium Term Plan (IMTP) Tracker
- Non-Emergency Patient Transport Services (NEPTS) Strategic Direction
- Integrated Commissioning Action Plans (ICAPs)

Members noted that:

- Work had commenced on reviewing the Non-Emergency Patient Transport Services Commissioning Framework as per the agreed commissioning cycle
- The work to develop a longer-term strategy for NEPTS following the completion of the business case and adapting to the ongoing changes within the service. The final report would be presented at a future meeting
- In relation to the EASC IMTP Tracker some of the performance ambitions had been achieved including:
 - longest red – 95th percentile 30 minutes by the end of Quarter 1 – this had been achieved and it was suggested to review Quarter 2 ambition to <18 minutes
 - longest amber – 95th percentile 8 hours by the end of Quarter 1; this had been achieved and suggested revising the Quarter 2 ambition to 4.5 hours and Quarter 3 to 3.5 hours.

Agreed to: Revise the performance ambitions as outlined above

FOCUS ON – EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS) SERVICE REVIEW

Stephen Harray gave an overview of the work to date and introduced Lee Leyshon, Deputy Director of Communications and Engagement to deliver the presentation on the emerging themes.

Noted:

- Discussed the factors for developing options for the service and the weightings as previously used for EMRTS developments
- In relation to the EMRT Service:
 - General support and appreciation
 - Local bases mean local services for the people who live near
 - Some consider it a 'fast ambulance'
 - Understanding of a problem to fix
 - Important about effectiveness of working with other services and agencies
 - Implications for hours of operation, for air and road, with staffing implication
 - The small mutual aid implications
- In terms of wider issues and the original service development proposal:
 - Another rural loss – like banks, dentists, GP practices, post offices etc
 - Lack of understanding of 'unmet need'
 - The rationale for the original base locations; the coastal locations and the importance of rapid response vehicles RRVs
 - That the critical care staff would want to treat as many patients as possible
 - The impact of the weather on services
- In reference to the Wales Air Ambulance Charity:
 - Potential reputational damage with a risk to funding
 - Perception of cost saving
 - Accepted the findings of the original Service Development Review
- For rural and coastal areas the following issues were regularly raised:
 - Remote and lone working in high risk occupations
 - Seasonal population variations
 - Impact of rural geography, road infrastructure and topography
 - Mobile phone coverage
 - Patient road transfer experiences and outcomes
 - Impact of climate change affecting access
- Public perception that services prioritised in urban areas when using services per head of population and the respective needs were different in rural and urban areas
- Response times was a major concern, of increased response times, losing the 'golden hour' and the impact of adverse weather. The proximity to emergency department in urban areas was raised regularly
- Data was an area of focus regularly raised in sessions including:
 - The initial data period involving the Covid period
 - The significance of the average response times
 - Using historical and forecasting data
 - Seasonal and population variation and projected demographics for rural areas
 - Understanding the under-utilisation data
- In terms of the factors and weightings:
 - Regular questions related to cost saving perception
 - Cross over between the factors suggested

- Importance of defining the factors
- That clinical skills and sustainability needed a higher score and a reduction to the value for money weighting.
- With regard to the engagement process:
 - Understood a complex matter
 - Questionnaire available at all sessions and online
 - Increased and regular communications
 - Commissioner trusted and the public confidence in the approach
 - Responses received included 'balanced, fair, comprehensive and diligent'; not a 'fait accompli'
- Suggestions received included:
 - Same bases different hours; all bases 24/7; base investments; all 4 into one base
 - Variations on the issues above with RRV usage
 - Make either (or both) Welshpool and Caernarfon 24/7 instead of Cardiff
 - More RRVs to be available
 - Move the South Wales bases
 - That WAST provide similar critical care skilled staff
 - Make more incremental changes from aviation contract
 - Opportunities to work with Fire and Rescue
- Broader system issues included appreciation of the scale and landscape, the vulnerabilities and the context of other services
- Concerns about WAST in out of area; handover delays, triaging of 999 calls and recruitment of staff
- For health boards – primary and secondary care in terms of loss of access to services; sustainability of services (local) and how people can have a say (want to be involved)
- For public services – need to be more integrated; recognise local service loss and its impact; involve the local populations more and more raise more awareness
- For policy and decision makers – understand the current pressures; reliance on charitable donations; road infrastructure important and involving the public in decision making.

Members raised the following:

- Thanked the CASC and the EASC Team for their thorough exemplar process; lots of learning for the system on the strength of the approach
- The timescales for the independent analysis, keen to ensure the collective perspective considered
- Sharing the data, modelling and information received from the engagement process
- The importance of the next phase.

Stephen Harrhy explained the next phase of work in terms of sharing data, learning from the approach and responding to the concerns by formally reporting at the next meeting to provide the facts for the Committee to consider. Further modelling would be available for members to scrutinise at the next meeting.

Members noted that there was a strength of feeling in the locality of the Welshpool and Caernarfon bases in their desire to maintain the status quo.

Areas for further consideration would include:

- Making the best use of resources (mindful of the very different levels of utilisation of the current service)
- Whether the EMRT Service is too specialised and what opportunities could exist for different patient groups
- How rural areas receive health care and the issues with time sensitive requirements

- The options for a new base and whether this could be delivered by the Charity in terms of infrastructure – some assurance for the next phase
- Adapting the approach in light of the comments received and amending the weightings on clinical skills and value for money
- Options for closer working between WAST and EMRTS
- The wider picture – local areas primarily mentioned bases; Stakeholder Reference Groups across health board areas did not have major concerns if the service would be improved for all of the population, and in particular providing more ability to deliver to patients in the unmet need category.

Stephen Harrhy explained that further work was required in order to make a recommendation to Members and that Members in turn would make a fully informed decision no earlier than the meeting in November. Members noted the risk of reputational damage to the Charity and the potential impact on donations. Members agreed the importance of making the best use of the commissioning allocation for EMRTS and WAST.

A factual report including data and the independent analysis of the responses received would be provided at the September meeting.

It was reiterated that it was too early to make a recommendation to EASC and **no decision had been made.**

UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW

The update report on the EMRTS Service Review was received. Lee Leyshon presented the report and gave an overview of work to date in the phased approach.

Noted:

- Suggestions to slightly amend the weightings
- Plans for next report at the September meeting
- Continuation of the approach including planning of Phase 2 and maintaining work with the All Wales Communications and Engagement leads in health boards and trusts; and planning & informatics colleagues.

WELSH AMBULANCE SERVICES NHS TRUST REPORTS

The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received. In presenting the report, Jason Killens highlighted:

- The use of the Clinical Safety Plan - WAST were at escalation level 2 (4 is the maximum) and in May 2023, WAST spent 1% of the time at Clinical Safety Plan (CSP) level 3b (the third highest level). The levels of escalation and CSP were significantly lower than those seen in the depths of winter, which was reflected in the lower levels of patient cancellations and "no sends"
- Red Performance and the continued roll out of the Cymru High Acuity Resource Units (CHARU), about half had been commenced and more staff are being recruited, trained and deployed with an aim to build on the roster rota work and ensure the right fleet mix across Wales. This would improve red performance and the already seen increase in the return of spontaneous circulation (ROSC) rate.

- Ambulance production levels against the plan for the latest four months at 97% against the ambition of 95%
- The progress made by health boards in reducing handover delays at emergency departments and the consequential impact on the ambulance service
- The numbers of patients conveyed at 41% into EDs in May 2023 (27% in December 2022, with the Clinical Safety Plan affecting this)
- The Non-Emergency Patient Transport Services (NEPTS) and meeting the targets for kidney patients in arriving within 30 minutes of the appointment time (performance at 75% to the target of 70%). Also, an amendment had been made for the service provided to oncology patients moving from -30/+30mins to -45/+15mins to provide a better service for this group of patients
- The first meeting of the Strategic Demand and Capacity Review had taken place at WAST with the aim of making the best use of resources available and continuing the approach.

Stephen Harrhy raised the issue of **red release** and confirmed the ongoing work to study the impact of the immediate release on the service provided. This would include validating the data before this was shared in the public domain, although it was acknowledged that this would potentially lead to a short time lag as this was a manual process. The work to develop confidence in the information included the health board Chief Operating Officers and their teams who receive the unvalidated report and therefore can challenge the data with respect to their areas. Further updates would be provided as the work progresses.

CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

The Chief Ambulance Services Commissioner's Update Report was received. In presenting the report, Stephen Harrhy highlighted key areas which included:

- Six Goals for Urgent and Emergency Care Programme (latest highlight report shared) work continuing to deliver Goal 4 and locally based work captured through the Integrated Commissioning Action Plan (ICAP) meetings.
 - A new clinical lead, Dr Tim Rogerson, had been appointed by the Six Goals for Urgent and Emergency Care Programme. Collaborative work had started on what a good emergency department would look like and a clinical event had been planned.
 - Specific work was planned in Swansea Bay and Betsi Cadwaladr UHBs to pilot an approach undertaken in Bristol 'the continuous flow work' as well as learning the system lessons from the experience in Cardiff & Vale and more recently Cwm Taf Morgannwg UHBs.
- Connected Support Cymru (previously known as Night Sitting Service) An update report would be provided on progress at the next meeting
- Data linking – the plan to hold a workshop was still in place although it was not yet scheduled as further steps were required to ensure all information sources would be available and reliable. At that stage, a workshop would be held with all relevant health boards, WAST and Digital Health and Care Wales (DHCW) staff. Members noted that DHCW had also been commissioned by Welsh Government to develop an urgent and emergency care dashboard
- Health Education and Improvement Wales (HEIW) – Education commissioning of Paramedics and Advanced Paramedic Practitioners (APPs). Positive conversations had taken place with the EASC Team and it was suggested and agreed that Alex Howells, CEO of HEIW would be invited to periodically attend the Committee

meeting. Members suggested the importance of the timescales for this work to meet academic timetables.

EASC FINANCIAL PERFORMANCE REPORT MONTH 12 2022/23

The EASC Financial Performance Report at month 3 in 2023/24 was received. There were no variances to report on the financial position given the very early point in the financial year.

SUMMARY OF THE EASC MANAGEMENT GROUP MEETING HELD ON 22 JUNE 2023

The first summary from a meeting of the EASC Management Group was received. The aim of the report was to ensure consistency of issues identified at the ongoing meetings.

Members noted:

- Ongoing discussions on a health board by health board basis re operational matters of WAST staff undertaking supporting duties within EDs to help flow and get the balance right
- Work to ensure the consistency of data, especially in relation to immediate release.

EASC SUB-GROUPS CONFIRMED MINUTES

Approved:

- EASC Management Group 20 April 2023
- Non-Emergency Patient Transport Services Delivery Assurance Group notes 13 April 2023
- Emergency Medical Retrieval and Transfer Service Delivery Assurance Group 6 March 2023

EASC GOVERNANCE

The report on EASC Governance was received which included the:

- EASC Risk Register and suggested approach to risk appetite
- EASC Assurance Framework
- EASC Key Organisational Contacts
- Welsh Language Commissioner – Final Report and Decision Notice
- Letter to host in relation to the statutory Duty of Quality and Candour.

Noted that:

- The Risk Register had five red risks in total, three scoring the highest level at 25.
- The EASC Assurance Framework had been updated in line with the changes above to the risk register
- The latest EASC Key Organisational Contacts report was presented and Members asked to review their organisational representatives at EASC and its sub groups
- The Welsh Language Commissioner – Final Report and Decision Notice and ongoing work
- Letter to host in relation to the statutory Duty of Quality and Candour - Stephen Harhy had signed on behalf of the Committee to confirm that EASC would use reasonable endeavours to comply with the legislation and activities where appropriate and cooperate and provide any necessary data and/or information it requires, as Host Health Board to discharge its duties under the Health and Social Care (Quality and Engagement) (Wales) Act.

A formal report on the EASC compliance would be included in next year's Annual Governance Statement (Added to Action Log).

Members **agreed** to the use of **CTMUHBs Risk Appetite Statement** for commissioning risks until arrangements could be developed for the new Joint Committee.

FORWARD LOOK AND ANNUAL BUSINESS PLAN

The Forward Look and Annual Business Plan was received and approved.

Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories) and the impact on services provided to HB local communities and to WAST
- The ongoing formal engagement process for the EMRTS Service Review, further meetings planned for later in the year

Matters requiring Board level consideration

- Opportunity for health boards to take part in the public engagement process related to the potential changes to EMRTS Cymru working in partnership with the Wales Air Ambulance Charity.
- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours – especially in relation to the quality of services patients receive

Forward Work Programme and Annual Business Plan

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	19 September 2023			

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rhanbarth powys region

Report:	Regional Directors Report
Period Covered:	18th July 2023 – 20th September 2023
Author:	Katie Blackburn
Status:	For Information
Date:	25th June 2023

Health and Social Care Advocacy Team Update

Open Concerns 12/9/23	39
New Concerns 1/4/23-12/9/23	38
Closed Concerns 1/4/23-12/9/23	44

Open Enquiries 12/9/23	1
New Enquiries 1/4/23-12/9/23	24
Closed Enquiries 1/4/23-12/9/23	25

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Who we've met and listened to.....

Date	Activity
24-27 July	Stand at Royal Welsh Show (national event)
3 August	Engagement at The Arches, Rhayader
3 August	Meeting - SATH Hospital Transformation Programme Planning Focus Group
4 August	Meeting - SATH Stakeholder Meeting re. Fetal Medicine Service Change
5 August	Engagement at Brecon Show
10 August	Engagement at Guilsfield Show
19 August	Engagement at Newtown Kindness Festival
22 August	Engagement at Llandrindod Wells Food Bank
26 August	Engagement at Knighton Show & Carnival
2 September	Sennybridge Show
5 September	Meeting - PAVO Machynlleth Community Workers Network
6 September	Engagement Day in Ystradgynlais <ul style="list-style-type: none"> ▪ The Hub at Abercrave Post Office & Café ▪ Community Coffee Morning in Coelbren Welfare Hall

	<ul style="list-style-type: none"> ▪ Cymru versus Arthritis Support Group at Cwmtwrch Miners' Welfare Hall
7 September	Meeting – Powys Mental Health Partnership Board Engage to Change Sub-Group
12 September	Engagement Day in Ystradgynlais <ul style="list-style-type: none"> ▪ Ystradgynlais Welfare Hall
15 September	Engagement Day in Ystradgynlais <ul style="list-style-type: none"> ▪ Ystradgynlais Volunteer Centre ▪ Ystradgynlais Hospital
18 September	Meeting - Powys RPB Engagement & Insight Network
19 September	Junior & Young Adults Start Well Board
20 September	Introductory Meeting with new PAVO Health Promotion Facilitator

What we've heard.....key themes:

Engaged with approx. 750 people in total.

Raising awareness of the organisation, handing out flyers, encouraging people to complete the general survey online or paper copy.

We found people were coming up to us, interested to find out who we are – the name is attracting attention.

Lots of people commenting that they think it is good to have an organisation working in this way.

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Key Themes – NHS:

- Still hearing many comments about people's frustration with access to GP services – difficult to get through on the phone, having to explain to receptionist why they want an appointment, not being able to have appointment with GP, nurses seem to be doing all the work, length of wait for appointments even if telephone appointment, unable to get face-to-face appointment, not enough GPs, not knowing what GPs are actually doing, apparent lack of caring attitude.
- Countering that, we did hear from some people who were happy with service they had received, especially people who had been seen for urgent appointments. They had not expected to get appointment so quickly and were happy to be seen in person.
- Many comments about lack of NHS dentists, having to go private, having to travel out of county to a dentist, not being able to afford private treatment, needing treatment but not able to get an appointment, getting knocked off dentist list because they had not been to an appointment in 3 years (when the reasons for not attending the dentist were COVID related and dentists cancelling appointments).
- Length of waiting times for surgery – we heard from people who had paid privately to have their hip/knee surgery.
- Waiting times for ADHD or Autism diagnosis.
- We heard positive comments about cancer care and treatment from a number of people, about different cancer services.
- Too many managers and not enough staff on the ground.
- People commented on the closure of the ward at Knighton Hospital and the need for it to be re-opened. They did not feel that the Health Board had done enough to recruit the right staff to be able to re-open it. They had not realised that some beds have been opened as a step-down facility between DGH and home, with joint working between Health Board and Social Services. Pleased to hear this but still a need for the palliative care beds to be opened.

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- Someone whose child had a recent diagnosis of Tourettes Syndrome said that they were having difficulty finding support locally or in Wales. They wanted advice on how/what to talk to school about the diagnosis.
- We heard from people who did not understand why they were being sent to a DGH further away for appointments rather than their nearest DGH.

Key Themes – Social Care:

- Lack of carers – for individuals in their homes and also in residential homes. We had comments about people not being able to be discharged from hospital because care package not in place. We heard from people who were trying to get carers but not been able to find any, even if they were willing to pay a private carer.
- A question was raised about the micro business carers scheme – has this been successful in Powys?
- We heard from people working in care services, who talked about difficulty recruiting and retaining carers. Some spoke about the poor pay and conditions for carers and about lack of travel expenses paid.
- Social Services do not carry out promised follow-up action eg they say they will call back once they have spoken to someone, but they don't call back.
- Concerns that people are placed in a particular property in Knighton by the County Council, but not provided with the level of support they need (eg people with drug or alcohol dependency, people with mental health conditions).
- Unclear what the system should be for a young person transitioning from children's services to adult services, eg someone with learning disabilities.

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Reports – “What we’ve heard...”

- Brecon Show
- Guildsfield Show
- Knighton Show
- Sennybridge Show*
- Newtown Kindness Festival
- Gypsy Traveller site visit
- Welshpool - focused engagement
- Ystradgynlais – focused engagement*

Forward Planning/ Engagement Plan (October - December 2023)

33 events planned – including a two week focused engagement in Builth Wells in November

Katie Blackburn

Regional Director – Llais Powys

20 September 2023

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Board 2023-24					
Theme	Item Title	27/09/2023	29/11/2023	31/01/2024	20/03/2024
Governance	Minutes of previous meeting	✓	✓	✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓
Listening and Learning	Patient Experience Story	✓	✓	✓	✓
Listening and Learning	Staff Experience Story	✓	✓	✓	✓
Governance	Update from Chair	✓	✓	✓	✓
Governance	Update from Vice-Chair	✓	✓	✓	✓
Governance	Update from Chief Executive	✓	✓	✓	✓
Governance	Assurance Reports of Board Committees	✓	✓	✓	✓
Governance	Minutes of previous meeting	✓	✓	✓	✓
Governance	Board Action Log	✓	✓	✓	✓
Risk	Corporate Risk Register	✓	✓	✓	✓
Risk	Risk Appetite		✓		
Risk	Review of Risk Management arrangements			✓	
Governance	Assurance Reports of Board Partnership Arrangements	✓	✓	✓	✓
Governance	Assurance Reports of Joint Committees	✓	✓	✓	✓
Governance	Assurance Report of Local Partnership Forum		✓	✓	✓
Governance	Committee Terms of Reference			✓	
Governance	Committee Work Plans				
Governance	Board Work Programme	✓			
Governance	Standing Orders			✓	
Governance	Standing Orders re Capital authorisations		✓		
Governance	Scheme of Delegation				
Governance	Common Seal				
Governance	Committee Membership				
Governance	Annual Assessment of Committee and Board Effectiveness	✓			
Governance	Committee Annual Reports				✓
Governance	WHSSC Standing Orders				
Governance	Socio-economic duty assurance report				✓
Governance	Register of Interests			✓	
Governance	Speaking Up Safely and Raising Concerns Report		✓		
Governance	Structured Assessment			✓	
Primary Care	Belmont Branch Surgery Application for closure				
Planning	Integrated Plan 2023-24 Supplementary Submission				

Planning	IMTP Approach to development	☒	✓		
Planning	IMTP Draft Plan		✓	✓	
Planning	Integrated Plan 2024-25				✓
Planning & Finance	Annual Delivery Plan 2023-24 including budget allocation and framework				✓
Planning	Primary Care Cluster Planning Reporting against	☒	✓		
Planning	Winter Planning/Resilience	☒	✓		
Partnerships	RPB Delivery Plan	☒	✓		
Partnerships	RPB Delivery (6 monthly)	☒	✓		✓
Partnerships	PSB Wellbeing Plan (Future Generations Act)				
Partnerships	Partnership Governance Framework		✓		
Population Health	Annual Report of Director of Public Health				✓
Performance	Integrated Performance Report	✓	✓	✓	✓
Performance	Integrated Quality Report - incorporated into IPR		✓		
Finance	Approach to the Annual Accounts				✓
Finance	Annual Report and Financial Statements				
Finance	Financial Performance	✓	✓	✓	✓
Finance	Finance Savings Report	✓			✓
Finance	Charitable Funds Annual Accounts and Report			✓	
Finance	Approve contracts and financial delegations above the CEOs limit				
Governance	Community Health Council transfer to Llais				
Partnerships	Llais Regional Director Report	✓	✓	✓	
Compliance	Anti Racism Plan				
Equality, Diversity & Inclusion	Equality, Diversity and Inclusion Annual Report				
Equality, Diversity & Inclusion	Strategic Equality Plan 2023-27				✓
Equality, Diversity & Inclusion	Welsh Language Annual Report				
Compliance	Safeguarding Annual Report				
Quality	IPC Assurance Report				
Listening and Learning	Patient Experience Approach				
Compliance	Wellbeing of Future Generations Act Report				✓
Civil Contingencies	Major Incident and Emergency Response Plan				
Planning	Corporate Business Continuity Plan				

Capital and Estates	Health and Safety Annual Report				✓
Capital and Estates	Capital and Estates Strategy		✓		
Capital and Estates	Llandrindod Wells Hospital Phase 2	☒	?		
	PSOW Annual Letter	✓	✓		
	Independent Patient Funding Requests (IFPR) from WHSSC		✓		
	Winter Respiratory Vaccination Programme				
IN-COMMITTEE	Financial Sustainability	✓	✓	✓	✓
	CRR (cyber security)	✓	✓	✓	✓
	Minutes of previous IC meeting	✓	✓	✓	✓
	Legal Dispute				
	Radiology Infomatics System Programme FBC				
	NEPTS transfer to WAST				
	RaTS Committee Annual Report				

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