

PTHB Board

Wed 25 September 2024, 09:30 - 14:20

Agenda

09:30 - 09:30 1. PRELIMINARY MATTERS

0 min

📄 Board_Agenda_25Sept24 FINAL.pdf (3 pages)

1.1. Welcome and apologies for absence

Chair

📄 Board_1.1_2024-09-25 Board attendees and apols.pdf (2 pages)

1.2. Declarations of interest

All

1.3. Board Action Log

📄 Board_1.3_Action Log September 2024.pdf (1 pages)

1.4. Experience Story

1.5. Questions to Board from the public

1.6. Update from the:

1.6.1. Chair

📄 Board_1.6a_Chair's Report to Board Sept 2024.pdf (4 pages)

📄 Board_1.6a_PSOV Annual Letter 2023-24.pdf (9 pages)

1.6.2. Vice-Chair

📄 Board_1.6b_Vice Chair's report Board 25 September 2024.pdf (2 pages)

1.6.3. Chief Executive

📄 Board_1.6c_CEO's Report to Board Sept 2024.pdf (5 pages)

1.7. Assurance Reports of Board Committees

📄 Board_1.7_Committee Chair Reports_Sept 24 new template.pdf (5 pages)

📄 Board_1.7a_App A_PEQS Chairs Assurance Report July 2024.pdf (4 pages)

📄 Board_1.7b_App B_D&P Chairs Assurance Report_29Aug2024.pdf (4 pages)

📄 Board_1.7c_EC Chair's Assurance Report SEP24.pdf (15 pages)

📄 Board_1.7d_App D_PPPH_Chairs Assurance Report_13Aug2024.pdf (3 pages)

📄 Board_1.7e_App E_CFC_Chairs Report_9Sep2024 CC.pdf (2 pages)

09:30 - 09:30 2. CONSENT AGENDA BUSINESS

0 min

Patterson, Liz
23/09/2024 17:28:36

09:30 - 09:30
0 min

3. ITEMS FOR APPROVAL/DECISION

3.1. Annual Duty of Quality Report 2023/24

Claire Roche

- Board_3.1_Duty of Quality AR cover paper.pdf (3 pages)
- Board_3.1a_Annual Duty of Quality Report Final.pdf (19 pages)

3.2. Safeguarding Annual Report 2023/24

Claire Roche

- Board_3.2_Safeguarding Annual Report cover.pdf (6 pages)
- Board_3.2a_Safeguarding Annual Report_23-24.pdf (75 pages)

3.3. Director of Corporate Governance Report

Helen Bushell

- Board_3.3_DCG report.pdf (3 pages)

3.4. Joint Commissioning Committee Governance Arrangements

Helen Bushell

- Board_3.4_JCC cover paper.pdf (2 pages)
- Board_3.4a_JCC Governance Framework.pdf (10 pages)
- Board_3.4b_Appendix 1 - Memorandum of Agreement JCC -GW 1.pdf (26 pages)
- Board_3.4c_Appendix 2 - HOSTING AGREEMENT - GW 1.pdf (26 pages)
- Board_3.4d_Appendix 3 ToR Quality Safety and Outcomes SubCtte Sept 2024 1.pdf (14 pages)
- Board_3.4e_Appendix 4 - ToR Planning Performance Finance 1.pdf (10 pages)

3.5. Minutes of the previous meeting held on 24 July, for approval. Matters arising: Temporary Service Change

Chair

- Board_3.5_Minutes 2024-07-24_Draft.pdf (20 pages)

09:30 - 09:30
0 min

4. ITEMS FOR BOARD ASSURANCE

4.1. Financial Performance Month 05

Pete Hopgood

- Board_4.1_Financial Performance Report Mth 05.pdf (18 pages)
- Board_4.1a_Director of Finance Commentary.pdf (12 pages)

4.2. Integrated Quality and Performance Report Month 04

Stephen Powell

- Board_4.2_20240913_Month4_IQPR_Cover.pdf (8 pages)
- Board_4.2a_20240913_IQPR_24-25_Month 4_Final.pdf (50 pages)
- Board_4.2b_PPT - Planned Care.pdf (22 pages)

4.3. Annual Delivery Plan 2024/25 Quarter 1

Stephen Powell

- Board_4.3_Q1 Delivery Plan Cover Paper.pdf (5 pages)
- Board_4.3a_Integrated Plan Q1 Progress Report 24.pdf (56 pages)

Patterson, Liz
23/09/2024 17:33

4.4. Corporate Risk Register

Helen Bushell

- Board_4.4_CorpRiskReg (CRR).pdf (7 pages)
- Board_4.4bi_App2_CRR001 (Financial forecast).pdf (4 pages)
- Board_4.4bii_App2_CRR002 (Financial Resources).pdf (3 pages)
- Board_4.4biii_App2_CRR003 (Resource Allocation).pdf (4 pages)
- Board_4.4biv_App2_CRR004 (Demand - provider).pdf (4 pages)
- Board_4.4bv_App2_CRR005 (Demand - commissioner).pdf (4 pages)
- Board_4.4bvi_App2_CRR006 (Workforce).pdf (5 pages)
- Board_4.4bvii_App2_CRR007 (Primary Care).pdf (4 pages)
- Board_4.4bviii_App2_CRR009 (Estates).pdf (7 pages)
- Board_4.4bix_App2_CRR010 (Public Health Emergency).pdf (4 pages)

4.5. Vaccinations Programmes

Mererid Bowley

4.5.1. Winter Vaccinations

- Board_4.5a_Winter Respiratory Vaccination Programme 2024-25.pdf (12 pages)

4.5.2. Respiratory Syncytial Virus

- Board_4.5b_RSV Programme 25 Sept 2024.pdf (6 pages)

4.6. Report of the Regional Director of Llais

NB Transferred to Consent Agenda

Regional Director of Llais

09:30 - 09:30

5. CONSENT AGENDA

0 min

5.1. Assurance Reports of the Board's Joint Committees

- Board_5.1_Joint Committee Reports_25 September 2024.pdf (2 pages)
- Board_5.1a_App1_JCC Briefing (Public) 16 July 2024.pdf (8 pages)

5.2. Assurance Report of the Board's Partnership Arrangements

- Board_5.2_Summary of Partnership Board Activity Sept 2024 new template.pdf (3 pages)
- Board_5.2a_SSPC Chair's Report July 2024.pdf (7 pages)

5.3. Regional Partnership Board Annual Report 2023/24

- Board_5.3_RPB Annual Report cover paper.pdf (2 pages)
- Board_5.3a_RPB_Annual Report 2023-24.pdf (30 pages)

5.4. Board Work Programme

- Board_5.4_Board Work Programme September 2024.pdf (2 pages)

5.5. Report of the Regional Director of Llais

- Board_5.5_Llais Report to PTHB Sept 2024.pdf (5 pages)

09:30 - 09:30

6. OTHER MATTERS

0 min

Patterson, Liz
23/09/2024 17:03:36

6.1. Any Other Urgent Business

Chair

6.2. Close

6.3. Date of the Next Meeting: 27 November via Microsoft Teams

09:30 - 09:30 7. CONFIDENTIAL MATTERS

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

Chair

7.1. Welcome and apologies for absence

Chair

7.2. Declarations of interest

All

7.3. Minutes from the In-Committee meetings held on 24 July, 7 August and 21 August 2024: Matters arising Judicial Review (EMRTs)

Chair

7.4. In-Committee Corporate Risk Register

Director of Corporate Governance

7.5. In-Committee Action Log

7.6. Any other urgent business

7.7. Close

Patterson, Liz
23/09/2024 17:28:36

**POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 25 SEPTEMBER 2024
09:30 – 14:20
Livestreamed**



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA

1: PRELIMINARY MATTERS

09.30	1.1	Welcome and Apologies for Absence	Verbal	Chair
	1.2	Declarations of Interest	Verbal	All
	1.3	Board Action Log	Attached	Chair
	1.4	Experience Story	Attached	Executive Director of Nursing, Quality, Women and Family Health
	1.5	Questions to Board from the public	Verbal	Director of Corporate Governance
09.40	1.6	Update from the: a) Chair b) Vice Chair c) Chief Executive	Attached Attached Attached	Chair Vice Chair Chief Executive
09.55	1.7	Assurance Reports of the Board's Committees	Attached	Committee Chairs Chief Executive

2: CONSENT AGENDA BUSINESS

The Chair will ask if there are any items from the Consent Agenda (Item 5) that Board Members wish to bring forward to the main agenda.

3: ITEMS FOR APPROVAL/RATIFICATION/DECISION

10.20	3.1	Annual Duty of Quality Report 2023/24	Attached	Executive Director of Nursing, Quality, Women and Family Health
10.35	3.2	Safeguarding Annual Report 2023/24	Attached	Executive Director of Nursing, Quality, Women and Family Health
10.45	3.3	Director of Corporate Governance Report	Attached	Director of Corporate Governance
10.50	3.4	Joint Commissioning Committee Governance Arrangements	Attached	Director of Corporate Governance
11.00	3.5	Minutes of Previous Meeting held on 24 July 2024. Matters arising: • Temporary Service Change	Attached	Chair

11.05 **BREAK 15 minutes**

4: ITEMS FOR BOARD ASSURANCE

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11.20	4.1	Financial Performance: Month 05 - 2024/24	Attached	Executive Director of Finance, Capital and Support Services
11.40	4.2	Integrated Quality and Performance Report 2024/25 month 04 <ul style="list-style-type: none"> • Presentation on Planned Care 	Attached	Executive Director of Planning, Performance and Commissioning /All Directors
12.25	4.3	Annual Delivery Plan 2024/25 Quarter 1	Attached	Executive Director of Planning, Performance and Commissioning
12.45	4.4	Corporate Risk Register	Attached	Director of Corporate Governance
12.55	4.5	Vaccination Programmes: <ul style="list-style-type: none"> • Winter Vaccinations • Respiratory Syncytial Virus 	Attached	Executive Director Public Health
13:15	4.6	Report of the Regional Director of Llais *transferred to Consent agenda	Attached	Llais Regional Director

5: CONSENT AGENDA

	5.1	Assurance Report of the Board's Joint Committees Purpose: Assurance	Attached	Chief Executive
	5.2	Assurance Report of the Board's Partnership Arrangements Purpose: Assurance	Attached	Chief Executive
	5.3	Regional Partnership Board Annual Report 2023/24 Purpose: Assurance	Attached	Executive Director Public Health
	5.4	Board Work Programme Purpose: Assurance	Attached	Director of Corporate Governance
	5.5	Report of the Regional Director of Llais	Attached	Llais Regional Director

6: OTHER MATTERS

13.20	6.1	Any Other Urgent Business	Verbal	Chair
	6.2	Close		
	6.3	Date of the Next Meeting: <ul style="list-style-type: none"> ▪ 27 November 2024 		

13.20 40 mins	LUNCH BREAK			
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7. The Chair, with advice from the Director of Corporate Governance, 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	Presenter
14:00	7.1	Welcome and Apologies for Absence	Verbal	Chair
	7.2	Declarations of Interest	Verbal	All
	7.3	Minutes of Previous In-Committee Meetings held on 24 July, 7 August and 21 August 2024 Matters arising: <ul style="list-style-type: none"> Judicial Review (EMRTs) update 	Attached	Chair Director of Corporate Governance
	7.4	In-Committee Corporate Risk Register	Attached	Director of Corporate Governance
	7.5	In-Committee Action Log	Attached	Chair
14.15	7.6	Any other urgent business	Verbal	Chair
14.20		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.

Patterson, Liz
23/09/2024 17:28:36

Cyfranogwyr Cyfarfod Bwrdd BIAP 25 Medi 2024

PTHB Board Meeting Participants 25 September 2024

Aelodau Annibynnol / Independent Members:

- ❖ Carl Cooper, Cadeirydd BIAP/Chair of PTHB
- ❖ Kirsty Williams
- ❖ Rhobert Lewis
- ❖ Mick Giannasi
- ❖ Jennifer Owen Adams
- ❖ Ronnie Alexander
- ❖ Simon Wright
- ❖ Steve Elliot

Aelodau Gweithredol / Executive Members:

- ❖ **Hayley Thomas**, Prif Weithredwr / Chief Executive
- ❖ **Pete Hopgood**, Dirprwy Brif Weithredwr /Cyfarwyddwr Cyllid, Cyfalaf a Gwasanaethau Cymorth / Deputy Chief Executive/Director of Finance, Capital and Support Services
- ❖ **Stephen Powell**, Cyfarwyddwr Chomisiynu, Perfformiad a Cynllunio/ Director of Commissioning, Performance and Planning
- ❖ **Mererid Bowley**, Cyfarwyddwr Iechyd y Cyhoedd/Director of Public Health
- ❖ **Kate Wright**, Cyfarwyddwr Meddygol / Medical Director
- ❖ **Claire Madsen**, Cyfarwyddwr Gweithwyr Proffesiynau Perthynol i Iechyd, Gwyddor Iechyd a Digidol/Director of Allied Health Professions, Health Science and Digital

- ❖ **Nina Davies**, Aelod Cyswllt (Cyfarwyddwr Gwasanaethau Cymdeithasol Cyngor Sir Powys) / Associate Member (Director of Social Services Powys County Council)
- ❖ **Helen Bushell**, Cyfarwyddwr Llywodraethu Corfforaethol/Ysgrifennydd y Bwrdd / Director of Corporate Governance/Board Secretary

Mynychwyr Ychwanegol i'r Sesiwn Gyhoeddus/Additional Attendees to Public Session:

- ❖ **Jayne WheelerSexton**, Cyfarwyddwr Cynorthwyol Nyrsio/ Assistant Director Nursing
- ❖ **David Farnsworth**, Cyfarwyddwr Cynorthwyol Gwasanaethau Cymunedol / Assistant Director Community Services
- ❖ **Nicola Kelly**, Uwch Reolwr Gofal wedi'i Gynllunio / Senior Manager Planned Care

- ❖ Cydweithwyr o'r Tîm Llywodraethu Corfforaethol sy'n cefnogi'r cyfarfod / Colleagues from the Corporate Governance Team supporting the meeting


Cyfranogwyr Cyfarfod Bwrdd BIAP 25 Medi 2024

PTHB Board Meeting Participants 25 September 2024

Ymddiheuriadau / Apologies:

- ❖ **Cathie Poynton**, Aelod Annibynnol / Independent Member
- ❖ **Chris Walsh**, Aelod Annibynnol / Independent Member
- ❖ **Claire Roche**, Cyfarwyddwr Nyrsio, Ansawdd, Menywod ac Iechyd Teuluol/ Director of Nursing, Quality, Women and Family Health
- ❖ **Debra Wood-Lawson**, Cyfarwyddwr Pobl a Diwylliant / Director of People and Culture
- ❖ **Joy Garfitt**, Cyfarwyddwr Gweithredol Gweithrediadau / Cyfarwyddwr Iechyd Cymunedol ac Iechyd Meddwl Dros Dro / Interim Director of Operations / Community and Mental Health
- ❖ **Katie Blackburn**, Cyfarwyddwr Rhanbarthol/Regional Director Llais Powys

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Board Action Log								 Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board	
RAG Status:									
At risk	Red - action date passed or revised date needed								
On track	Yellow - action on target to be completed by agreed/revised date								
Completed	Green - action complete								
No longer needed	Blue - action to be removed and/or replaced by new action								
Transferred	Grey - Transferred to another group								
Board									
Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status	
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE OR ARE ONGOING									
24/09/2024	PTHB/24/65	DPPC	IQPR	Deep dives into a series of areas of performance data to be undertaken at Board Development sessions	25.09.2024 update: Initial discussion taken place, further planning being done to programme deep dives into the programme of Board & Committees. Action not yet due to report	Jan-25		On track	
24/09/2024	PTHB/24/67	DCG	Report from Llais	Explore and feedback to Board concerns regarding access to services	25.09.2024 update: Action in progress, not yet due to report	Nov-24		On track	
ACTIONS RECOMMENDED FOR CLOSURE (MEETING 25 SEPTEMBER 2024)									
24/09/2024	PTHB/24/57	DCG	Assurance Reports of Board Committees	A Review of each Committees escalated items to Board to be undertaken in the next round of Committees	25.09.2024 update: Review taken place and will be included in the report to Board for 25.09.24	Sep-24		Completed	
24/09/2024	PTHB/24/66	DCG	Corporate Risk Register	The risk level for recruitment and retention to be reviewed	25.09.2024 update: Risk reviewed and update included in report to Board 25.09.24	Sep-24		Completed	

Patterson, Liz
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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 1.6a

BOARD MEETING		DATE: 24 September 2024
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 May 2024.		
RECOMMENDATION(S):		
It is recommended that the Board RECEIVES this report.		
Approve/Take Assurance	Discuss	Note
N	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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Chair's Report

CHAIR'S REPORT:

Board Membership

We are currently recruiting to two IM vacancies, one with general, appropriate experience and one with expertise in digital, cyber and information technology. More information can be found here - [Independent Members \(Generic and Digital\) for Powys Teaching Health Board - Welsh Government \(Cais\)](#)

Communication & Engagement – Proposed Temporary Changes

I was very pleased to accept the invitations to attend public meetings in Brecon, Llandrindod and Glantwymyn, arranged by community and political representatives. The Vice-Chair, Kirsty Williams, attended the meeting in Llanidloes.

As we ensure the proposals regarding temporary changes to inpatient wards and Minor Injury Units are given comprehensive, conscientious consideration, it was important and helpful to listen first-hand to the observations, responses and concerns of our communities and population. Thank you to those who arranged and facilitated the discussions and to all who attended and participated.

The content of these meetings was captured and will be a significant source of information as executive colleagues prepare the engagement findings report for our consideration at the Board meeting on 10 October 2024.

Public Services Ombudsman for Wales (PSOW) – Annual Letter

I have received the Annual Letter from the PSOW (attached at Appendix A).

There are several matters that are noteworthy in the report, not least the fact that the Ombudsman received fewer complaints, numerically and proportionately, regarding Powys Teaching Health Board (PTHB) compared with all other Health Boards in Wales.

This letter will be discussed in more detail at the next meeting of our Patient Experience, Quality and Safety Committee (PEQS) in November. Any consequential actions or matters for escalation will be reported in the PEQS report to our next board meeting.

Listening and Learning

As a Board we continue to prioritise engaging with patients and staff members in order that we may hear directly about people's experiences. Alongside the data and information, we receive in many reports, the lived experience of people helps to paint a holistic picture of reality within PTHB and Powys.

Each monthly board development session includes an opportunity to engage with different, front-line colleagues. It was particularly encouraging recently to learn from and converse with colleagues from the Facilities and Support Services Team. The contribution and work of caterers, cleaners, porters, laundry staff etc. are of essential importance to the quality and safety of our services.

The Vice Chair and my 'Out and About' programme of visits continues apace. I am particularly grateful to colleagues for their warm welcome and useful conversations since our last board meeting, namely:

- Air Ambulance Charity
- Power of Discharge Committee
- Dementia Steering Group
- Community Dentistry in Brecon

We have not held a face-to-face Board meeting since before the COVID-19 pandemic. Virtual meetings have many benefits. However, the face-to-face engagement adds an important and necessary dimension to holistic working. We will hold two face-to-face Board meetings per year of which this meeting is the first. These meetings are to be held across Powys in order to provide opportunities for Board members to visit and engage with staff and patients at different sites and within a wide variety of health services. Members of the public will be able to continue to view our meetings online via the livestream facility that we make available on our website.

Integrated / Annual Plan 2024-2025

It is important to report that the Board continues to invest considerable time in, and give careful attention to the situation regarding the development of our Annual Plan for this year.

Following Welsh Government's response to our resubmission, the Chief Executive, as Accountable Officer, submitted a further response following Board deliberation and consideration. We await Welsh Government's response and are working tirelessly towards establishing a supportable plan that successfully balances our legal duties as regards providing safe, high-quality services alongside securing a financially balanced budget.

Welsh Government Changes

Since our last meeting the Cabinet Secretary for Health and Social Care, Baroness Eluned Morgan MS, has been elected First Minister of Wales. Prof. Mark Drakeford MS was appointed interim Cabinet Secretary for Health and Social Care and more latterly Jeremy Griffiths MS has been appointed as Cabinet Secretary for Health and Social Care.

We wish them all well as they fulfil their new responsibilities and look forward to working with them in the service of the people of Powys and Wales.

Aspiring Nurses Cohort 2024

It was particularly encouraging to attend the first day of the induction and introductory training for the 2024 Aspiring Nurses cohort. We are often reminded of the ongoing difficulties experienced in recruiting and retaining nursing staff. I was delighted to meet and speak with a room full of trainees from a broad range of backgrounds with a rich diversity of skills, experience and knowledge. The vocational motivation and excitement among the group was truly energising and hopeful.

Board Diversity – Mentoring Programme

Over the last six months we have participated in a Welsh Government mentoring programme that seeks to improve diversity in public sector boards. People from underrepresented groups within our population have been supported to gain experience of board membership and receive the support of a board mentor.

It has been a delight and pleasure to work alongside Toboline Mupita, the mentee appointed to our Board. Her wise, informed and gentle participation has been greatly valued. We wish her well as she continues to consider the possibility of board involvement in the future.

Newtown Hospital League of Friends

It is with sadness and appreciation that I note Newtown Hospital League of Friends' decision to end its work and close down the charity. It has served the hospital and community of Newtown diligently and conscientiously for almost 50 years. Not only has it raised significant sums of money to benefit patients and staff, but it has also served as an important link between the hospital, the Health Board and the local population.

PTHB's Powys Health Charity Manager is supporting the League of Friends during this period. On behalf of everyone in PTHB, past and present, I express our sincere gratitude to all those who have served on the League of Friends over the years and to all which have supported their work.



Ombwdsmon Ombudsman

Cymru • Wales

Ask for:

Communications



01656 641150



Caseinfo@ombudsman.wales

Date: 9 September 2024

Carl Cooper
Powys Teaching Health Board

By email only
carl.cooper@wales.nhs.uk
Hayley.Thomas@wales.nhs.uk

Annual Letter 2023/24

Dear Carl

Role of PSOW

As you know, the role of the Public Services Ombudsman for Wales is to consider complaints about public services, to investigate alleged breaches of the councillor Code of Conduct, to set standards for complaints handling by public bodies and to drive improvement in complaints handling and learning from complaints. I also undertake investigations into public services on my own initiative.

Purpose of letter

This letter is intended to provide an update on the work of my office, to share key issues for health boards in Wales and to highlight any particular issues for your organisation, together with actions I would like your organisation to take.

Overview of 2023/24

This letter, as always, coincides with my Annual Report – “A New Chapter Unfolds” – and comes at a time when public services continue to be in the spotlight, and under considerable pressures. My office has seen another increase in the number of people asking for our help – a 17% increase in overall contacts compared to the previous year, with nearly 10,000 enquiries and complaints received. Our caseload has increased substantially - by 37% - since 2019.

Patterson, Liz
23/09/2024 12:56:09

ombwdsmon.cymru
holwch@ombwdsmon.cymru
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
Rydym yn hapus i dderbyn ac
ymateb i ohebiaeth yn y Gymraeg.

ombudsman.wales
ask@ombudsman.wales
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
We are happy to accept and respond
to correspondence in Welsh.

Page 1 of 9

During 2023/24 we considered and closed more enquiries and complaints than we ever have done before, and we reduced the average cost for each case and investigation. We started the year with a focus on reducing our aging cases, those over 12 months old, by 50% by the end of the year. These cases are often the most complex and distressing for the people making the complaint. I am extremely pleased to say we exceeded this target, reducing our aged investigations by over 70%. We are now well on track to meeting our objective to complete investigation of complaints within 12 months.

Public Service Complaints and compliance with recommendations

We received 939 complaints about health boards last year – roughly the same number as the previous year. During this period, we intervened in (upheld, settled or resolved at an early stage) 31% of health board complaints - a similar proportion to previous years.

Last year, we received 21 complaints about Powys Teaching Health Board, we closed 21, and intervened in 14% of cases. Further information on the complaints we dealt with last year can be found in the appendices.

In total, we made 10 recommendations to your health board during the year. To ensure that our investigations and reports drive improvement, we follow up compliance with the recommendations agreed with your organisation. In 2023/24, 12 recommendations were due (some recommendations were made in the previous year) and 67% were complied with in the timescale agreed. The remainder were complied with, but outside the timescales agreed, or remained outstanding as at 9 April 2024.

Recommendations and timescales for complying with recommendations are always agreed with the public body concerned before being finalised, and we therefore expect organisations to comply within the timescales agreed.

Further to the report my office issued in June 2023, [Groundhog Day 2: An opportunity for cultural change in complaint handling?](#) I wish to thank the Health Board for its consideration of the report and recommendations. I trust that it has ensured that lessons learned from the PSOW's findings and recommendations on cases we considered last year are included in your Health Board's Annual Report on the Duty of Candour and Quality.

Supporting improvement of public services

We continued our work on supporting improvement in public services last year and worked on our second wider Own Initiative investigation. The investigation considers carers' needs assessments undertaken by local authorities in Wales. My report on this work will be finalised report and published in the near future.

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We have continued our work on complaints handling standards for public bodies in Wales and now have 56 public bodies following our model complaints handling policy. These public bodies account for around 85% of the complaints we receive.

We continued our work to publish complaints statistics into a third year with data, gathered from public bodies, now published twice a year. This data allows us to see information with greater context – for example, last year 14% of complaints made to Powys Teaching Health Board's complaints went on to be referred to PSOW. I would encourage all health boards to use this data to better understand their performance on complaints and ensure that all complaints are appropriately logged.

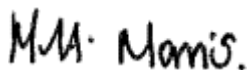
Action we would like your organisation to take

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.
- Consider the data in this letter, alongside your own data, to understand more about your performance on complaints, including any patterns or trends and your organisation's compliance with recommendations made by my office.
- Provide my office with a copy of the Health Board's Annual Report for 2023/24 on the Duty of Candour and Quality.
- Inform me of the outcome of the Board's considerations and proposed actions on the above matters at your earliest opportunity.

Finally, I would like to thank you, and your teams, for your work with my officers in the last year. Their work is important in ensuring that patients and families receive timely and thorough responses to complaints, and in improving outcomes for all service users – not just those who complain.

Yours sincerely,



Michelle Morris
Public Services Ombudsman

Cc. Hayley Thomas, Chief Executive, Powys Teaching Health Board

Patterson, Liz
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Factsheet

Appendix A - Complaints Received

Health Board	Complaints Received	Received per 1,000 residents
Aneurin Bevan University Health Board	175	0.30
Betsi Cadwaladr University Health Board	214	0.31
Cardiff and Vale University Health Board	150	0.30
Cwm Taf Morgannwg University Health Board	109	0.25
Hywel Dda University Health Board	138	0.36
Powys Teaching Health Board	21	0.16
Swansea Bay University Health Board	132	0.35
Total	939	0.30

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Appendix B - Received by Subject

Powys Teaching Health Board	Complaints Received	% share
Admissions/discharge and transfer procedures	0	0%
Adult Mental Health	4	2%
Ambulance Services	0	0%
Appointment procedures (including outpatients)	0	0%
Child and Adolescent Mental Health	0	0%
Clinical treatment in hospital	8	38%
Clinical treatment outside hospital*	3	14%
Complaints Handling	2	10%
Covid-19	0	0%
Continuing care	0	0%
De-Registration	0	0%
Disclosure of personal information / data loss	0	0%
Funding	1	5%
Independent Health Care providers	0	0%
Medical records/standards of record-keeping	0	0%
Medication > Prescription dispensing	0	0%
Non-medical services	0	0%
Nosocomial*	0	0%
Other*	1	5%
Out of Hours GP care	0	0%
Parking (including enforcement and bailiffs)	0	0%
Patient list issues	0	0%
Poor/No communication or failure to provide information	1	5%
Prisoner Care	0	0%
Recruitment and appointment procedures	0	0%
Referral to Treatment Times	0	0%
Regulation and Inspection (including private sector provision)	0	0%
Rudeness/inconsiderate behaviour/staff attitude	0	0%
Services for people with a disability inc DFGs	0	0%
Service for vulnerable Adults (eg with learning difficulties or mental health issues)	0	0%
Total	21	

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Appendix C - Complaint Outcomes (* denotes intervention)

Powys Teaching Health Board		% Share
Out of Jurisdiction	7	33%
Premature	2	10%
Other cases closed after initial consideration	8	38%
Early Resolution/ voluntary settlement*	1	5%
Discontinued	0	0%
Other Reports - Not Upheld	1	5%
Other Reports Upheld*	2	10%
Public Interest Reports*	0	0%
Special Interest Reports*	0	0%
Total	21	

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Appendix D - Cases with PSOW Intervention

	No. of Interventions	No. of Closures	% of Interventions
Aneurin Bevan University Health Board	73	195	37%
Betsi Cadwaladr University Health Board	81	256	32%
Cardiff and Vale University Health Board	34	158	22%
Cwm Taf Morgannwg University Health Board	39	129	30%
Hywel Dda University Health Board	55	154	36%
Powys Teaching Health Board	3	21	14%
Swansea Bay University Health Board	41	141	29%
Total	326	1054	31%

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Appendix E – Compliance performance comparison

Health Board	Number of recommendations made in 2023-24	Number of Recommendations falling due in 2023-24	% of recommendations, complied with on time
Aneurin Bevan University Health Board	209	208	75%
Cardiff and Vale University Health Board	104	95	81%
Cwm Taf Morgannwg University Health Board	123	121	60%
Swansea Bay University Health Board	119	127	62%
Hywel Dda University Health Board	160	151	81%
Betsi Cadwaladr University Health Board	253	246	58%
Powys Teaching Health Board	10	12	67%

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Information Sheet

Appendix A shows the number of complaints received by PSOW for all Health Boards in 2023/24. 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 2023/24. 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 2023/24. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

Appendix E shows compliance performance for all Health Boards.

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Agenda item: 1.6b

BOARD MEETING		Date of Meeting: 25 September 2024
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 2024.		
RECOMMENDATION(S):		
It is recommended that the Board RECEIVES this report.		
Approve/Take Assurance	Discuss	Note
N	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y/N	
2. Provide Early Help and Support	Y/N	
3. Tackle the Big Four	Y/N	
4. Enable Joined up Care	Y/N	
5. Develop Workforce Futures	Y/N	
6. Promote Innovative Environments	Y/N	
7. Put Digital First	Y/N	
8. Transforming in Partnership	Y/N	

Patterson, Liz
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VICE CHAIR'S REPORT:

Healthy Weight Healthy Powys

In August I was delighted to join Mezz Bowley, Executive Director of Public Health, PTHB staff and partners from Powys County Council at the launch of our Breast Feeding Welcome scheme at the Birth Centre in Llandrindod Wells Hospital. Breast feeding has many advantages for baby and Mum and the scheme is designed to normalise breast feeding in public buildings and businesses. Over 50 premises have already signed up to support breast feeding Mums.

Earlier this month I attended the Whole System Approach to Healthy Weight Strategic Steering Group. The group is made up of representatives from across the public sector oversees our plans to promote access to healthy food, cooking and nutrition skills and the early years. Progress continues to be made in each of the work stream despite resource challenges.

SERVICE CHANGE ENGAGEMENT

During this period of engagement around temporary service change, I attended a public meeting in Llanidloes with our Chief Executive Hayley Thomas. I have also attended two meetings with representatives of the Local Medical Committee and many of our local GP practices.

MENTORSHIP

I would like to thank all colleagues at PTHB for the warm welcome and support afforded to Toboline Mupita who has been attending a number of our meetings in recent months as part of a Welsh Government initiative to increase the diversity of public sector boards. Toboline's time with us has now come to an end and she tells me she hopes to pursue a public appointment in the future and has really valued her time with us at PTHB.

Quality & Safety

During this period the Quality & Patient Safety committee of the Joint Commissioning Committee met. The committee continues to explore how we can strengthen assurance under the new arrangements.



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Agenda item: 1.6a

BOARD MEETING		DATE: 24 September 2024
Subject:	CHIEF EXECUTIVE REPORT	
Approved and presented by:	Hayley Thomas, Chief Executive	
Prepared by:	Helen Bushell, Director of Corporate Governance with contribution from other colleagues	
Other Committees and meetings considered at:	Elements of this report may have been considered at various committees or meetings prior to being presented.	
PURPOSE:		
<p>This report is intended to keep the Board up to date with key developments at a national and local level.</p> <p>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 other Board reports.</p> <p>The report specifically covers:</p> <ul style="list-style-type: none"> • Executive Team • Proposed Temporary Service Changes • Annual General Meeting • EMRTS / Wales Air Ambulance • Judicial Review • Health Protection – Mpox Virus • Signlive • Staff Recognition 		
RECOMMENDATION(S):		
The Board is asked to RECEIVE the report and DISCUSS any key issues.		
Approve/Take Assurance	Discuss	Note
N	Y	N
ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	

Patterson
22/09/2024 15:36

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

Patterson, Liz
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CEO REPORT:

EXECUTIVE TEAM RECRUITMENT

I am pleased to confirm that Elaine Lorton will be joining PTHB as Executive Director of Primary Care, Community and Mental Health on the 30 September and Nicola Johnson will join us as the Executive Director for Planning, Performance and Commissioning on the 7 October 2024.

I would also like to congratulate Stephen Powell on his appointment as Director of Performance and Commissioning at Betsi Cadwaladr University Health Board. Steve is currently our interim Executive Director for Planning, Performance and Commissioning having first joined us as Assistant Director (Performance and Commissioning). I sincerely thank Steve for all of his contribution to Powys and wish him every success for the future.

PROPOSED TEMPORARY SERVICE CHANGES

The period of public engagement in relation to the proposed temporary service changes to Minor Injury Unit opening hours and inpatient beds in Powys community hospitals closed on the 8 September 2024.

Analysis is now underway, and we would like to thank everyone who has taken the time to give their views.

We will be producing a comprehensive report which will include details of the feedback received and recommendations. This report will be discussed in public at a meeting of the Board on Thursday 10 October. [The agenda and papers will be available in advance.](#)

ANNUAL GENERAL MEETING

The Annual General Meeting (AGM) of Powys Teaching Health Board took place from 2.00pm to 3.00pm on 11 September 2024.

The AGM provided an opportunity to share some of the successes and challenges of the year gone by, and our priorities for this current year, 2024/25. The event also provided an opportunity for us to hear from and answer questions from members of the public.

The Annual Report and Accounts together with information presented on the day is available here - [11 September 2024 - Powys Teaching Health Board \(nhs.wales\)](#)

EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS) / WALES AIR AMBULANCE

The NHS Wales Joint Commissioning Committee met on 17 September and received an update on the EMRTS review. It was confirmed that summary

grounds for contesting the application for judicial review had been submitted on behalf of the seven health boards. We remain on schedule to receive an update on the work to implement Recommendation 4, with a draft service specification expected to an additional meeting of the JCC in October following which there would be a period of engagement on this. Details of the engagement process are being developed in discussion with Llais, and I will update the Board in due course.

JUDICIAL REVIEW - EMRTS

As I reported in July, the Health Board received a Letter Before Action on the 5 July 2024 in relation to a potential Judicial Review of the decision related to the EMRTS Service Review. The Letter Before Action was sent to all Health Boards and other interested parties in Wales.

Later in July, a Claim form was lodged with the Court and sent to a number of organisations including Powys Teaching Health Board bringing a Judicial Review (JR). The relevant response was sent from the Health Board in August and the Claimants response received in September. We now await for the legal process to confirm the next steps.

HEALTH PROTECTION - Mpox VIRUS

Mpox virus (MPXV) is a virus from the same family as smallpox, that presents with a rash illness which may be mild and localised, or severe and disseminated. There are two distinct clades of the virus: Clade I and Clade II. Clade II MPXV is responsible for the global outbreak that began in 2022. Clade I MPXV is currently considered more severe than Clade II MPXV, leading to its classification as a high consequence infectious disease (HCID).

On 14 August the World Health Organisation determined that the upsurge of mpox virus in the Democratic Republic of Congo and a growing number of countries in Africa constituted a public health emergency of international concern under the International Health Regulations (2005). Since this time, the first case of Clade 1 mpox virus (MPXV) infection has been confirmed in Europe. Clade I MPXV has never been identified in the UK and the overall risk of Clade I MPXV to the UK population has been assessed as low nationally, although there is the potential for imported cases.

Given the ongoing concern, it is important to remain alert. The Health Board has set up a Task and Finish Group to ensure we are prepared to effectively respond and manage any Clade I MPXV infection. The Health Board, together with partners from Powys Local Authority, participated in an all-Wales Exercise Fad Felen, on 05 September 2024, which aimed to explore the system response to Mpox in Wales.

SIGNLIVE

Sign Live is a Video Relay Service which allows our service users to call us and be connected to a qualified and registered British Sign Language interpreter who will then relay the information over the phone to our staff.

The Sign Live app also offers BSL interpreting services to aid in person communication when required.

Further information can be found on our website - [Powys Teaching Health Board are now using Sign Live services!](#) - [Powys Teaching Health Board \(nhs.wales\)](#)

STAFF RECOGNITION

Our latest Certificate of Appreciation event took place on 19 September providing an opportunity to recognise colleagues for their contribution across the organisation and to our communities. This included a number of colleagues awarded with new qualifications: Sally Kenyon-Mills achieved her Level 5 Diploma in Management and Leadership; aura Hughes, Rebecca Howells, Nicki Corrin, Faye Spears and Caroline Jones completed their Foundation Level Qualification from the Institute of Health Records and Information Management (IHRIM) Qualification; Rachel Mills and Laura Mulholland have achieved their International Board Certified Lactation Consultant qualification; and Abbey Williams has achieved her BSc Nursing. Well done to you all, and to all colleagues achieving or working towards qualifications.

We also send our best wishes to Powys Living Well Service who will be representing Powys Teaching Health Board at the finals of the NHS Wales Awards on 24 October 2024.

Patterson, Liz
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Agenda item: 1.7

BOARD		DATE: 25 SEPTEMBER 2024
Subject:	BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS	
Approved and presented by:	Director of Corporate Governance / Board Secretary Committee Chairs	
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:		
<ul style="list-style-type: none"> 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. 		
Approve/Take Assurance	Discuss	Note
Y	Y	

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

Patterson, Liz
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EXECUTIVE SUMMARY:

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 10 July 2024 – 4 September 2024 is attached at Appendix A.

Delivery and Performance Committee:

- The Committee Chair's report of the meeting held on 29 August 2024 is attached at Appendix B.

Patient Experience, Quality and Safety Committee:

- The Committee Chair's report of the meetings held on 30 July and 05 September 2024 is attached at Appendix C.

Planning Partnership and Public Health Committee:

- The Committee Chair's report of the meeting held on 13 August 2024 is attached at Appendix D.

Charitable Funds Committee:

- The Committee Chair's report of the meeting held on 09 September 2024 is attached at Appendix E.

Escalation and Information to the Board

A summary of the position of items escalated/communicated to Board from the Committees is outlined below to support the Board in keeping track of these items:

Meeting	Escalated matter	Update
PEQS 25 April 2023	Concerns regarding capacity constraints in respect of the use of Civica in relation to patient experience (Reported to Board July 2023) No action is required from the Board at this stage.	PEQS 24 Oct 2023: <ul style="list-style-type: none">• received an update within the Integrated Quality Report on Patient Experience – Civica (see PEQS Chair's Report to Board) PEQS 23 Jan 2024: <ul style="list-style-type: none">• received an update within the Integrated Quality Report on Patient Experience – Civica. Noting the system continues to evolve and become established with feedback used to improve the

		<p>system. Successes and opportunities were outlined along with ongoing priorities.</p> <p>PEQS 16 April 2024:</p> <ul style="list-style-type: none"> received an update within the Integrated Quality Report – in relation to the Patient Experience Stories, recording equipment has been purchased but limited administrative support available to support the production of patient stories. <p>PEQS 30 July 2024:</p> <ul style="list-style-type: none"> A plan is in place to increase capacity and the Patient Experience Framework will be brought to PEQS in November 2024 when this escalation to Board will be reviewed.
<p>PEQS 4 July 2023</p>	<p>Infection Prevention and Control (Reported to Board IC July 2023)</p> <p>No action is required from the Board at this stage.</p>	<p>PEQS 24 Oct 2023:</p> <ul style="list-style-type: none"> received an update within the Integrated Quality Report on progress on the Infection Prevention and Control Improvement Plan which will be repeated on an agreed timeframe, and agreed the Board level statement on Infection Prevention and Control <p>(see PEQS Chair’s Report to Board)</p> <p>PEQS 23 Jan 2024:</p> <ul style="list-style-type: none"> received an update within the Integrated Quality Report on progress on the Infection Prevention and Control Improvement Plan which outlined that 60% of activities were complete, 19% were making good progress, 2% were behind schedule and 19% were on track. The priorities for Quarter 4 were outlined to Committee <p>PEQS 16 April 2024: Action plan is nearing completion and all actions are on track</p>

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		<p>PEQS 30 July 2024:</p> <ul style="list-style-type: none"> Progress has been made (see PEQS Chair’s Report to Board) but this matter remains escalated to Board.
PEQS 16 April 2024	<p>Mental Health Services have been placed in Level 2a local escalation</p> <p>No action is required from the Board at this stage.</p>	<p>PEQS 16 April 2024: The Committee:</p> <ul style="list-style-type: none"> NOTED the actions that have been taken since 23 January 2024 NOTED the escalated status of Mental Health Services to Level 2a (in line with the newly approved escalation framework within the Integrated Quality and Performance Framework IQPF) Took ASSURANCE of the plans in place to monitor progress in mental health services to ensure effective oversight, assurance and improvement. <p>PEQS 30 July 2024:</p> <ul style="list-style-type: none"> Progress has been made (see PEQS Chair’s Report to Board) but this matter remains escalated to Board.
Executive Committee (9 August 2023)	<p>Tawe Ward (Reported to Board In-Committee September 2023)</p> <p>The matter is now being managed as part of routine operations and can be de-escalated from the Board.</p>	<p>Considered at Board IC 11 August 2023</p> <p>Executive Committee 20 Sept 2023:</p> <ul style="list-style-type: none"> update on safe staffing and estate options, advised of enhanced monitoring of staffing levels and recruitment efforts, and Director of Operations to further develop options with support of CEO and Deputy CEO. <p>Nothing further to escalate to the Board at this stage. Plans continue to be considered in line with the 2024/25 Annual Delivery Plan.</p>

NEXT STEPS:

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 27 November 2024.

IMPACT ASSESSMENT – NOT REQUIRED

This section must be completed for all strategic organisational decisions including approval of health board policies.

Patterson, Liz
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Reporting Committee:	Patient Experience, Quality and Safety Committee
Committee Chair	Kirsty Williams
Date of last meetings:	30 July 2024
Paper prepared by:	Interim Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

Since the July meeting of Board the Patient Experience, Quality and Safety Committee has met twice, on 30 July and 05 September 2024.

The Board is asked to note that the following matters were discussed at the meeting held on 30 July 2024:

- Infection Prevention and Control – Annual Report
- Mental Health Services Escalation Assurance Report
- Integrated Quality Report Q1
- Care Inspectorate Wales Report Cottage View, Knighton
- Health Inspectorate Wales DNACPR Review
- Mental Health Power of Discharge Annual Report
- Internal Audit Reports
 - Continuing Health Care
 - Patient Experience
- Committee Risk Register
- Committee Work Programme
- Review of Escalated Items

And at the meeting held on 05 September 2024:

- Duty of Quality Annual Report 2023/24
- Safeguarding Annual Report 2023/24

The papers from these meetings can be accessed here: [Patient Experience, Quality and Safety Committee - Powys Teaching Health Board \(nhs.wales\)](https://nhs.uk/patient-experience-quality-and-safety-committee-powys-teaching-health-board)

A summary of the key issues discussed at the meeting held on **30 July 2024** is provided below:

ACTION LOG

The Committee **RECEIVED** the Action Log updates and agreed the date change requests due to extenuating circumstances.

PATIENT STORY

Patricia L-Liz
23/09/2024 17:05:36



The Committee heard from a Patient of her experience in visiting a memory clinic and her involvement with the Dementia Steering Group which had led to improvements during the Bronllys Outpatient refurbishment.

INFECTION PREVENTION AND CONTROL (IPC) ANNUAL REPORT

The Committee **RECEIVED** and **DISCUSSED** the Infection Prevention and Control improvement plan at the end of year one (2023/24) took **ASSURANCE** of substantial progress against plan. The Committee **NOTED** the objectives set for year two and the contents of the 2023/24 Annual Report.

MENTAL HEALTH SERVICES ESCALATION ASSURANCE REPORT

The Committee received the report which provide an update on progress on Mental Health Services since the Service was placed in local health board escalation in April 2024. The Committee took **ASSURANCE** that the implementation of the Integrated Quality Performance Framework Escalation Oversight mechanism is providing robust oversight of the quality improvement and risk mitigation work being undertaken within Mental Health Services. The Committee also **NOTED** and **DISCUSSED** the contents of the report, including the action plan, progress that has been made and the updated maturity assessment.

INTEGRATED QUALITY REPORT QUARTER 1

The Committee **RECEIVED** the report and took **ASSURANCE** that Quality and Safety is appropriately monitored and reported, and that continued actions are in place to further develop quality and safety monitoring and reporting. The Committee requested that action is taken to close longstanding recommendations made by the Health Inspectorate Wales.

CARE INSPECTORATE WALES REPORT – COTTAGE VIEW, KNIGHTON

The Committee heard that a clean inspection had been received for Cottage View Knighton as previous concerns regarding governance and organisational arrangements had been addressed. The Committee **DISCUSSED** and took **ASSURANCE** from the Inspection Report.

HEALTH INSPECTORATE WALES (HIW) – DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR) REVIEW

The Committee received a summary of the report findings and the actions taken to address the outcome of the report. The Committee took **ASSURANCE** that the Health Board are responding appropriately to the HIW DNACPR report.

MENTAL HEALTH POWER OF DISCHARGE ANNUAL REPORT INCLUDING MENTAL HEALTH COMPLIANCE WITH LEGISLATION

The Committee **RECEIVED** the contents of this report and took **ASSURANCE** that the performance of the service in relation to the administration of the

Mental Health Act 1983 has been compliant with legislation. The Committee requested that future reports contain trend data that covers several years.

COMMITTEE RISK REGISTER

The Committee CONSIDERED the corporate risks within the committee's remit, DISCUSSED any relevant issues, and TOOK assurance that risks are being managed in line with the Risk Management Framework. The Committee requested that consideration be given to the inclusion of a risk in relation to the availability of digital information at the point of care.

COMMITTEE WORK PROGRAMME

The Committee received the Work Programme for information and requested that consideration be given as to where research and innovation, and the proposed temporary service changes would be included in Committee work programmes.

An additional PEQS meeting was convened on **5 September 2024**. The Committee considered two annual reports; PTHB's first ever Duty of Quality Annual report and the Safeguarding Report.

The Committee provided feedback and input to help strengthen future Duty or Quality reports and was **ASSURED** the work that had taken place to develop quality within PTHB.

In relation to Safeguarding, there had been a Board development session earlier in the day where questions had been answered and for completeness, these points were restated for the minutes and the assurance recorded.

The reports and responses from staff provided **ASSURANCE** to the Committee and both reports are **RECOMMENDED** for Board approval and onward publication on the website.

ITEMS TO BE ESCALATED/COMMUNICATED TO THE BOARD

Three matters remain that have been communicated to Board:

- Capacity restraints in relation to the use of Civica for patient experience - the meeting had heard that a plan was in place to increase capacity and that the Patient Experience Framework would be brought to Committee in November 2024 when the escalation to Board would be reviewed. No action required from the Board.
- Infection Prevention Control – progress had been (see above) but this matter remains on the Committee agenda. No action required from the Board.

Patterson JZ
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- Mental Health Services in Level 2a local escalation – progress had been made (see above) - but this matter remains on the Committee agenda. No action required from the Board.

NEXT MEETING : 07 November 2024

Patterson, Liz
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Reporting Committee:	Delivery & Performance Committee
Committee Chair	Ronnie Alexander
Date of last meeting:	29 August 2024
Paper prepared by:	Corporate Governance Business Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to **NOTE** that the following matters were discussed at Delivery and Performance Committee on 29 August 2024:

- Finance Performance Report Month 04
- Six Monthly report on Continuing Health Care Savings
- Integrated Quality Performance Report Month 03
- Integrated Plan Progress Report
- Neurodiversity (Children) Performance and Planning Update
- Powys Public Service Board Climate Working Group Update
- Organisational Status (NHS Wales Escalation Framework) Enhanced Monitoring Report
- Committee Risk Register
- Committee Work Programme

The Board is asked to **NOTE** that the following matters were discussed In-Committee:

- Corporate Risk Register – Cyber Security

The papers from this meeting can be accessed at:

[Agenda and Papers-Delivery and Performance Committee 29 August 2024](#)

A summary of the key issues discussed at the meeting are provided below.

FINANCE PERFORMANCE REPORT MONTH 04

The Committee received the report and attention as drawn to the following areas:

- Powys Teaching Health Board (PTHB) continue to monitor against the current year-end deficit forecast of £22.95m
- At Month 4, there was a £10.500m overspend against the planned year to date deficit of £7.6505m giving the Health Board an operational overspend of £2.850m.
- The capital resource limit for 2024/25 was £7.620m. To date £0.257m has been spent.
- Increased pressure areas continue across Pay and Agency costs, Elective and Emergency care alongside Continuing Health Care (CHC), Mental Health and Learning Disabilities (MH&LD) services and pay breakdown.
- CHC overspend total £1.2m at Month 4, these pressures were offset due to the reduced expenditure assumptions on prescribing and dental services.
- New data had been collected and presented around delays across secondary care which potentially could be treated in other provider beds.

The Committee **RECEIVED** the financial report and **ASSURANCE** was provided that the organisation has effective financial monitoring and reporting mechanisms in place.

SIX MONTHLY REPORT ON CONTINUING HEALTH CARE SAVINGS

The Committee received the report which provided an update on the operational pressures and financial performance in relation to Continuing Health Care (CHC). The following key areas were highlighted:

- Planned improvements in practice had impacted positively on performance, recognised further improvements would require resourcing.
- The backlog of overdue reviews had been addressed with a satisfactory outcome resulting from 122 overdue in February 2024 to 21 in July 2024.
- 106 CHC applications reported in Month 3 for this year to date (June 2024)
- Elderly Mentally Infirm (EMI) had increased significantly over the twelve months from May 2023.
- General nursing is reasonably stable across the year with an average of 45 cases per month.

The Committee **DISCUSSED** the report and **NOTED** the actions in place to manage service demand, improve performance and control finances.

INTEGRATED QUALITY PERFORMANCE REPORT (IQPR) MONTH 03

The Committee received the report which highlighted performance achievements and challenges, and a comparison to the All-Wales performance benchmark where available. The following key themes were highlighted for Month 3:

- Key NHS Performance Framework targets remain challenging with Powys planned care services remaining highly fragile at the end of quarter one.
- Challenges across diagnostic pathway breaches which decreased slightly in June with 157 patients waiting over eight weeks.
- Key challenges for Referral to Treatment (RTT) pathways include an especially fragile in-reach service provision.
- Proactive steps continue to be taken and operationally private insource capacity remains key and is confirmed until the end of quarter two.
- Other key actions include ongoing pathway validation and efficiencies work, and use of weekend clinics and theatre sessions.

The Committee **NOTED** the actions in place to manage service demand, improve performance and control spending.

INTEGRATED PLAN PROGRESS REPORT

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The Committee received the report which highlighted the progress made against the Integrated Plan for the Quarter 1 period (April to June 2024) and the output of the reviews carried out by each Executive lead. Progress had been made with the majority of deliverables being 'RAG' (Red / Amber / Green) rated by each Executive lead as either completed, on track or at risk as appropriate. A small number which were rated as behind schedule with a significant number of items not yet due. The priorities within the annual Delivery plan determine whether these need to be reset in the context of capacity required to progress work on Strategic Service Changes and the Routemap to Sustainability and this is under consideration.

It was recommended to increase the focus to link into the performance framework and progress against the plan, this would develop an improved framework and confirmed that this would transact into the next version of the report.

The Committee **CONSIDERED** the report ahead of submission to PTHB Board and took **ASSURANCE** that there is a process in place for monitoring progress against plan.

NEURODIVERSITY (CHILDREN) PERFORMANCE AND PLANNING UPDATE

The Committee was provided with a presentation on Neurodiversity performance following an initial report being considered in January 2024 when the Executive Committee asked for further diagnostic work to be undertaken. A high-level summary of the work was presented, highlighting the following key actions:

- There is a need to address gaps in data and complete population level demand modelling prior to starting work on capacity
- Reduction of time to triage from six months to 28 days
- Establishment of parent and carer group forum focussed on 0–5 years; and 5–11 years to coproduce an early “waiting well” offer and peer support group.
- Implementation of robust communication plan with Carers/parents.
- A Strategic Change Project team had been established to lead and develop a future model on behalf of the Executive Committee.

The Committee were **ASSURED** on the work undertaken to date with the diagnostic assessments. Key issues had been highlighted and **CONFIRMED** the future reporting mechanisms with an update to committee at the December meeting.

POWYS PUBLIC SERVICE BOARD CLIMATE WORKING GROUP UPDATE

The Committee received the report which provided an update on the collaborative work undertaken to date by PTHB through the Powys Public Service Board (PSB) Climate Working Group. The group had been formed to develop and deliver a five-year project to scale and speed up climate action across Powys.

The Committee **NOTED** the work completed within the PSB working group to respond to the climate emergency.

ESCALATED ITEMS

ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) ENHANCED MONITORING REPORT

The Committee received the paper demonstrating five levels of escalation as set by Welsh Government, with PTHB in Enhanced Monitoring (level 3) for Strategy, Planning and Finance. A further presentation was shared with members which provided detail on current plans against the criteria set by Welsh Government, assurance dashboards would continue to be developed and confirmation of the de-escalation criteria and action plan would be shared in due course.

The Committee **RECEIVED** the report as part of a package of assurance that PTHB continues to report as required in relation to its organisational escalation status. The Committee also **NOTED** the latest position on organisational escalation status for PTHB.

COMMITTEE RISK REGISTER

The Committee **NOTED** the July 2024 version of the Committee Risk Register and recognised this was under development. Members took **ASSURANCE** that it is a complete and a true reflection of the Committee’s current high-level risks.

DATE OF NEXT COMMITTEE MEETING:

22 October 2024 via Microsoft Teams

DELIVERY AND PERFORMANCE IN-COMMITTEE MEETING

The following items were discussed in private session:

CORPORATE RISK REGISTER

The Digital First Update of Cyber Security was **NOTED**. Members noted that no change had been identified to the risk and it was recommended that future updates would be incorporated into the Information Technology reporting cycle. Members recognised the work undertaken and **AGREED** for the Cyber Risk updates to be reported by exception.

MINUTES OF THE IN-COMMITTEE HELD ON 27 JUNE 2024

The Committee **CONFIRMED** that the minutes of the In-Committee held on 27 June 2024 as an accurate and true record.

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Reporting Committee:	Executive Committee Chairs report to Board
Committee Chair	Hayley Thomas, Chief Executive
Date of last meeting:	4 September 2024
Paper prepared by:	Director of Corporate Governance Corporate Business Manager
KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE	
<p>The Executive Committee is chaired by the Chief Executive with all members of the Executive team acting as members of the Committee. The Committee meets within In-Committee sessions due to the practical nature of the day-to-day management and operations of the organisation.</p> <p>I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 10 July, 17 July, 31 July, 7 August, 21 August and 4 September 2024. Meetings following these dates will be reported to the Board in November 2024.</p>	

Key:

ARAC	Audit, Risk & Assurance Committee	PEQS	Patient Experience, Quality & Safety Committee	JLT	Joint Leadership Team
CF	Charitable Funds Committee	PPPH	Planning, Partnerships & Population Health Committee	W&C	Workforce & Culture Committee
D&P	Delivery & Performance Committee	RATs	Remuneration & Terms of Service Committee		

Report of the Executive Committee Chair

Board Meeting
25 September 2024
Agenda Item 1.7c

Topic / Agenda Item	Purpose				Additional Comments	Onward to Committee or Board
	Approval	Assurance	Discussion	Information		
10 July 2024						
Transformation Update (Accelerated Sustainable Model)				x	Received an update on the work of the main supporting programmes covering the full Q1 reporting against the Delivery Plan. Agreed that reporting to the Committee would reduce from monthly to quarterly on the basis programme management is in place with annual delivery plan monitoring.	PPPH
Radiology Information System Procurement (RISP)	x		x		Received an update regarding radiology capital equipment and timeframes. The Committee DISCUSSED and APPROVED the recommendations included in the report.	
Strategic Change Programme Board Update				x	The Committee NOTED the update on the cases for change which would continue to be developed and brought forward for recommendation at an additional Committee meeting on 15 July.	Board
Finance Month 3 Flash Report		x		x	The Committee receive the update noting there was a £6.614M overspend against planned year to date deficit of £5.737M.	D&P, Board
Integrated Quality Report		x			The report provided the Committee with an overview of the Quality and Safety agenda, noting that compliance with complaints and concerns is increasing and good progress being made with incident sign off. The committee took ASSURANCE that quality and safety is appropriately monitored and reported, with continued actions in place to further develop monitoring and reporting.	PEQS

Report of the Executive Committee Chair

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Breastfeeding Welcome Scheme	x				APPROVED for the Health Board to 'sign up' to the Breastfeeding Welcome scheme and for phased implementation across the organisations. NOTED the proposed planned launch of the Breastfeeding Welcome Scheme across the Powys area	
Policy on Audio and Video Recordings by Patients and the Public	x				The Committee APPROVED the policy.	
Trusted Assessor Briefing				x	NOTED the update for information.	
Audit Recommendation Tracker		x			CONSIDERED the current position of outstanding Audit Recommendations and took ASSURANCE that the organisation has an appropriate system for tracking and responding to audit recommendations.	ARAC
Body Store Closure	x				APPROVED the removal of fridges and formal decommissioning of the remaining body storage buildings at Ystradgynlais, Brecon, Bronllys, Llandrindod, Knighton, Llanidloes and Welshpool Hospitals. The committee also APPROVED the transfer of the responsibility for the policy and all procedures relating to support of family, nursing preparation of the deceased and arrangement of funeral director to nursing services.	

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Topic / Agenda Item	Purpose				Additional Comments	Onward to Committee or Board
	Approval	Assurance	Discussion	Information		
15 July 2024						
Proposals for Temporary Changes to Health Services in Powys	x				Considered and discussed two cases for change.	Board

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Board Meeting
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Agenda Item 1.7c

Topic / Agenda Item	Purpose				Additional Comments	Onward to Committee or Board
	Approval	Assurance	Discussion	Information		
17 July 2024						
Strategic Change Programme Update		x		x	The Committee received an update on the programme.	
Finance Report – Month 3		x			Two key areas creating financial pressure were brought to the Committee’s attention, noting that Continuing Health Care cases increase and there are number of high-cost cases and also agency spend not reducing. The Committee received the financial report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place.	Board
Integrated Quality and Performance Report		x	x		The Committee received the report which provided an update until the end of May. The below key items were brought to the Committee’s attention: <ul style="list-style-type: none"> - Diagnostic pathway breaches increased in May. - Some pressure starting to build in own RTT list. - Performance doing well against Cabinet Secretary measures. - Behind target with some Mental Health targets. The Committee DISCUSSED and took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.	Board
Data Protection &	x				The Committee APPROVED the policy.	

Confidentiality Policy						
WOD Policies	x				<p>The Committee were provided an update for the following policies, noting that these have been through the WPRG:</p> <ul style="list-style-type: none"> - Volunteers Policy and Procedure - Equality Impact Assessment Policy - Flexi Hours Policy – current procedure remains extant whilst a further review is undertaken to consider whether an updated policy position is required. - Shared Parental Leave Procedure – a fundamental review of this policy will be undertaken by November. <p>The Committee APPROVED the amendments and introduction of the policies outlined within the report.</p>	
Mental Health Escalation update		x			The Committee received a verbal updated position in Mental Health Services. The Committee NOTED the continuing actions and work in progress.	
Infection, Prevention & Control Annual Assurance Report			x		The Committee RECEIVED and DISCUSSED the IPC Improvement Plan at the end of year one and SUPPORTED the objectives set for year 2 and the contents of the 2023/24 Annual Report.	PEQS
Nationally Reportable Incident (NRI) Report			x	x	Received an update on open Nationally Reportable Incidents (NRIs) and discussed the length of time that some NRIs have remained open. The Committee were INFORMED by the contents of the report.	
LTA/SLA				x	The Committee received an update on the Welsh LTA/SLA and NOTED the update provided.	
Covid-19 UK Public Inquiry		x		x	The Committee NOTED the submission of a statement from the Chief Executive in response to a module 3 rule 9 request and took ASSURANCE from the report and APPROVED the recommendation not to apply for Core Participant Status for Module 9. The committee	Board

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					NOTED the current position in relation to the WG Special Purposes Committee.	
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Board Meeting
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Topic / Agenda Item	Purpose				Additional Comments	Onward to Committee or Board
	Approval	Assurance	Discussion	Information		
31 July 2024						
Strategic Change Programme Update	x			x	<p>An update was received and subsequent discussion took place. It was noted that the staff engagement is continuing and the Director of Improvement and Transformation is now being advertised.</p> <p>The Committee AGREED for the OCP formal process to commence for the changes to opening hours in Minor injuries Units. The Committee NOTED the update.</p>	
Marches Forward Partnership				x	The Committee received a presentation and were briefed on the emerging proposal within the Marches Forward Partnership. The Committee recognised the potential opportunities but noted it is still in the discovery phase of understanding. The Committee DISCUSSED and NOTED the report.	JLT
Mental Health Escalation Update		x			The Committee were updated on progress being made and noted the great progress with actions. The Committee took ASSURANCE that the implementation of the IQPF Escalation Oversight mechanism is providing robust oversight of the quality improvement and risk mitigation work being undertaken within Mental Health Services. The Committee NOTED and DISCUSSED the contents of the report, including the action plan, progress that has been made and updated maturity assessment.	PEQS

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North Powys Wellbeing Programme			x		Received an update on the North Powys Wellbeing Programme, with a particular focus on current position and request from WG to look at affordability. The Committee DISCUSSED the report and provided a steer, noting the confidential nature of the report.	PPPH / Board
Strategic Change Report			x		The report provided an updated stocktake of Strategic Change programmes around Wales and England. The Committee NOTED and DISCUSSED the content.	PPPH
International Nurse Resettlement Briefing	x				The Committee SUPPORTED the recommendation for splitting the nursing cohort, in the event of not finding accommodation.	
Smoke-Free Powys: Update and Assurance		x			A report was presented to provide an update on the actions in Powys to implement the Tobacco Control Strategy for Wales and progress towards meeting IMTP targets. The Committee NOTED the contents and took ASSURANCE about progress towards a smoke-free Powys.	PPPH
Winter Respiratory Vaccination	x			x	The Committee were informed of the plan for delivering this vaccination programme (including the eligible population groups, the blended delivery model and the complex logistics). The Committee APPROVED the submission for the proposed plan to NHS Executive and SUPPORTED the invitation to staff for the flu vaccine at the end of September.	
Respiratory Syncytial Virus (RSV) Programme	x			x	The Committee were informed of the plan for this vaccination programme (noting the eligible population groups and the risks to the commencement of the programme in September). The Committee APPROVED the submission of the proposed plan to NHS Executive and APPROVED the suggested delivery models.	

Topic / Agenda Item	Purpose	Additional Comments	Onward to Committee or Board
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Board Meeting
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	Approval	Assurance	Discussion	Information		
7 August 2024						
Strategic Change Programme Update				x	The committee DISCUSSED and NOTED the recent update.	
Value Based Commissioning Group Draft Terms of Reference	x				The Committee were supportive of the proposal received and APPROVED the terms of reference.	
Q1 Integrated Plan Progress Report					The Committee CONSIDERED the report and took ASSURANCE there is a process in place for monitoring progress against the plan. The Committee requested that the Board receive the Q1 report and revised plan. The Committee discussed and strengthened areas of the report and APPROVED the change requests submitted by leads as part of the Q1 process.	D&P, Board
Adult Mental Health Sanctuary Pilot Proposal	x				The Committee REJECTED the proposal to implement an adult sanctuary pilot in North Powys for two years – the committee recognised the work that had taken place but such a decision would be premature in the absence of other information and conventional evidence. It was noted it might be possible to revisit in a few months should it form part of the Health Board’s model.	
Physician Associates Proposal	X				There was overall support for the proposal provided financial benefits could be derived and the Committee APPROVED the development of up to two PA roles within Mental Health Services in Powys Teaching Health Board.	

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Neurodevelopmental service report			x		The Committee RECEIVED and DISCUSSED the diagnostic assessment and APPROVED the recommendations and next steps. The Committee NOTED the update will be provided to the Delivery & Performance Committee on 29 August 2024 and requested a review of timescales and to provide assurance that those immediate matters had been adequately addressed. The Integrated Quality and Performance Framework should also be applied to this work.	D&P
Mental Health Escalation Update				x	The Committee received a verbal updated position in Mental Health Services. The Committee NOTED the continuing actions and work in progress.	
Information Governance Performance Report		x			The Committee NOTED the contents of the report for assurance and SUPPORTED actions required to improve compliance including discussion as part of informal executives on FOI signoff process.	
Continuing Health Care (CHC) Performance and System Challenges Update		x		x	The committee received an update on the financial performance and current operational pressures in relation to CHC/Complex Care. The report was DISCUSSED and NOTED the actions in place to manage service demand, improve performance and control spending.	D&P
Powys PSB Climate Working Group update		x		x	The Committee NOTED the report on the work completed to prioritise responding to the Climate emergency and TOOK ASSURANCE against progress on the actions within the Health Board's responsibility.	

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Topic / Agenda Item	Purpose				Additional Comments	Onward to Committee or Board
	Approval	Assurance	Discussion	Information		
21 August 2024						
Strategic Change Programme Update				x	The Committee were updated on progress noting that workstreams and plans are progressing; that the engagement period had been extended and updated timeline shared with the Committee. The Committee NOTED the update.	
Finance Report Month 4		x			An update on Month 4 was provided, noting that there is a £10.5M overspend against planned year to date deficit giving an operational overspend of around £2.9M. The Committee RECEIVED the financial report and took assurance that the organisation has effective financial monitoring and reporting mechanisms in place.	D&P
Integrated Quality and Performance Report Month 3		x			An update on Month 3 was provided which the Committee NOTED, DISCUSSED and were ASSURED.	D&P
Duty of Quality Annual Report			x	x	The Committee received the Duty of Quality Annual Report (2023-24) which reflected the Health Board's progress to improve the quality of services and population outcomes for the past year. The Committee NOTED the report.	PEQS
Safeguarding Annual Report			x	x	The Committee received the Safeguarding Annual Report (2023-24). The Committee NOTED the report and acknowledged that it would be UPDATED prior to onward consideration at PEQS committee.	PEQS

Resus Update				x	The Committee were provided with an update on activity relating to Resuscitation since May. The Committee NOTED the position.	
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Report of the Executive Committee Chair

Board Meeting
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Topic / Agenda Item	Purpose				Additional Comments	Onward to Committee or Board
	Approval	Assurance	Discussion	Information		
4 September 2024						
Strategic Change Programme Update				x	The Committee NOTED an update and that updated cases for change and mitigation plans would be presented to the Committee in October and subsequently to Board.	Board
Flu and RSV Update				x	A detailed update on the Flu and RSV programme was presented to members and NOTED the update in delivery models and that the a blended delivery model for the RSV vaccination is still progressing as GP participation is being confirmed. The Committee AGREED for the 7 GP Practices to commence the adult flu programme in September due to pressure and continue as AGREED in July to offer Health Board staff flu vaccination during the latter part of the week commencing 23 September.	
Mental Health Escalation Update		x	x		The Committee NOTED the good progress continuing to be made and requested that a timeline is firmed up for the de-escalation process.	PEQS
Corporate Risk Register			x		The revised corporate risks were RECEIVED and REVIEWED – noting that further updates required if not already provided.	Board
RISP Update				x	The Committee NOTED a verbal update on progress with the RISP programme, with a detailed update and discussion scheduled for mid-September.	

ITEMS TO BE ESCALATED TO THE BOARD

A large number of topics from this report are reported either to the full Board or one of its other Committees.
There are no specific topics to escalate that have not already been reported to or addressed by the Board or a Board Committee.

NEXT MEETING

The Executive Committee generally meets fortnightly with additional meetings held if urgent matters arise. The Committee will continue to report to the Board.

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Report of the Executive Committee Chair

Board Meeting
25 September 2024
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Reporting Committee:	Planning, Partnerships and Population Health Committee
Committee Chair	Rhobert Lewis
Date of last meeting:	13 August 2024
Paper prepared by:	Corporate Governance Business Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to **NOTE** that the following matters were discussed at the Planning, Partnerships and Population Health Committee on 13 August 2024:

- Strategic Change Report
- Winter Respiratory Vaccination Update
- Transformation-Better Together
- Tobacco Control
- Deep Dive – Diabetes
- Committee Risk Register
- Committee Work Programme

The papers from this meeting can be accessed at:
[13 August 2024 - Powys Teaching Health Board \(nhs.wales\)](#)

The Board is asked to **NOTE** that the following matters were discussed In-Committee:

- North Powys Wellbeing Programme

A summary of the key issues discussed are provided below.

STRATEGIC CHANGE REPORT

The Committee **RECEIVED** the report which summarised the stocktake of Strategic Change programmes which may impact on Powys Teaching Health Board (PTHB) services and patients. Key actions within the Plan are collated under the five priority objectives that the Health Board uses for special measures. Powys had increased the alignment of planning and special measures response to allow to focus on areas that are most likely to lead to greatest improvement.

The Committee **NOTED** the update within the Strategic Change Report and **ASSURANCE** was provided that the organisation has the appropriate processes in place to monitor and review Strategic Change programmes across Wales. The Service Change Engagement report was RECEIVED and **ASSURANCE** was provided in terms of the delivery of engagement and consultation programmes.

WINTER RESPIRATORY VACCINATION UPDATE

A verbal update was provided on the Winter Respiratory Vaccination and the following key changes were highlighted:

- Adults over 65 years of age, Flu and Covid vaccinations would begin from early October 2024.
- Two-Three year olds vaccination rollout from early September 2024 via General Practices.
- Joint Committee on Vaccination and Immunisation (JCVI) had published guidance on vaccination for eligible cohorts.
- Respiratory Syncytial Virus (RSV) had introduced a new programme for three target groups:
 - Pregnant women at 28 weeks, delivered by Midwives from early September 2024, work was underway to review procurement of vaccine by Welsh Government.
 - Adults over 75 years of age would be offered vaccination with 12 weeks of turning 75 years.
 - A one-off catch-up programme would be delivered by the Health Board from February to September 2025 for those Adults over 75-80 years.

The Committee **RECEIVED** the verbal update on the Winter Respiratory Vaccination Programme **NOTED** the key changes.

TRANSFORMATION-BETTER TOGETHER

The Committee received the report on the newly established Directorate of Improvement and Transformation which had been formed to lead a development strategy of the following key programmes:

- Temporary Service Change
 - Innovation and Business efficiencies
 - Value
 - North Powys Programme
 - Sustainable Powys, Better Together
 - Organisation wide deployment of improvement skills
- Routemap to sustainability.

The Committee **RECEIVED** the update on the Transformation – Better Together Programme and **NOTED** the key changes.

TOBACCO CONTROL

The Committee **RECEIVED** the report which provided assurance on the delivery of actions towards achieving PTHB’s smoking cessation targets and the ambition of a smoke free Powys by 2030. Data analysis of smoking rates across General Practices had been completed with telephone follow-up and online support provided. The Just Be Prevention programme sets out a three-phased plan which had been delivered across six comprehensive schools across Wales.

Independent Members congratulated the Public Health Team on the success of achieving the Health Board target of 5% and referenced the importance of the work undertaken.

The Committee **NOTED** the report and took **ASSURANCE** on the progress towards a smoke-free Powys.

DEEP DIVE-DIABETES

The Committee received the report and took assurance that work had been completed across the service and noted the key findings. The Committee **APPROVED** the recommendations from the report.

COMMITTEE RISK REGISTER

The Committee **CONSIDERED** the July 2024 version of the Committee Risk Register, which reflects the risks identified as requiring oversight by this Committee.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD

It was noted that a verbal update was provided to the Board In-Committee on 21 August 2024 to support the discussions and agreed actions of the North Powys Well Being Programme. It was **AGREED** that the Maternity Dashboard to look at smoking rates in pregnancy would be added to a future Board Briefing agenda for further discussion.

COMMITTEE REFLECTIONS

The following summary of business and reflections were provided by Committee members:

- Strong detailed discussions
- Good, varied range of Executive Director voices.
- Strong focus on Health Board staff
- Pragmatic with reflective and relevant topics
- Quality and planning of papers well received
- Independent Member contribution was well received
- Selective balance and perceptive questions posed;
- Chaired very well given timing structure.

DATE OF NEXT COMMITTEE MEETING

14 November 2024, via Microsoft Teams.

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Reporting Committee:	Charitable Funds Committee
Committee Chair	Carl Cooper
Date of last meeting:	9 September 2024
Paper prepared by:	Deputy Board Secretary

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to **NOTE** the following matters were discussed and resolved at the Charitable Funds Committee (CFC) on 9 September 2024. The papers from this meeting can be accessed at: [09 September 2024 - Powys Teaching Health Board \(nhs.wales\)](#)

New Ways of Working Charity Dashboard

CFC was updated on the development of a Charity Metrics dashboard and invited to provide feedback on other areas for inclusion. CFC requested that the dashboard be developed to show growth and performance throughout the year rather than at a point in time. CFC welcomed information on how funds were spent across the county. CFC also ratified projects approved under Delegated Authority by Local Fund Managers.

Communications & Website

CFC noted a change to the presentation of data to cover a three-month reporting period (noting monthly data was still available) and the development of the Charity’s website. CFC requested more information on the impact of the communication & engagement activity e.g. number of newsletter subscribers who opened emails and time spent reading, without removing the simplicity of the report.

Annual Event & Corporate Partnerships

CFC welcomed the proposal for an annual event covering a whole month and made some suggestions to increase and widen inclusion in this from an equality perspective. CFC also supported the development of corporate partnerships and the opportunities they offer.

Proposed Grant Schemes

CFC **APPROVED IN PRINCIPLE** the development of three new Health & Wellbeing annual grant schemes (Patient, Staff and Community) of £12k each split into maximum £500 amounts split geographically by area. Signoff of the grants was delegated to the Chair and Deputy Chief Executive/Executive Director of Finance, Capital and Support Services and CFC would review the arrangements after six months.

Financial report

Colleagues reported on Charity expenditure and income, noting that income had exceeded expenditure by £99k year to date. This demonstrated bids were being received and approved, but there was recognition of the need to set targets on both spending and income, alongside taking a more strategic approach to larger legacy funds.

The Investment Manager’s (Brewin Dolphin) report was **NOTED** for information with no real change to the holdings’ value, which was greater than the initial investment.

Delegated Approval Financial Levels

CFC **APPROVED** an increase of Local Fund manager approval levels from £5,000 to £10,000 for all funds (General, Local and Grant Schemes). This was in line with financial limits and would shift lower-level grants away from CFC and allow more time for strategic items and bigger projects/bids.

Knighton Hospital Signage - CFC SUPPORTED a joint project with Knighton League of Friends for renewal of the signage at Knighton Hospital. Total estimated cost is £20k with the Health Charity contributing 50%.

Newtown League of Friends - CFC heard that Newtown League of Friends was planning to wind down and seeking the transfer all remaining funds to the Health Charity for use specifically at Newtown Hospital. CFC recorded thanks to all the volunteers (past and present) at Newton League of Friends for their support and donations over the years.

Terms of Reference - CFC terms of reference are being reviewed and a final version will be presented for approval at the next meeting.

Charity team structure - The Director of Corporate Governance updated on proposals for the Charity team staffing structure and the ongoing work related to this.

FUNDING BIDS

CFC was assured in each case that charitable funds were not being used for something that should be NHS funded and that the bids delivered “added or enhanced value”.

P Block construction project (GF01)
Update provided on the development of space that would be available for voluntary groups, following Chair’s approval outside of the meeting.
Making Memories for Bereaved Families (GF04)
£1,152.80 APPROVED IN PRINCIPLE for memory trees across the estate, subject to clarification on how these would be maintained with delegated authority to Chair and Interim Charity Manager for final sign off.
Signage screens in maternity (GF07)
£8,088 APPROVED for screens to share public health and equality, diversity and inclusion messages. CFC requested assurance on how this would integrate with existing information screen system.
GF08– Twymyn ward construction project (GF08)
£77,125 APPROVED to upgrade and enhance two units and a nurse station providing a more immediate benefit to both patients and staff.
Bronllys Flag Poles (LF20)
£1,616 APPROVED for two flag poles to provide greater visibility on site for flags.
Ambua View Advance EUC CIB V2 iPads (LF28)
Funding requested £8,300 APPROVED for iPads that would allow earlier sign posting and increased capacity.
DATE OF NEXT COMMITTEE MEETING
2 December 2024



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 3.1

BOARD **25 SEPTEMBER 2024**

Subject:	Annual Duty of Quality Report 2023-24
Approved and presented by:	Claire Roche, Executive Director of Nursing, Quality, Women and Family Health
Prepared by:	Zoe Ashman, Interim Assistant Director Women & Children
Other Committees and meetings considered at:	Executive Committee 21 August 2024 Patient Experience, Quality and Safety Committee 05 September 2024 who recommend the approval of the report to the Board.

PURPOSE:
To present to the Board the Powys Teaching Health Boards Annual Duty of Quality Report 2023-24.

RECOMMENDATION(S):
The Board is asked to **APPROVE** the Annual Quality Report.

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

Objective	Alignment
1. Focus on Wellbeing	Y
2. Provide Early Help and Support	Y
3. Tackle the Big Four	Y
4. Enable Joined up Care	Y
5. Develop Workforce Futures	Y
6. Promote Innovative Environments	Y
7. Put Digital First	Y
8. Transforming in Partnership	Y

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EXECUTIVE SUMMARY:

This Quality Report is intended to summarise and reflect the Health Board's progress to improve the quality of our services and population outcomes during the last year.

The Duty of Quality (Health and Social Care (Quality and Engagement) (Wales) Act 2020) applies to all health care service function, and not just clinical functions in NHS Wales. Ministers and NHS bodies will have to actively consider whether their decisions will improve service quality and secure improvement in outcomes. This approach supports the five ways of working in The Well-being of Future Generations (Wales) Act 2015 to achieve a healthier Wales. The Duty aims to:

- Ensure that all strategic decisions are made through the lens of improving the quality of services and patient outcomes.
- Exercise their functions in a way that considers how they improve quality and outcomes on an on-going basis.
- Actively monitor progress on the improvement of quality services and patient outcomes and routinely share information on this progress with population.
- Strengthen governance arrangements by reporting annually on the steps taken to comply with the Duty and assess the extent of improvements in outcomes.
- Ensure that NHS organisations are operating an interlinked Quality Management System.
- Create a quality culture within organisations.

DETAILED BACKGROUND AND ASSESSMENT:

Following the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, which came into force in April 2023, it is a requirement for health boards to publish an annual quality report. Given the Act and its implementation is 'new' in Wales health boards have been afforded the opportunity to have a 'light' touch for the first report with expectations it will evolve and develop over proceeding years.

This first report provides an overview of the Health Board's development and progression within the quality sphere and alignment of a quality management system which will further mature during 2024/25.

NEXT STEPS:

Publication of the Annual Duty of Quality Report.

IMPACT ASSESSMENT

This section must be completed for all strategic organisational decisions including approval of health board policies.

QUALITY:

	No impact	Negative	Positive	Both
Safe			X	
Timely			X	
Effective			X	
Efficient			X	
Equitable			X	
Person Centred			X	
Workforce			X	
Leadership			X	
Culture			X	
Information			X	
Learn, Improve, Research			X	
Whole Systems Approach			x	

Following the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, a requirement of the Act is for all health boards to publish an annual report in line with the Duty of Quality. This Quality report is intended to summarise and reflect progress to improve the quality of our services and population outcomes during the last year.

EQUALITY:

	No impact	Negative	Positive	Both
Age	X			
Disability	X			
Gender reassignment	X			
Marriage / civil partnership	X			
Pregnancy / maternity	X			
Race	X			
Religion or Belief	X			
Gender	X			
Sexual Orientation	X			
Welsh Language			x	
Socio-economic status	X			
Social exclusion	X			
Carers	x			

The proposal will not disproportionately affect any of the protected characteristics

RISK ASSESSMENT:

	Level of risk identified			
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)
Clinical		x		
Financial			x	
Corporate		x		
Operational		x		
Reputational		x		

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NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Annual Duty of Quality Report 2023- 2024



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PTHB Board
25 September 2024
Item 3.1a

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1.0 Foreword

Powys Teaching Health Board has a whole range of responsibilities for healthcare for the people of Powys, both as a provider and a commissioner of services. It can therefore be a broad, complex arena to navigate for both health care professionals along with the citizens of Powys.

The Health Board continues to focus on the medium-to-long term strategic goals set out in our Health and Care Strategy:

Focus on Wellbeing, Early Help and Support, Tackling the Big Four, Joined Up Care; enabled through

Workforce Futures, Digital First, Innovative Environments, Transforming in Partnership

We are really pleased to provide you with the Health Boards first Duty of Quality Annual Report. We hope this report provides you with an overview of what we have been doing over the last year to improve the quality oversight and infrastructure across Powys as well as some of the improvements we have made. We will continue to work with LLAIS along with the communication and engagement team to further enhance our report next year by, taking feedback on this years' report and asking what, in addition our citizen's would like to see in future reports.

Our Quality and Safety Vision is to ensure that quality, patient safety, and experience are central to all our actions. Every decision we make aims to actively involve both those who receive care or access services and those who provide it, while maintaining a persistent commitment to learning and improvement.

To successfully realise this vision, establishing a just safety culture and embracing compassionate leadership approaches are crucial. This first Duty of Quality Annual Report will review our achievements in improving the quality of our service.

2.0 Introduction

This Quality report is intended to summarise and reflect the Health Board's progress to improve the quality of our services and population outcomes during the last year.

The Duty of Quality applies to all health care service function, and not just clinical functions in NHS Wales. Ministers and NHS bodies will have to actively consider whether their decisions will improve service quality and secure improvement in outcomes. This approach supports the five ways of working in The Well-being of Future Generations (Wales) Act 2015 to achieve a healthier Wales. The Duty aims to:

- Ensure that all strategic decisions are made through the lens of improving the quality of services and patient outcomes.
- Exercise their functions in a way that considers how they improve quality and outcomes on an on-going basis.
- Actively monitor progress on the improvement of quality services and patient outcomes and routinely share information on this progress with population.
- Strengthen governance arrangements by reporting annually on the steps taken to comply with the Duty and assess the extent of improvements in outcomes.

- Ensure that NHS organisations are operating an interlinked Quality Management System.
- Create a quality culture within organisations.

3.0 Quality Governance

As an NHS Wales organisation, there are clear expectations set out for the quality standards we must maintain. These are set out through the:

- Health and Social Care (Quality and Engagement) (Wales) Act 2020;
- A Healthier Wales;
- Core Commissioning Requirements.

With our aims to continuously improve and learn, new legislative requirements support the quality governance framework during 2023/2024. The Health and Social Care (Quality and Engagement) (Wales) Act 2020 has placed increased responsibility on health and care organisations in Wales. Enhancing quality, honesty and transparency, the legislation provides the Health Board with a Duty of Quality, Duty of Candour, and establishes a Citizen Voice Body. Thus, enriching engagement with our citizens and wider communities. Developing our organisational culture and embedding the Duty of Candour have been critical in being open and honest with our citizens and service users where our services have not met expectations or caused harm. Candour will be utilised to drive improvement whilst embracing innovation opportunities.

The existing quality governance structure has been maintained. The Patient Experience, Quality and Safety Committee continued to receive reports on assurance and escalated risks linked to patient experience, quality, and safety.

The key aspects of the quality governance arrangements in the Health Board are:

- Commissioning Assurance Framework:
 - Quality
 - Access
 - Cost/Finance
 - Governance & strategic change
- Putting Things Right (Concerns, Incident, Redress and Clinical Negligence)
- Clinical Audit
- Data – CHKS – healthcare intelligence and quality improvement, benchmarking
- External Reviews – e.g., Getting It Right First Time
- Professional practice supervision/regulation
- Staff Surveys
- Organisational Development Framework
- Relationships/Escalations – Care Quality Commission, Healthcare Inspectorate Wales etc

A focus on quality has been maintained through the following activity in 2023/2024:

- Continued work to address the recommendations from the Audit Wales Review of Quality Governance (October 2021). The Review was positive overall with helpful areas for improvement identified.

- A focus on improving quality metric reporting which has been supported by the implementation of the Integrated Quality Performance Framework (IQPF).
- Implementation of the Medical Examiner Service.
- Completion of the National Nosocomial COVID-19 Programme (NNCP).
- Safeguarding & public protection annual report presentation to the Patient Experience, Quality and Safety in December 2023; and

There has been continued focus on the Health Board’s formal process, in line with the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 also known as Putting Things Right, which aims to address concerns in a proactive, timely and open manner.

Learning from concerns has continued to mature, ensuring lessons are learned and both patient and staff experiences are heard, along with influencing change if required.

3.1 Health and Care Standards

The Health and Care Quality Standards replace the 2015 Health and Care Standards as set out in [WHC/2023/013](#). The inclusion of quality directly aligns the standards with the [Duty of Quality](#) introduced in April 2023 through the [Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#). The standards set out the expectations for services in both a provider and commissioned basis for local citizens. They are aligned to the health board Quality Management System and cross referenced as part of Committee reporting, with associated risks and escalation raised.

Decisions should be based on the 12 Health and Care Quality Standards 2023: Safe, Timely, Effective, Efficient, Equitable and Person-centred (STEEP) care delivered through: Leadership, Workforce, Culture and Valuing People, Information, Learning, improvement and research, Whole systems approach.

The diagram illustrates the standards:

The 12 standards are made up of six domains of quality (a domain is a particular area or things we want to have good quality health care) as highlighted in the diagram.



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4.0 The quality journey

4.1 Safe Care Collaborative

The Safe Care Collaborative is part of the Safe Care Partnership, which is a collaboration between NHS Wales health boards and trusts, Improvement Cymru and the Institute for Healthcare Improvement (IHI).

The partnership's aim was to coach and support health boards and trusts to improve the quality and safety of care across their systems. The Safe Care Collaborative created a learning system where organisations tested and measured practice innovations and shared their experiences to accelerate learning and widespread implementation of best practices for safe care. It brought together teams, coaches, executives, and senior leaders for safety from across all the health boards and trusts in Wales to focus on a common aim.

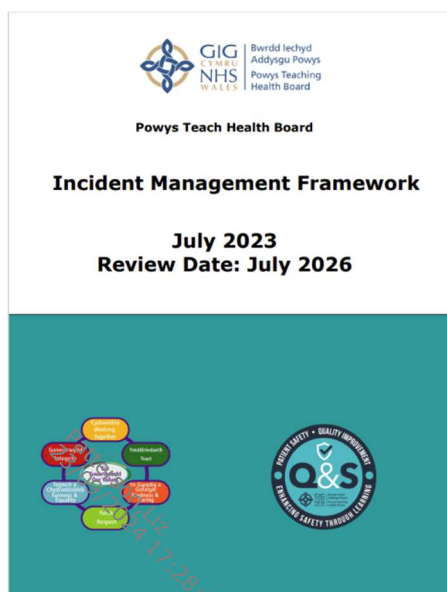
Improvement Cymru colleagues were invited to our local Safe Care collaborative meetings. The team focussed on the completion of level 2 Quality Impact Assessments required by Welsh Government to support the cost saving projects. The health board priority projects focussed on:

- Reducing numbers of patients not attending for outpatients' appointments (DNA).
- Care of the deteriorating patient

Leading Patient Safety Programme 2023/2024

In August 2023 two additional employees were successful in securing a place on the second cohort of the Leading Patient Safety Programme. They joined 30 other leaders in patient safety from across the NHS Wales system, focusing on building a system of safety within their organisations. At the end of the programme, they will join the Leading Patient Safety network.

5.0 Examples of how we have improved the quality of our services



5.1 Implementation of Incident Management Framework

The framework will support and further enhance the response to the management of incidents. There is a robust focus on compassionate leadership, management and engagement to ensure appropriate involvement for all those affected by safety incidents, including staff, service users/patients, carers/family.

Learning following an incident to reduce or prevent recurrence is paramount and reinforces improvements are key to a high-quality organisation.

5.2 Learning Group

The Learning Group is supported by all Clinical Directors and their teams. This forum is a key enabler to the reporting and monitoring process further supported by the implementation of the Incident Management Framework.

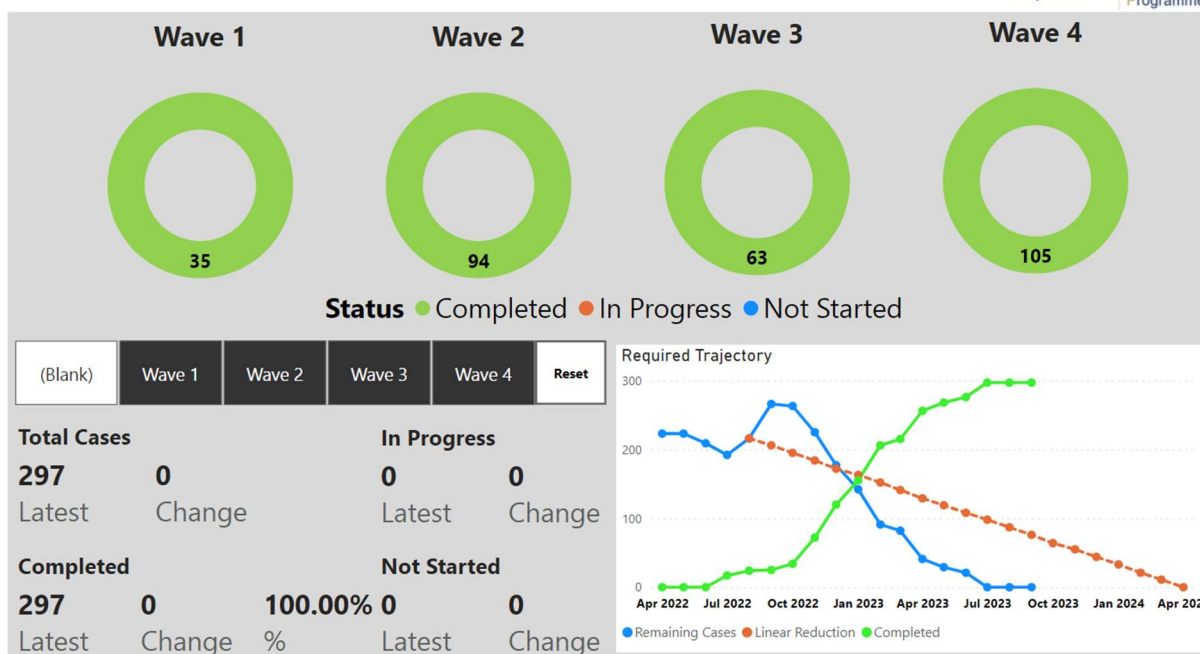
The team have supported learning events to discuss incidents that have occurred with common themes and crossover of learning. The learning events have been well attended by key individuals within the services to further strengthen the actions for improvement that are required. It is envisaged that these events will ensure that teams develop a safe culture to learn, improve and celebrate their successes.

5.3 National Nosocomial Framework

In March 2021, the Framework into the 'Management of patient safety incidents following nosocomial transmission of COVID-19' was published. Any hospital acquired infection, including COVID-19, is considered a patient safety incident and therefore the provisions of the Putting Things Right Regulations (PTR) apply.

To date, the Health Board has not received any concerns from families or patients affected by nosocomial transmission of Covid-19. No identified cases where severe harm or death have occurred have been identified thus far and therefore, duty of candour conversations with patients and/or families have not been required. The programme completed all cases during July 2023 and will be providing information to the national team for an end of programme report regarding learning.

NNCP Data - Powys Teaching HB



Learning identified within the Nosocomial Framework specifically for Powys includes:

- With the restrictions to visiting and flow numbers of nosocomial cases were low, Health Board had an advantage of planned admissions following strict guidance.
- Clear tracking of patients i.e., location of bed on ward, would have been helpful to identify learning during outbreaks.
- Increased visibility of IP&C team and presence in clinical areas to provide support to teams could have been improved

- Outbreak meetings could have been better structured and communicated more effectively The Learning from outbreaks did not always effectively inform care planning or future actions.
- Training has been provided by the nosocomial team to support ward managers and team leads to manage incidents associated with Nosocomial infections.

5.4 Medical Examiner Service

During 2023 the Medical Examiner Service took over the review of all in-patient deaths. The Medical Examiner Service began as a pilot at Brecon and Bronllys hospitals in April 2022 being followed by Ystradgynlais hospital who joined the programme in July of 2022.

The remaining sites, Llandrindod, Machynlleth, Llanidloes, Newtown and Welshpool went live in February of 2023.

Between the beginning of the Medical Examiner Pilot and the end of February 2024 a total of 318 Community Hospital in-patient deaths have been reported to, and reviewed by, the Medical Examiner Service.

Of these 318 cases a total of 77 cases have been referred back to the Health Board by the Medical Examiner Service. A referral by the Medical Examiner Service does not necessarily mean that there has been an identified problem with the care provided. The Medical Examiner will comment on anything they consider might be interesting or beneficial for the Health Board to be informed of, or to review. The Medical Examiner Service also talks to the next of kin of the deceased and gives them the opportunity to raise any issues in the care of the deceased. This can include care received at out of county District General Hospitals, Social Services interactions, GP care or experience with the Ambulance Service.

All 77 cases have been reviewed by the Health Board and no causes for concern over the care provided by the Health Board have been identified.

Learning identified:

- Ensure families/NOK are notified when a patient's condition changes during the night.
- Ensure all documentation (including digital records) are shared with the ME.
- Improved communication is required for families/NOK when patients are at the end of life.

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6.0 Duty of Candour

The duty of candour is a legal requirement for NHS bodies in Wales to be open and honest with service users receiving care and treatment. The duty stems from the Health and Social (Quality and Engagement) (Wales) Act which became law in 2020, and became operational from 1 April 2023.

Within the health board, we strive to provide high quality, safe and compassionate care to all of our service users. However, even when we do our best, people may sometimes experience harm. That's why we have the Duty of Candour.

Our goal is to create a culture of trust and openness, so that service users feel confident in the care you receive from us.

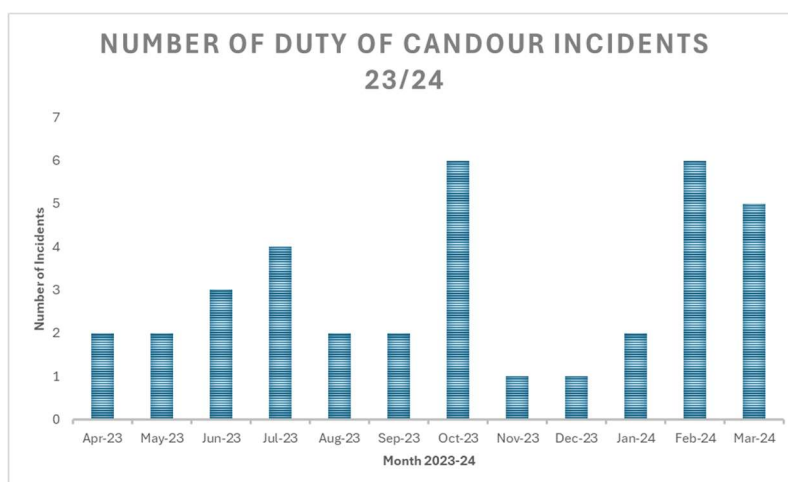
To follow Duty of Candour the health board will:

1. On first becoming aware that the duty of candour applies, notify the service user or a person acting on their behalf. This contact should be 'in person', which means by telephone, video call or face to face.
2. The purpose of the 'in person' notification is to offer an apology, provide an explanation of what is known at that time, offer support, explain the next steps and provide point of contact details
3. The service user or person acting on their behalf will be sent a letter within five working days, confirming what was said in the 'in person' notification.
4. Undertake an investigation to find out what happened and why, and how we can prevent it from happening again
5. This will take place according to the NHS Wales 'Putting Things Right' Procedure.

The number of times the Duty has been triggered is demonstrated in the graph, no cases during 2023/24 have required Redress.

Learning from Duty of Candour:

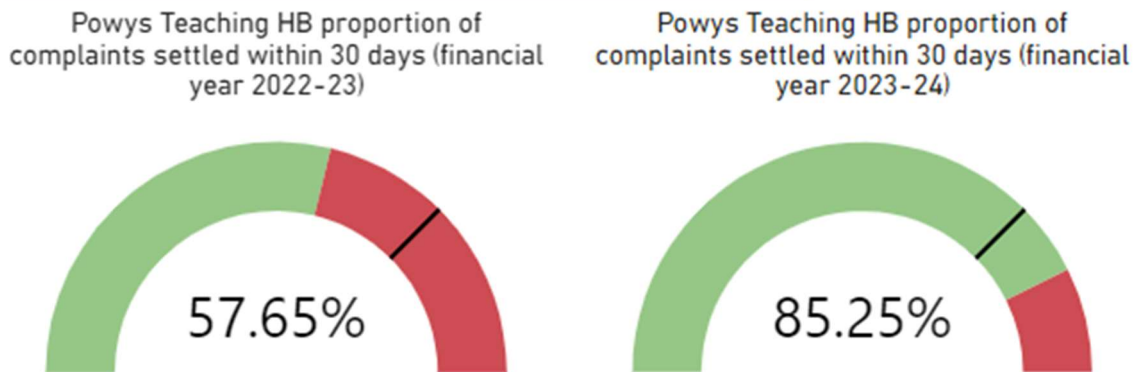
- Review staff training compliance regarding manual handling.
- Ensure all patient risk assessments are completed on admission to hospital.
- Management of the deteriorating patient; management of NEWS & Sepsis 6.
- Pain management.
- Management of staff allocated to provide 1:1 care.



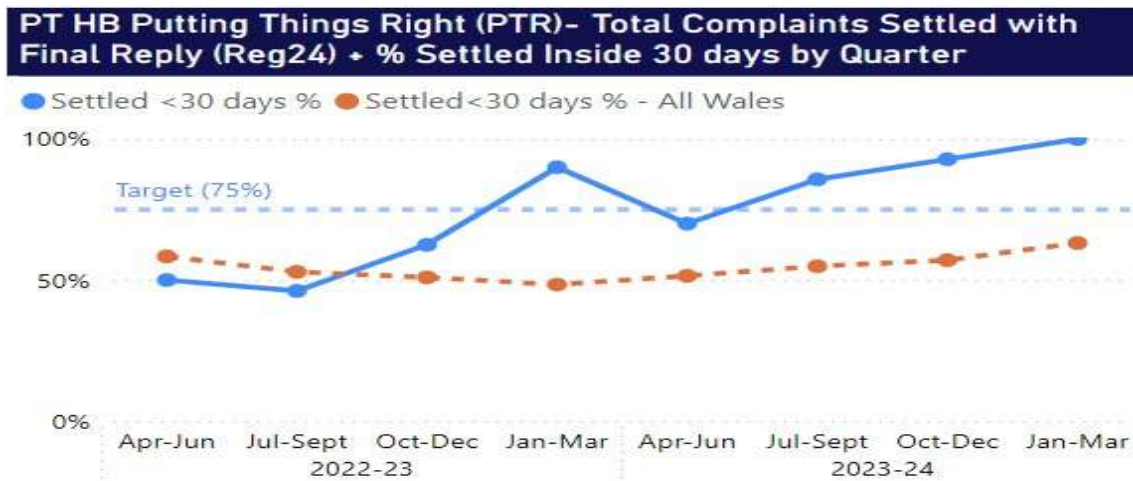
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6.1 Putting Things Right – Concerns Management

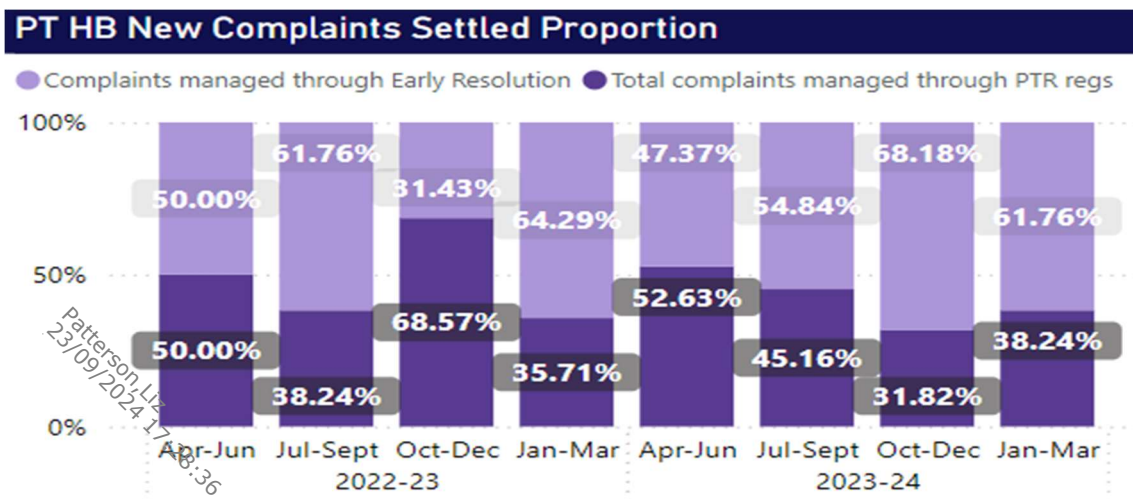
The management of concerns compliance within 30 working days reported nationally at the end of 2023/24 85.25% (2nd position nationally) which is a significant improvement 2022-23 of 57.65%. Continued focus is maintained to ensure concerns are managed in a timely manner with the appropriate investigation and response.



Graph below highlights the Powys quarterly compliance (blue line) against the national position (Orange line) (Data obtained from NHS Executive Beacon Dashboard)



The health board has continued throughout 2023/24 to manage concerns in a proactive way with a larger percentage managed as yearly resolution rather than as a formal concern where appropriate. Thus achieving early and appropriate resolution for those raising a concern or issue.



7.0 Patient experience

Receiving real-time feedback from our patients/carers/family, whether good or bad, supports continual improvement in the services we provide. Ensuring service decisions are made inclusive on these thoughts and experiences.








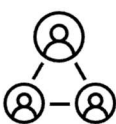
The health board implemented CIVICA Experience system at the end of 2022, the system enables healthcare organisations to understand real-time patient feedback. Services are able to:

- Prioritise risk areas.
- Drive Service improvement.
- Highlight positive & negative comments.
- Analyse comments.

Since the beginning of 2023 we have been building on the number of active surveys, the launch of a "record your own compliments" survey, and advertising via social media (including an animated version – the first in Wales).

All patients/carers/family who have received care in Powys or by one of our providers can share their feedback.

The All-Wales Patient Experience survey includes a suite of standard experience survey questions, including the Friends and Family Test. Infographic below provides an overview of responses during 2023/24 for all services either provided or commissioned.

A total of 1649 surveys returned (1 st April 2023 to 31 st March 2024)			
	91.64% scored their experience as "Excellent" (5 and above)		66.73% stated they always felt cared for
	68.55% felt they were always listened to		74.89% said that the time they waited was either shorter than expected or about right
	39.72 % felt they always had assistance when they needed it		68.24% always understood what was happening with their care
	72.73% said explanations were always given in a way they could understand		66.80% always felt they were involved as much as they wanted to be in decisions about their care

Individual service areas have also implemented more in-depth and targeted surveys to gain feedback within service areas and projects. This allows for an adaptable approach to gathering information on performance; some of these are highlighted below:

7.1 Powys Maternity Service



Powys Maternity service has embedded the Civica PREMS (Patient Reported Experience Measure) data collection platform in their work, with six surveys currently active to collect feedback relating to care at various stages of the pregnancy journey from booking until discharge, a survey for partner/co-parent as well as a survey for the provision of Solihull antenatal classes. Invitations to complete four the surveys are automatically text to individuals at certain points in their care, and two others are optional surveys. In addition to the Civica surveys, feedback is also collected from women who transfer in labour or shortly after birth via a separate Forms survey.

Newtown Birth Centre

I have/ are enjoying every moment under Newtown midwifery services. I have felt supported through all three of my pregnancies and my current pregnancy. I couldn't be happier, and my midwife is amazing. Definately would recommend this service they have listened to me and support me through pregnancy, labour and post baby. They have treated me like an individual and made me and my husband feel like we are important and listen to.

Canolfan eni Drenewydd

Rwyf wedi'yn mwynhau pob eiliad dan wasanaethau bydwreigiaeth y Drenewydd. Rwy'n teimlo fy mod wedi cael fy nghefnogi trwy'r tri beichiogrwydd a'm beichiogrwydd presennol. Ni allwn fod yn hapusach, ac mae fy mydwraig yn anhygoel. Byddaf yn sicr yn argymhell y gwasanaeth hwn, maen nhw wedi gwrandio arnaf ac yn wedi fy nghefnogi trwy'r beichiogrwydd, yr enedigaeth ac ar ôl y babi. Maen nhw wedi fy nhrin fel unigolyn ac wedi gwneud i mi a fy ngŵr deimlo ein bod ni'n bwysig ac yn gwrandio arnom.

The surveys consistently show that people feel listened to, and that their care reflects what is important to them – 98% of respondents have said they were treated with kindness and understanding during their pregnancy, 96% have had enough information to make decisions about labour and birth and 91% were extremely likely or likely to recommend the service to others. The service is exploring with Civica the ability to pull responses straight through to the service dashboard for review. The service will also be developing 'You said, we did' responses to demonstrate learning from feedback received. Results from all surveys, including any comments provided, which are now shared monthly to teams and on social media as posters.

7.2 Powys Living Well Service (PLWS)

Powys Living Well Service (PLWS) have embedded the Civica PREMS (Patient Reported Experience Measure) data collection platform in their work, with four surveys currently active to collect feedback relating to one-to-one appointments, group programmes, digital support sessions and experience of e-learning. Invitations to complete the

surveys are automatically emailed to individuals after their one-to-one appointments, and we see a strong response rate.

The surveys consistently show that people feel listened to, and that their care reflects what is important to them – over 80% of respondents have said that every effort was made to listen to the things that matter most to them about their health issues. Surveys are promoted alongside PROMS collection at the end of group programmes and have proved to be valuable in understanding how people feel about the content and delivery style, with feedback influencing future development work. Results from all surveys, including any comments provided, are shared at regular team meetings.

7.3 Patient Stories

Development of a library of patient stories to support learning, improvement along with team meetings, Board and Committee has been an area of focus during 2023/24. NHS Executive have provided national training which PTHB were fortunate to be selected to attend. The production of patient stories will support further insight to staff/patients/carers/Board members of the experiences both negative and positive that impact those in receipt of care along with close to them. Triangulation of experience intelligence will continue to support and influence decisions made in the health board.

8.0 Recommendations from external reviews and inspections

Thematic review of HIW Inspections carried out during 2023/24 has been completed. Findings outlined thematic learning which has been shared across all wards within the community Hospitals.

In summary from the inspections for Claerwen, Adelina Patti, Epynt, Y Bannau, Bryn Heulog and Graham Davies Ward, the following was identified:

Quality of Patient Experience

- Staff provided respectful and dignified care.
- Patients were encouraged to be active and were given equipment to help them walk and move.
- Occupational therapists and assistants worked well with patients.
- Initiatives were introduced to help care for patients living with dementia.
- Patients expressed satisfaction with the care and treatment received.
- Staff interactions with patients were dignified and respectful.
- Some aspects of the environment required improvement.

Delivery of safe and effective care

- Staff demonstrated commitment to providing safe and effective patient care.
- Suitable equipment was available and used to prevent pressure sores and falls.
- Medication management and storage were handled safely and effectively.
- A pharmacy technician provided valuable support to the ward staff.
- The All-Wales Hospital Nutrition Care pathway standards were generally met.
- On-site food preparation was well-presented and appetizing.
- Patient records were up-to-date and well-completed.

- Weekly checks on emergency equipment were conducted.
- The ward environment was clean and accessible, with appropriate equipment.

Areas for improvement:

- Infection control, medication management, and record keeping required attention.
- Storage space was lacking, and better communication between staff was necessary.
- Blood transfusion policy was out of date and staff required training in some areas.
- Education in the areas of Sepsis, NEWS scoring, care of the deteriorating patient, blood transfusion and inpatient falls was noted to require focus by the health board.

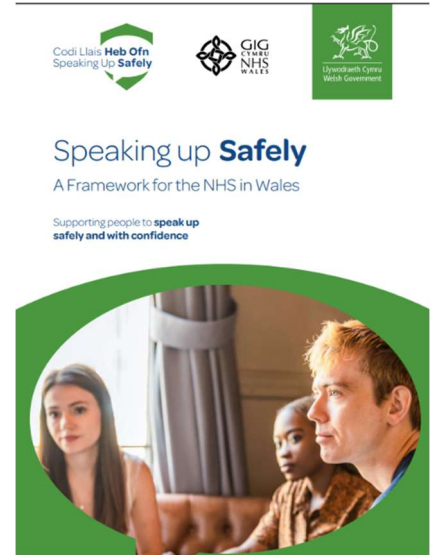
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9.0 Speak up Safely Framework

The Speaking up Safely Framework was circulated to NHS Wales Chief Executives at the end of August. The purpose was to support health boards to reflect on their quality and safety systems in light of high profile cases, which served as a stark reminder of the requirement to ensure that everyone working in the NHS feel safe and confident to speak up about anything that gets in the way of delivering safe, high-quality care.

In response the health board established a working group to undertake a self-assessment using the framework and benchmarking against current processes in place. The following actions have been undertaken by the group:

1. Getting Feedback from staff through the chat to change group along with Microsoft forms.
2. Intranet page providing further guidance and support to staff to raise a concern anonymously if required. Along with signposting for support.
3. The Task and Finish Group includes membership of staff side representatives.
4. An Independent Member of our Board has been selected as a Speaking Up Safely Champion.



10.0 Quality Management System: Integrated Quality & Performance Framework (IQPF)

Powys Teaching Health Board (PTHB) is responsible for planning, providing and commissioning healthcare services to improve the health and wellbeing of the people of Powys. To ensure that the best possible health and wellbeing outcomes are achieved for Powys residents and responsible patients. To achieve this the health board strategically integrates various components to enhance quality and performance while aligning with the vision of "A Healthier Wales.", these components are:



Integrated Medium Term Plan (IMTP):

- The IMTP 2023-2026 serves as a statutory duty for all Welsh health boards. It spans three years and aims to achieve a financial break-even position while improving health and well-being for the Powys population.
- The IMTP aligns performance, service, workforce, and financial planning, ensuring a holistic approach to healthcare delivery.

NHS Wales Duty of Quality:

The Duty of Quality, mandated by the Health and Social Care (Quality and Engagement) (Wales) Act 2020, compels NHS organisations to:

- Foster a culture of quality within their operations.
- Improve health services and outcomes continually.
- Actively monitor progress in quality improvement efforts and share this information transparently with the population.

Welsh NHS Performance Framework:

- The NHS Wales Performance Framework provides a structured approach to measuring and reporting performance in healthcare.
- It sets expectations for health boards, including Public Health Wales, to report progress against key corporate-level information, service delivery, and their role in supporting the wider NHS system.

Minimum Data Set (MDS):

- Health organisations, including PTHB, are required to complete an MDS comprising service, financial, and workforce information.
- The MDS provides assurance on the robustness of plans and ensures alignment with statutory duties and ministerial targets.

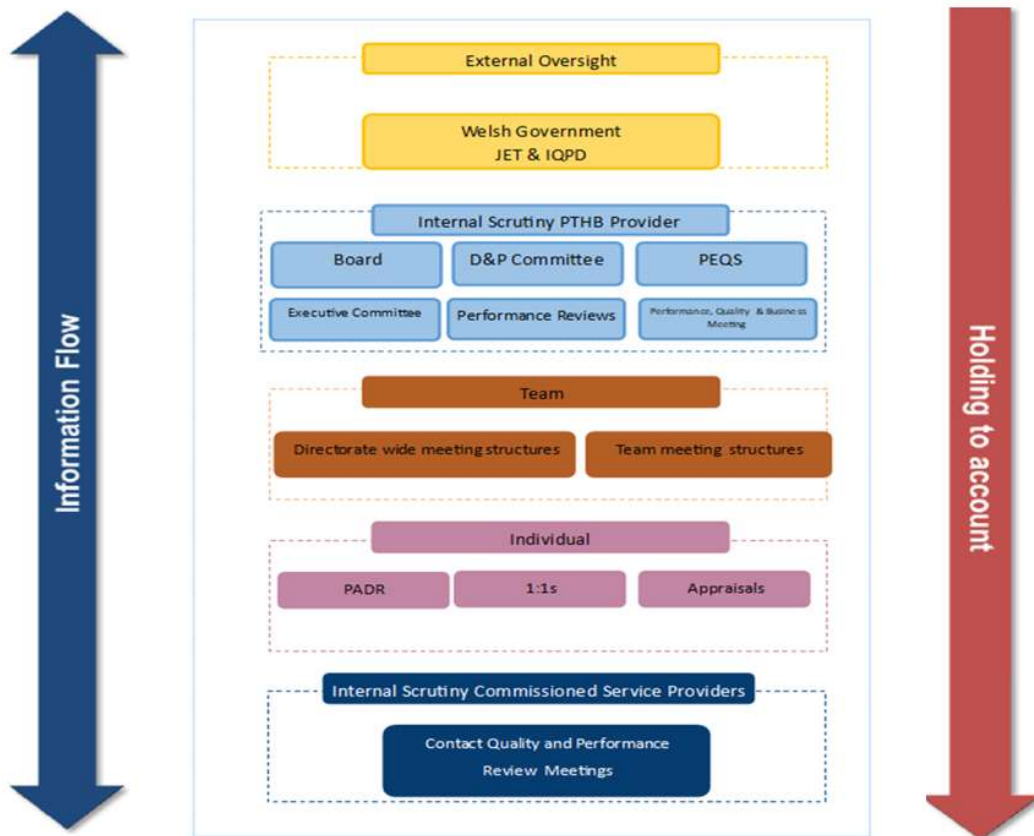
Strategic Alignment:

- PTHB's plan takes a whole-system approach, recognizing collaboration with partners, including the third sector, primary care contractors, social care colleagues, and other healthcare providers across Wales and England.
- By integrating these frameworks, PTHB aims to balance quality, performance, and financial duties, ultimately working towards the Welsh Government's vision of "A Healthier Wales" and improved patient outcomes.

Our existing quality, performance, and planning arrangements provide a solid foundation for managing performance effectively. This revised framework aligns and emphasises the principles of the Duty of Quality, aiming for a significant improvement in informed performance management. It fosters a culture of positive performance improvement, supports the Integrated Medium-Term Plan (IMTP), manages risks, and assures the Board of successful delivery. Ultimately, the framework assesses quality and performance across key domains, including access, finance, workforce, culture, safety, and patient experience.

The key to the success of our Quality Management System is ensuring and enabling everyone across the health board to be engaged and dynamic in ensuring quality is at the heart of everything we do:

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Through the development of our Quality Management System, we aim to:

- Enable a positive, psychologically safe and Just quality culture through the provision of compassionate leadership.
- Enable a shared responsibility and voice for Quality to ensure the provision of safe, timely, effective, efficient, equitable and person-centred care.
- Embed Quality Driven Decision Making at all levels of the health board.
- Demonstrate a quality approach based upon learning and continuous improvement.

10.1 Integrated Quality and Performance Group

The Integrated Quality & Performance Group (IQPG) has been created to provide assurance using a variable meeting frequency approach dependent on directorate health board service provision.

Key approach is that Directorates are engaged with a variable timescale dependant on service provided with the aim to reduce demand on their capacity.

Directorates with patient responsible provider services will provide assurance via monthly engagement.

- Directorate of Primary Care, Community and Mental Health
- Directorate of Nursing, Quality, Women and Family health

Quarterly assurance review meetings schedule will include:

- Directorate of Allied Health Professions, Health Sciences and Digital

- Directorate of Planning, Performance and Commissioning
- Directorate of Public Health.

Six-monthly IQPG assurance review meetings encompass all health board directorates including those with corporate only functions and replaced the 2023/24 bi-annual directorate review approach.

To provide enhanced assurance of historic and future quality and performance an annual review meeting will be undertaken (Q1 of the FY) this will provide a summary of achievement and challenge for the previous year assessing progress of delivery including risks and escalations. Further it will encompass celebrations, achievements, and a look forward to the current year.

10.2 Commissioned Services - Commissioning Performance & Assurance via Clinical Quality Performance and Review Meetings (CQPRM)

For services PTHB commissions, the Clinical Quality Performance and Review Meetings (CQPRMs) are a vital mechanism to the way in which the health board seeks assurance on the performance of its commissioned services. This revised framework, now incorporating the previous Commissioning Assurance Framework (CAF), will monitor performance monthly against the core areas of this framework:

	Coverage	Description
Core Areas	Access to Care and Timeliness	Assurance on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets.
	Quality & Safety *	Assurance against national and locally set quality and safety measures of care ensuring services are safe, personal, effective and continuously improving.
	Finance & Activity	Assurance that services are improving efficiency and productivity and financial plans are being delivered.
	Patient Experience * & Effectiveness *	Assurance through listening and responding to patient and carer feedback along with complaints and concerns and the development of PROMS and PREMS.
	Finance & Value	Prudent or value-based health care
	Governance & Risk Management	Reporting progress against audit recommendations, the management of risk registers and links to Board Assurance Framework (BAF).

*** Alignment to Clinical Quality Framework Approach (Darzi approach)**

Through the CQPRM process, the following are examples of issues that have been highlighted:

Provider	Specialty	Description
CTM SLA in-reach <i>Patterson, Liz 23/09/2024 17:28:36</i>	Endoscopy and General Surgery	Severe reduction in capacity delivered which has adverse impact on JAG accreditation. Mitigating actions being explored at Executive level between PTHB and CTMUHB.

WVT	Cataract pathway	Worcestershire Acute Hospitals NHS Trust providing mutual aid to support cataract pathways in WVT.
	Multiple specialties	CQC inspection December 2023 highlighted overall rating of requires improvement.
SATH	Cancer	SATH in NHSE Tier 1 – weekly monitoring calls with NHSE.
	Multiple specialties	CQC report 2021 highlighted overall rating of Inadequate. Reports presented to SATH Quality and Assurance Committee and discussed at CQPRMs.
	Maternity Services	Independent Maternity Services review at SATH led by Donna Ockenden published in Dec 2020. Committee of SATH Board meets monthly to discuss progress against action plan which is noted and discussed at CQPRM.

All elements of the performance information sought and reported through the CQPRM meetings will be utilised within organisational performance management processes. A monthly commissioning report is produced to provide an integrated performance update across each provider the health board commissions from. A dashboard will be created for each provider that will feature overall performance information across the core access domains selected alongside a Powys specific sub-set where information allows. This will give greater insight into the services residents are receiving out of county versus the resources deployed. It will also provide an update to report progress against strategic plans.

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Agenda item: 3.2

Board		DATE: 25 September 2024
Subject:	Powys Teaching Health Board Safeguarding Annual Report 2023-2024	
Approved and presented by:	Claire Roche Executive Director of Nursing, Quality, Womens and Family Health	
Prepared by:	Jayne Wheeler Sexton Assistant Director of Nursing, Safeguarding	
Other Committees and meetings considered at:	PTHB Safeguarding Strategic Group PTHB Executive Committee PTHB Patient Experience, Quality and Safety Committee (5 September) who recommend the approval of the report to the Board.	
PURPOSE:		
To present to the Board, the Powys Teaching Health Board’s Safeguarding Annual Report for 2023/2024.		
RECOMMENDATION(S):		
The Board is asked to: <ul style="list-style-type: none"> APPROVE the Safeguarding Annual Report 2023/24. 		
Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	PTHB Safeguarding Annual Report presents the key areas of development and achievement which have supported the Health Board to meet its statutory responsibilities for safeguarding during 2023/24, including training and support of staff in meeting these obligations.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	N	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

PTHB Safeguarding Annual Report presents the key areas of development and achievement which have supported the Health Board to meet its statutory responsibilities for safeguarding during 2023/24. The report is aligned to the Standards of the Safeguarding Maturity Matrix (SMM); a self-assessment tool which addresses the interdependent strands regarding safeguarding; service quality improvement, compliance against agreed standards and learning from incidents and reviews.

Improvements within each of the SMM Standards are highlighted throughout the Annual Report and demonstrates the vast and varied safeguarding and public protection agenda.

The Safeguarding Team has been both visible and accessible across the Health Board driving change and improvements throughout 2023/24.

DETAILED BACKGROUND AND ASSESSMENT:

1. Introduction

1.1 NHS Wales has an essential role in ensuring that all adults and children receive the care, support and services they need to promote a healthy, safer and fairer Wales, however measuring the effectiveness of health services and their contribution to safeguarding adults and children is difficult and complex.

Powys Teaching Health Board is committed to ensuring safeguarding is part of its core business. The Health Board recognises that safeguarding children and adults at risk is a shared responsibility that requires all our employees to have the competencies to safeguard people and be able to develop strong and effective joint working relationships with our partner agencies and colleagues. Our vision is that Powys residents live their lives free from violence, abuse, neglect and exploitation. The Health Board will promote the United Nations Convention on the Rights of the Child, Human Rights and the United Nations principles for Older Persons in all its work.

1.2 The Safeguarding Annual Report outlines, with some examples, how the safeguarding service is performing and innovating to deliver an accessible, research led service. It provides an update on safeguarding practice improvements and challenges during 2023/24 and identifies safeguarding priorities for 2024/25. The Safeguarding Team acknowledges the need to build on what has already been achieved to ensure PTHB and all contracted services, fully meet their statutory responsibilities for preventing harm, and to act in a timely way on concerns raised about the welfare of people who reside, work or visit Powys.

2. The Safeguarding Maturity Matrix

2.1 The Safeguarding Maturity Matrix is a self-assessment tool which enables scrutiny of the effectiveness, innovation, quality, learning and risks within safeguarding. There are 6 Standards within the assessment tool;

- i. Well Led, Effective Leadership & Governance.
- ii. Confident & Competent Workforce.
- iii. Person Centred.
- iv. Learning Culture.

- v. Multi agency Partnership Working.
- vi. Responsive, Resilient & Purposeful.

Powys Teaching Health Board's SMM self-assessment & improvement plan is completed annually and returned to the National Safeguarding Service, where it contributes to a National Safeguarding Report to the Chief Nursing Officer in Welsh Government. Capturing a national overview of safeguarding helps drive improvement, horizon scan, informs the National Safeguarding Service key priorities, annual plan, and shares best practice.

Powys Teaching Health Board's 2023-2024 Safeguarding Maturity Matrix Improvement Plan is reported on quarterly in PTHB Safeguarding Strategic Group. Most of the actions have been completed, any that remain incomplete will be carried over into 2024-2025.

3. Key Highlights

3.1 Joint Inspection of Child Protection Arrangements (JICPA)

Between 16 - 20 of October 2023, Care Inspectorate Wales (CIW), His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), Healthcare Inspectorate Wales (HIW) and Education and training inspectorate for Wales (Estyn) carried out a Joint Inspection of Child Protection Arrangements (JICPA) in Powys. The inspection focused on multi-agency responses to abuse and neglect of children in Powys.

The final JICPA Report was published on 1 February 2024 and can be accessed via the Healthcare Inspectorate Wales website: <https://www.hiw.org.uk/>

Strengths and areas for improvement were identified for the partnership and individual agencies. A whole system improvement plan has been developed and being monitored within Powys Local Multi-Agency Safeguarding Operation Group which reports quarterly to the Mid and West Wales Regional Safeguarding Board.

The JICPA identified four specific Actions for PTHB, these are being monitored within the Safeguarding Operational Group which reports quarterly to the Safeguarding Strategic Group.

Throughout the JICPA all services within the health board fully cooperated and worked to meet the tight deadlines. Positive working relationship with the other agencies involved in the JICPA enabled the coproduction and delivery of a multi-agency presentation to the inspectors, analysis of the deep dive safeguarding cases and full participation in the practitioner focus groups.

3.2 Restorative Safeguarding Supervision

During 2023, four PTHB Safeguarding Lead Practitioners attended a four-day Restorative Supervision course, with the aim of improving their knowledge and skills around how best to support and advise those they work with by; providing effective safeguarding supervision, promoting a safe and supportive environment, while being able to respond to the increasing demands on the safeguarding team for quality safeguarding supervision in various formats.

Attending the course inspired our team to review current practice and make changes using their new skills and knowledge.

3.3 Unaccompanied Asylum-Seeking Children (UASC)

As part of the Looked After Childrens Nurse role, they are actively involved in the resettlement programme for our unaccompanied asylum-seeking children. We have identified addition support is required to ensure the children are registering with a General Practice, have access to preliminary blood screening and the immunisations they require. We have developed documents to support the carers and share information with GPs as outlined in Welsh Government Guidelines. Resource packs have also been developed to support these vulnerable children around healthy lifestyle choices, meal planning, budgeting and sleep support.

Many of our unaccompanied children travel in groups at night and sleep during the day, when they arrive in the UK most are unable to settle and frequently suffer from nightmares. Those who have spent time in detention centres or makeshift camps also experience disturbed sleep. These children have difficulties in falling and staying asleep at night, in waking in the morning and staying awake during the day. This contributes to poor concentration and a lack of emotional stability. We identified a children's charity in London that provided sleep packs for our children and collaboratively with Childrens Services we collected 40 packs for distribution across Powys.

3.4 Rolling out Routine Enquiry in PTHB Minor Injury Units (MIU)

PTHB Safeguarding Team & MIU staff have worked together to introduce Routine Enquiry into all MIUs in Powys, which was launched in March 2024. Routine Enquiry sets a minimum standard of enquiry about domestic abuse which registrants must ask all adults who attend Powys MIUs.

A standard operating process has been developed and promoted within each MIU. New paperwork enables the team to undertake quarterly audits to monitor compliance with the standards.

Domestic abuse posters have been created and are visible in all MIUs. All staff have received new lanyards to enable easy access to domestic abuse information. MIU Staff felt that the lanyards were particularly helpful in practice and thought the posters being displayed in toilets pan Powys is an excellent resource for both staff and the public.

4. Safeguarding Priorities for 2024/25

- i. Maintain the level of access staff have to the Safeguarding Team
- ii. Continue to work on improving compliance with Level 3 safeguarding training
- iii. Continue to work with Informatics to develop systems to improve the efficiencies and effectiveness of data collection and analysis
- iv. Implement the learning from the JICPA and Child Practice Review
- v. Implement the new RL Datix Once for Wales Management System to Report Safeguarding Concerns to the Local Authority.
- vi. Develop a Business Case to enable the MCA improvement work to continue, including developing our own Best Interest Assessors

- vii. Work with the Regional VAWDASV Survivor Panel to ensure survivor experiences help shape existing and new VAWDASV processes within the health board.
- viii. With the NHS Safeguarding Service develop a Safeguarding Strategy that can be adapted to each health board and trust
- ix. Audit service users regarding experiences of health involvement in the safeguarding process.
- x. Complete process mapping of the management of sexual & violent offenders using healthcare.
- xi. Continue to influence the safeguarding agenda at a local, regional and national level.

In summary, the Safeguarding Annual Report highlights the vast and varied safeguarding agenda and how the Safeguarding Team continue to engage with our partners locally, regionally and at a national level. The service is both visible and accessible across the Health Board and has been able to drive improvements throughout 2023/24.

NEXT STEPS:

Publication on the website.

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IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

This section must be completed for all strategic organisational decisions including approval of health board policies.

QUALITY:

	No impact	Negative	Positive	Both	
Safe	x				A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.
Timely	x				
Effective	x				
Efficient	x				
Equitable	x				
Person Centred	x				
Workforce	x				
Leadership	x				
Culture	x				
Information	x				
Learn, Improve, Research	x				
Whole Systems Approach	x				

EQUALITY:

	No impact	Negative	Positive	Both	
Age	x				An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision making process.
Disability	x				
Gender reassignment	x				
Marriage / civil partnership	x				
Pregnancy / maternity	x				
Race	x				
Religion or Belief	x				
Gender	x				
Sexual Orientation	x				
Welsh Language	x				
Socio-economic status	x				
Social exclusion	x				
Carers	x				

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical	x				A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board’s stated Risk Appetite.
Financial	x				
Corporate	x				
Operational	x				
Reputational	x				

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Powys Teaching Health Board Safeguarding Annual Report 2023 - 2024

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Foreword

I am delighted to present the Safeguarding Annual Report 2023/24 for Powys Teaching Health Board.

The report illustrates our commitment to Safeguarding as an Organisation and the dedication and professionalism of our staff. This was particularly evident during the Autumn of 2023, when we were subject to a Joint Investigation into Child Protection Arrangements. I want to take this opportunity to thank the many teams in the Health Board who supported the Inspectorates and enabled a positive learning opportunity.

While the report highlights safeguarding performance, achievements and challenges during 2023/24, it also illustrates the Health Boards maturing safeguarding journey over several years. This includes strengthening our safeguarding processes, building and supporting a confident and competent workforce, ensuring safeguarding support and advice is available to all our staff, building and maintaining key multiagency partnerships and embracing the health boards overarching learning culture by sharing safeguarding messages and learning with a focus on quality improvement.

As the safeguarding landscape continues to change and grow, the safeguarding service will evolve to ensure safeguarding remains part of the Health Boards core business

Claire Roche

Executive Director of Nursing, Quality, Women & Family Health



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Introduction

Powys Teaching Health Board (PTHB) is responsible for providing health care and well-being services for approximately 133,600 people living throughout the area of Powys, this includes health services both provided by and commissioned on behalf of PTHB.

PTHB employs 2544 members of staff which include 513 bank staff. Care is delivered across a network of services and practitioners. The geography and rurality can make access to some services a challenge and requires the Health Board to be innovative and creative to ensure Powys residents have timely access to high quality services to meet their needs. PTHB is uniquely positioned as Powys accounts for a quarter of the land mass in Wales and borders several other Welsh and English Health Boards.

Powys Teaching Health Board is committed to ensuring safeguarding is part of its core business. The Health Board recognises that safeguarding children and adults at risk is a shared responsibility that requires all our employees to have the competencies to safeguard people, and can develop strong, effective joint working relationships with our partner agencies and colleagues.

Our vision is that Powys residents live their lives free from violence, abuse, neglect and exploitation. The Health Board will promote the United Nations Convention on the Rights of the Child, Human Rights and the United Nations Principles for Older Persons in all its work.

This annual report outlines, with examples, how the safeguarding service is performing and innovating to deliver an accessible, research led service. It provides an update on safeguarding developments during 2023-2024 and identifies safeguarding key priorities for 2024-2025. The report is aligned to the NHS Wales Safeguarding Maturity Matrix six Standards.

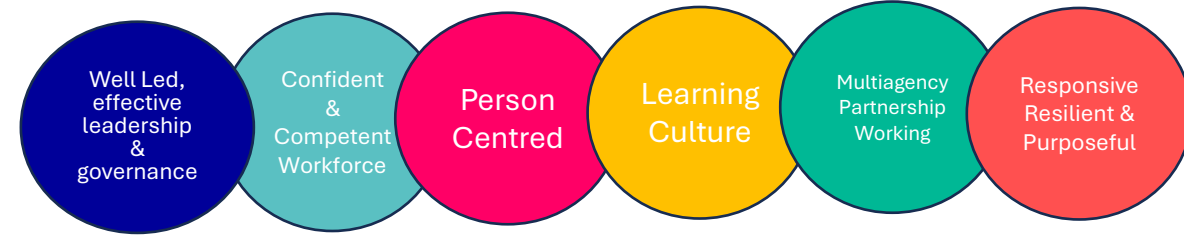
The Safeguarding Service acknowledges the need to build on what has already been achieved, to ensure PTHB and all contracted services fully meet their statutory responsibilities for preventing harm and act in a timely way on concerns raised about the welfare of people who reside, work or visit Powys.

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NHS Wales Safeguarding Maturity Matrix

NHS Wales has an essential role in ensuring that all adults and children receive the care, support and services they need to promote a healthier, safer and fairer Wales, however, measuring the effectiveness of health services and their contribution to safeguarding adults and children is difficult and complex.

The Safeguarding Maturity Matrix (SMM) is a self-assessment tool which enables scrutiny of the effectiveness, innovation, quality, learning and risks within safeguarding. There are 6 Standards within the assessment tool;



- Well Led, Effective Leadership & Governance.**
- Confident & Competent Workforce.**
- Person Centred.**
- Learning Culture.**
- Multi agency Partnership Working.**
- Responsive, Resilient & Purposeful.**

Powys Teaching Health Board's SMM self-assessment & improvement plan is completed annually and returned to the National Safeguarding Service, where it contributes to a National Safeguarding Report to the Chief Nursing Officer in Welsh Government. Capturing a national overview of safeguarding helps drive improvement, horizon scan, informs the NHS Wales National Safeguarding Service key priorities, annual plan, and shares best practice.

Powys Teaching Health Board's 2023-2024 Safeguarding Maturity Matrix Improvement Plan has been reported on quarterly to PTHB Safeguarding Strategic Group. Most of the actions have been completed, any that remain incomplete will be carried over into 2024-2025



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Well Led, Effective Leadership & Governance

SMM Standard; Well Led- Effective Leadership & Governance

Safeguarding is well led and governed in the organisation with evidence of visible and approachable leadership, that is structured at every level. There is a clear safeguarding strategy with well-defined quality objectives that evidences areas of strength and risk and is underpinned by feedback from team members and people who use the services.

Within this section;

Governance and Lines of Accountability

Powys Teaching Health Board Safeguarding Team Structure

Powys Teaching Health Board Safeguarding Strategic Group
Governance

Safeguarding Legislation and Drivers

PTHB Safeguarding Policies, Protocols & Guidance Documents

Inspections and Audits

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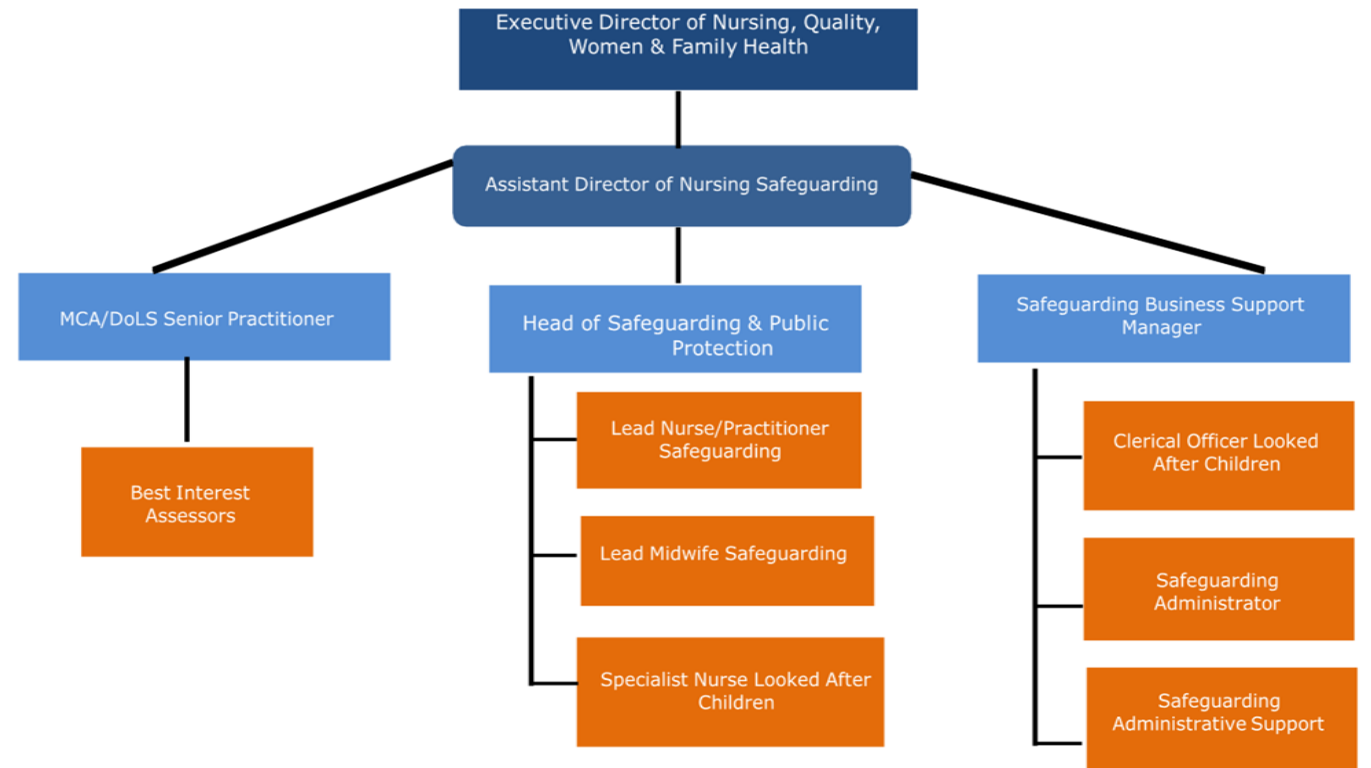
Governance & Lines of Accountability

The Chief Executive assumes overall responsibility for safeguarding and the Executive Director of Nursing, Quality, Women & Family Health is the delegated Executive Lead for Safeguarding and Public Protection. The Health Board's Vice Chair is the designated Lead Independent Member for children and young people services with responsibility for providing oversight and scrutiny of the broader safeguarding agenda. PTHB has in place a clear reporting structure for safeguarding arrangements. The Executive Director of Nursing, Quality, Women & Family Health as Lead, provides strategic direction and reports on safeguarding and public protection matters to the Board

PTHB Governance Reporting Structure

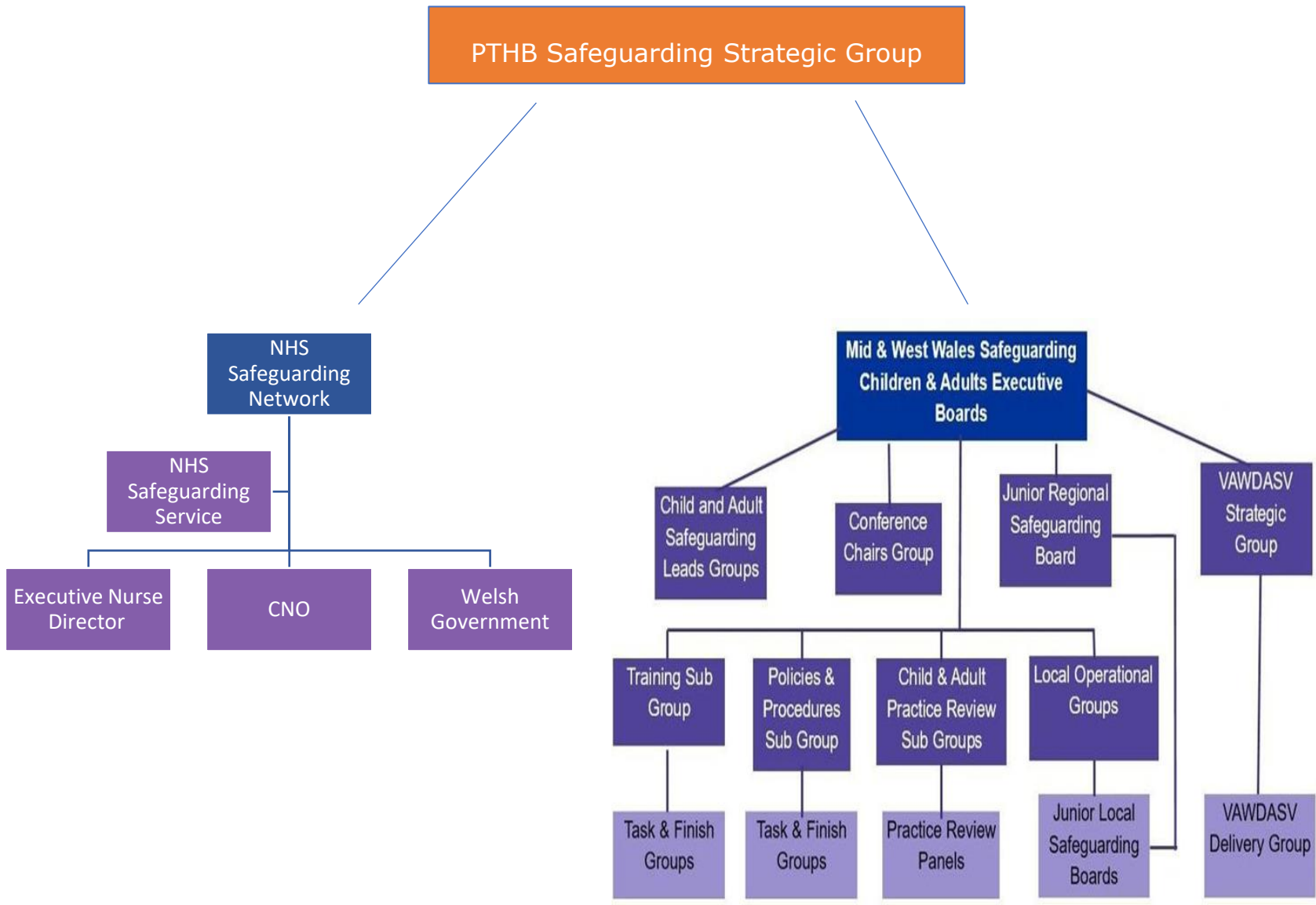


Powys Teaching Health Board Safeguarding Team Structure



Powys Teaching Health Board Safeguarding Strategic Group

The Safeguarding Strategic Group provides a link between PTHB, the Regional Safeguarding Children and Adult Board, the Violence Against Women, Domestic Abuse and Sexual Violence Strategic Group and NHS Wales Safeguarding Network and Service



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Safeguarding Legislation and Drivers

Duties and responsibilities for safeguarding are enshrined in international and national legislation which must be incorporated into NHS organisations and safeguarding practice. These include;

Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015	Mental Health Act 2007	Mental Capacity Act 2005	Disclosure & Barring Service Code of Practice	Mental Capacity Act 2005	Serious Violence Duty 2022
Children Act 1989 & 2004	United Nations Convention on the Rights of the Child UNCRC	Wales Safeguarding Procedures 2019	Domestic Abuse Act 2021	WG National Strategy on VAWDASV 2022-26	Modern Slavery Act 2015
Working Together to Safeguard Children 2018	Protecting Children & Young People, GMC 2012	Safeguarding Children & Young People Intercollegiate Document: Roles & Responsibilities for Health Care Staff 2019	PREVENT Duty 2023	FGM Act 2003	Duty of Quality 2023
Adult Safeguarding: Roles and Competencies for Health Care Staff 2018	Social Services & Well-being (Wales) Act 2014	The Well Being of Future Generations (Wales) Act 2015	Counter Terrorism and Security Act 2015	Human Rights Act 1998	Children Wales Act 2020

PTHB Safeguarding Polices, Protocols & Guidance Documents

Powys Teaching Health Board has Policies, Protocols and Guidance documents that support and underpin safeguarding processes within the Health Board. All are reviewed annually to ensure they remain up to date. [PTHB Safeguarding Policies and Guidance](#)

SGP051 Significant Event Chronology SOP	SGP011 Child Protection Medical Policy	SGP012 Looked After Children Guidance for Health Professionals	SGP034 PREVENT Policy
SGP035 Child Exploitation Guidance	SGP036 Safeguarding Policy	SGP041 Managing Allegations of Abuse & Neglect	SGP042 Deprivation of Liberty Safeguards Policy & Procedure
SGP002 – Safeguarding Supervision Protocol	SGP049 Mental Capacity Act	SGP047 Policy for Children & Adults who “Was Not Brought” to health appointments	

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Inspections and Audits: Joint Inspection of Child Protection Arrangements (JICPA)

Between 16th and 20th of October 2023, Care Inspectorate Wales (CIW), His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), Healthcare Inspectorate Wales (HIW) and Education and training inspectorate for Wales (Estyn) carried out a Joint Inspection of Child Protection Arrangements (JICPA) in Powys. The inspection focused on multi-agency responses to abuse and neglect of children in Powys.

The scope of the JICPA was to 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 leadership and management of this work
- ❖ the effectiveness of the multi-agency safeguarding partner arrangements in relation to this work

The final JICPA Report was published on 1st February 2024 [Powys JICPA Report - Final.pdf](#)

Strengths and areas for improvement were identified for the partnership and individual agencies. A whole system improvement plan was developed and will be monitored within Powys Local Multi-Agency Safeguarding Operation Group which reports quarterly to the Mid and West Wales Regional Safeguarding Board.

The JICPA identified four specific actions for PTHB which will be managed within the Safeguarding Operational Group and will report progress quarterly to PTHB Safeguarding Strategic Group.

Throughout the JICPA all services within the health board fully cooperated and worked to meet the tight deadlines. Positive working relationship with the other agencies involved enabled the coproduction and delivery of a multi-agency presentation to the inspectors, analysis of the deep dive safeguarding cases and full participation in the practitioner focus groups

Inspections and Audits: Annual Safeguarding Audit of Children Not Brought to Appointments

Aim

To provide assurance that Heads of Service and Operational Managers are auditing/monitoring the use of the WNB/No Access Visits Policy SGP 047 Policy for Children and Vulnerable Adults/Adults at risk who "Was Not Brought" to Health Appointments

Background

A version of the Policy for Children and Vulnerable Adults/Adults at Risk who "Was Not Brought" (WNB) to health appointments, previously referred to as Did Not Attend (DNA) health appointments to include No access Visits (NAV) has been in place since 2013. There was a significant rewrite and relaunch of the Policy in November 2021 which clarified the responsibility for addressing a missed appointment is placed on the staff member whose appointment was missed. A risk assessment was added to help staff identify the impact of the missed appointment on the child or adult at risk.

Practitioners are reminded of the policy in all safeguarding supervision sessions, it has been promoted in all team meetings attended by PTHB Safeguarding Team & there is a modular learning video on PTHB safeguarding intranet page, along with guidance to support practitioners in documenting a "Was Not Brought" episode. The Policy states that Heads of Service and Operational Managers have a responsibility to Audit WNB and No Access Visits monthly. Service leads will need to give assurance to the Strategic Safeguarding Group that this Audit process is in place.

Results

15 Managers/Heads of Service were approached and 12 responded confirming they are completing an audit of WNB. 10 groups reported using a 365-audit tool which counts the number of WNB entries in the record. 2 were using a manual trawl through records in addition to the audit tool.

An issue with the audit tool only counting recorded WNB was identified by some Heads of Service/Operational Managers with 2 following this up with a quarterly manual trawl through their records. Others were examining how best to address this issue.

Actions

Audit shared with Safeguarding Operational Group for discussion. Contact those who did not respond to the audit and explore if they were having challenges in developing this audit was actioned. The WNB Policy to be updated explaining the process for documenting the WNB/No Access appointment and re shared in the Safeguarding Operational Group. WNB to continue to be raised at any opportunity by the Safeguarding Team allowing staff to ask questions and clarify any areas they feel unclear about. WNB Document to be reviewed and updated to reflect issues identified by staff or where further clarity is required.

Inspections and Audits: Quarterly Safeguarding Team Audits, Reviews and Spot Checks

During each quarter throughout 2023–2024 the safeguarding team completed quarterly audits, reviews and spot checks. The outcome of this activity informs what is working well and where improvements, developments or changes can be made. The Audits, reviews and spot checks include;

Themes from Supervision

Mental Capacity Audit

DoLS Audit

Significant Event Chronology

Routine Enquiry in Health Visiting

Routine Enquiry in Midwifery

Quality Assure LAC Health Assessments

Multi Agency Risk Assessment Conference Information Request

Training Evaluation

Safeguarding Advice Tracker

Practitioners Feedback about Safeguarding Services

Children Looked After & Foster Carer Feedback

Safer Sleep Audit

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Inspections and Audits:

Care Inspectorate Wales (CIW) Rapid Review of Child Protection 2023 Final Report Sept 2023 [Link](#)

National Independent Safeguarding Board National Thematic Review of 33 Child Practice Reviews Undertaken in Wales [Link](#)

CIW Rapid Review of Child Protection

In December 2022 Welsh Government asked CIW to review child protection arrangements across Wales. Working alongside colleagues in Healthcare Inspectorate Wales and Estyn, the review focused specifically on the **extent to which current structures and processes in Wales ensure that children's names are appropriately placed on, and removed from the Child Protection Register when sufficient evidence indicates that it is safe to do so.**

National Independent Safeguarding Board National Thematic Review of 33 Child Practice Reviews Undertaken in Wales

The NISB commissioned this review. The report provides a robust basis for national shared learning and constructive debate about how best to strengthen safeguarding effectiveness for children at risk across Wales and to further reduce the likelihood of significant harms occurring in future. We also believe that the learning it identifies, is highly transferrable to the other nations of the UK.

Both reviews make several recommendations across the partnership.

PTHB Safeguarding Team have undertaken a review of the recommendations and where gaps are evident developed an improvement plan which is implemented and monitored within the PTHB Safeguarding Practice Improvement Group

2023/24 Improvement and Development


- ❖ Safeguarding Supervision App developed, and compliance moved onto ESR
- ❖ Development of an APP to collate and report Child Protection Medical Data
- ❖ Safeguarding Internet page updated [Safeguarding & Public Protection - Powys Teaching Health Board \(nhs.wales\)](https://www.nhs.uk/healthboards/powys-teaching-health-board)
- ❖ Safeguarding Team feedback QR Code developed
- ❖ Safeguarding Team linked with Workforce & Organisational Development to support Inspiring Nurses Programme

2024/25 Improvement Plan

- ❖ With the continued support from Informatics develop a Safeguarding Data APP to improve the efficiency and effectiveness of data
- ❖ Progress Actions from the JICPA
- ❖ Progress Actions from all Reviews
- ❖ In collaboration with the NHS Safeguarding Service develop a Safeguarding Strategy that can be adapted to each health board and trust
- ❖ Work with the RL Datix Team and the National Safeguarding Service to implement the Once for Wales Safeguarding Reporting process

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Confident & Competent Workforce

SMM Standard; Confident and competent Workforce

There is evidence of a confident and competent workforce that are safe to work with vulnerable people. DBSs are completed and monitored. Safeguarding training and supervision is in place. Individuals know how to report and escalate safeguarding concerns, and concerns about safe practice.

Within this section;

Safeguarding Supervision, Advice and Support

Safeguarding Training and Development

Safeguarding Processes

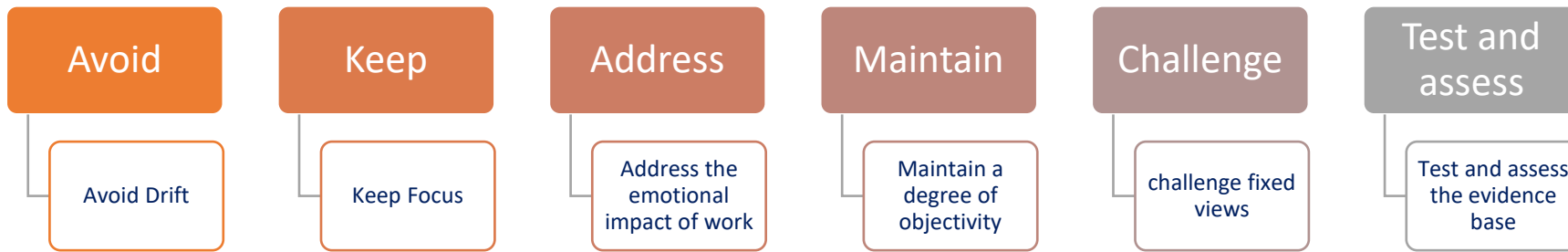
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Safeguarding Supervision, Advice & Support

Staff should be able to raise concerns and feel supported in their safeguarding role. Effective safeguarding supervision is important in promoting good standards of practice and to support individual staff members; it should assist in ensuring health practitioners are competent and confident and provides a safe environment for challenging practice

Safeguarding Supervision should support to;



Types of Safeguarding Supervision available to PTHB staff include;

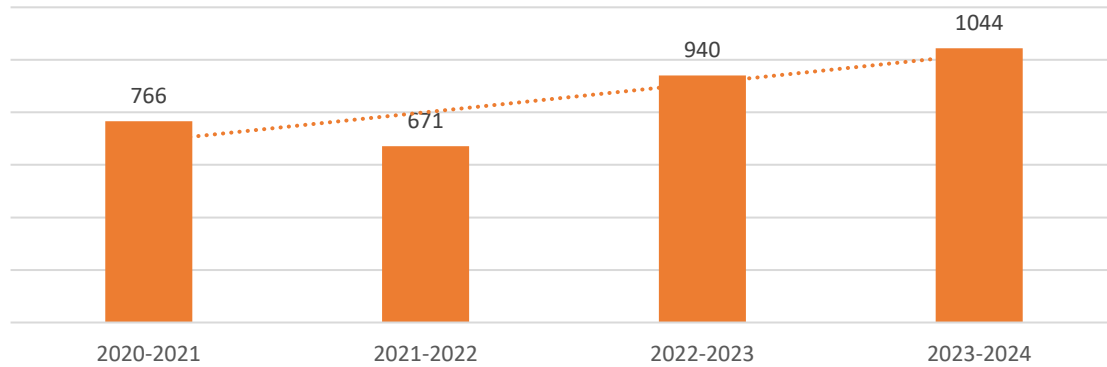


Safeguarding Supervision, Advice & Support

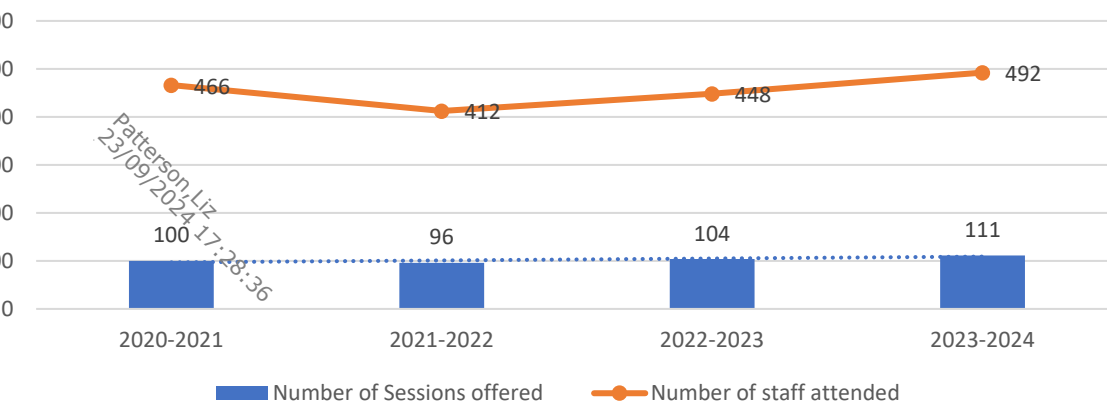
PTHB Safeguarding Hub is available to give supervision, advice, support and guidance on an ad hoc basis Monday to Friday 9am to 5pm

During 2023-2024, **1,044** calls were received into the Safeguarding HUB, this is a 27% increase since the HUB was introduced in 2021. The Safeguarding Leads on the HUB attended **378** Strategy Discussions with the Local Authority and Police Colleagues.

Calls to PTHB Safeguarding Hub



Safeguarding Group Supervision: Sessions offered & No of Staff Attended



Practice Improvement: Safeguarding Supervision

Restorative Safeguarding Supervision

During 2023, four PTHB Safeguarding Lead Practitioners attended a four-day Restorative Supervision course, with the aim of improving their knowledge and skills around how best to support and advise those they work with by, providing effective safeguarding supervision, promoting a safe and supportive environment, while being able to respond to the increasing demands on the safeguarding team for quality safeguarding supervision in various formats.

The Course Aims supported the Safeguarding Leads to:

- ❖ learn how to empower teams and individuals through coaching and supervision techniques.
- ❖ look at the quality of relationships to assist with the success and well-being of supervisees.
- ❖ explore the techniques to overcome barriers in communication
- ❖ be able to promote safeguarding as core business and offer supervision in an accountable process which supports, assures, and develops the knowledge, skills and values of an individual, group or team.

Implementing a Change to Improve Quality

Attending the course inspired our team to review current practice and make changes using their new skills and knowledge. This includes:

- ❖ Reminding practitioners to prepare to share ongoing cases and/or previous experiences of safeguarding situations in group supervision & promote and use of the signs of safety model.
- ❖ Develop scenarios from Child & Adult & Domestic Homicide Reviews for use in group supervision when practitioners may not provide cases. This enables the process of learning from sharing cases and situations to be demonstrated, whilst also sharing lessons learnt from reviews.
- ❖ Encourage practitioners to share and reflect on the emotional aspects of working within safeguarding.

Feedback received from PTHB practitioners following Safeguarding Supervision:

'I appreciate you using our safeguarding supervision session to breakdown my case. This helped me get a clear understanding of my client's situation and what steps I needed to make. It was also good to hear from others in the safeguarding group such as the lady from perinatal, who advised how their service could be of use, as well as the general support from others and acknowledgement of how difficult and complex this situation was'

Just a note to thank you for your time and for the clear and concise safeguarding advice, which was helpful in many ways.

Thank you (), your assistance is greatly appreciated.

It was an interesting and very informative group supervision session which has caused me to reflect and re-evaluate current cases.

I was particularly alerted to the reference to behaviour of carers - in not supporting pt's access to care, including attendances with remote working.

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Safeguarding Training & Development

Powys Teaching Health Board has a responsibility to support our employees develop knowledge, skills and the competencies to perform effectively in their role and know how to report & respond to safeguarding concerns in line with local and national polices and processes.

During 2023-2024 the Safeguarding Team delivered a variety of training sessions over MS Teams

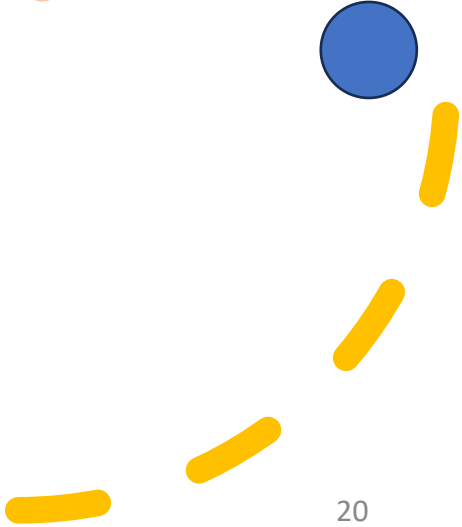
Additional multi agency training is circulated fortnightly across PTHB & further resources available on PTHB Safeguarding Intranet Page: [Safeguarding & Public Protection - Home \(sharepoint.com\)](#)

- 4** Safeguarding Adults Level 3 sessions delivered to **191** staff
- 17** Ask & Act training sessions delivered to **468** staff
- 3** VAWDASV Group 3 training sessions delivered to **31** staff
- 4** Safeguarding Children Level 3 sessions delivered to **146** staff
- 2** Practice Learning Days delivered to **208** primary care staff (A&A)
- 1** Childhood Injury sessions delivered to **28** multi agency staff

Safeguarding training compliance is reported quarterly to both the Strategic & Operational Safeguarding Groups

Level 3 adult and child safeguarding training has been reviewed in 2023 -24 with action taken to realign ESR, redesign the Safeguarding Level 3 Passport & put a system in place to send reminders to staff regarding non-compliance & an escalation pathway to managers

Indicator	Target	Q1	Q2	Q3	Q4
Safeguarding Adults L 1	85%	81%	87%	89%	89%
Safeguarding Adults L 2	85%	74%	85%	88%	90%
Safeguarding Adults L 3	85%	34%	33%	34%	40%
Safeguarding Children L 1	85%	83%	89%	89%	89%
Safeguarding Children L 2	85%	82%	86%	88%	90%
Safeguarding Children L 3	85%	55%	59%	62%	63%
VAWDASV Group 1	85%	84%	85%	86%	87%
VAWDASV Ask & Act	85%	59%	62%	65%	70%



Safeguarding Process

Safe Recruitment

Allegations Made Against Staff in a Position of Trust

Resolution of professional Differences

Pressure Care

Falls

Safe Recruitment

Powys Teaching Health Board recognises the importance of pre-employment disclosure checks on newly appointed employees and those who change position within the Health Board, in accordance with the relevant legislation and codes of practice. There is a Disclosure and Barring Service Policy and Procedure in place which sets out the process for DBS. Recruitment data is reported to the Safeguarding Strategic Group quarterly. [HR 019 Disclosure and Barring Service Policy and Procedure V5 Review Date June 2025.pdf](#)

Allegations Made Against Staff in a Position of Trust

All allegations of abuse of children or adults, and/or concerns raised regarding the conduct in the private or professional life of a PTHB employee, temporary staff, contractor or volunteer, which may pose a risk to children or adults will be taken seriously and treated in accordance with policy and legislation as laid out in the Wales Safeguarding Procedures (2019)

PTHB have a clear process in place for managing these type of concerns. [SGP 041 Managing allegations of abuse or neglect made against professionals and members of staff.pdf](#)

Resolution of Professional Differences

Mid & West Wales Safeguarding Board Multi Agency Protocol for the Resolution of Professional Differences. [media_bjpprbqn_resolution-of-professional-differences-protocol-approved-20230124 \(1\).pdf](#)

Pressure Care

PTHB has a policy in place to support the prevention & management of pressure damage. The policy objective is to ensure appropriate care & management is provided to individuals at risk of or to those who have sustained pressure damage. All pressure damage found must be reported via RL Datix clinical incident reporting system. PTHB Pressure Damage Scrutiny Group meet monthly, a member of the safeguarding team attends the panel. [GNP 026 Prevention and Management of Pressure Damage.pdf](#)

Falls

PTHB has a policy in place for reducing & managing in patient falls which sets out a systematic process for the prevention & management of inpatient falls. Policy aims to; 1.Reduce preventable fall in hospital by providing an evidence based, patient centred approach to reducing the risk of harm & promoting patient safety. 2. Heighten awareness & knowledge to staff & carers on the prevention & causes of falls, slips & trips. 3. Provide guidance for the action to be taken when a patient has fallen.

All falls are reported via RL Datix clinical incident reporting system. PTHB in place a Falls Scrutiny Panel. [GNP 036 Policy for Reducing and Managing Inpatient Falls.pdf](#)

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2023/24 Improvement and Development

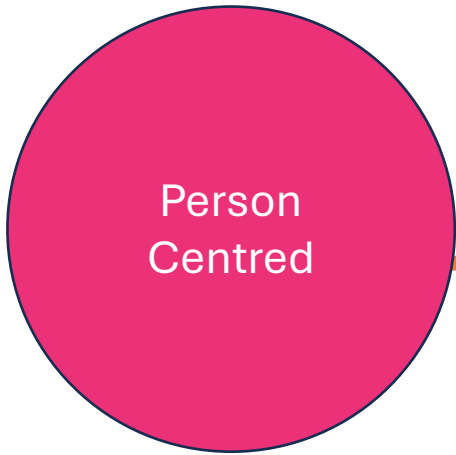
- ❖ Review of the safeguarding training offered to PTHB Volunteers completed, training sessions from PTHB safeguarding team made available to volunteers
- ❖ Safeguarding Level 3 & 4 Competency Passport updated
- ❖ Childhood Injuries training developed and delivered
- ❖ Contributed to a Regional Practitioner Concerns leaflet
- ❖ Survey completed on the dissemination of Safeguarding newsletters and training flyers
- ❖ Safeguarding Leads have been able to learn, reflect and implement changes to our safeguarding supervision process

2024/25 Improvement Plan

- ❖ Contribute to the National review of the Safeguarding Level 3 Intercollegic Document
- ❖ Continue to monitor Level 3 Safeguarding Training Compliance



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SMM Standard; Person Centred

Safeguarding is focused on the needs of individuals and the local community, and safeguarding activity data can be used to help demonstrate the needs of the community. There is evidence of policy, process and partnership working for safeguarding issues such as mental capacity, domestic abuse, female genital mutilation (FGM). There is a lifespan approach for vulnerable people where their needs are personalised as they progress through health services as they grow older. This includes being ACE and trauma informed throughout child and adult services. There is a range of services offered using digital approaches and in a variety of languages

Within this section;

Safeguarding Children

Child Protection Register

Child Protection Medicals

Child Exploitation

Looked After Children

Corporate Parenting Charter

PRUDiC (Procedural Response to Unexpected Death in Childhood)

Safeguarding Awards for the Development of Safe Sleep Information

Safeguarding Adults

Mental Capacity Act 2005



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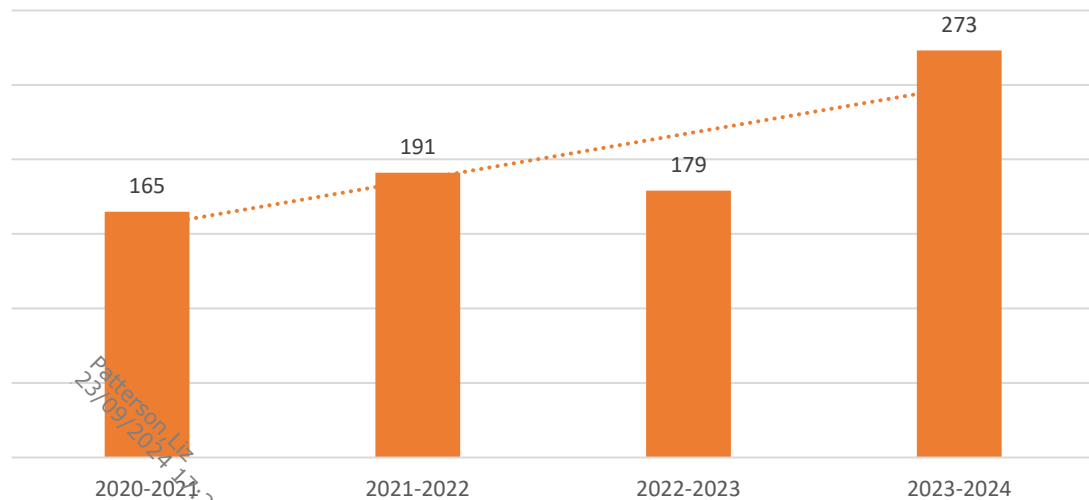
Safeguarding Children

In accordance with the Social Services and Well-being (Wales) Act 2014 and the Children Act 1989/2004, the Health Board has a statutory duty to report a child who is (a) experiencing or is at risk of abuse, neglect or other kinds of harm, and (b) has needs for care and support .

273 Safeguarding reports were made by PTHB staff in 2023-2024. This is a rise of 40% over the last 4 years. This rise may be due to several factors including improved data collection and reporting, a more visible and accessible Safeguarding Team including the Safeguarding HUB. Post pandemic reports increased when children & family's re engaged with services and the impact of the cost-of-living crisis.

34% of reports were for concerns about Neglect

Number of Child Safeguarding Reports



All reports are quality assured by the Safeguarding Team



Living a life that is free from harm and abuse is a basic right for every child within Wales

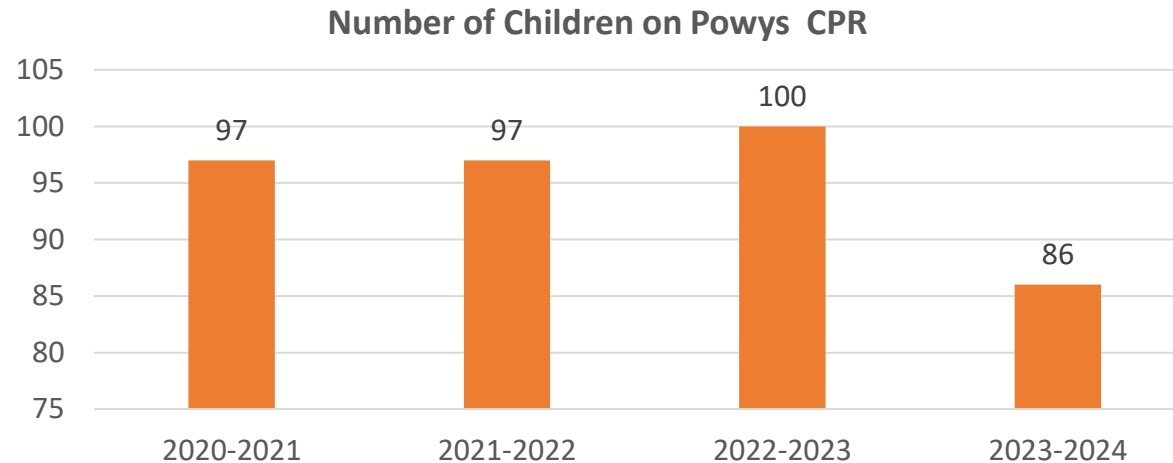
Child Protection Register

When the outcome of a child protection case conference is a child is assessed as suffering or likely to suffer significant harm from abuse and or neglect their name can be added to the Local Authority's Child Protection Register. This is always a multi agency decision which is made during a child protection case conference.

The Safeguarding Team receive daily updates of all children whose names have been added to or removed from Powys Local Authority Child Protection Register. In addition to this information being shared with practitioners we also provide updates to GP'S and Shrop Doc.

Child Protection Register

The number of children on Powys Children Protection Register children with care and support and protection plans was 86 as of 31.03.24 representing a reduction in the past 12 months. When benchmarked against the most recently published Welsh data, the numbers of Powys children on the CPR per 10k population is half of that of the National Average.



The categories of harm for children names being added to the Child Protection Register include Neglect, Sexual Abuse, Physical Abuse, Emotional or Psychological Abuse or a combination of two or more categories.

The highest category of registration at the 31.03.2024 was Neglect (41 children), followed by Emotional or Psychological Abuse (26 children)

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Child Protection Register Learning from the Joint Inspection of Child Protection Arrangements (JICPA)

Learning & Practice Improvement

Learning from the JICPA has led to the development of the safeguarding team each month reviewing all children who have been subject to a care and support and protection plan for 15 months or more. This information will trigger a Safeguarding Lead Practitioner to offer health staff who are providing services to the child and family a 1:1 safeguarding supervision session, which enables a review of the care and support and protection plan using the signs of safety model.



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Child Protection Medicals

National reviews have indicated that practitioners have sometimes underestimated the significance of the presence of bruising or minor injuries in children, especially those who are not independently mobile. It is important to recognise that minor injuries can be an indicator or precursor to significant injuries or death of a child. Early recognition and action in such cases is key to preventing further injuries.

The decision to progress to a Child Protection Medical is usually made within a multi-agency strategy discussion regarding the presenting concerns.

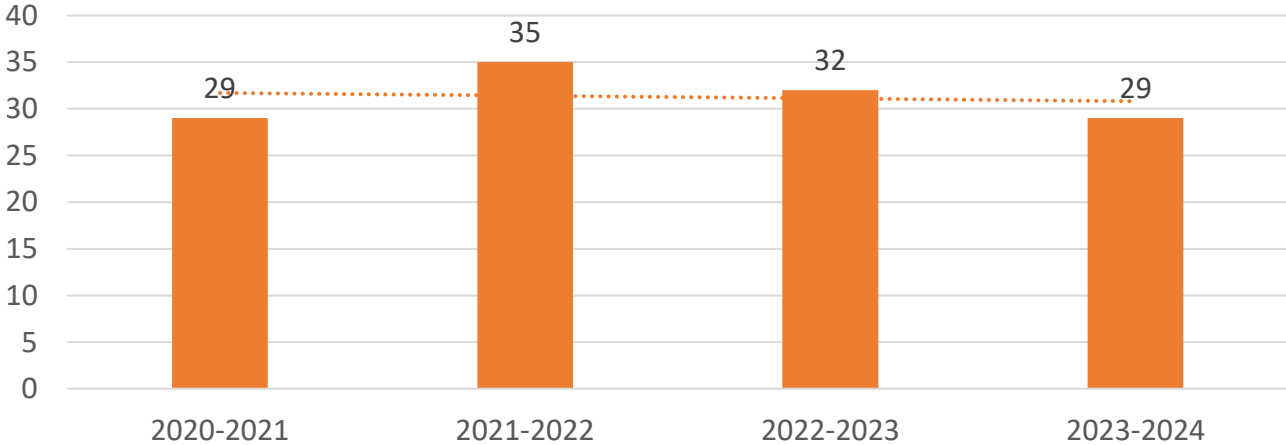
A PTHB Safeguarding Lead Practitioner attends most strategy discussions and will contribute to the decision making. This is supported by PTHB's Named Dr for Child Protection

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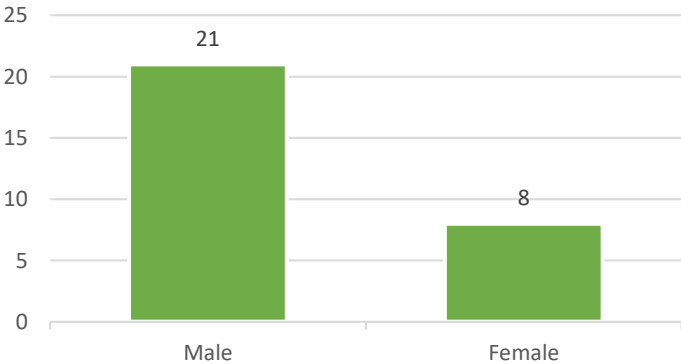
Child Protection Medicals

Throughout 2023-2024 there were 29 Child Protection Medicals undertaken on Powys Children. This is comparable to the numbers undertaken each year since 2020. 21 were male and 8 female. 17 were under 5 years of age and 12 aged between 5 and 17 years.

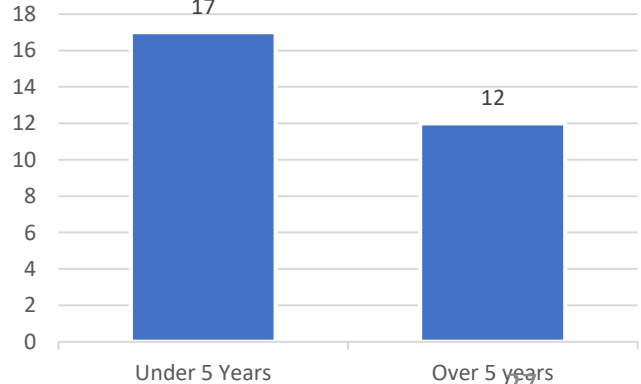
Number of Child Protection Medicals



Gender



Age of Child



Child Protection Medicals

19 of the 29 medicals undertaken were due to concerns regarding physical abuse, followed by 10 for other reasons

PTHB have a Child Protection Medical Pathway in place and commission medicals dependent on where the child resides and the type of medical required.

PTHB Named Doctor for Child Protection attends Child Protection Peer Review Group

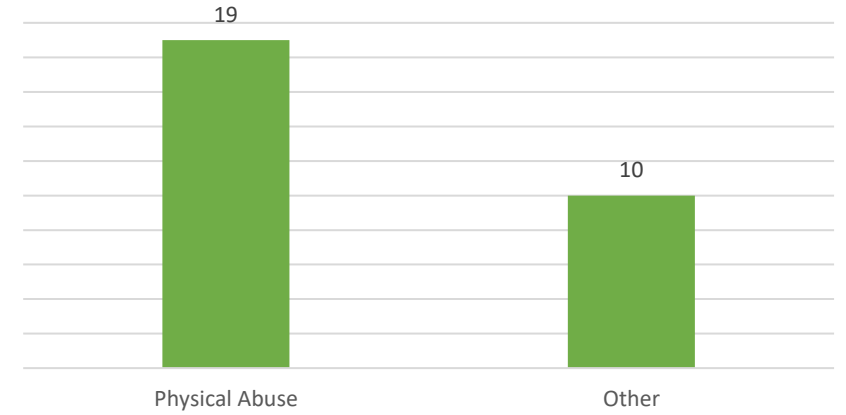
PTHB Named Doctor for Child Protection, Assistant Director of Nursing for Safeguarding and the Head of Safeguarding Quality Assure all Child Protection Medical Reports

Learning & Practice Improvement

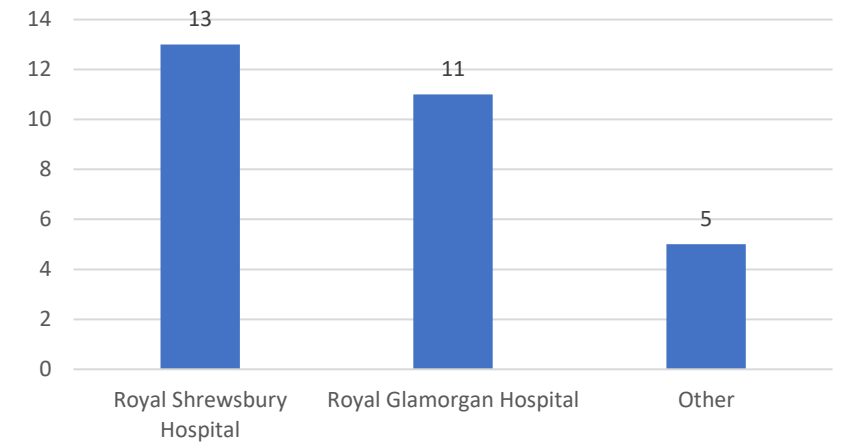
Safeguarding have worked with Informatics to develop a Child Protection Medical APP to house all child protection medical data and reports in one place. This has enabled the monitoring of compliance with the Royal College of Paediatricians Child Protection Medical Standards.

The Named Dr for Child Protection and the Safeguarding Team have developed and delivered Childhood Injury Training. The first session was attended by health, social care, police and education colleagues and received positive feedback. 3 further sessions are planned during 2024-25

Reason for Child Protection Medical



Place of Medical Undertaken



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Child Exploitation



Child Exploitation is an umbrella term used to describe child sexual exploitation, child criminal exploitation, child trafficking, forced servitude and forced marriage. Like any other form of child abuse, child exploitation can have long-lasting consequences that can impact on every part of a child's life and their future outcomes. This magnifies the need for a coordinated multi-agency approach to ensure that children are 'children first', and that we deliver a trauma informed response to support which promotes their safety and future wellbeing. In the absence of effective safeguarding responses, children can be criminalised or abused further (Jay, 2014).

Multi Agency Child Exploitation (MACE) meetings are held quarterly and provide a framework to facilitate regular information sharing, data analysis, quality assurance, performance and professional challenge on information and intelligence relating to Victims, Offenders, Locations and Themes. The MACE Panel will:

- Use this analysis to direct resources under the four strands of Prevent, Pursue, Prepare and Protect.
- Identify broader themes and best practice in relation to interventions.
- Provide evidence towards outcomes and actions from the National Action Plan to Tackle Child Sexual Exploitation (Wales) on behalf of the Mid and West Safeguarding Board

A PTHB Safeguarding Lead attends all MACE meetings

During 2023-24, 19 children were referred into the NRM (National Referral Mechanism) process

Children Looked After

Looked After Children (LAC) are children up to the age of 18 for whom the Local Authority is providing accommodation or care for a period of more than 24 hours (Children Act 1989). Children who are looked after are amongst the most socially excluded groups in our society and have been found to have significantly increased health needs in comparison with children from comparable socio-economic backgrounds (Sampeys 2015)

Improving the health of children who are looked after is a multi-agency responsibility involving local authorities and health agencies. PTHB have a duty to comply with the statutory legislation: Part 6, Social Services & Wellbeing (Wales) Act 2014 – Looked After & Accommodated Children

Throughout 2023-2024 PTHB Clinical Nurse Specialist for Children Looked After and Health Visitors continued to work flexibly around the needs of the child, offering advice and support to both children, foster carers and professionals. This includes completing LAC health assessments, attending LAC reviews, Pathway Plans for 16+ children and strategy meetings. The views of the children are captured during their statutory health assessment and help to shape the child's LAC Health Plan



Looked After Children Performance Data 2023-2024

344 LAC Health Assessments completed by Powys Looked After Children Clinical Nurse Specialists & Health Visitors

all assessments aim to capture the voice of the child, all assessments undergo a Quality Assurance process.

86% were completed within statutory timescales, delays were mainly due to accommodating the needs of the children and Foster carers availability. There has been a significant improvement in receiving timely consent for Powys Local Authority

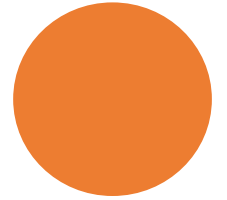
221 Health Assessments were with children from Powys

49 Health Assessments were with children from other Local Authorities placed in Powys

74 were completed by other health board Child Looked After Teams

100% of children were registered with a GP prior to the LAC health assessment

11 Unaccompanied Asylum Seeker Children (UASC) are being supported by PTHB LAC Team.



Clinical Nurse Specialist for Looked After Children Powys Teaching Health Board

Rosie Cox and Helen Wear

Unaccompanied Asylum-Seeking Children (UASC)

As part of our role, we are actively involved in the resettlement programme for our unaccompanied asylum-seeking children. We have identified the need to support them with GP registration, preliminary blood screening and the immunisations they require, we have developed paperwork to support the carers and share information with GP's as outlined in Welsh Government Guidelines.



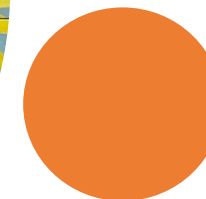
We have also developed a pack to support these vulnerable children around healthy lifestyle choices, meal planning, budgeting and sleep support.



Many of our unaccompanied children travel in groups at night and sleep during the day, when they arrive in the UK most are unable to settle and frequently suffer from nightmares. Those who have spent time in detention or makeshift camps also experience disturbed sleep. These children have difficulties in falling and staying asleep at night, in waking in the morning and staying awake during the day. This contributes to poor concentration and a lack of emotional stability.



We identified a children's charity in London that provided sleep packs for our children and collaboratively with Children Services we collected 40 packs for distribution across Powys.



A Sleep Pack is a pouch that contains: a night shirt, a plug-in night light, a lavender bag, a specially created 'Sweet Dreams' card, an eye mask, ear plugs, tissues, and a stress ball.



Introducing the new CAMHS Looked After Children Highly Specialised Practitioner role

The CAMHS Looked After Children Highly Specialised Practitioner role was developed and recruited into during 2023.

The CAMHS Child looked after specialist provides a rapid, proactive, and responsive mental health support to all professionals and carers supporting children and young people who are looked after or care experienced.

This includes advising on the best type of approach for the child and advising staff on managing symptoms and behaviours related to emotional or mental health.

Working collaboratively with colleagues in the multi-agency arena is key to improving mental health outcomes and to ensure that all children looked after / care experienced are supported to fulfil their potential and are provided with opportunities to enhance their life chances.

Vulnerability and inequality that effects our children looked after is well documented.

"The majority of children who become looked after do so because of abuse, neglect or family dysfunction that causes acute stress among family members. Entry into care is usually a traumatic experience and brings with it a significant sense of loss that can be insufficiently recognised in care planning. Older children in care may also experience significant problems at school. For those children and young people who remain in long-term care creating a sense of belonging and emotional security is vital to their health and wellbeing." (NICE Guidance)

Having a CAMHS Child looked after specialist within the team is one way, we are addressing the inequalities and prioritising the health care needs of the children looked after in Powys.

Head Teacher- High School

The CAMHS Child looked after specialist provides us as an Education Setting with a unique support mechanism for our pupils that are in care. This provision allows us as educational professionals to gain a perspective from a mental health professional around in school behaviours related to a pupils emotional or mental health. This provision gives educational professionals a sounding board to explore our strategies with dealing with these behaviours on the ground and in supporting the foster carers.

This support has lowered our exclusion rate for CLA pupils and ensured that our approach is trauma informed. This support has allowed us to build positive relationships with pupils, where pupils now openly approach staff to discuss their needs in a preventive and reflective manner. Having CAMHS specialist involved in our multi agency meetings allows us to work collaboratively with a pupil centred approach.

Access to this provision ensures that children in care achieve the educational outcomes that they are capable of whilst supporting their emotional needs.

Fostering Social worker

"Having a direct link to a CAMHS specialist for Children' Looked after is vital for myself working within the Through Care 0-14 team. This service has enabled me to access some helpful support and advice myself and for carers who have received a consultation when discussing the needs of children in their care. In addition, this service has also helped in respect of linking to health services within different areas where there have been some challenges"

LAC Social worker

Having worked within Powys Children Services for several years, there had always been a disconnect between us and CAMHS, despite the ever-increasing complexities with young people and poor mental health and wellbeing. Since the introduction of this role, it has provided a direct route for not only our young people but also the whole professional network in terms of support and guidance. Katy's role has benefitted the service and our young people massively, even if the young people are not willing to engage, Katy is always there to support from that long arm approach and provide us with the tools we need to provide positive results.

Corporate Parenting Charter

The Corporate Parenting Charter has been developed to support the delivery of the Welsh Government programme to strengthen public bodies in their role as Corporate Parents. It should help public bodies to understand and develop their responsibilities towards care-experienced children and young people, and to ensure they have the same life chances as all children living in Wales.

The Corporate Parenting Charter is a set of **principles** and **promises** which has been developed in collaboration with care-experienced children and young people.



They align to the United Nations Convention on the Rights of the Child (UNCRC). They also reflect the Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Well-being (Wales) Act 2014, Part 6 Code of Practice (Looked After and Accommodated Children).



At the public launch of the Corporate Parenting Charter on 22nd of September 2023, both the First Minister and the Permanent Secretary signed the Charter on behalf of Welsh Ministers and Welsh Government, respectively.



Support for the Charter was sought from all organisations and senior public sector leaders by signing up to the Charter and making a clear public commitment to become "corporate parents" and deliver on the principles and promises outlined in the Charter.



In March 2024, PTHB signed the Charter. PTHB will continue to be represented at the Local Corporate Parenting Group where, with our partners, the Charter can begin to be embedded and referenced in the work of the Corporate Parenting Group, where agencies can demonstrate and challenge each other's commitment to the Charter.



Corporate Parenting Charter – A Promise from Wales

“A SHARED PARENTING PLEDGE”

gov.wales

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Procedural Response to Unexpected Death in Childhood (PRUDiC)

PRUDiC sets a minimum standard for a response to unexpected deaths in infancy and childhood. It describes the process of communication, collaborative action and information sharing following the unexpected death of a child.

The aim of the PRUDiC is to ensure that an agencies response is safe, consistent and sensitive to those concerned, and that there is uniformity across Wales in the multi-agency response to unexpected child deaths

During 2023 to 2024, all unexpected child deaths were managed under the PRUDiC Procedure.



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

the lullaby trust

Keeping Baby Safe

Safer Sleep : How to sleep your baby more safely to reduce the risk of sudden infant death syndrome (SIDS)

Dad's Zone :
A dedicated safer sleep page for new and expectant dads and partners filled with everything you need to know.

Safer Sleep Awareness :
A guide for Childminders, Foster Carers, Nannies and Nursery Settings

NSPCC—Handle with care:
A guide to keeping your baby safe and advice on ways of holding and caring for your baby

NSPCC

Mid & West Wales Safeguarding Board Award

At the Mid & West Wales Safeguarding Board Award Ceremony in June 2023, PTHB Safeguarding Lead Practitioners were winners in the **Achievement, Innovation &/or Improving Safeguarding Practice for Children** category.

In response to several unexpected baby deaths over the last 18 months, where risk factors associated with unsafe sleep were present, the Safeguarding Lead Practitioners produced a detailed document for practitioners to support the delivery of clear, consistent, tailored advice to parents and carers regarding Safer Sleep.

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Multi Agency Pre- Birth Pathway

Throughout 2023/24 our Lead Midwife for Safeguarding has worked with Powys Local Authority & partners to ensure the Mid & West Wales Pre-Birth Pathway is embedded into practice. As part of this work the safeguarding midwife meets with the Local Authority every 2 weeks to share information, track cases and provide professional challenge to improve outcomes for babies and their families.

The Pathway sets out *Triggers* which support professionals' decision-making as to when to refer parents for a pre- birth assessment/risk assessment. [Cysur Regional Policies & Procedures](#)

Hart (2000) indicates that there are two fundamental questions when deciding whether a pre-birth assessment is required:
Will the new-born baby be safe in the care of these parents/carers?
Is there a realistic prospect of these parents/carers being able to provide adequate care throughout childhood?

The pre-birth assessment must be of sufficient depth to inform future care planning. It must consider family strengths as well as the risk factors to ensure that the new-born baby receives the necessary level of support to achieve their full potential and be protected from immediate and future harm.

Feedback from Pre-Birth Principal Social Worker on the Lead Safeguarding Midwife Role;

Having you attend the meetings has been invaluable for you to share information and provide health input in the case discussions. Overall, having your attendance is improving the outcomes for the babies and their families through sharing information, tracking the referrals and providing feedback on the development of cases. It is making sure that the multi-agency team is aware of the worries and can provide support to address the risks that have been identified by professionals. It has meant that we have identified cases that need more urgent attention. We have also seen you provide further information about a case which has meant that things can be monitored and addressed promptly by the multi-agency teams. I also believe it has positively developed the working relationship between health and the social work teams.



Version	Revision Date	Owner
V1	15/10/2021	Mid and Safeguarding
V2	October 2022	Mid and Safeguarding (P)



Dogs are valued companions and play an important part of life for thousands of families throughout Wales.

Over time there have been several reports from all over the UK where dogs have attacked babies and children resulting in bites and in some cases death.



Within the area covered by Dyfed-Powys Police, there were more than 20 dog attacks involving children under the age of 18, over a six-month period.

Public Health Wales Child Death Review Programme completed a Rapid Review which concluded that the single, most important advice for members of the public is:


'Never leave a baby or young child unsupervised with a dog, even for a moment, no matter how well you know the dog.'

We have produced a leaflet to aid discussion and provide advice to families with pets within the home. These conversations need to start early in the antenatal period and continue as the child grows.

Parents and carers must be made aware of how they can reduce the risk of harm and to ensure pets and children live together happily. We have also produced a 7-minute briefing which includes actions to take if a dog bites a child.



Keeping babies and children safe around pets in the home and community



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Liz

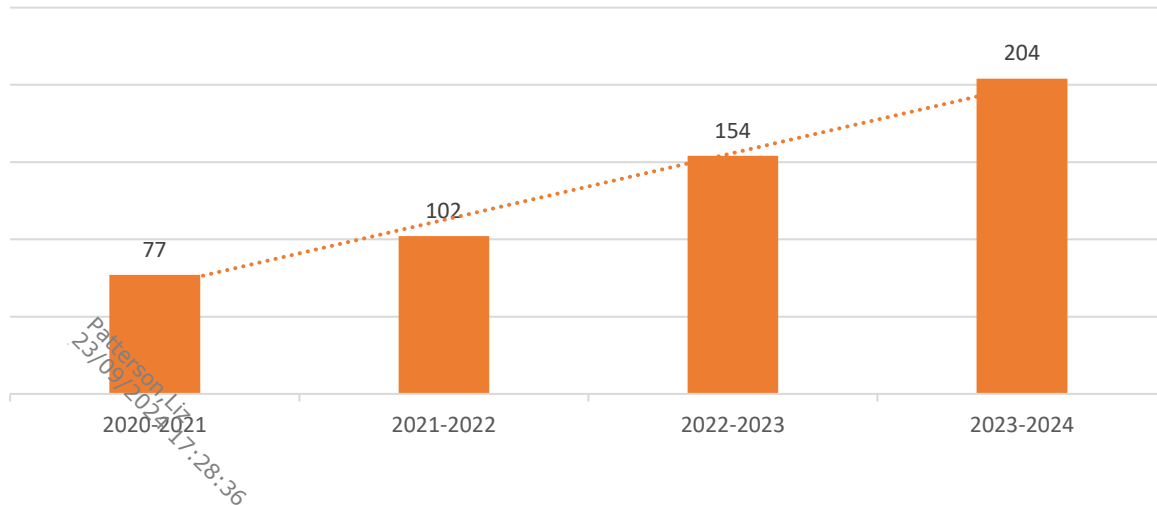
Safeguarding Adults

In accordance with the Social Services and Well-being (Wales) Act 2014, the Health Board has a statutory duty to report an adult as risk who is (a) experiencing or is at risk of abuse, neglect or other kinds of harm, (b) has needs for care and support (whether or not the authority is meeting any of those needs), and (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

204 Safeguarding reports were made by PTHB staff in 2023-2024. This is a rise of 62% over the last 4 years. This rise may be due to several factors including improved data collection and reporting, a more visible and accessible Safeguarding Team including the Safeguarding HUB. Post pandemic reports increased when adults and family's re engaged with services and the impact of the cost-of-living crisis.

26% of reports were for concerns about Neglect followed by 10% for concerns relating to domestic abuse

Number of Adult Safeguarding Reports



All reports are quality assured by the Safeguarding Team

Living a life that is free from harm and abuse is a basic right for every adult within Wales

The Mental Capacity Act 2005

The Mental Capacity Act 2005 (MCA) provides the statutory framework for acting and making decisions on behalf of people who lack the capacity to make decisions for themselves. The MCA sets out when, how and who can make decisions for a person who lacks capacity. It ensures decisions are made in the person's best interest and the person is involved in the decision as much as possible.

MCA DoLS (Mental Capacity Act Deprivation of Liberty Safeguards) were introduced as an amendment to the MCA and came into force in April 2009, providing a legal framework for situations where someone may be deprived of their liberty within the meaning of article 5 of the European Convention on Human Rights (ECHR).

The Safeguards help to ensure the correct process is used to protect people's human rights if they lack the capacity to consent to the arrangements for the care they need; are under continuous supervision and control; and are not free to leave. The DoLS legislation aims to protect people in hospitals who may need to be deprived of their liberty. Hospitals are called managing authorities. The bodies that authorise DoLS applications are called Supervisory Bodies.

In 2014 the House of Lords undertook a review of the MCA which concluded while both pieces of legislation were visionary with the potential to transform lives, they did not work well, due to lack of awareness and understanding and commented that: "[f]or many who are expected to comply with the Act it appears to be an optional add-on, far from being central to their working lives. The evidence presented to us concerns the health and social care sectors principally. In those sectors the prevailing cultures of paternalism (in health) and risk-aversion (in social care) have prevented the Act from becoming widely known or embedded. The empowering ethos has not been delivered. The rights conferred by the Act have not been widely realised. The duties imposed by the Act are not widely followed."

The Lords review led to the Mental Capacity (Amendment) Act 2019 which received Royal Assent on 16th May 2019, and once implemented would repeal the MCA DoLS and replace them with the Liberty Protection Safeguards (LPS).

Significant work was undertaken to consult on the updated code of practice and consider its impact. However, on the 5th of April 2023 the UK Government announced the MCA Amendment Act 2019 would not be implemented and as such the current Mental Capacity Act 2005 and MCA DoLS 2019 would remain current statute that must be adhered to.

Compliance with both the MCA 2005 and MCA DoLS 2019 is reiterated through inspection reports, ombudsman findings, and Court of Protection judgements which identify any non-adherence leaves patients outside of the protections afforded by the safeguards, the impact of which is an illegal deprivation of liberty occurs, which is in breach of Article 5 of the Human Rights Act (HRA) 1998.



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Mental Capacity Act (2005); PTHB MCA Improvement Plan

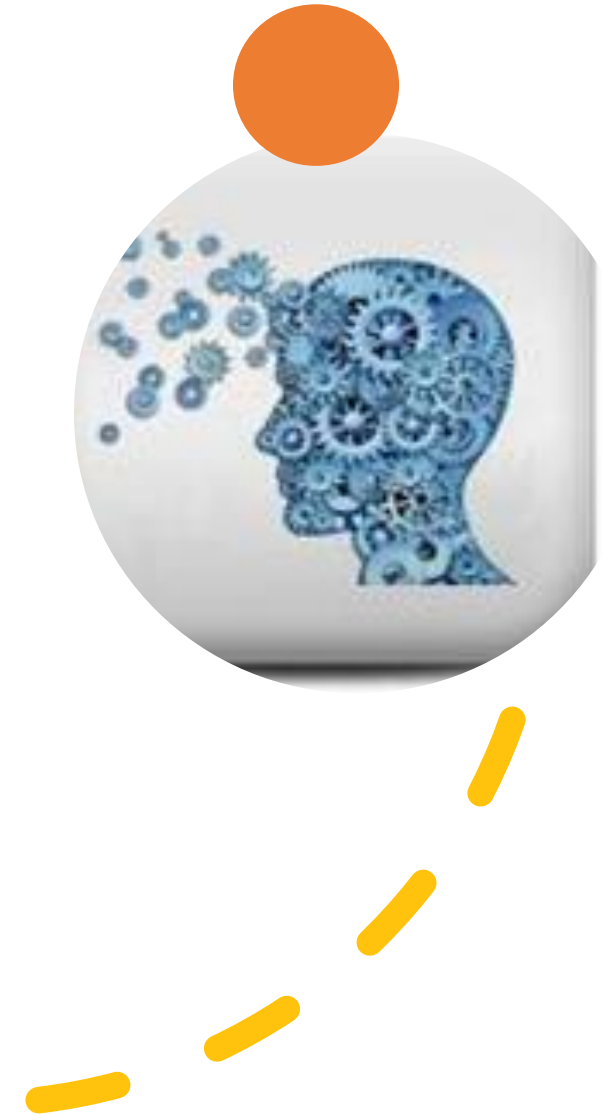
During 2023–24 PTHB have worked to deliver the actions within PTHB’s Mental Capacity Action Plan (2024-2026). The plan has been shaped by the objectives identified by Welsh Government that focus on addressing the Act Deprivation of Liberty Safeguards (DoLS) backlog, delivering mental capacity training, to improve monitoring and reporting on DoLS, supporting systems and processes, embed mental capacity principles across care, support and treatment planning and necessary work to improve the application of DoLS.

Actions Completed include;

- ❖ MCA Policy updated
- ❖ Updated record of capacity assessment and best interest decision recording forms
- ❖ Review of a policies to ensure MCA compliance
- ❖ The Safeguarding Hub can now be accessed to provide support and advice around mental capacity issues
- ❖ Advocacy database and recording governance improved
- ❖ MCA and MCA DoLS training plan until March 24.
- ❖ Awareness raising session at Preceptorship sessions
- ❖ Outpatient audit day
- ❖ General Practice MCA Awareness raising
- ❖ MCA and DoLS Audit to raise governance of delivering care that is MCA compliant and promotion throughout the health board.
- ❖ MCA gap/analysis presented to the Health Board Executives
- ❖ Process for MCA DoLS documents updated for example; MCA DoLS care plan for wards, Process flow, MCA DoLS Form 1 exemplar.

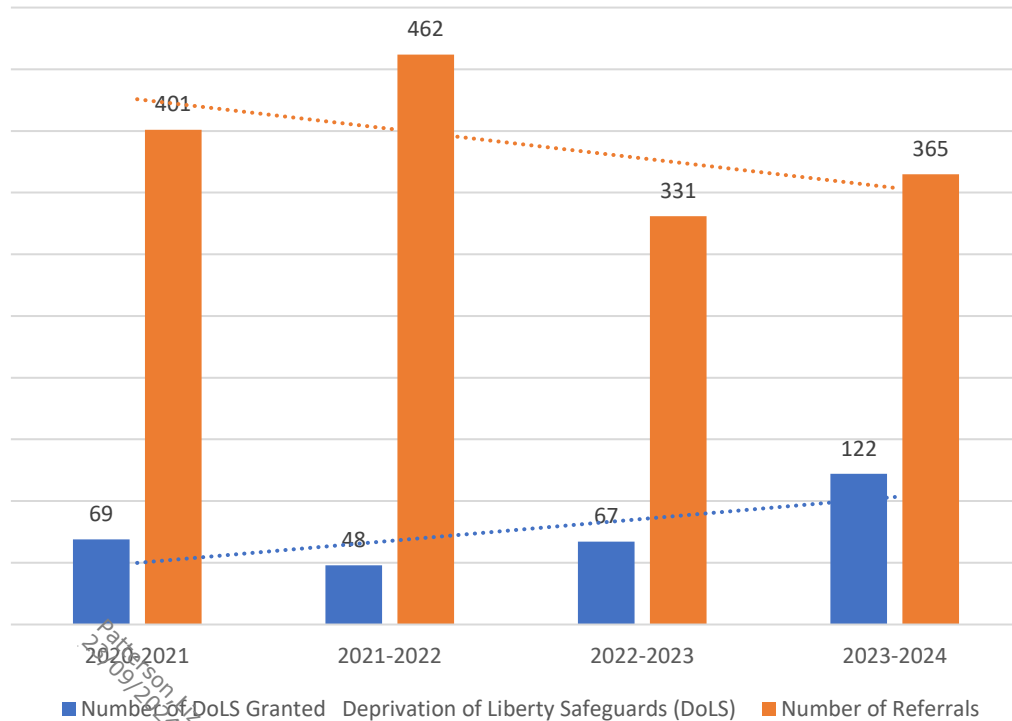
In addition to the improvements made within the plan, the appointment of a Senior Practitioner for Mental Capacity has enabled appraisal of how MCA/MCA DoLS is delivered across the health board, which are reflected in a MCA Gap Analysis undertaken within the Health Board. As awareness of MCA increases, so has the identification of issues; for example the increased number of court appointed deputy, MCA and Mental Health Act interface and the need to reflect Welsh Government Reducing Restrictive Practices policy. PTHB also participate in the NHS Wales Safeguarding Network considering MCA post the non-implementation of Liberty Protection Safeguards.

Initial steps to identify the organisation and delivery of MCA DoLS for PTHB as a Supervisory Body will be a focus for the team in 2024/25.



PTHB Deprivation of Liberty Safeguards (DoLS) Activity 2020-24

The number of DoLS applications have fluctuated since 2020.



PTHB Deprivation of Liberty Safeguards (DoLS) Activity 2023-24

PTHB DoLS Applications	Q1	Q2	Q3	Q4
No. of referrals for the period	89	85	106	85
No. granted	28	36	35	23
No. allocated to external BIA's	15	35	36	43
No. allocated to internal BIA's	23	21	8	12
No. withdrawn/not granted	57	61	56	62
No. of standard/renewal referrals for the period	8	8	8	3
No. of urgent referrals for the period	80	75	98	79
No. objecting	10	8	21	18
Total outstanding applications	38	25	37	20

An example of the resources produced by PTHB Safeguarding Team, Mental Health Advocate's and a service users relative

Powys Mental Health Advocacy Service

About Us

If you are over the age of 18 and in receipt of secondary Mental Health Services, the Advocacy Service is here to assist, in a variety of ways. You can discuss your concerns and worries confidentially about any aspect related to your problem. These may include medication, support service provision or other issues that affect you.

<https://pthb.nhs.wales>

A Community Mental Health Advocate will:

- advocacy** Put forward your point of view to others and/or act on your behalf.
- listen** Listen to your concerns.
- understand** Will help you to understand policy and procedures.
- respect** Treat you with respect and fairness.
- rights** Can provide information on your rights' concerning aspects of your care.

North & South Powys
Specialist
Community
Mental Health
Advocacy Service

Development of patient rights leaflet to support statutory rights information for those subject to Mental Capacity Act Deprivation of Liberty Safeguards.

Deprivation of Liberty Safeguards (DoLS) and you

mental capacity

rights

What are your Rights?

All images copyright LYPFT

easy on the eye

**Violence Against Women,
Domestic Abuse and Sexual
Violence (VAWDASV)
Honour Base Violence
Female Genital Mutilation
Sexual Exploitation Criminal
Exploitation
Human Trafficking
Modern Slavery**

VAWDASV is a major public health problem in Wales and globally, it is a violation of human rights and has far reaching consequences for families, children, communities and society.

All forms of violence and abuse are unacceptable, anyone who experiences violence against women, domestic abuse and sexual violence deserves an effective and timely response from all public services, who must work together in a consistent and cohesive way, together we can make progress towards achieving a Wales that is free from violence against women, domestic abuse and sexual violence

1:4 women & 1:6 men in the UK are victims of some form of domestic abuse.

2 women are killed a week but each week a further 10 are thought to take their own lives due to domestic abuse.

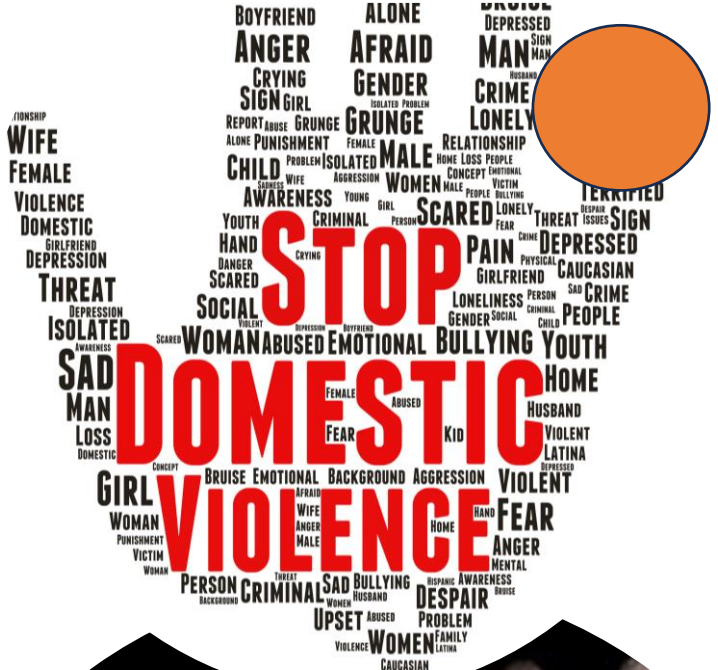
Modern Slavery is the illegal exploitation of people for personal or commercial gain.

Modern Slavery affects over 16,000 people in the UK a 33% increase since 2021.

Modern Slavery in Wales is on the rise. In 2016 123 referrals of potential victims of slavery were reported. This is an 8.2% increase on the previous year and represents 3.2% of all UK referrals.

Men, women and children may be forced into slavery which includes forced prostitution, child trafficking, criminal & sexual exploitation, domestic servitude, forced labour organ harvesting

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut or injured or changed for no medical reason.



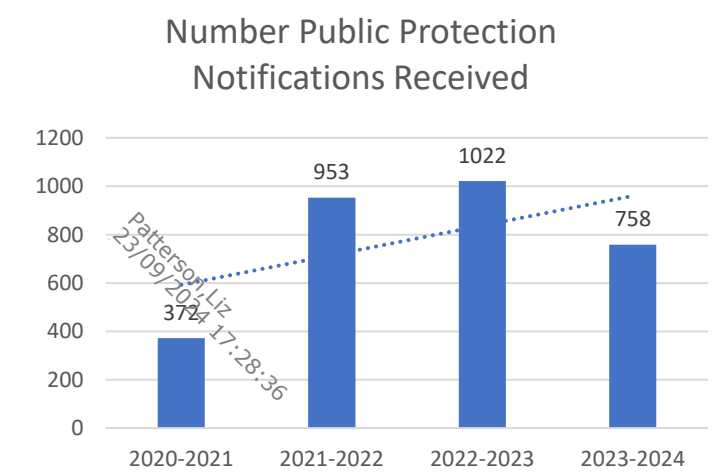
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PTHB Domestic Abuse Data

Powys Teaching Health Board receives daily **Public Protection Notifications** from Dyfed Powys Police following a report of Domestic Abuse when an individual involved is pregnant or there are children associated with the victim or perpetrator

During 2023-2024 there were **758** Public Protection Notifications received into PTHB Safeguarding Hub from the Police which were shared with the appropriate GP, Health Visitor & School Nurse Hub and Midwifery

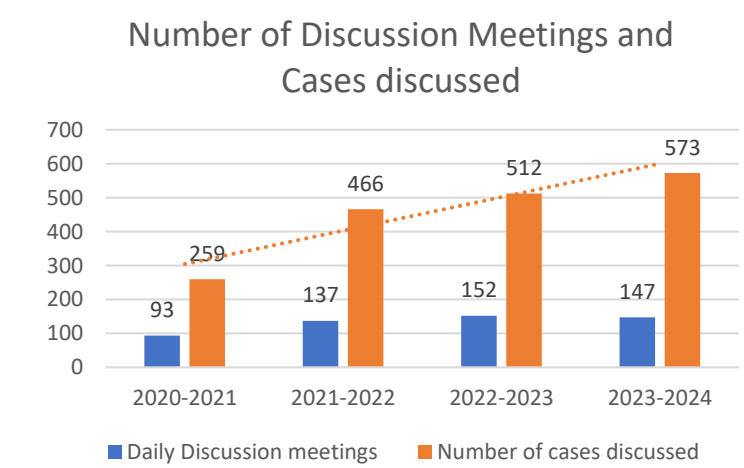
Trend: this is a decrease of **25%** from 2022-23



Domestic Abuse Discussion (DAD) is a multi-agency conference call where all high-risk victims of domestic abuse are discussed within 48 hours of a domestic incident, enabling earlier intervention, joint decision making & a timely response around the Domestic Violence Disclosure Scheme. If a high-risk case requires additional safety planning via the Multi Agency Risk Assessment Conference process (MARAC), the MARAC is better informed regarding risk and risk management

During 2023-2024 there were **573** Domestic Discussions. PTHB Safeguarding Hub contributed to them all

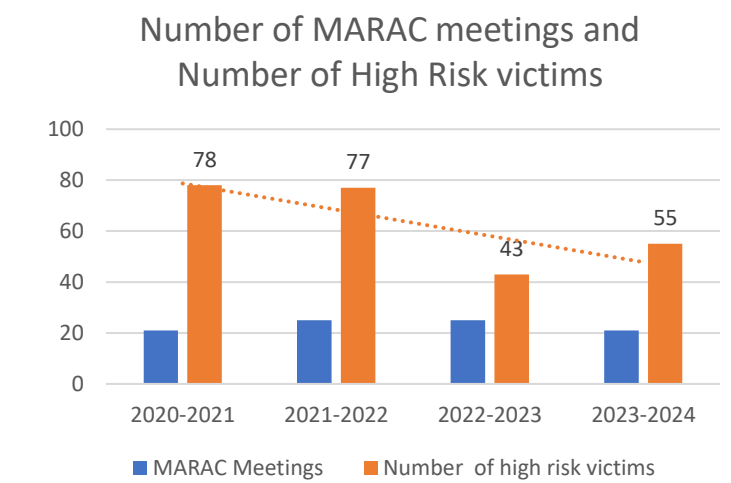
Trend: this is an increase of victims discussed of **12%** from 2022-23



Domestic Abuse Multi Agency Risk Assessment Conferences (MARAC) are held every two weeks, they are victim focused, agencies share information on the highest risk victims of all types of abuse. A safety plan for each victim is developed.

During 2023-2024 there were **55** high risk victims. PTHB Safeguarding Leads attended all MARAC's

Trend: this is an increase of victims discussed of **28%** from 2022-23



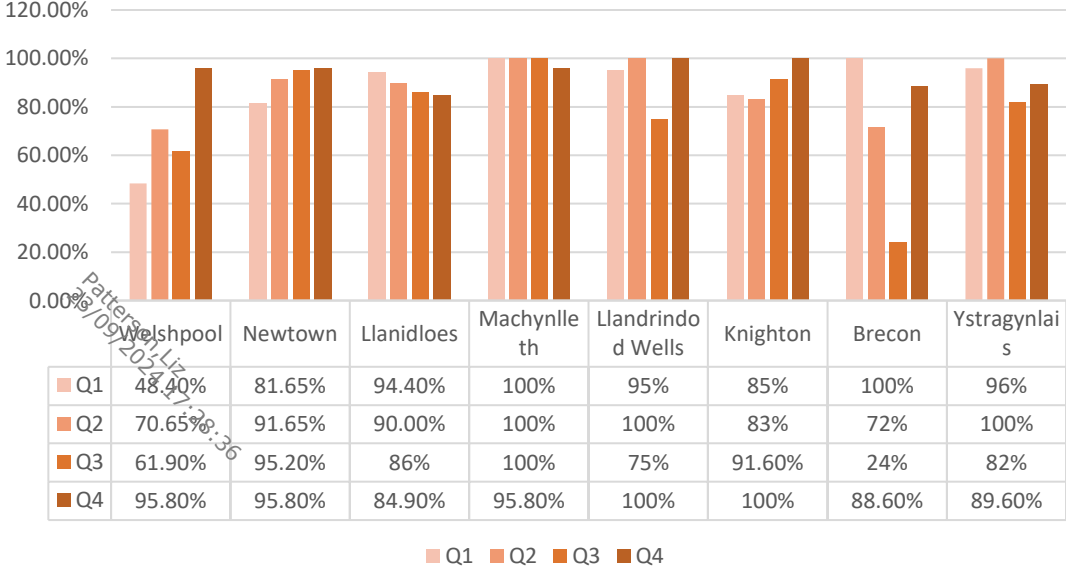
Routine Enquiry in Midwifery

Routine Enquiry is a term used to describe asking all pregnant women about domestic abuse, violence against women and sexual violence irrespective if there is any evidence or suspicions of abuse.

The **Routine Enquiry should** be asked at every antenatal appointment when a pregnant woman attends alone, and it is safe to do so. This is part of the National Standards for Routine Enquiry and in PTHB we launched MAT 081 Maternity Routine Enquiry standard operating process (SOP) in January 2023 to comply with these standards.

As part of this SOP we have embedded a new documentation key to standardise completion of the **Routine Enquiry**. An audit tool has also been developed to measure compliance to the national routine enquiry standards, audit will be undertaken within each midwifery team quarterly to ensure robust monitoring and any learning is acted upon timely.

Percentages of Routine enquiry asked at appropriate appointments based on midwifery team:



Routine Enquiry in Health Visiting and Sexual Health

Routine Enquiry in Health Visiting was first launched in Wales in 2005. During 2023 the National Standards for Routine Enquiry were updated which gave an opportunity to relaunch the Standards.

Similarly to Midwifery, a SOP, which includes a quarterly audit tool has been developed to ensure the standards are applied consistently across the health visiting service and learning is acted upon timely.

At the end of the 2024/25 financial year, we will be able to compare compliance over time. Learning is already emerging regarding record keeping and for all women to be included in the enquiry regardless of their relationship status.

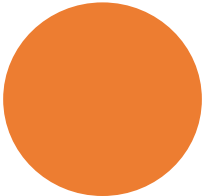
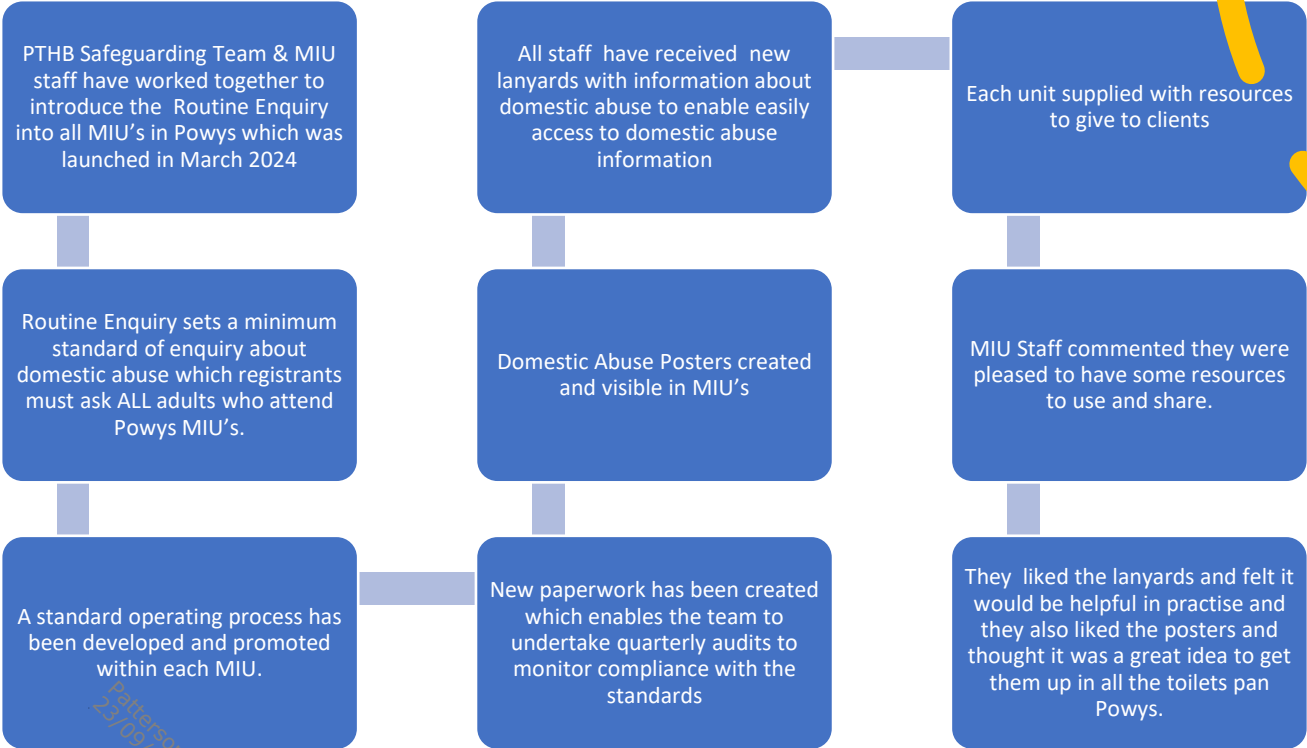
Routine Enquiry in Sexual Health. To ensure a consistency and audit across the service and to have a health board approach to Routine Enquiry, Sexual Health have also developed their own SOP and audit tool.

Audits will run 6 monthly with the first due in October 2024

Next Steps

During 2024/25, following feedback from the Violence Against Women, Domestic Abuse & Sexual Violence (VAWDASV) Survivor Advisory Panel and the outcome of a regional thematic review into domestic homicide reviews, we will work with **Mental Health** to explore opportunities to expand the Routine Enquiry which will be in addition to Ask & Act.

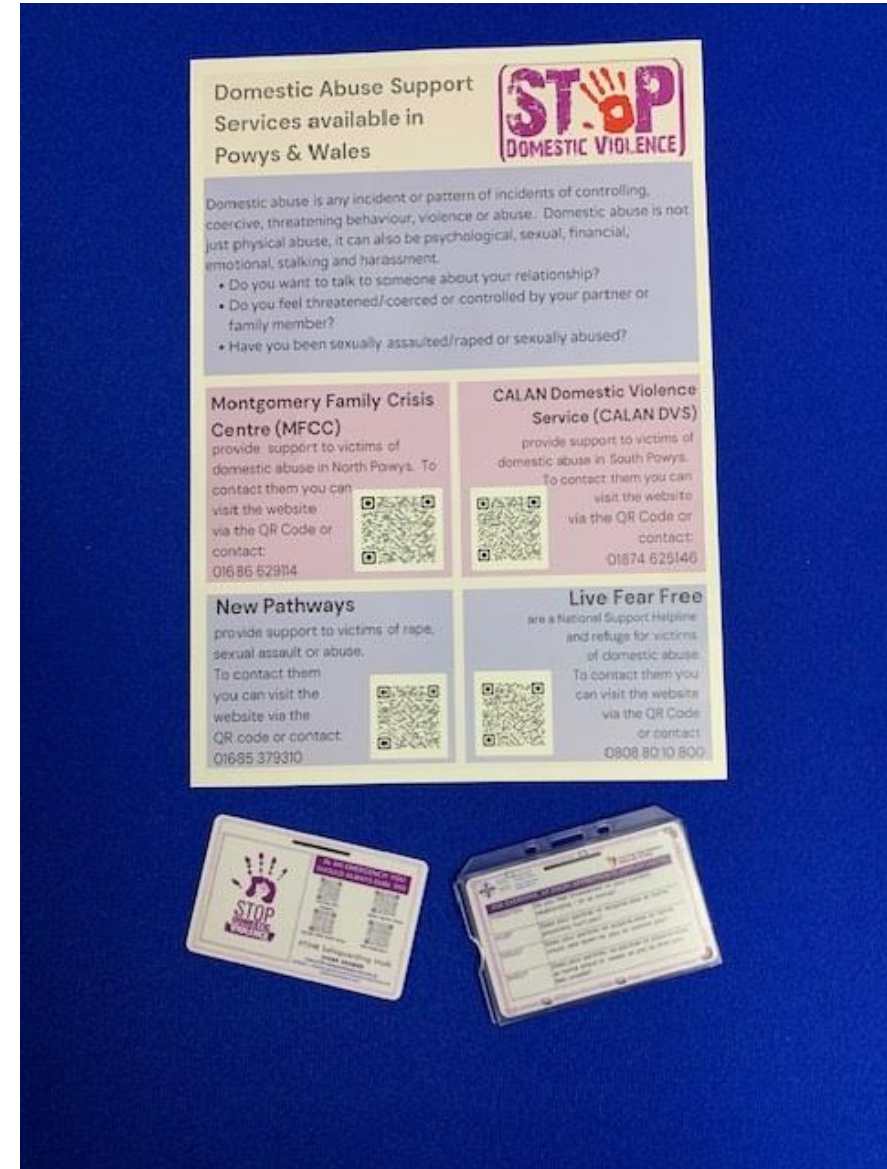
Rolling out Routine Enquiry in PTHB Minor Injury Units



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An example of the resources produced for PTHB MIU Staff to use and display within their departments, and the Violence Against Women, Domestic Abuse & Sexual Violence poster displayed in all staff and public toilets across PTHB sites.

A huge thank you to facilities staff who went above and beyond to help achieve this.



Rapid Response to Incidents of Suspected Suicide

Since September 2022, the Mid & West Wales Safeguarding Board have been piloting a **Rapid Response** approach to incidents of Suspected Suicide

The aim of the Rapid Response to Incidents of Suspected Suicide is to provide an immediate, multi-agency response to managing the consequences and impact of incidents of suspected suicide for children and adults across the Mid and West Wales region

The protocol is complementary and supportive of, but does not replace other protocols and processes

The model has exceeded the initial pilot phase of 12 months. A workshop to review the pilot is planned for 2024

Throughout this process the region has been working closely with Welsh Government who are developing national guidance.

Since September 2022, **18** suspected suicides have been managed using the Rapid Response to Incidents of Suspected Suicide Protocol. PTHB are represented by the Safeguarding Team and Suicide Prevention, Harm Reduction Manager

Resources are available to support the bereaved and promote post vention work. [Mental Health – Help With Suicidal Thoughts - Powys Teaching Health Board \(nhs.wales\)\)](#)

[Safety Advice leaflet FINAL Powys .docx](#)

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Public Protection and Offender Management

Public Protection and Offender Management is how we create safer communities and reduce crime by multi agency working together to plan, commission and deliver community safety related services and activities.

PTHB must comply with the related legislation:

- Serious Violence Duty 2023
- Counter Terrorism & Security Act 2015
- Criminal Justice Act 2003 – duty to cooperate in Multi-Agency Public Protection Arrangements (MAPPA)

Statutory Agencies have worked together under the new **Serious Violence Duty (SVD) 2023** to produce a Dyfed-Powys SVD Strategic Needs Assessment and a Mid and West Wales Serious Violence Strategy [Link](#). Both will inform the delivery plan for 2024-25.

Contest is the UK's overarching response to Terrorism [CONTEST 3.0](#)

(publishing.service.gov.uk) its aim is to reduce the risk to the UK, overseas interests and UK Citizens from terrorism. CONTEST provides a strategic framework of four work strands known as the 4 P's:

- Prevent: to stop people becoming terrorists or supporting terrorism.
- Pursue: to stop terrorist attacks.
- Protect: to strengthen our protection against a terrorist attack.
- Prepare: to mitigate the impact of a terrorist attack

The main involvement from a health perspective is in PREVENT. **Prevent Duty Guidance (2023) outlines the specific responsibilities placed on health boards.** [Prevent duty guidance: Guidance for specified authorities in England and Wales \(publishing.service.gov.uk\)](#)

It sits alongside long-established safeguarding duties on professionals to protect people from a range of other harms, such as substance abuse, involvement in gangs, and physical and sexual exploitation. The duty helps to ensure that people who are susceptible to radicalisation are supported as they would be under safeguarding processes.

PREVENT training is not mandatory in Wales, however PTHB have added Prevent awareness into our Level 3 Safeguarding Training Passport

The Safeguarding Team represent PTHB at key strategic & operational meetings regarding public protection and offender management including:

- Powys Community Safety Partnership
- Serious Violence and Organised Crime Board
- Serious Violence Duty Board
- MAPPA (Multi Agency Public Protection Arrangement) Senior Management Board
- Violence Against Women, Domestic Abuse & Sexual Violence (VAWDASV) Board
- Contest Board
- MAPPA meetings

45

50

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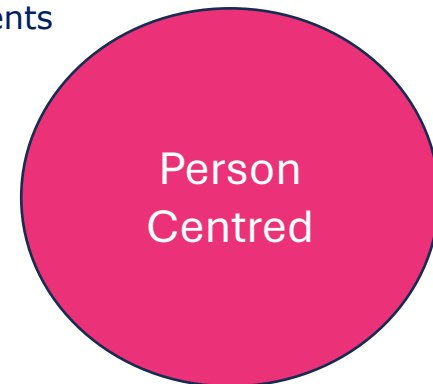
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2023/24 Improvement and Development

- ❖ Information Sharing Agreement put in place with the Violence Prevention Unit
- ❖ Roll out Routine Enquiry and audit process in PTHB Minor Injury Units
- ❖ Standard for Routine Enquiry and audit process put in place within Health Visiting
- ❖ Due to the reported deaths/serious injuries from dog attacks in the UK, a resource to share with parents/carers around caring for children and pets safely has been developed
- ❖ Survivor of Domestic Abuse shared her voice at PTHB Safeguarding Strategic Group and attended Ask & Act Training to give feedback on content and delivery
- ❖ Ask & Act delivered to 208 Primary Care staff
- ❖ Sharing Information in Pregnancy process strengthened along with strengthening of pre-birth planning with our partners
- ❖ Mental Capacity Act map and gap exercise undertaken

2024/25 Improvement Plan

- ❖ Consider Routine Enquiry within Mental Health
- ❖ Review the research regarding DA and menopause and how this can inform practice in the HB
- ❖ Continue to link with the VAWDASV Survivor Panel
- ❖ Following the publication of When we are at Our Most Vulnerable written by the Women's Rights Network (WRN), PTHB to implement a Task & Finish Group to map position and report back to Executives
- ❖ Consider the findings of a recent regional thematic review into 16 Domestic Homicide Reviews and wider research into the link between Mental Health & Domestic Abuse/homicide
- ❖ Audit service users regarding experiences of health involvement in the safeguarding process
- ❖ Progress to the next stage of the Mental Capacity Act gap analysis to work towards meeting the legislative requirements
- ❖ Complete process mapping of the management of sexual & violent offenders using healthcare



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SMM Standard; Learning Culture

There is evidence of a culture that promotes candour, learning and avoids blame. This is supported by a reporting system for safeguarding concerns, incidents and litigation where they can be monitored, addressed and trends understood. There is evidence of learning from safeguarding incidents and Practice Reviews that reaches frontline team members. Multi agency learning is promoted to share knowledge across the safeguarding community. Feedback from those who use services is used to shape and improve the quality-of-service provision.

Within this section;

- Incident Management System and Processes
- Management of Learning from Reviews
- Themes and Learning from the Reviews during 2023 - 2024



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Incident management system and Process

PTHB has an established Incident Management Framework (IMF), which is underpinned by the principles of both “Putting Things Right” (requirements of the NHS (concerns, complaints, and redress arrangements) Regulations Wales (2011) and Duty of Candour, as part of the Quality and Engagement Act 2020.

The IMF is essential for robust processes and timely action to support teams within the health board.

The IMF sets out structures and process for the reporting of a patient safety incident via Datix and triggering mechanisms for incidents over moderate and above and the Duty of Candour requirements to be met with informing patients and families of the Health Boards intention to review an incident and the proportionate requirement to report to either the Welsh Government or the NHS Executive.

Upon closure of an incident, which has been through a serious incident process or Root Cause Analysis (RCA), the service will meet with the family/patient involved to go through the RCA report and this will be followed up with a Duty of Candour letter, summarising the review process, any learning for the organisation and if the test for qualifying liability has been met.

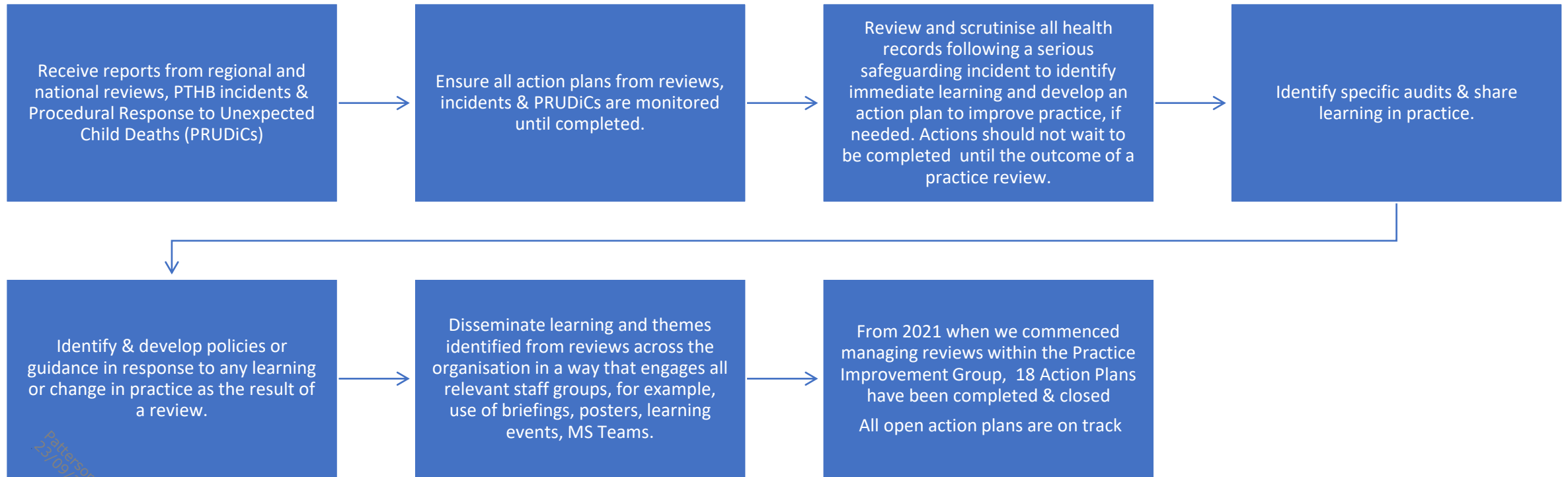
The IMF follows the principles of a “Just Culture” guide, ensuring that all processes avoid blame in the investigation process. The IMF also explores human factors and psychological safety to ensure that staff are supported to engage throughout the process (including with safeguarding, practice reviews and the Coronial process).

Upon closure of an incident, the learning outcomes are shared with the NHS Executive and each service will take the learning to their respective departmental learning and development group and cascading through 7-minute briefings. Following incidents where cases meet redress, this learning is then shared to Welsh Risk Pool through the Learning From Events Report (LFER) process.

The Quality and Safety team work with service groups to complete service reviews, identifying themes in incidents and areas for improvement from learning. Services are supported through Datix with the creation of dashboards, enabling them to keep track and monitor themes from patient incidents and their timely investigation and closure. This is also followed up with a weekly email from the Head of Quality and Safety informing Heads of Service of the live position for moderate and above incidents, reporting requirements and up to date training dates for managers and new users of Datix.

Management of Learning from Reviews

To support learning from safeguarding reviews, incidents & PRUDiCs, PTHB's Practice Improvement Group meet quarterly. The group is attended by Senior Managers from across the organisation and reports to the PTHB Strategic Safeguarding Group. **The objectives of the group include to;**



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Themes and Learning

- ❖ Managing Was Not Brought
- ❖ Improving Routine Enquiry
- ❖ Sharing Information in Pregnancy
- ❖ Documenting Significant Events
- ❖ Safer Sleep
- ❖ Perinatal Pathway
- ❖ Flagging Children at Risk of Harm in General Practice and Out of Hours
- ❖ Promotion of Advocacy Services
- ❖ Multi-Disciplinary Team Process
- ❖ Professional Curiosity

How the Themes and Learning is shared

- ❖ Training Packs updated
- ❖ Use of short Videos
- ❖ Safeguarding attend Service Group meetings
- ❖ 7 minute briefings
- ❖ Safeguarding Newsletter
- ❖ Safeguarding Intranet Page
- ❖ Safeguarding Newsfeed
- ❖ Promote Regional Training Opportunities

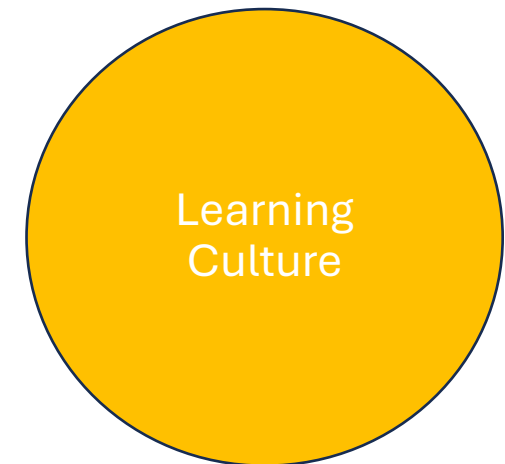
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2023/24 Improvement and Development

- ❖ Safeguarding Operational Group and Practice Improvement Group continues to have in attendance representation from across the organisation, the group is progressing all action plans from safeguarding reviews
- ❖ Contribution to the consultation on the proposed Single Unified Safeguarding Review Process – several PTHB practitioners have undertaken the panel member, Reviewer and Chair Training.

2024/25 Improvement Plan

- ❖ Extend the reach of the safeguarding services by using podcasts
- ❖ Consider the findings of a Regional Thematic Review of Domestic Homicide Reviews undertaken by the Violence Against Women Domestic Abuse & Sexual Violence (VAWDASV) Strategic Group



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Multiagency
Partnership
Working

SMM Standard; Multi Agency Partnership working

There is a safeguarding strategy that is aligned to local plans in the wider health and social care economy, and services are planned to meet the needs of the relevant population. The organisation actively contributes to the multi-agency approaches to safeguarding issues. There is appropriate participation in the Regional Safeguarding Boards and involvement in processes such as MARAC and MAPPA. There is evidence of strong connections and referral mechanisms with local services that can prevent harm, support and protect vulnerable people.

Within this section;

- Mid and West Wales Safeguarding Board
- VAWDASV Strategic Group
- NHS Wales Safeguarding Network
- Multi Agency Partnerships: Working in Collaboration



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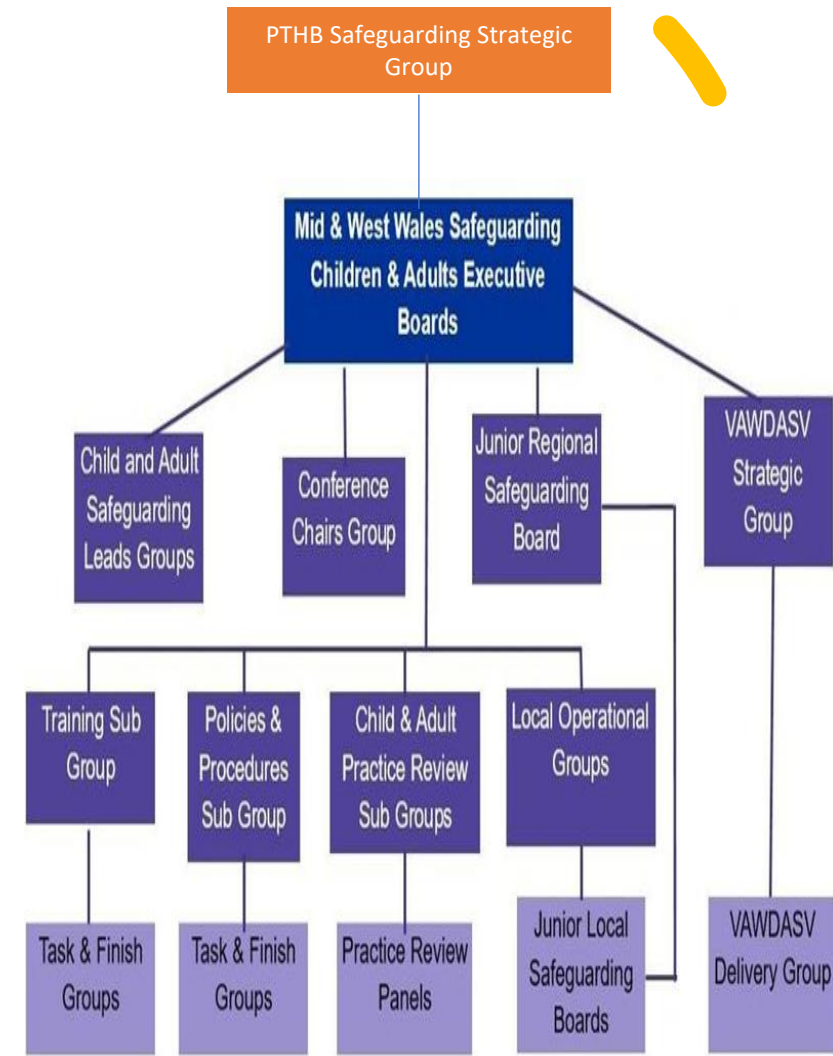
Mid and West Wales Safeguarding Board (M&WWSB)

The Mid and West Wales Regional Safeguarding Board (Children and Adults) was established to meet the requirements of the Social Services and Well-being (Wales) Act 2014 and is a key Vehicle for agreeing how statutory agencies will cooperate to safeguard and promote the welfare of children and adults at risk, and for ensuring the effectiveness of those agencies both regionally and at a local level.

The regional purpose is to coordinate the strategic direction, collaboration, consistency and improvement of practice across the region. The local purpose is to coordinate local practice, and work towards ensuring effectiveness of safeguarding local arrangements.

Powys Teaching Health Board is represented on the listed groups with information flowing between the Executive Board and PTHB Strategic Group;

- **The Executive Boards** consist of senior managers from key statutory agencies. The Executive Boards' aim is to provide leadership and guidance to all its constituent agencies through the delivery of a series of strategic priorities for safeguarding activity and practice.
- **Local Operational Group** membership and structure of the LOGs mirror that of the Executive Boards. However, the primary objective of LOGs is to share, monitor and analyse safeguarding practice locally, in an open and transparent environment. LOGs seek to share and acknowledge examples of good safeguarding practice; in addition, they will professionally challenge and hold agencies to account when safeguarding practice falls below expected standards.
- **Regional Training Sub-Group** operates collaboratively and in conjunction with the Executive Boards. It seeks to support and guide the delivery of safeguarding training and learning. The group can commission specialist, bespoke safeguarding training across the region and works closely with other sub-groups, such as the Practice Review Sub-Group, to ensure any learning outcomes identified in Child/Adult Practice Reviews are disseminated to staff.
- **Regional Policies & Procedures Sub-Group** operates collaboratively and in conjunction with the Executive Boards. The Group seeks to provide guidance to professionals via the development of regional safeguarding policy and procedure.
- **Through-Age Practice Review Sub-Group** considers referrals from agencies where a child or adult at risk has either died or suffered significant impairment of health and development as a result of abuse and/or neglect. Practice Reviews are undertaken by a multiagency group of professionals who collectively analyse information and identify any practice themes and lessons to learn. The report is then published as a Child/Adult Practice Review on the Boards' website.



The Violence Against Women Domestic Abuse & Sexual Violence (VAWDASV) Strategic Group

The VAWDASV Strategic Group is a multiagency collaboration that is driving forward the requirements of the VAWDASV Act, including the implementation of the new Mid and West Wales Violence Against Women, Domestic Abuse and Sexual Violence Strategy 2023-27 media.20gh4vhu.mww-vawdasv-strategy-2023-28-final.pdf.

The Strategy has been developed through consultation with stakeholders and survivors of domestic abuse and the objectives have been aligned to the Welsh Governments VAWDASV Strategy 2022-2026

The VAWDASV Delivery Group supports the Strategic Group on the progression and implementation of regional priorities, as well as maintaining key links with specialist providers.

The 6 Priorities of the Strategy are;

1. Challenge public attitudes towards violence against women, domestic abuse and sexual violence across the Welsh population through awareness raising and a space for public discussion with the aim to decrease its occurrence.
2. Increase awareness in children, young people and adults of the importance of safe, equal and healthy relationships and empowering them to make positive personal choices
3. Increase focus on holding to account those who commit or may carry out abusive or violent behavior to change their behavior and avoid offending/reoffending
4. Make early intervention and prevention a priority
5. Relevant professionals are trained to provide effective, timely and appropriate response to victims and survivors
6. Provide all victims with equal access to appropriately resourced, high quality, needs-led, strengths based, intersectional and responsive services.

MID AND WEST WALES VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE STRATEGY 2023 - 2027



The NHS Wales National Safeguarding Service (NSS) drives and delivers strategic improvements across the NHS in Wales through leadership and collaboration, improvement tools and upskilling of the workforce, as well as embedding policy and research into practice. The NSS also coordinates the NHS Wales Safeguarding Network & its subgroups that include representatives and stakeholders from health boards and trusts, the office of the Chief Nursing Officer, the Children’s and Older Peoples Commissioners Office and Welsh Government.

The Network provides a platform for a ‘**community of practice**’ a rich environment for collaboration, learning and creating new knowledge, horizon scanning, sharing challenges, problem solving, innovation and sharing best practice. As safeguarding experts, **the Network** is well placed to support **quality improvement in safeguarding** across NHS Wales, drive positive change by facilitation, challenge and system leadership.

To enable this work and to deliver against a yearly work plan, strong partnerships are key.



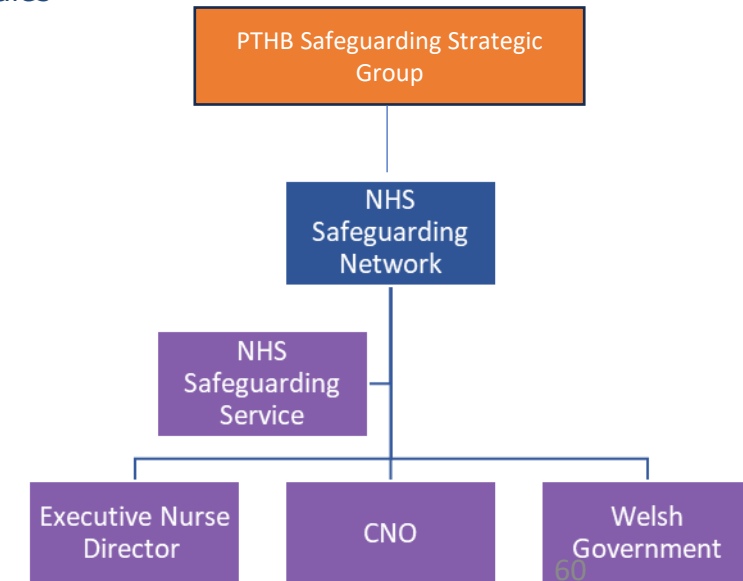
The 2023/24 the Network Work Plan developed 29 Deliverables under 5 themes;

- Quality, Performance & Assurance
- Training & Learning
- Network Leadership
- Network Business & Report Cycle
- Audit

18 of the 29 deliverables completed within delivery timescales

7 Paused/Ongoing – to continue into year 24/25

4 Not delivered within timescales



PTHB are committed to working alongside our partners at a National, Regional & Local level

During 2023-24 PTHB worked in collaboration and contributed to;



M&WWSB Strategic Plan 2023-2024 <https://www.cysur.wales/our-annual-plan-2023-24-is-now-live/> and Annual Report <https://www.cysur.wales/our-annual-report-2022-23-is-now-live/>

Safeguarding Week (November 2023) [Cysur | National Safeguarding Week 2023](#)

Various Consultations including the Single Unified Safeguarding Review

Continued Support of the Regional Rapid Response Model

Publication of Regional VAWDASV Strategy 2023 – 2027 & Action Plan [MWWStrategicPlanV2 3 \(cysur.wales\)](#)

Co delivery of Regional Professional Curiosity Training

The National Safeguarding Training Standards

Multiagency collaboration on the new Serious Violence Duty (2022) [Serious Violence Duty - Statutory Guidance \(publishing.service.gov.uk\)](#)

JICPA Inspection, regional and local audits

VAWDASV Survivor Advisory Panel

Continued engagement in the Wales Sexual Assault Service development



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PTHB Safeguarding Team represent the health board at a wide range of boards, groups, forums and meetings

National Meetings

- ❖ NHS Wales Safeguarding Network
- ❖ Wales Sexual Assault Project Board & Regional Group
- ❖ Safeguarding Maturity Matrix Group
- ❖ NHS VAWDASV Steering Group
- ❖ NHS Network Looked After Children (LAC) Steering Group
- ❖ NHS Training Sub-group
- ❖ NHS MCA Group
- ❖ LAC Cymru (Peer Group)

Regional Meetings

- ❖ M&WWSB Board
- ❖ M&WWSB CPR/APR/MAPF Group
- ❖ VAWDASV Strategic Group
- ❖ VAWDASV Training Sub-Group
- ❖ VAWDASV Delivery group
- ❖ VAWDASV Commissioning Group
- ❖ M&WWSB Training Sub-Group
- ❖ M&WWSB Policy and Procedure Sub-Group
- ❖ Regional DoLS/LPS and MCA Forum
- ❖ M&WWSB Safeguarding Child & Adult working Group
- ❖ Regional Anti-Slavery Group
- ❖ Serious Violence Duty Board
- ❖ SVOC Board
- ❖ MCA Forum

Local Meetings

- ❖ Powys Local Operational Safeguarding Group
- ❖ Corporate Parenting Group
- ❖ CPR/APR/DHR/MAPF Panel
- ❖ Youth Justice Board
- ❖ Start Well Board
- ❖ Multi agency risk assessment Steering Group & meeting
- ❖ PRUDiC
- ❖ Daily Domestic Discussions
- ❖ Channel Panel
- ❖ MAPPA
- ❖ MACE
- ❖ National Safeguarding Week Planning
- ❖ Community Safety Partnership
- ❖ Strategy meetings
- ❖ Rapid Response Meetings

Health Board

- ❖ Pressure Damage Scrutiny Panel
- ❖ Maternal & Child Death Review Group
- ❖ Safeguarding Strategic Group
- ❖ Safeguarding Operational & Practice Improvement Group
- ❖ MCA Improvement Group
- ❖ JIMP
- ❖ Position of Trust Strategy meetings

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2023/24 Improvement and Development


- ❖ Worked in collaboration with partners to undertake a Strategic Needs Assessment and develop a Strategy in response to the new Serious Violence Duty 2023
- ❖ Improved Multiagency working where parents are identified antenatally as requiring extra support from multiple agencies
- ❖ DASHRIC & MARAC & Safety Planning Videos (how to undertake a risk assessment when concerned about domestic abuse) made available to staff
- ❖ Worked with partners to have an improved understanding of the level of prostitution within Powys and what this means for services going forward

2024/25 Improvement Plan

- ❖ Dyfed Powys Police are rolling out MATAC (Multi Agency Tasking And Coordination). MATAC is a multi-agency approach that focuses on identifying serial perpetrators of domestic violence. It is a whole system approach that works with partners with a focus on multi agency victim support and strong innovative perpetrator management
- ❖ Consider the improvement required following a regional piece of work commissioned to review the level of prostitution in Powys and the knowledge and skills of multiagency workers



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Responsive,
Resilient &
Purposeful

SMM Standard; Responsive, Resilient and Purposeful

There is evidence that the organisation is agile and has business continuity plans for safeguarding to ensure children and adults-at-risk remain safe and supported in times of national/local crisis. The impact of changed working practices such as remote working must be evaluated and undertaken in line with local protocols to ensure there is no delay in the identification of risk, harm, need and vulnerability.

2023/24 Improvement and Development

- ❖ The Safeguarding HUB is developing to include specialist support regarding Mental Capacity. This ensures there is increased knowledge and skills within the team and moves away from a single point of contact for MCA advice and support
- ❖ The Safeguarding Team have supported a Health Visitor and Team Lead to deliver Ask & Act training which increases capacity and enables the practitioners to acquire new skills
- ❖ The health board has nominated 6 practitioners to undertake Practice Review Chair, Reviewer and Panel member training.
- ❖ There has been an opportunity to redesign a safeguarding position for a fixed term 12-month period and recruit a practitioner to experience working within the Safeguarding Service. This will bring fresh ideas into the team and give the practitioner new skills to take back into their substantive post

2024/25 Improvement Plan

- ❖ Safeguarding to meet with the Digital Transformation Team around the work underway regarding Virtual Consultations
- ❖ In collaboration with workforce colleagues and clinical teams consider options to develop and offer current practitioners Best Interest Assessors training and to undertake a signatory role to move towards a more sustainable model.

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Service Group Safeguarding Updates

Therapies and Health Sciences

CAMHS

Community Services Group

Women and Family Health

Mental Health

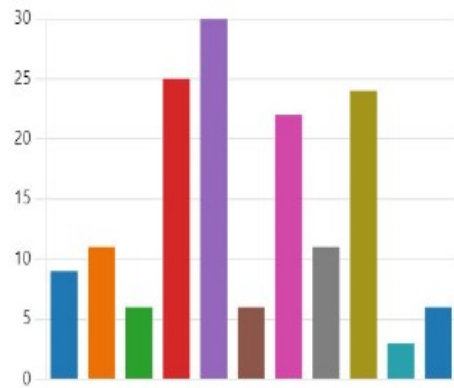
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Professional Curiosity Awareness

1. Which service area do you work for?

[More Details](#)

Audiology	9
Dietetics	11
Lymphoedema	6
Occupational Therapy	25
Physiotherapy	30
Podiatry	6
Radiography	22
Respiratory	11
Speech and Language Therapy	24
Stroke/Neuro	3
Other	6

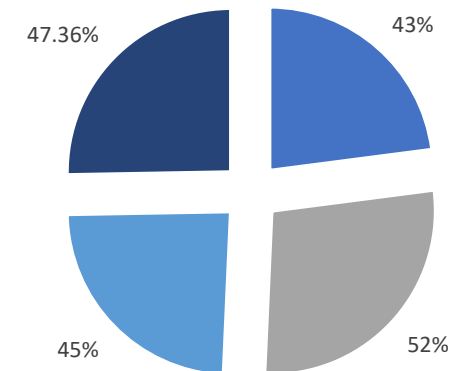


Therapies & Science have completed an audit on Professional Curiosity Training with all clinical staff. There was a 70% response rate (153 staff) and 92% reported they had watched the Professional Curiosity Training video.

Training and Safeguarding Update Sessions

Therapies and Healthcare Science Services have arranged quarterly "safeguarding update" sessions, these sessions have been well attended and will continue into 2024/25. Safeguarding Supervision sessions for children services continue. During 2023/24, we implemented sessions for the Therapy Adult Services.

Adult Safeguarding Supervision Compliance Rate



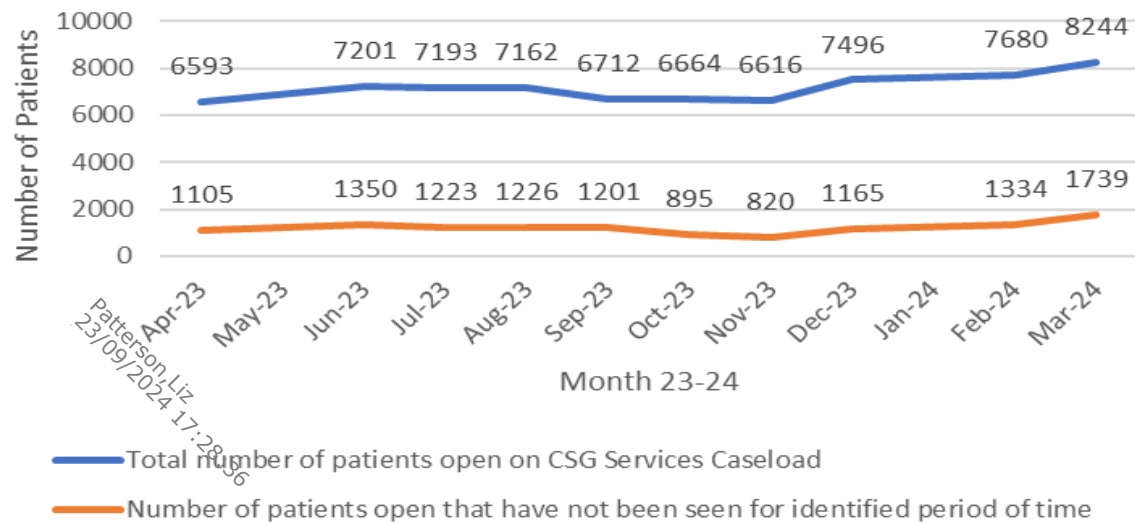
■ Quarter 1 2023-2024 ■ Quarter 2 2023-2024 ■ Quarter 3 2023-2024 ■ Quarter 4 2023-2024

Caseload Management

In June 2022, Therapy Services identified there were over 19,000 patients open within the Community Service Group, 3,768 of which had been open and not been seen for at least 12 months.

Following significant work with practitioners on Case Load Management and Operational Procedures, the service is now in a position where open cases on caseloads which have no activity for 3 months are regularly reviewed.

CSG Therapy Services Caseloads



To support and maintain this improvement a Caseload Management Standard Operating Process (SOP) for Allied Health Professionals and Health Scientists was ratified in January 2023.

The SOP clarifies:

- ❖ professional practice expected by the workforce
- ❖ roles and responsibilities
- ❖ standards for caseload management to ensure safe and legal services for patients
- ❖ how practitioners will maintain their duty of care to the population
- ❖ Health & Care Professional Council standards relevant to caseload management

During 2024/25 the service is due to carry out an audit on the SOP to review the compliance.

Was Not Brought Policy (WNB)

Audit tool developed for clinicians to complete when a patient is identified as WNB to an appointment, this is to ensure the WNB policy is being followed. The tool has evolved as it wasn't providing the required assurance.

Monthly audit results are now a Key Performance Indicator that Heads of Service must monitor and report on.

Missed Appointments

In July 2023, as part of the Safer Care Collaborative, MSK Physiotherapy reviewed the level of Missed Appointments and established this was running at 16%. Some work had already been undertaken with the introduction of 1 way text reminders, and in March 2023 this was further developed to **Two Way Text Reminders**, which enables the patient to select options to cancel or rebook appointments which has had a positive impact with a reduction in the number of missed appointments dropping to 9%.

In January 2024, the service worked with the Communication Team and designed a poster for use in all MSK Physiotherapy waiting areas to raise the awareness of missed appointments and the implications to the patient and service. Currently the service is at a 6% rate, 1% off the internal target of 5%.

The learning from the project can be shared across services, other therapy services are implementing the text reminders and seeing a reduction in their missed appointment rates.



Powys CAMHS does not have its own Crisis provision or its own District General Hospital with an A&E department. PTHB relay on our neighbouring Health Boards to carry out mental health assessments on children presenting at A&E due to mental/emotional health distress.

In September 2023 Powys CAMHS were successful in securing 1 year funding via the NHS Executive to provide a service for Children who require mental health services as an alternatives provision to admission and the attendance at A&E for mental health issues.

This money has aided the development of a Crisis & Intervention Team and a Crisis HWB in the heart of Powys. Staff based at the HWB but can be deployed throughout Powys to offer an assessment in the most appropriate environment for the child.

CAMHS Crisis is now up and running, providing support 7 days a week, 9am until 9.30 pm. It is operating a responsive approach to children in mental health distress, eliminating the need to attend A&E which may result in long waits for a mental health assessment.

The Crisis HWB will be ready for the team to accept children and their families and carers in May 2024. The service will be a safe space to assess a child's mental health needs and provide space for families to share issues with the team.

The HWB also has a Cwtch area, a space where a child can have some safe time out to discuss mental health needs and concerns with staff, and in time there will be an opportunity for staff to facilitate group and 1-1 evidence based interventions.

This new service will prevent the need for admissions to acute mental health wards for short assessments, whilst also offering home treatment & an assertive outreach approach for children in crisis and for those who struggle to engage with services. The service works closely with 111 press 2 and our Local Authority partners.

The team consists of a team leader, nurse therapist, crisis practitioners & healthcare support workers. The service will be subject to ongoing evaluation.



Initial feedback has been positive

We were all very impressed with the session yesterday. E. felt very safe with you, thank you! Thank you for looking after him so well!! It's a shame you can't continue working with him. " (parent) (child turned 18)

"Felt that it was going to be a challenge to get into CAMHS but we have been impressed with the whole process and the support offered. (Parent)

Following 6 Visits from HIW there is a focus on improving learning in Mental Capacity Act and Safeguarding Training. Good progress has been achieved in all areas, with one requiring some focussed support to reach the 85% required target. This is an overall improvement of an average of 50% at the time of the visits. Monitoring continues within the Service Group and at the quarterly Safeguarding Strategic Group.

Mental Capacity Act Mandatory Training

Org L6	Assignment Count	Required	Achieved	Compliance %
070 5 Hospital Nursing (BRO) E501	28	28	27	96.43%
070 5 Hospital Nursing (LWH) F001	32	32	29	90.63%
070 5 Hospital Nursing (MAC) G501	26	26	23	88.46%
070 5 Hospital Nursing (MCI) H001	31	31	23	74.19%
070 5 Hospital Nursing (VMW) H501	30	30	22	73.33%
070 5 Hospital Nursing Epynt E001	26	26	21	80.77%
070 5 Hospital Nursing LND G001	31	31	29	93.55%
070 5 Hospital Nursing Y Bannau - E007	27	27	25	92.59%
070 5 Hospital Nursing YCH D002	33	33	22	66.67%

Safeguarding Level 1 and 2 Mandatory Training

Org L6	Assignment Count	Required	Achieved	Compliance %
070 5 Hospital Nursing (BRO) E501	15	15	14	93.33%
070 5 Hospital Nursing (LWH) F001	20	20	18	90.00%
070 5 Hospital Nursing (MAC) G501	17	17	16	94.12%
070 5 Hospital Nursing (MCI) H001	17	17	17	100.00%
070 5 Hospital Nursing (VMW) H501	16	16	14	87.50%
070 5 Hospital Nursing Epynt E001	15	15	13	86.67%
070 5 Hospital Nursing LND G001	20	20	19	95.00%
070 5 Hospital Nursing Y Bannau - E007	17	17	17	100.00%
070 5 Hospital Nursing YCH D002	18	18	14	77.78%

Review of Learning Outcomes from the Inpatient Falls Panels

Every fall that takes place in a ward setting is reported on Datix and reviewed at a PTHB Falls Panel. The Quality & Safety Team, a Community Service Manager and a representative from the ward where the fall occurred all attend.

The objectives of the panel are to establish whether the fall was avoidable or unavoidable, is Duty of Candour is triggered; whether any harm occurred to the patient; has the Falls pathway been followed correctly and to identify and share any learning with the overall aim to reduce avoidable falls.

Since the Falls Panel commenced there has been a 14% reduction in reported falls. Continued monitoring will help to interpret this drop

Emerging Themes

Many patients who require assistance wish to preserve their dignity and independence when using the bathroom and this is a common area for falls.

Patients with specific needs are at higher risk of falls

Lying and standing blood pressure is not consistently recorded

Although compliance with the falls assessment is good, they are not consistently updated with all falls

Patients sometimes fall because they have used a bedside table to assist them to stand

Bedrails are not always put back into place when visitors leave

Medication can increase the risk the risk of falls

Good Practice

The management of falls has improved with the implementation of the Falls Panel. Ward Managers are becoming more engaged which is leading to professional discussions and sharing best practice.

The incidence of alarm mats has been reduced as recommended by the All Wales Falls Network.

The quality of documentation & compliance with the Falls pathway is improving

Staff are promoting independence

The proportion of avoidable falls is low, suggesting that the staff are appropriately assessing and mitigating risk.

RITA's are available on all wards (a tool to promote positive interaction between ward patients and helps build trust and rapport between patients, staff and volunteers.)

Recommendations

Bathrooms are high risk areas, any future refurbishment work must consider the needs of the older adult, this includes the design of the bins which appear to be a falls risk.

Undertake an annual documentation audit to monitor compliance with the Falls Pathway

The Falls Panels work well, however, consideration to be given to new ways to maximise the learning

Lying and standing blood pressure can be a useful indicator of falls. The Welsh Nursing Care Record could be amended to add this to the admission document

The Safeguarding Team are currently unable to attend Falls Panel due to capacity, however, are contacted for advice when required. A new format for panel is being considered which may give an opportunity for this to be revisited.

Women and Family Health

Level 3 Training Compliance broken down into each discipline

- ❖ **Health Visiting:** compliance 63.16% - all outstanding staff have booked onto training
- ❖ **School Nursing:** compliance 90.19% - the one SN not trained is a new starter
- ❖ **Speech & Language Therapy:** compliance 60% (3 new starters)
- ❖ **Maternity Services:** compliance 90%
- ❖ **CCN/LD/ND:** compliance 75%

There is a high level of safeguarding activity within the service based on safeguarding reports & calls to the safeguarding hub

Chathealth an application where school age children can communicate with PTHB School Nursing Service has been nominated for a PTHB internal innovation award. The services is being widely promoted with a recent increase in use.

Standard Operating Processes updated, finalised & ratified include;

Adoption SOP, Caseload Management SOP, Multi-Disciplinary Team SOP, Health Visitor Routine Enquiry SOP.

Audits undertaken and action taken to learn when required. Audits include;

Was Not Brought, Routine Enquiry in Health Visiting, Midwifery & Sexual Health & Safer sleep information sharing in Midwifery

Service fully engaged in the JICPA and Child Practice Review process and working to progress the action plans

Perinatal and child death review meetings held monthly with annual presentation of learning





NHS 111 Press 2

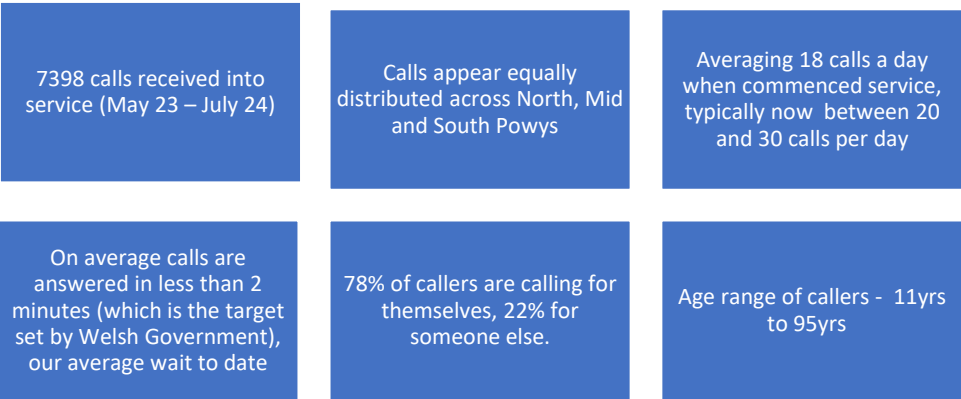
May 2023 saw the National launch of NHS 111 Press Option 2, a service for urgent mental health support which is available 24 hours a day, 7 days a week for all ages if someone had an urgent mental health concern themselves or about someone they know.

By providing access to a mental health professional, without the need for a GP referral, it can help support people to manage a mental health crisis and in many cases be an alternative to attending emergency departments or calling the police.

Callers will be transferred to a dedicated member of a mental health team in their local health board area. It includes an assessment of needs and telephoned based intervention to reduce distress. Where appropriate individuals can be referred to mental health services, given self-care advice or signposted to other support.

In addition to the national campaigns the services is being promoted in Police Stations, Supermarkets, Leisure Centres, Hospitals, Third Sector Organisations, GP Surgeries, Job Centres, Citizens Advice, Restaurants and awareness raising in schools by our CAMHS colleagues

111 Press 2



Incidents and Reviews

Following learning from several incident and reviews within Mental Health the service are commissioning training for staff regarding trauma informed care.

There are currently 2 Domestic Homicide reviews underway which Mental Health are actively participating in.

All open National Reportable Incidents (NRI's) have clear timelines for completion.

The service has developed trackers to support with timely audit and policy updates.

Mental Health have been in escalation since March 2023. This has been a difficult but positive experience, at the time of escalation the service had 660 Datix going back to 2021. The introduction of twice weekly Datix huddles has had a significant impact in supporting the service maintain oversight of incidents and enabled the learning is shared quickly. At the time of writing there were 57 Datix's waiting to be investigated.

Liz
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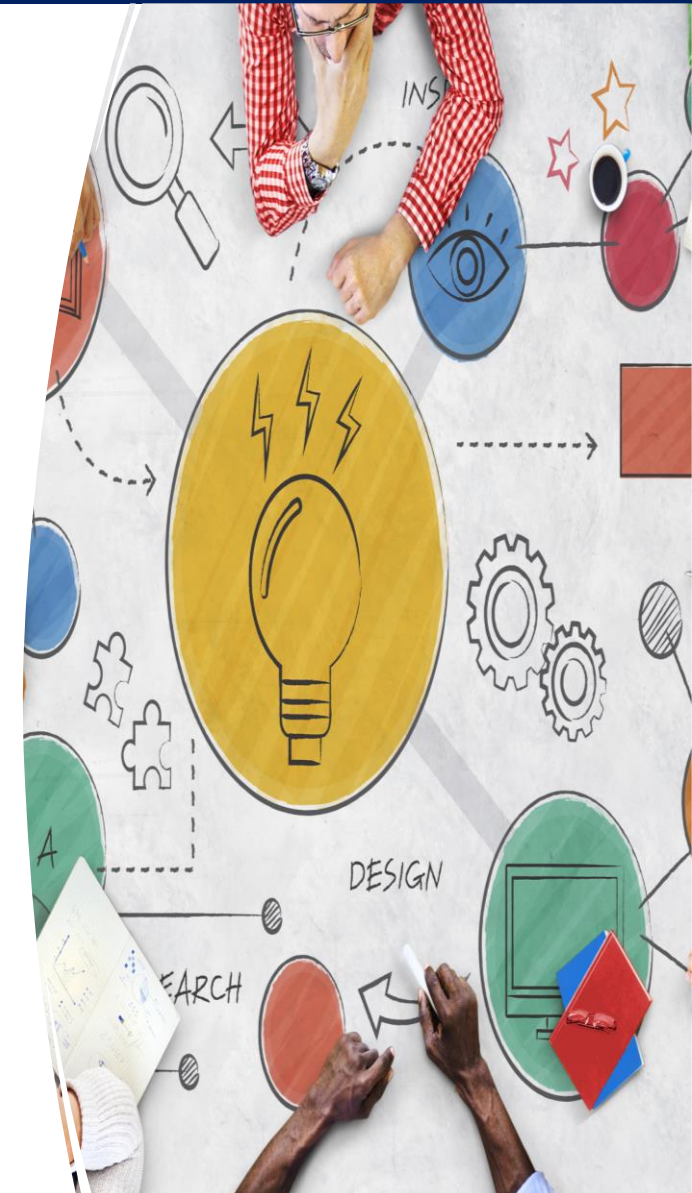
What's in development

Single Point of Access

A Single Point of Referral into Mental Health Services will launch later in the year. This will ensure a robust and timely mental health assessment and will streamline patient's experiences.

Suicide Prevention Risk Assessment Tool

Mental Health are going to be a pilot site in Wales for a new Suicide Prevention risk assessment tool. This will commence with a two-day training course for 20 staff which is being organised for September 2024.



Powys Teaching Health Board Safeguarding Priorities 2024-2025



Our Priorities for 2024-2025;

- ❖ Maintain the level of access staff have to the Safeguarding Team
- ❖ Continue to work on improving compliance with Level 3 safeguarding training
- ❖ Continue to work with Informatics to develop systems to improve the efficiencies and effectiveness of data collection and analysis
- ❖ Implement the learning from the JICPA and Child Practice Review
- ❖ Implement the new RL Datix Once for Wales Management System to Report Safeguarding Concerns to the Local Authority.
- ❖ Develop a Business Case to enable the MCA improvement work to continue, including developing our own Best Interest Assessors
- ❖ Work with the Regional VAWDASV Survivor Panel to ensure survivor experiences help shape existing and new VAWDASV processes within the health board
- ❖ In collaboration with the NHS Safeguarding Service develop a Safeguarding Strategy that can be adapted to each health board and trust
- ❖ Audit service user's experiences of health involvement in the safeguarding process
- ❖ Complete process mapping of the management of sexual & violent offenders using healthcare
- ❖ Continue to influence the safeguarding agenda at a local, regional and national level



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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 3.3

BOARD		DATE 25 SEPTEMBER 2024
Subject:	Director of Corporate Governance Report	
Approved and presented by:	Director of Corporate Governance / Board Secretary	
Prepared by:	Director of Corporate Governance / Board Secretary	
Other Committees and meetings considered at:	N/A	
PURPOSE:		
<p>The paper provides a series of updates to the Board linked to:</p> <ul style="list-style-type: none"> • Board activity since the last meeting held on the 24 July 2024 • Petitions protocol 		
RECOMMENDATION(S):		
<p>The BOARD is asked to RECEIVE the Director of Corporate Governance report.</p>		
Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	N	
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

Board Activity since the last in public meeting held on the 24 July 2024.

In-Committee meetings

The Board aims to conduct as much of its business in public as possible. There are occasions where the Board will need to meet In-Committee (in private session) to discuss matters that are confidential at the time of meeting. The Board has met formally within In-Committee meetings on two occasions since the last in-public meeting on the 24 July. Meets were held as follows:

Date	Agenda Items
7 August 2024 16.00 – 16.30	<ul style="list-style-type: none">Judicial Review (Emergency Medical Retrieval and Transfer Service)
21 August 2024 9.00 - 10.30	<ul style="list-style-type: none">North Powys Wellbeing ProgrammeIntegrated Plan – response to Welsh GovernmentTransformation / Service Change Update

Board Development Sessions

The Board holds informal Board Development sessions on a monthly basis. The focus of Board Development sessions centre around four key themes:

1. Developing the (Board) team
2. Developing the Organisation
3. Engaging with the Organisation
4. Engaging with Strategic Partners

The Board held Board Development sessions on the 7 August and 5 September.

Petitions Protocol

A public petition represents the expression of the views of the people who sign it. For Powys Teaching Health Board (PTHB) petitions are an important mechanism for local people to have a voice on local health matters. There is currently no clear, legally binding guidance to the NHS on handling petitions

A Petitions Protocol and Toolkit has therefore been developed for PTHB.

Petitions within the scope of the protocol include:

- Petitions directly related to the activities and responsibilities of Powys Teaching Health Board (including through joint arrangements such as the NHS Wales Joint Commissioning Committee)

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

The Protocol sets out how we will receive, respond to and report about any petitions received. All petitions will be reported to the Board, at least annually, depending on the size of the petition.

NEXT STEPS:

The Director of Corporate Governance will continue to provide a relevant report to the Board at each meeting.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

This section must be completed for all strategic organisational decisions including approval of health board policies.



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Powys Teaching
Health Board

Agenda item: 3.4

BOARD		DATE 25 SEPTEMBER 2024
Subject:	Joint Commissioning Committee (JCC) Governance Framework	
Approved and presented by:	Director of Corporate Governance	
Prepared by:	Director of Corporate Governance (Cover paper) All other report contents (JCC colleagues)	
Other Committees and meetings considered at:	Joint Commissioning Committee – 17 September who endorsed the proposals to all 7 Health Boards in Wales.	
PURPOSE:		
<p>In March 2024, as per its own scheme of delegation, the PTHB Board approved a series of governance documents including the standing orders, standing financial instructions and scheme of delegation and reservation of powers of the newly formed Joint Commissioning Committee (JCC).</p> <p>The purpose of this report is to present an update on developing the final elements of the NHS Wales Joint Commissioning Committee’s (JCC) (<i>“Joint Committee”</i>) governance framework and to request that the 7 x Health Board (HB) Board meetings approve the documents at their September 2024 Board meetings.</p> <p>In accordance with the JCC scheme of delegation and reservation of powers, approval of the Joint Committees governance framework is reserved to HBs. On the 17 September 2024 the Joint Committee reviewed and endorsed the proposed sub-committee structure, the accompanying terms of reference, the hosting agreement (HA) and the memorandum of agreement (MoA) for submission to individual HB Board meetings in September 2024 for final approval.</p>		

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RECOMMENDATION(S):

The Board is asked to **APPROVE:**

- the terms of reference (ToR) for the JCC Quality, Safety and Outcomes Sub-Committee
- the terms of reference (ToR) for the JCC Planning, Performance & Finance Sub-Committee
- the Memorandum of Agreement (MoA) and the Hosting Agreement (HA) for the JCC
- the continuation of the transitional reporting arrangements for the IPFR Panel, WKN and Specialised Services Management Group pending the establishment of a new Collaborative Commissioning Leadership Group (CCLG).

Board Members are asked to **NOTE:**

- the terms of reference (ToR) for the CTMUHB Audit and Risk Committee (ARC) for hosted bodies are contained within the CTMUHB ARC ToR which are under review and will be presented to the CTMUHB Board meeting on 26 September 2024 for approval.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	N	
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

This section must be completed for all strategic organisational decisions including approval of health board policies.

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NHS Wales Joint Commissioning Committee (JCC)	17 September 2024	Endorsed
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Acronyms / Glossary of Terms	
JCC	NHS Wales Joint Commissioning Committee
LHB	Local Health Board
HBs	Health Boards
SFI's	Standing Financial Instructions
SOs	Standing Orders
MoA	Memorandum of Agreement
DoCG	Directors of Corporate Governance
SoD	Scheme of Delegation
HA	Hosting Agreement
CTMUHB	Cwm Taf Morgannwg University Health Board
ToR	Terms of Reference
ARC	CTMUHB Audit and Risk Committee

1. SITUATION/BACKGROUND

The purpose of this report is to present an update on developing the final elements of the NHS Wales Joint Commissioning Committee's (JCC) ("*Joint Committee*") governance framework and to request that the 7 x Health Board (HB) Board meetings approve the documents at their September 2024 Board meetings.

In accordance with the JCC scheme of delegation and reservation of powers, approval of the Joint Committees governance framework is reserved to HBs. On the 17 September 2024 the Joint Committee reviewed and endorsed the proposed sub-committee structure, the accompanying terms of reference, the hosting agreement (HA) and the memorandum of agreement (MoA) for submission to individual HB Board meetings in September 2024 for final approval.

This report and the accompanying documents were presented to the NHS Wales Directors of Corporate Governance (DoCG) peer group on 6 September 2024 and the documents were discussed and subsequently refined to reflect the advice and discussion, resulting in the final proposal presented to the Joint Committee for endorsement on 17 September 2024. The group supports the documents being presented to the HBs for final approval recognising that the documents will be kept under review with a formal review proposed in April 2025 following a full year of operation of the JCC to be conducted in partnership with HB DoCGs.

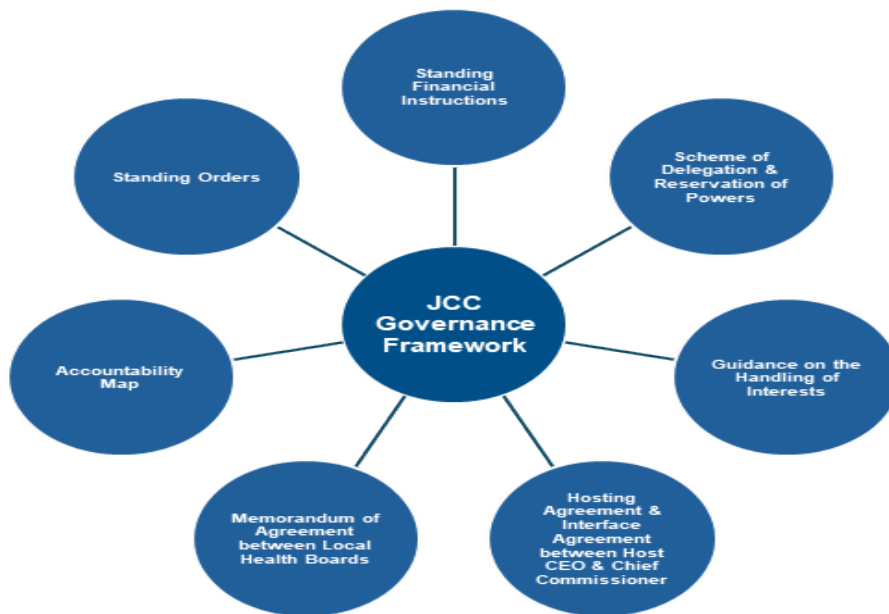
1.1 JCC Governance Framework

The Governance Framework for the JCC contains a number of key components which, combined, set out the legislative framework, constitution and ways of working for the JCC in its operations and handling of business. These documents

are an integral part of the wider governance framework of HBs and have been developed within that context.

The Governance Framework of the JCC contains the following and an update on each element is provided in **Figure 1** below.

Figure 1 – JCC Governance Framework



1.2 Standing Orders and Standing Financial Instructions

The 7 x HBs approved the JCC Standing Orders (SOs) and Standing Financial Instructions (SFIs) in March 2024, and the Joint Committee adopted the JCC Standing SO’s and SFIs at its inaugural meeting on 8 April 2024, and they were included as a schedule to each of the Health Boards (HBs) own SOs and have effect as if incorporated within them.

The Joint Committee were advised that work was ongoing during the transition phase to finalise other elements of the governance framework including the Hosting Agreement (HA), the Memorandum of Agreement (MoA) and the Scheme of Delegation (SoD).

2. MEMORANDUM OF AGREEMENT (MoA)

To ensure the effective operation of the JCC as a Joint Committee, a MoA between all 7 x HBs has been established, which sets out the commitment and ways of working, including the agreed roles and responsibilities of the Chief Executive Officers of each constituent HB as individual officer members of the JCC. The MoA is presented at **Appendix 1** for approval by the 7 x HBs at the September HB Board meetings.

It is acknowledged that whilst the JCC continues to transition into the new organisation, work will continue to focus on ensuring clarity of role and relationship of the JCC with HBs as commissioners and providers, and with the newly formed NHS Executive.

The draft MoA is presented to the Board for approval noting a formal review will be undertaken in April 2025 in partnership with HB DoCGs.

3. HOSTING AGREEMENT (HA)

A HA between the Host Body Cwm Taf Morgannwg University Health Board (CTMUHB) and the six other HBs has been established to outline the accountability arrangements and resulting responsibilities of the Host Body and the JCC and its team. This is supported by an Interface Agreement between the Host Body Chief Executive Officer and the Chief Commissioner of the JCC Team, detailing the relationship and accountabilities of the two Officers given it is intended they both hold respective Accountable Officer responsibilities delegated by Welsh Government (WG).

During engagement on the development of the draft HA, it has been identified that further work is required to ensure clarity on roles and responsibilities of the JCC in relation to:

- The Handling of Concerns; and
- Consultation & Engagement relating to service change

Work has already commenced with the establishment of working groups with HB representation to develop protocols in relation to each of these areas. Engagement with DoCGs and other HB Executive leads will be essential in ensuring the processes are agreed and reflect the statutory responsibilities of the HBs and the role and delegations of the JCC.

Draft protocols will be developed and shared with DoCGs for review and comment prior to submission to the Joint Committee in November 2024. Subject to the detail and proposed approach, the protocols may then require an amendment to the Scheme of Delegation (SoD) which, if necessary, will be brought back to the Joint Committee for endorsement before final approval by HB Boards.

Noting the development of the supporting protocols described above, the HA is presented at **Appendix 2** for approval by the 7 x HBs at the September HB Board meetings.

4. PROPOSED JCC SUB-COMMITTEE STRUCTURE

Section 5.5 of the JCC SO's stipulate that the Joint Committee may and, where directed by the HB Boards jointly, or the Welsh Ministers must, appoint joint sub-Committees of the Joint Committee either to undertake specific functions on the

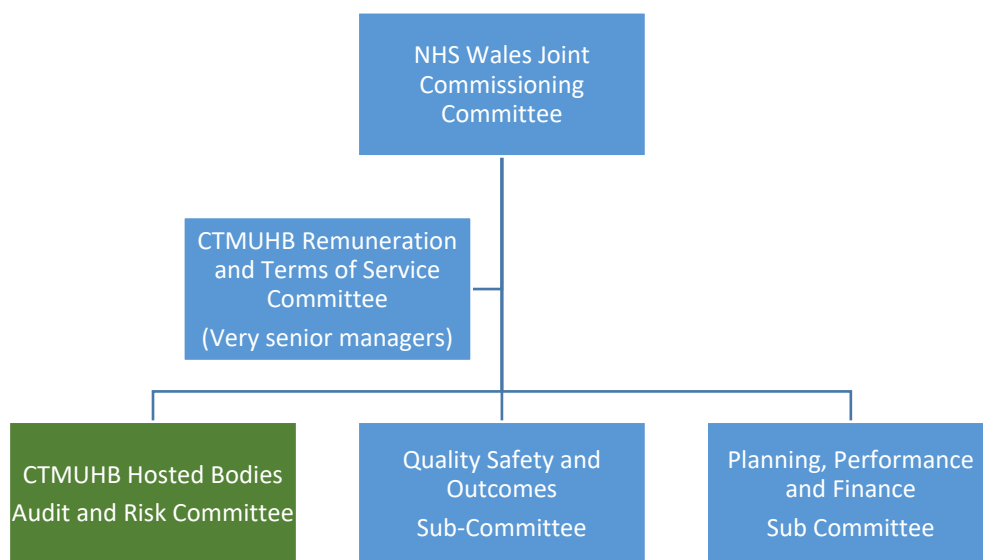
Joint Committee’s behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees). The Joint Committee shall determine, for agreement by the HBs, a joint sub-Committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent HBs.

As a minimum, it shall ensure that there are joint sub-Committee arrangements which cover the following aspects of Joint Committee business:

- Audit and Risk
- Quality, Safety and Outcomes
- Planning and Performance.

To fulfil the provisions of the SOs the sub-committee structure outlined in **Figure 2** below was presented to the Joint Committee at their development session on 22 August 2024, and to the JCC meeting on 17 September 2024 and were supported and endorsed.

Figure 2 – Proposed JCC Sub-Committee Structure



The Terms of Reference (ToR) have been drafted for both the Quality, Safety and Outcomes sub-committee at Appendix 3, and for the Planning, Performance and Finance sub-committee at Appendix 4. The draft Terms of Reference for both sub-committees have been shared and discussed with HB DoCGs, with their comments and contributions reflected in the final proposed versions attached. The documents are presented for approval by the 7 x HBs at the September HB Board meetings.

The ToR for the CTMUHB Audit and Risk Committee (ARC) for hosted bodies are contained within the CTMUHB ARC ToR which are under review and have been

updated to reference the newly established JCC. The revised ToRs will be presented to the CTMUHB board meeting on 26 September 2024 for approval. An update will be taken to the JCC meeting scheduled for 12 November 2024 confirming the new ToR for the ARC for hosted bodies.

It is proposed that the new sub-committee structure comes into force on 1 December 2024, to coincide with the appointment of the new Joint Committee Lay Members. As the sub committees are meetings held in public, the papers will be published on the JCC website.

Joint Committee members will note that the revised statutory sub-committee structure no longer includes the legacy sub-committees of the Welsh Health Specialised Services Committee (WHSSC), specifically the All Wales Individual Patient Funding Request (IPFR) panel, the WHSSC Management Group (MG) and the Welsh Kidney Network (WKN). Consideration of the most appropriate reporting arrangements in the new governance model for the JCC will take account of the proposed establishment of a new JCC Collaborative Commissioning Leadership Group (CCLG) to be chaired by the Chief Commissioner. The Joint Committee is advised, until the proposals for the new CCLG are fully developed, the current transition reporting arrangements for the IPFR panel, Specialised Services Management Group and the WKN continue reporting directly to the Joint Committee. The JCC Director of Transition & Transformation is working with the Interim Chief Commissioner and representation from the Joint Committee to draft ToR for the proposed CCLG which will then be shared with HB CEOs prior to being brought back to the Joint Committee on 12 November 2024.

Objectives / Strategy	
Dolen i Nod(au) Strategol BIP CTM /Link to JCC Strategic Goal(s)	Not Applicable
	The JCC was established on 1 April 2024. Draft Strategic Objectives are being presented for approval at the September Joint Committee Meeting.
Dolen i Feysydd Strategol BIP CTM /Link to JCC Strategic Areas	Not Applicable
	The JCC was established on 1 April 2024. Draft Strategic Objectives are being presented for approval at the September Joint Committee Meeting.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies, please list below:

150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies, please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies, please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies, please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Consideration has been given to the Duty of Quality as set out in section 1A of the NHS (Wales) Act 2006 ("the 2006 Act") as it applies to the Welsh Ministers. The Duty of Quality places Ministers under an additional duty to exercise their functions in relation to the health service with a view to securing improvement in the quality of health services. The establishment of the new JCC arrangements will support the delivery of the Duty of Quality requirements.

Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	A Regulatory Impact Assessment is contained with the Explanatory Memorandum to The National Health Service Joint Commissioning Committee (Wales) Regulations 2024 .
Cyfreithiol / Legal	In accordance with the JCC scheme of delegation and reservation of powers, approval of the Joint Committees governance framework terms of reference is reserved to HBs. National Health Service Joint Commissioning Committee (Wales) Directions 2024 National Health Service Joint Commissioning Committee (Wales) Regulations 2024	
Enw da / Reputational	There is no direct impact on the reputation of the Local Health Boards or the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

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5. RECOMMENDATIONS

Board Members are asked to **Approve:**

- the terms of reference (ToR) for the JCC Quality, Safety and Outcomes Sub-Committee
- the terms of reference (ToR) for the JCC Planning, Performance & Finance Sub-Committee
- the Memorandum of Agreement (MoA) and the Hosting Agreement (HA) for the JCC
- the continuation of the transitional reporting arrangements for the IPFR Panel, WKN and Specialised Services Management Group pending the establishment of a new Collaborative Commissioning Leadership Group (CCLG).

Board Members are asked to **Note:**

- the terms of reference (ToR) for the CTMUHB Audit and Risk Committee (ARC) for hosted bodies are contained within the CTMUHB ARC ToR which are under review and will be presented to the CTMUHB board meeting on 26 September 2024 for approval.

6. NEXT STEPS

6.1 Health Board Approval

This report will be shared with HB DoCGs for inclusion in HB Board meetings for approval in September 2024.

6.2 JCC Scheme of Delegation (SoD) and Reservation of Powers

A SoD from HBs to the Joint Committee and from the Joint Committee to Sub-Committees and the Chief Commissioner was agreed in March 2024 as part of the governance framework for the establishment of the JCC.

Work to develop the SoD to reflect the new Sub-Committees and delegations beyond the Chief Commissioner is ongoing and will be influenced by the development of the operating model for the new JCC.

Any proposed amendments following discussion with the Director of Corporate Governance of CTMUHB as Host Body, will be brought back to the HB DoCGs for engagement and consultation prior to Joint Committee consideration and final HB Board approval.

Work to develop the SoD is ongoing and will be finalised following the approval of the JCC hosting agreement and memorandum of agreement, and following discussion with the DoCG of CTMUHB as Host Body to confirm within its respective SoD and Reservation of Powers any functions delegated to the Chief

Commissioner and Joint Commissioning Committee Team as the employer and provider of administrative (e.g. finance, workforce) services.

6.3 Review

A formal review of the governance framework for the JCC will be undertaken in April 2025 in collaboration with the HB DoCGs following a full year of operation as the new JCC.

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MEMORANDUM OF AGREEMENT

RELATING TO THE

NHS WALES JOINT COMMISSIONING COMMITTEE

**Established under the National Health Service Joint
Commissioning Committee (Wales) Directions 2024**

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THIS MEMORANDUM OF AGREEMENT is made on the **01 April 2024**
BETWEEN

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

WHEREAS:

- A. In accordance with the [National Health Service Joint Commissioning Committee \(Wales\) Directions 2024](#) (the Directions) the Local Health Boards (LHBs) are required to establish a Joint Committee for the purpose of jointly exercising the relevant functions from 1 April 2024.
- B. The relevant functions of the Joint Committee are the planning, securing and commissioning of:
 - a. specialised services for:
 - (i) cancer and blood disorders
 - (ii) cardiac conditions
 - (iii) mental health and vulnerable groups
 - (iv) neurosciences and
 - (v) women and children.

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- b. services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis
 - c. emergency medical services
 - d. non-emergency patient transport services
 - e. emergency medical retrieval and transfer services
 - f. NHS 111 services
 - g. sexual assault referral centres, and
 - h. other services as directed by the Welsh Ministers.
- C. The [National Health Service Joint Commissioning Committee \(Wales\) Directions 2024](#) provides that the host Local Health Board (the Host LHB) must provide administrative support for the operation of the Joint Committee and establish the NHS Wales Joint Commissioning Committee Team (JCCT); and that the Host Local Health Board will be Cwm Taf Morgannwg University Health Board (CTMUHB).
- D. The [National Health Service Joint Commissioning Committee \(Wales\) Regulations 2024](#) (the Regulations) make provision for the constitution and membership of the NHS Wales Joint Commissioning Committee including its procedures and administrative arrangements.
- E. Each of the seven LHBs functions include planning, funding, designing, developing and securing the delivery of primary, community, in-hospital care services, and tertiary services for the citizens in their respective areas. The JCC Directions provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning, securing and commissioning of services delegated to it and will establish the Joint Committee for the purpose of jointly exercising those functions.
- F. The Directions and Regulations require that the Chief Executives of each of the 7 LHBs listed as Parties to this Agreement be members of the Joint Committee. This Agreement defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executives of the constituent LHBs as individual members of the Joint Committee. This is in accordance with their objective to make collective decisions as to the provision of national services as described above and in the interests of NHS Wales and the health needs of their individual populations. The NHS Wales JCC Standing Orders provides further detail on this.

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AGREEMENT

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1. INTERPRETATION

'the Act'	the National Health Service (Wales) Act 2006 (C.42)
'Chair (JCC)'	the person appointed by Welsh Ministers to lead the NHS Wales Joint Commissioning Committee and to ensure it successfully discharges its overall responsibility on behalf of the LHBs.
'Chief Commissioner'	Chief Commissioner of the NHS Wales Joint Commissioning Committee and Associate Member of the JCC
'Chief Executives'	the Chief Executives of the constituent LHBs and members of the JCC
'Committee Secretary'	the person appointed by the JCC as its principal advisor on all aspects of governance.
'Dispute Process'	the arbitration process agreed with Welsh Government.
'Host LHB'	Cwm Taf Morgannwg University Local Health Board (CTMUHB)
'JCC'	The NHS Wales Joint Commissioning Committee
'JCCT'	The JCC Team employed by the host Health Board (CTMUHB), including the Chief Commissioner, to provide the relevant services.
'LHB'	Local Health Board established in accordance with section 11(2) of the Act
'Provider LHB'	a LHB which provides relevant services to the JCC as identified within the Directions:

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2. CORPORATE IDENTITY

- 2.1 The corporate identity for the Joint Committee will be in accordance with the Corporate Identity Guidelines issued by Welsh Government to LHBs.
- 2.2 The NHS Wales Joint Commissioning Committee will be referred to as the 'NHS Wales Joint Commissioning Committee acting on behalf of Local Health Boards' on stationery and signage.

3. PRINCIPLES

- 3.1 The Joint Committee is a statutory committee established under sections 12 (1)(b) and (3), 13(2)(c), (3)(c) and (4)(c) and 203(9) and (10) of the Act.
- 3.2 The LHBs are required to establish a Joint Committee for the purpose of jointly exercising the relevant functions from 1 April 2024.
- 3.3 Each LHB is accountable, through its statutory responsibilities, to use its resources to plan, fund, design, develop and secure the delivery of services for their population.
- 3.4 In performing its role, the Joint Committee and each individual Chief Executive as a member, shall work in the wider interest of NHS Wales. In so doing, they shall work with all of the Joint Committee's appropriate partners and stakeholders in the best interests of NHS Wales. In so doing, the Joint Committee will take account of the following key principles:
 - 3.4.1 Collaboration should be designed to deliver changes in services and demonstrable population benefit
 - 3.4.2 Collaboration should ensure a more extensive and consistent use of evidence supported by a robust analysis of need
 - 3.4.3 Collaboration must not diminish clinical engagement
 - 3.4.4 Collaboration should support LHBs in working together more effectively, in an open and transparent way, for the benefit of the local population
 - 3.4.5 Collaboration must enhance resource utilisation in the planning process to reduce duplication and overlap

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- 3.4.6 Collaboration should focus upon articulating need, reviewing evidence of good practice, designing models of care and producing clear service specification
- 3.4.7 Collaboration should promote equity in service delivery.
- 3.5 Each LHB acknowledges the following principles:
- 3.5.1 The accountability arrangements of the JCC, its members and the JCC Team, are as set out in the agreed Accountability Map attached at **Annex A**
- 3.5.2 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 services for residents within their area. Refer to Standing Order 2.19
- 3.5.3 That any decision taken and approved by the Joint Committee in respect of the provision of the Relevant Services is binding on the constituent LHBs and may not be undermined by any subsequent decision or action taken by a constituent LHB. Refer to Standing Order 2.22
- 3.5.4 That their respective Chief Executives have an individual responsibility to contribute to the performance of the role of the Joint Committee and to share in the decision making in the interests of the wider population of NHS Wales. At the same time, they acknowledge their own Chief Executive's individual accountability to their constituent LHB and their obligation to act transparently in the performance of their functions. Refer to Standing Orders 6 and the Accountability Map at **Annex A**
- 3.5.5 That each Chief Executive, as a member of the Joint Committee, will require the JCC Team of the Joint Committee to ensure that in the timetabling of the annual work Price sufficient time will normally be allowed to enable each Chief Executives to consult with their own LHB and appropriate local partners and stakeholders

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- 3.5.6 That when an individual Chief Executive is unable to attend a meeting of the Joint Committee, they may nominate a deputy to attend on their behalf. The nominated deputy must be an Executive Director (and hold office in accordance with regulation 3(2) of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009) of the same organisation who can fully engage and take decisions in the absence of the CEO. Nominated deputies will formally contribute to the quorum and will have delegated voting rights. Refer to Standing Order 7.2
- 3.6 Each Chief Executive will agree to advise the Chair of any circumstances where there is an actual or perceived conflict of interest, including where it is considered that there may be a conflict of interest between the performance of the functions of the Joint Committee and the effect of any such decision on the scope of the services which the constituent LHB provides. Refer to Standing Order 8.5.
- 3.6.1 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 vary dependent on the type of interest declared and further detail on the options takes are set out within the JCC's Guidance on the Handling of Interests.
- 3.7 The JCC must discharge its collective duty for the population of Wales and any individual involved in making decisions that relate to JCC functions must be acting clearly in the interests of the JCC and of the population of Wales, rather than furthering direct or indirect financial, personal, professional or organisational interests. The Joint Committee's aim is to always achieve collective decision making in a collaborative manner through consensus. The Joint Committee will have a collective responsibility to try to resolve and minimise any local challenges or any disproportionate impact of national decisions on any one LHB or a specific geographical area. Refer to Standing Order 6.8
- 3.8 The Joint Committee will make decisions based on a 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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In order to ensure balanced and collective decision, Members are not permitted to abstain during voting, given that the JCC must discharge its collective duty for the population of Wales. Refer to Standing Order 7.20

4. ROLE OF THE NHS WALES JOINT COMMISSIONING COMMITTEE

As set out in Standing Order 2.20, the Joint Committee's role is to:

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

5. ANNUAL WORK PROGRAMME AND PLANNING

- 5.1 The Joint Committee will operate its annual work programme, reporting and planning requirements in-line with Standing Orders. Refer to Standing Order 7.8 and 9.2.

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- 5.2 The Joint Committee Chair shall report formally, regularly and on a timely basis to the LHB Boards on the Committee's activities. This includes written submission of Chair summary or highlight reports throughout the year and an in-person attendance at every LHB, meeting annually with Board Members. Refer to Standing Order 9.1.
- 5.3 The Joint Committee will operate its business in-line with its delegated powers and Scheme of Delegation and Reservation of Powers and any Scheme of Delegation to Officers. Refer to Standing Order 4 and 5.

6. ROLE OF JOINT COMMITTEE CHAIR

- 6.1 The LHBs acknowledge that the Regulations require that the Chair be appointed by the Cabinet Secretary for Health and Social Care as an independent appointment and in accordance with the Nolan Principles. It is further acknowledged that the Chair is accountable to the Cabinet Secretary for Health and Social Care in respect of their performance as Chair of the JCC, upholding the values of the NHS and promoting the confidence of the public and partners. The Cabinet Secretary for Health and Social Care undertakes a performance appraisal of the Joint Committee Chair and sets objectives accordingly. This is set out within the Accountability Map at **Annex A**.
- 6.2 As a Joint Committee of LHBs, the Joint Committee Chair will have a bi-lateral relationship with each of the Chairs of the 7 LHBs, in respect of the Joint Committee's role carried out on their behalf and to ensure that the Joint Committee's governance framework remains appropriate to the overarching governance framework of the 7 LHBs. This is set out within the Accountability Map at **Annex A**.

7. STATUS AND ROLE OF THE CHIEF COMMISSIONER AS AN ASSOCIATE MEMBER

- 7.1 The Joint Committee will delegate certain functions to the Chief Commissioner. For these aspects, the Chief Commissioner, 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 Chief Commissioner will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers. Refer to Standing Order 6.15

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- 7.2 The LHBs acknowledge that the Chief Commissioner will be an Associate Member of the Joint Committee and attend on an ex-officio basis. In accordance with the Directions, the Chief Commissioner will not have the right to vote in any meetings or proceedings of the Joint Committee. Refer to Standing Order 6.5.
- 7.3 The Associate Member will be entitled to engage and participate in the discussions. It will be the responsibility of the Joint Committee Chair to secure that they may seek to influence and/or challenge the decision making by their participation during the course of the debate.
- 7.4 The Chief Commissioner is accountable to the Committee Chair in relation to discharging the role and functions delegated by the Joint Committee, on behalf of the 7 LHBs, to the Commissioning Team for the planning, securing and commissioning of the relevant services, by the Joint Committee, on behalf of the 7 LHBs. Refer to Standing Orders 6.15 and the Accountability Map at **Annex A**.
- 7.5 In respect of personal performance this will include an annual performance review undertaken by the Committee Chair. This will take into account those functions delegated from the host, as set out within the Hosting Agreement, and will therefore be informed by the Chief Executive of the Host Body. Feedback from other Joint Committee members will also be sought in informing the appraisal of the Chief Commissioner. Refer to Standing Orders 6.15 and the Accountability Map at **Annex A**.
- 7.6 As an employee of the Host Body, the Chief Commissioner will be accountable to the Chief Executive of the Host Body in respect of the responsibilities delegated to the Chief Commissioner set out within the Hosting Agreement. As the employer, the Host Body is responsible for the Terms of Conditions and employment matters associated with the Chief Commissioner, informed by the Committee Chair. Refer to Standing Orders 6.15 and the Accountability Map at **Annex A**.
- 7.7 As a Joint Committee of LHBs, the Chief Commissioner will have a relationship with the Chief Executive Officers and Executive Teams of the 7 LHBs, in respect of the role and functions delegated to the Commissioning Team by the Joint Committee, on behalf of the 7 LHBs. Refer to Standing Orders 6.15 and the Accountability Map at **Annex A**.

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- 7.8 The Chief Commissioner will hold Accountable Officer status for certain elements of their role, namely the propriety and regularity for public finances delegated to them by the LHBs and will be accountable to the Director General/NHS Wales Chief Executive in this regard. Further detail on this accountability relationship is set out in an Accountable Officer Memorandum and an Interface Agreement between the Chief Commissioner and the Chief Executive of the Host Body.

8 ROLE OF COMMITTEE SECRETARY

- 8.1 The LHBs acknowledge that the role of the Committee Secretary, is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee and is a key source of advice and support to the Chair and Joint Committee members. Independent of the Joint Committee, the Committee Secretary will be required to act as the guardian of good governance within the Joint Committee. The role of the Committee Secretary is set out within Standing Order 6.16.
- 8.2 The Committee Secretary is accountable to the Joint Committee Chair for all matters in relation to the responsibilities delegated in respect of the JCC's Governance Framework, within the context of the overarching Governance Framework of the 7 LHBs. The Committee Secretary is accountable to the Chief Commissioner for their performance as an employee of the Host Body and a member of the JCC Commissioning Team. Refer to Standing Orders 6.16 and the Accountability Map at **Annex A**.
- 8.3 As a Joint Committee of LHBs, the Committee Secretary will have a relationship with the Directors of Corporate Governance of each of the 7 LHBs, in respect of the overarching governance framework of the 7 LHBs. Refer to Standing Orders 6.16 and the Accountability Map at **Annex A**.
- 8.4 As an employee of the Host Body (CTMUHB), the Committee Secretary will also have a relationship with the Host Body's Director of Corporate Governance with regard to the governance of those functions delegated to the JCC Team via the Hosting Agreement. Refer to Standing Orders 6.16 and the Accountability Map at **Annex A**.

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9 RELATIONSHIP WITH HOST

- 9.1 Cwm Taf Morganwg University Health Board is appointed as the Host Body under Ministerial Direction and is accountable for the delivery of the functions of host body, as required by the NHS Wales Joint Commissioning Committee (Wales) Directions 2024 (the JCC Directions). As the host body they are required to provide administrative support for the operation of the JCC and establish the JCC Team. Refer to Standing Orders 1.7
- 9.2 The Board of the Host Body will not be responsible or accountable for the planning, funding and securing of those services delegated to the JCC by the 7 LHBs, or as directed by Welsh Ministers, save in respect of residents within the areas served. Refer to Standing Orders 1.7
- 9.3 A Hosting Agreement between the Host Body (CTMUHB) and the six other Local Health Boards outlines the accountability arrangements and resulting responsibilities of the Host Body and the JCC and its team. This is supported by an Interface Agreement between the Host Body Chief Executive Officer and the Chief Commissioner of the JCC Team, detailing the relationship and accountabilities of the two Officers given they both hold respective Accountable Officer responsibilities delegated by Welsh Government.

10 AUDIT, PROCUREMENT AND FINANCIAL MANAGEMENT

- 10.1 The Joint Committee's 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 for the regulation of the NHS Wales Joint Commissioning Committee's financial proceedings and business. Refer to Standing Orders 3.1
- 10.2 The JCC's Standing Financial Instructions (SFIs) form an annex to the JCC's Standing Orders, which form a schedule to each LHBs 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. These SFIs align with the JCC's Scheme of Delegation and Reservation of Powers and are also be underpinned by an operational Scheme of Delegation which provides delegated authorisation levels and other delegated responsibilities in respect of financial management and control.

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10.3 The Hosting Agreement between the Host Body (CTMUHB) and the six other Local Health Boards outlines the arrangements in place in respect of accounting, audit, procurement and contracting arrangements.

11 FINANCIAL PRINCIPLES

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

- To achieve financial neutrality and stability, where possible, for LHBs
- To adopt a fair and practical approach to the challenges of establishing the Joint Committee and to the functioning of the Joint Committee
- To ensure that a risk sharing methodology will be reviewed and agreed annually.

12 BUDGET AND FUNDING

12.1 In accordance with the Joint Committee's Standing Orders, the Joint Committee must agree the total budget to plan and secure the Relevant Services delegated to it. The Joint Committee must also agree the appropriate contribution of funding required from each LHB. Refer to Standing Order 2.20

12.2 Each year the Joint Committee will prepare an Integrated Medium-Term Plan which shall outline an appropriate level of funding for the provision of services and determine the contribution from each LHB to allow the JCC to plan and secure those services, including the running costs of the JCC Team. Refer to Standing Order 2.20 and Standing Financial Instructions 1.3

12.3 Each LHB shall be bound by the decisions of the JCC in the exercise of its delegated functions and will be required to make available to the Joint Committee the level of funds outlined within the agreed Integrated Medium-Term Plan, as per point 12.2 above.

12.4 The funds shall be drawn down in cash on a monthly basis from each of the LHB's as proposed by the Director of Finance for the Joint Committee.

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- 12.5 On a monthly basis, the Director of Finance for the Joint Committee shall prepare a report to the Joint Committee which outlines the performance of the Joint Committee, highlighting any variances from the original annual plan, in total, and also broken down to each LHB level.
- 12.6 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 break-even position is maintained.
- 12.7 In cases where the performance report highlights a favourable variance to the annual plan, the Joint Committee shall be required to return the funding to each LHB in accordance with the risk sharing agreement.
- 12.8 The Joint Committee will comply with all Welsh Government financial monitoring arrangements. The Director of Finance of the Joint committee is responsible for ensuring that a financial monitoring return is submitted to Welsh Government in the prescribed format and to the required deadlines.
- 12.9 Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its delegated functions. Any disputes over the level of funding proposed by Joint Committee shall be handled in-line with the dispute process set out at Section 14.
- 12.10 The Hosting Agreement between the Host Body (CTMUHB) and the six other Local Health Boards outlines the arrangements in place in respect of accounting between the Joint Committee and the Host Body.

13 GIFTS AND HOSPITALITY

- 13.1 The Host Body's Standards of Behaviour Policy (Incorporating Declarations of Interest, Gifts, Hospitality, Sponsorship and Honoraria) applies to the Joint Committee's Chair, Lay Members and Chief Commissioner, and prohibits Joint Committee members 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. Refer to Standing Order 8.9.

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13.2 The recording of gifts, hospitality and sponsorship for the JCC's Officer Members will be undertaken in accordance with the respective LHB's Standards of Behaviour Policy and reporting arrangements. Refer to Standing Order 8.9.

14 DISPUTES AND ARBITRATION

14.1 In accordance with the principles set out in this Agreement, the Local Health Boards (LHBs) will seek to work cooperatively with each other as constituent members of the Joint Committee, with the Joint Committee as a whole, and with the JCC Team. Where there is an impasse which cannot be resolved by means of conciliation between appropriate individuals, then as a last resort the following process should be followed.

14.2 In the event of any dispute between LHB(s) and the JCC and/or JCC Team, all parties involved in the dispute must try to reach an agreement. This will involve meeting to discuss and trying to resolve the issues. All reasonable efforts must be made before escalating any disputed issues.

14.3 If a dispute cannot be resolved in accordance with the provisions of paragraph 14.2 it shall be referred to the Chief Commissioner and the Chief Executive of the respective LHB for further discussion.

14.4 If a dispute cannot be resolved in accordance with the provisions of paragraph 14.3, the respective LHB Chief Executive and the Chief Commissioner should have a further meeting with the other six LHB Chief Executives (as parties to this agreement and officer members of the Joint Committee) to determine if the matter can be resolved in-line with the principles of this Memorandum of Agreement.

14.5 If a dispute cannot be resolved in accordance with the provisions of paragraph 14.4 it shall be referred to the Chair of the JCC and the Chair of the respective LHB for further discussion. The LHB Chair may wish to engage its wider Board on this matter.

14.6 If a dispute still cannot be resolved in accordance with the provisions of paragraph 14.5, it shall be referred to the Welsh Government Director General for Health and Social Services and ultimately onwards to the Cabinet Secretary for Health and Social Care for resolution.

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15 CONCERNS AND CLAIMS (PUTTING THINGS RIGHT)

- 15.1 Concerns notified about care and treatment will be dealt with by the organisation providing the treatment. Concerns will be considered under The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. Provider organisations must, as part of the contractual agreement, advise the LHB in which the patient lives that a complaint has been made and the LHB will ensure that this is reviewed in conjunction with the Quality and Patient Safety Sub Committee.
- 15.2 Section 13 of the Hosting Agreement sets out the procedures to be followed for the management of concerns in respect of those services commissioned by the JCC and/or the functions delivered by the JCC Team.

16 COMMUNICATION

- 16.1 The Committee Secretary and the Directors of Corporate Governance of the respective LHBs will ensure robust communication methods are in place to support the effective operation of the Joint Committee.
- 16.2 Each LHB will ensure that they utilise appropriate mechanisms to facilitate active debate amongst stakeholders, professionals and communities served to ensure appropriate independent representation and participation.
- 16.3 Each LHB is responsible for responding to individual enquires concerning their individual geographical population. Where it is an issue relating to a decision made by the Joint Committee, then the Committee Secretary will be responsible for co-ordinating the response in consultation with the respective LHBs.
- 16.4 Where a request under the Freedom of Information Act or Data Protection Act is received by the JCC/JCCT Team, the request will be dealt with in accordance with the Host Body's procedures. Where the request is considered to be an issue relating to a public body covered by the FOI Act then the request will be forwarded to that particular body to deal with.

17 ROLE OF PUBLIC HEALTH

- 17.1 A Service Level Agreement will be entered into between the

Host LHB and Public Health Wales, should the Joint Committee consider it necessary and appropriate, describing the services which Public Health Wales will provide to the Joint Committee and the process of engagement which will take place.

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18 EQUALITY AND DISCRIMINATION

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

19 REVIEW

19.1 This Agreement will be reviewed on an annual basis or as Standing Orders and Standing Financial Instructions are amended.

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SIGNED under hand and delivered the XX 2024:

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

Nicola Prygodzicz, Chief Executive

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

Carol Shillabeer, Chief Executive

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

Suzanne Rankin, Chief Executive

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<p>SIGNED and DELIVERED</p> <p>By Cwm Taf Morgannwg University Local Health Board acting by</p> <p>Paul Mears Chief Executive</p>
<p>SIGNED and DELIVERED</p> <p>by Hywel Dda University Local Health Board acting by</p> <p>Phil Kloer, Interim Chief Executive</p>
<p>SIGNED and DELIVERED</p> <p>by Powys Teaching Local Health Board acting by</p> <p>Hayley Thomas, Chief Executive</p>
<p>SIGNED and DELIVERED</p> <p>by Swansea Bay University Local Health Board acting by</p> <p>Richard Evans, Interim Chief Executive</p>

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GIG
CYMRU
NHS
WALES

ANNEX A
Cyd-bwyllgor
Comisiynu
Joint Commissioning
Committee

**NHS Wales Joint Commissioning Committee - Accountability Map
APPROVED – March 2024**

From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Health Boards	Health Board Chief Executives are equal members of the Joint Committee, delegated to act on the behalf of respective Boards.	The JCC is a Joint Committee of the 7 LHBs. Ultimately all 7 LHBs are bound by the decisions taken by the JCC, in-line with the powers delegated to it from the 7 LHBs or as directed by the Minister for Health and Social Services. The JCC is accountable to Health Boards via respective CEOs as set out below.		As a Joint Committee of Health Boards, each of the 7 LHB's ultimately remain accountable to Welsh Government for planning, securing and delivering health services to their respective populations.

From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Joint Committee <i>Patterson, Liz 23/09/2024 17:28:36</i>		The Joint Committee will report to the individual LHBs on its activities. It is formally accountable to the individual LHBs, via the respective CEO as a JCC Member and a LHB Board Member, in respect of its role carried out on the LHB's behalf.		The Joint Committee may form part of the NHS performance management system, via the Chief Commissioner, as determined by Welsh Government. Ultimately, the 7 LHBs remain accountable for the performance of those activities delivered via the JCC on their behalf. The individual accountability of the Committee Chair is set out below.

From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Committee Chair		As a Joint Committee of LHBs, the Committee Chair will have a bi-lateral relationship with each of the Chairs of the 7 LHBs, in respect of the JCC's role carried out on their behalf and to ensure that the JCC's governance framework remains appropriate to the overarching governance framework of the 7 LHBs.	The Committee Chair will have a relationship with the Host Body's CEO given their respective accountability arrangements with regard to the Chief Commissioner (Tier 1 Director) (as described further below under Chief Commissioner arrangements and set out within the Hosting Agreement). The arrangements to support the relationship between the Chair and the Host Body CEO are further detailed in the Hosting Agreement.	The Committee Chair is accountable to the Minister for Health and Social Services in respect of their performance as Chair of the JCC, upholding the values of the NHS and promoting the confidence of the public and partners. The Minister for Health and Social Services undertakes a performance appraisal of the Committee Chair and sets objectives accordingly.

From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Lay Members	On a day-to-day basis, Lay Members are responsible to the Committee Chair for discharging their roles as Lay Members of the JCC (and any subsequent sub-Committee). The Committee Chair will undertake performance appraisals of Lay Members on behalf of the Minister for Health and Social Services.			The Committee Lay Members are appointed by, and are accountable to, the Minister for Health and Social Services in respect of their performance as Lay Members of the JCC, upholding the values of the NHS and promoting the confidence of the public and partners.

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From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
<p>Chief Commissioner (Tier 1 Director)</p> <p>Patterson, Liz 23/09/2024 17:28:36</p>	<p>The Chief Commissioner is accountable to the Committee Chair in relation to discharging the role and functions delegated by the Joint Committee, on behalf of the 7 LHBs, to the Commissioning Team for the planning, securing and commissioning of the relevant services.</p> <p>In respect of personal performance this will include an annual performance review undertaken by the Committee Chair. This will take into account those functions delegated from the host, as set out within the Hosting Agreement, and will therefore be informed by the Chief Executive of the Host Body. Feedback from other Joint Committee members will also be sought in informing the appraisal of the Chief Commissioner.</p>	<p>As a Joint Committee of LHBs, the Chief Commissioner will have a relationship with the Chief Executive Officers and Executive Teams of the 7 LHBs, in respect of the role and functions delegated to the Commissioning Team by the Joint Committee, on behalf of the 7 LHBs.</p>	<p>As an employee of the Host Body, the Chief Commissioner will be accountable to the Chief Executive of the Host LHB (CTMUHB) in respect of the responsibilities delegated to the Chief Commissioner set out within the Hosting Agreement. In this regard, the Host Body CEO will inform the annual performance review of the Chief Commissioner, undertaken by the Committee Chair.</p> <p>As the employer, the Host Body is responsible for the Terms of Conditions and employment matters associated with the Chief Commissioner, informed by the Committee Chair.</p> <p>The governance and issues relating to the hosting of the JCC will be incorporated into the standard business of the existing Host Body's Audit Committee. The assurance for the governance and issues relating to the hosting of the JCC will be to the Host Body's Board.</p> <p>Issues relating to the functions of the JCC delegated from the 7 LHBs will be fed into a separate Host Body Audit Committee for the JCC specifically, operating within its own work cycle as required. The assurance for this will be to the 7LHBs.</p>	<p>The Chief Commissioner will hold Accountable Officer status for certain elements of their role, namely the propriety and regularity for public finances delegated to them by the Health Boards, and will be accountable to the Director General/NHS Wales Chief Executive in this regard. Further detail on this accountability relationship will be set out in an Accountable Officer Memorandum and an Interface Agreement between the Chief Commissioner and the Chief Executive of the Host Body.</p> <p>The Chief Commissioner will have a relationship with Welsh Government officials, with regard to informing and discharging policies relating to the resources and functions delegated to the JCC.</p> <p>The Chief Commissioner and Officers of the JCC Team may seek advice where matters present a conflict with the Host Body as a provider of services commissioned by the JCC. Detail on the handling of conflicts between the Chief Commissioner and the JCC Team are further described within the Hosting Agreement.</p>

From	To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Tier 2		<p>Tier 2 roles will have a relationship with the JCC Chair and the wider Committee, recognising the professional advice that these roles will provide.</p> <p>Tier 2 roles will be accountable to the Chief Commissioner (Tier 1 Director) for their performance as an employee of the Host Body and a member of the JCC Commissioning Team.</p>	<p>As a Joint Committee of LHBs, Tier 2 roles will have a relationship with the Executive Teams of the 7 LHBs, in respect of the role and functions delegated to the Commissioning Team by the Joint Committee, on behalf of the 7 LHBs.</p>	<p>Tier 2 roles will be accountable to the Chief Commissioner (Tier 1 Director) for their performance as an employee of the Host Body and a member of the JCC Commissioning Team.</p> <p>Where Tier 2 roles have regulated professional accountabilities, these roles will be professionally accountable to the appropriate member of the Executive Team of the Host Body (CTMUHB) and will be explicitly set out within the Hosting Agreement.</p>	<p>The Chief Commissioner and Officers of the JCC Team may seek advice from Welsh Government where matters present a conflict with the Host Body as a provider of services commissioned by the JCC. Detail on the handling of conflicts between the Chief Commissioner and the JCC Team are further described within the Hosting Agreement.</p> <p>Tier 2 Officers will have a relationship with Welsh Government officials with regard to informing and discharging policies relating to the resources and functions delegated to the JCC.</p>

From	To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Committee Secretary		<p>The Committee Secretary is accountable to the JCC Chair for all matters in relation to the responsibilities delegated in respect of the JCC's Governance Framework, within the context of the overarching Governance Framework of the 7 LHBs. The Committee Secretary is accountable to the Chief Commissioner (Tier 1 Director) for</p>	<p>As a Joint Committee of LHBs, the Committee Secretary will have a relationship with the Directors of Corporate Governance of each of the 7 LHBs, in respect of the overarching governance framework of the 7 LHBs.</p>	<p>As an employee of the Host Body (CTMUHB), the Committee Secretary will have a relationship with the Director of Corporate Governance of the Host Body (CTMUHB) with regard to the governance of those functions delegated to the JCC Team via the Hosting Agreement.</p>	<p>The Committee Secretary will have a relationship with the Head of NHS Governance within Welsh Government, as a Senior Governance Professional within NHS Wales.</p>

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	their performance as an employee of the Host Body and a member of the JCC Commissioning Team.			
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From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Host Body	<p>The Chief Executive of the Host Body for those elements set out within the Hosting Agreement will ensure the Chief Commissioner is discharging their responsibilities as an employee of the host body. The Host Body CEO and Chair will have a relationship with the JCC Chair relating to the Hosting Agreement, particularly in relation to any disputes between the JCC Team and the Host Body. The dispute process in respect of these arrangements is set out within the Hosting Agreement in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.</p>	<p>The Host Body will enter into an agreement with 6 other LHBs for the delivery of the Hosting Agreement to support the effective functioning of the JCC on their behalf. The 6 LHBs will have a relationship with the Host Body CEO and Chair relating to the Hosting Agreement, particularly in relation to any disputes between the JCC Team and the Host Body. The dispute process in respect of these arrangements is set out within the Hosting Agreement in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.</p>	<p>The Host Body's CEO will be responsible to the Board of the Host Body for the effective delivery of the Hosting Agreement. The Chair of the Host Body will have a relationship with the JCC Chair and the 6 LHB CEOs, relating to the Hosting Agreement, particularly in relation to any disputes between the JCC Team and the Host Body. The dispute process in respect of these arrangements is set out within the Hosting Agreement in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.</p>	<p>CTMUHB is appointed as Host Body for the JCC under Ministerial Direction, ultimately CTMUHB is therefore accountable to the Minister for Health and Social Services for the effective delivery of the Hosting Agreement. The dispute process in respect of these arrangements is set out within the Hosting Agreement in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.</p>

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HOSTING AGREEMENT
RELATING TO THE
NHS WALES JOINT COMMISSIONING COMMITTEE

Patterson, Liz
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THIS MEMORANDUM OF AGREEMENT is

BETWEEN

(1) CWM TAF MORGANNWG UNIVERSITY LOCAL HEALTH BOARD (“Cwm Taf Morgannwg CTMUHB”) having headquarters at Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon Taf, CF45 4SN.

And

ANEURIN BEVAN UNIVERSITY LOCAL HEALTH BOARD, having Headquarters at St Cadoc’s Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ

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

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

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

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

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

A. Cwm Taf Morgannwg University Health Board (CTMUHB) has been identified as Host LHB to provide administrative support for the running of the JCC and to establish the NHS Wales Joint Commissioning Committee Team (JCCT).

B. This Agreement should be read in conjunction with the Memorandum of Agreement made between the seven Local Health Boards themselves which defines the governance arrangements for the JCC and the agreed roles and responsibilities of the Chief Executives of the constituent LHBs as individual members of the JCC.

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C. The purpose of this Agreement is to outline what the accountability arrangements and resulting responsibilities mean for each party.

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1. INTERPRETATION

'the Act'	the National Health Service (Wales) Act 2006 (C.42)
'Chair (JCC)'	the person appointed by the Minister to lead the NHS Wales Joint Commissioning Committee and to ensure it successfully discharges its overall responsibility on behalf of the LHBs.
'Chief Commissioner'	Chief Commissioner of the NHS Wales Joint Commissioning Committee and Associate Member of the JCC
'Chief Executives'	the Chief Executives of the constituent LHBs and members of the JCC
'Committee Secretary'	the person appointed by the JCC as its principal advisor on all aspects of governance. Refer to Standing Orders: The Role of the Committee Secretary.
'Dispute Process'	the arbitration process agreed with Welsh Government.
'Host LHB'	Cwm Taf Morgannwg University Local Health Board (CTMUHB)
'JCC'	The NHS Wales Joint Commissioning Committee
'JCCT'	The JCC Team employed by the host Health Board including the Chief Commissioner to provide the relevant services.
'LHB'	Local Health Board established in accordance with s 11(2) of the Act
'NHS Wales'	the comprehensive health service for Wales established by the NHS (Wales) Act 2006 (C.42)
'Provider LHB'	a LHB which provides relevant services to the JCC as identified within the Directions.

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'Provider Trust' the Trust which provides emergency ambulance services to the JCC

'Relevant Services' As per the Directions:

- a) specialised services for
 - 1. cancer and blood disorders,
 - 2. cardiac conditions,
 - 3. mental health and vulnerable groups,
 - 4. neurosciences, and
 - 5. women and children,
- a) services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis,
- b) emergency medical services,
- c) non-emergency patient transport services,
- d) emergency medical retrieval and transfer services,
- e) NHS 111 services,
- f) sexual assault referral centres, and

other services as directed by the Welsh Ministers.

'Role of the Joint the role ascribed to the JCC
Committee' in section 4 of this Agreement.

2. ROLES AND RESPONSIBILITIES OF CWM TAF MORGANNWG UNIVERSITY LOCAL HEALTH BOARD

The responsibilities of CTMUHB are:

2.1 To appoint and employ such officers as may be required to support the commissioning of the Relevant Services and provide all necessary corporate services and management support, to include human resources, estates, procurement, banking and accountancy services, as may be required, including the processing of orders and the making of payments to providers of the Relevant Services, with such JCCT officers;

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2.2 To provide advice to the Joint Commissioning Committee on compliance with CTMUHB policies, Standing Financial Instructions (JCC and Host Body versions as appropriate), Procurement Rules, Human Resource policies and other procedures;

2.3 To be the legal entity which enters into agreed procurement arrangements to include, but not restricted to, quotations, tenders, procurement contracts, service level agreements and terms of engagement commissioned by the JCCT, on behalf of the JCC, and to ensure that the individuals appointed and employed to support the functions of the JCC carry out those tasks which are stated as annexes to the Standing Orders to be the role of the JCC;

2.4 To have in place such appropriate governance arrangements and Schemes of Delegation as may be necessary and required on the part of CTMUHB to enable the JCCT's role to be carried out;

2.5 To hold the management budget for the JCC/Relevant Services and make payments and receive income as necessary.

2.6 To be authorised to appoint lawyers and other professional advisors in line with approved procurement procedures, and to agree the terms and conditions of their engagement and give them instructions from time to time on behalf of the JCC.

2.7 CTMUHB will not be responsible or accountable for the commissioning of the Relevant Services save in respect of the residents within the geographical area of responsibility of CTMUHB.

2.8 In fulfilling its obligations and responsibilities under this Agreement, CTMUHB shall not be required to do or not do and shall not do or omit to do anything which does not comply with CTMUHB statutory powers and duties, Standing Orders and Standing Financial Instructions (JCC and Host Body versions as appropriate) corporate governance requirements generally, procurement requirements or any legal obligations not covered by the foregoing.

2.9 In line with the Welsh Risk Pool Services All Wales Policy on Insurance, NHS Indemnity and related risk management for potential losses and special payments CTMUHB provide the indemnity for the Chair (and Lay Members) of JCC. Should any claim or legal matter arise this would be processed by Legal and Risk Team responsible for CTMUHB.

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3. EMPLOYMENT OF STAFF

3.1 All officers, including the Chief Commissioner, who are part of the JCCT, are to be employed by CTMUHB. The legal status of the employees would be CTM employees and with respect to any employment litigation with respect to JCCT members, CTM would be held liable.

3.2 As employees of CTMUHB, all JCCT members will be required to abide by CTMUHB policies, procedures and guidance and will be entitled to be treated as any other employee of CTMUHB and have the benefit of all applicable policies and procedures.

3.3 The CTMUHB Remuneration and Terms of Service Committee will provide advice to the CTM Board on the remuneration and the terms of service of the Chief Commissioner and any other members of the JCCT who fall within the Framework set out by the Welsh Government and are paid at executive and senior pay terms and conditions of service.

3.4 As an employee of the Host Body, the Chief Commissioner will be accountable to the Chief Executive of the Host LHB (CTMUHB) in respect of the responsibilities delegated to the Chief Commissioner set out within the Hosting Agreement. In this regard, the Host Body CEO will inform the annual performance review of the Chief Commissioner, undertaken by the Committee Chair.

3.5 All other members of the JCCT will be accountable to the Chief Commissioner for their performance as an employee of CTMUHB and a member of the JCCT.

3.5 The human resource services which will be provided are identified at **Appendix B**.

4. PROCEDURES FOR TENDERS & PROCUREMENT Estates, Facilities and IT Support; Others (Communications; Corporate Support; Welsh Language; Equality and Diversity; Risk Management; Concerns and Information Governance)

4.1 CTMUHB will provide all the support services to the JCC as described at **Appendix C**.

4.2 Agreed procurement arrangements via quotations, tenders, procurement contracts, service level agreements and terms of engagement will be entered into and signed by CTMUHB on behalf of the JCC in accordance with the CTMUHB procurement policy and Standing Financial Instructions.

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4.3 CTMUHB shall not execute or, through performance create, any third party contract in respect of the JCC unless authorised to do so by the Chief Commissioner or an officer of the JCCT to whom the Chief Commissioner has delegated authority in line with the approved Scheme of Delegation

4.4 The seven Health Boards will provide sufficient funds and other relevant resources to meet the requirements of all third party contracts entered into by Cwm Taf Morgannwg in pursuance of paragraph 4.3.

4.5 CTMUHB shall provide the Chief Commissioner (as appropriate) with drafts of all third party contracts and the JCC shall be entitled to require CTMUHB to use its reasonable endeavours to negotiate such amendments to the terms of such contract as the Chief Commissioner and/or the JCC reasonably see fit.

5. GOVERNANCE ARRANGEMENTS

5.1 The JCCT will utilise CTMUHB arrangements to assist it in discharging its governance responsibilities.

5.2 Where the JCC utilises CTMUHB sub-committee arrangements such as the Audit and Risk Committee, and the Remuneration and Terms of Service Committee, CTMUHB will ensure that the appropriate responsibilities are afforded to the JCC and the agenda is constructed to ensure relevant issues are to be properly managed to allow the JCC to satisfy itself from a risk management and controls assurance perspective.

5.3 The JCCT will adopt the risk assessing mechanisms of CTMUHB. Any adaptation to the agreed risk processes of the Host Body, which may be required owing the specific functions of the JCC/JCCT, should only be made after consulting with the Host Body Executive Director of Finance and the Director of Corporate Governance/Board Secretary.

5.4 As part of the agreed accountability arrangements, the Chief Commissioner will have accountability to the Chief Executive of CTMUHB in respect of ensuring adherence to all relevant legislation, policies and procedures. This accountability will be formalised in the form of quarterly meetings to take place between the Chief Commissioner and the Chief Executive of CTMUHB and will include a discussion on the Hosting arrangements as a standing agenda item.

5.5. Tier 2 roles, within the JCCT , which have regulated professional accountabilities e.g. the Medical Director will be professionally accountable to the relevant CTMUHB Executive Director e.g. the CTMUHB Executive Medical Director.. Arrangements will be established to put in

place quarterly meetings where any issues can be discussed and for re-validation.

5.6 CTMUHB will also work with members of the JCCT to establish regular meetings between relevant members of the CTMUHB Executive Team including the Executive Director of Finance, Executive Director of People and Director of Corporate Governance; and senior members of the JCCT including those responsible for finance and governance.

5.5 The Chief Commissioner will provide reports from the JCC to the Cwm Taf Morgannwg Board in line with the CTMUHB scheme of delegation to enable CTMUHB to assure itself that appropriate control measures are in place with respect to Hosting Arrangements.

5.6 The Chief Commissioner, with support from the Committee Secretary will produce an Annual Governance Statement for the JCC/JCCT.

6. BUDGET AND FUNDING

6.1 The JCC will transfer funds to CTMUHB on a quarterly basis in advance to allow CTMUHB to perform its functions on behalf of the JCC, provided that the JCC may attach conditions to the expenditure of such funds.

6.2 The seven Health Boards will meet the CTMUHB overhead costs reasonably incurred in the support of the JCC as may be agreed by the JCC acting reasonably at all times.

6.3 The Chief Commissioner or their Director of Finance will authorise the transfer of funds to CTMUHB in line with agreed funding levels, which funds shall be accounted for by CTMUHB as income to the JCC.

6.4 CTMUHB will set up and manage an Income and Expenditure Account for the JCC, namely a JCC Account. This includes all the income for the JCC received from the LHBS and all other JCC expenditure. This account shall be separate from all other CTMUHB funds. The Chief Commissioner or their Director of Finance will make decisions relating to expenditure from this account provided that CTMUHB shall not at any time be obligated to operate the JCC Account in deficit.

6.5 The Chief Commissioner and their Director of Finance shall be responsible for ensuring that all relevant reports, financial information and commentary are provided to CTMUHB so that the appropriate monitoring return can be prepared.

6.6 The Chief Commissioner and their Director of Finance will provide all the necessary information to the CTMUHB Executive Director of Finance to ensure that a consolidated set of financial statements can be prepared in

accordance with deadlines set out and agreed with Welsh Government and Audit Wales.

7. OWNERSHIP OF ASSETS

7.1 All assets (including intellectual property rights) acquired by CTMUHB in connection with the JCC and JCCT shall belong to CTMUHB but be held upon trust for the JCC and JCCT.

7.2 CTMUHB shall, to the extent it is legally entitled to do so, transfer ownership and any other rights in such assets to such party or body as the JCC shall require and within such timescales as are reasonably required.

7.3 In the event that any income is derived from such assets or from their disposal, such revenues shall be regarded as part of the JCC income and accounted for accordingly.

8. ACCOUNTABILITY ARRANGEMENTS

8.1 The accountability arrangements of the Joint Commissioning Committee Team (JCCT) and the Chief Commissioner and their relationship with CTMUHB are set out in Appendix D.

9. DUTY OF CARE

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

10. CWM TAF MORGANNWG ORGANISATION

10.1 CTMUHB shall provide and maintain an organisation having the necessary facilities, equipment and employees of appropriate experience, to undertake the specific functions and provide all the services identified in this Agreement.

10.2 All personnel deployed on work relating to the Agreement must have appropriate skills and competence.

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11. LEGISLATION

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

11.2 Where responsibilities for compliance with legislation is delegated to the JCCT it will be set out within the Scheme of Delegation e.g. Duty of Quality, Safeguarding, the Equality Act 2010 etc.

12. INTERNAL AND EXTERNAL AUDIT

12.1 CTMUHB, through the NHS Wales Shared Services Committee arrangements, will provide an effective independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Government.

12.2 CTMUHB will ensure that relevant external audit arrangements are established with the Auditor General for Wales, which give due regard to the functions of the JCC.

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

13.1 Section 15 of the Memorandum of Agreement sets out the procedures to be followed for the handling of disputes and arbitration relating to the business of the JCC/JCCT and the responsibilities of the provider organisations.

13.2 Where a matter is regarded as an individual concern in respect of those services commissioned by the JCC and/or the functions delivered by the JCC Team, CTMUHB will only be responsible for the management of those concerns where liability in Tort is established, which relate to its geographical area of responsibility. In such circumstances, the Chief Executive of CTMUHB will be responsible for investigating and responding to the concern in accordance with *The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011*.

13.3 Individual concerns relating to patients resident outside CTMUHB's geographical area of responsibility will be referred to the Chief Executive of the LHB in the appropriate geographical area.

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

13.5 Individual concerns relating to emergency ambulance services will be referred to the Chief Executive of the provider organisation.

14. MANAGEMENT OF FOIA / DPA REQUESTS

14.1 For the purposes of Freedom of Information and Data Protection, CTMUHB is the organisation registered with the Information Commissioner's Office (ICO). In common with all other CTMUHB employees, members of the JCCT will be required to follow all the relevant CTMUHB information governance and data protection rules, policies and procedures, including the policy on Records Management and Schedule for the Retention and Destruction of Records. As the legal entity and organisation registered with the ICO, CTMUHB, would be held liable for any data breach or fine issued by the ICO which arose from activity within the JCCT.

14.2 Where a request under the Freedom of Information Act or Data Protection Act is received by the JCC/JCCT, the request will be dealt with in accordance with CTMUHB procedures. Where the request is considered to be an issue relating to a public body covered by the FOI Act then the request will be forwarded to that particular body to deal with.

15. NOTICES

15.1 Any notices served in respect of matters covered by this Agreement shall be sent to the Chief Executive on behalf of CTMUHB and the Chief Commissioner (as appropriate) on behalf of the JCC.

16. DISPUTE

16.1 In the event of any dispute between CTMUHB and those involved in the JCC/JCCT, all parties involved in the dispute must try to reach an agreement. This will involve meeting to discuss and trying to resolve the issues. All reasonable efforts must be made before escalating any disputed issues.

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16.2 If a dispute cannot be resolved in accordance with the provisions of paragraph 16.1 it shall be referred to the Chief Commissioner and the Chief Executive of CTMUHB for further discussion.

16.3 If a dispute cannot be resolved in accordance with the provisions of paragraph 16.2 it shall be referred to the Chair of the JCC and the Chair of CTMUHB for further discussion.

16.4 If a dispute cannot be resolved in accordance with the provisions of paragraph 16.3, CTMUHB and/or the Chief Commissioner should have a further meeting with the other six LHBs to determine if the matter can be resolved.

16.5 If a dispute still cannot be resolved in accordance with the provisions of paragraph 16.4, it shall be referred to the Welsh Government Director General for Health and Social Services and ultimately onwards to Cabinet Secretary for Health and Social Care for resolution.

17. GENERAL

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

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

17.3 This Agreement shall be governed and construed in accordance with the laws of England and Wales.

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

17.5 In carrying out a review of this Agreement further to clause 17.4, the Chief Commissioner and CTMUHB Chief Executive shall consider the source and manner of any detriment identified by the Cwm Taf Morgannwg Board further to clause 17.4 and shall put forward such amendments and variations to this Agreement and the associated governance arrangements between the JCC and CTMUHB as they may consider appropriate. At this point given CTMUHB is directed to host the

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JCC by Welsh Ministers, the Welsh Government should also be advised of this.

17.6 The Cwm Taf Morgannwg Board shall consider the recommendations made further to clause 17.5 and may recommend to the JCC and the Chief Executive of CTMUHB that this Agreement and the associated governance arrangements are amended accordingly.

SIGNED under hand and delivered the XX 2024.

SIGNED and DELIVERED by Cwm Taf Morgannwg University Local Health Board acting by [Paul Mears] Chief Executive
SIGNED and DELIVERED by Aneurin Bevan University Local Health Board acting by [Nicola Prygodzicz] Chief Executive
SIGNED and DELIVERED by Betsi Cadwaladr University Local Health Board acting by [Carol Shillabeer] Chief Executive
SIGNED and DELIVERED by Cardiff and Vale University Local Health Board acting by [Suzanne Rankin] Chief Executive

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

.....
[Phil Kloer]
Interim Chief Executive

SIGNED and DELIVERED
by **Powys Teaching Local Health Board**
acting by

.....
[Hayley Thomas]
Chief Executive

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

.....
[Richard Evans]
Interim Chief Executive

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APPENDIX A

Role of the Joint Commissioning Committee (JCC) (refer to Standing Order 2.20):

The role of the JCC is to:

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

Ensure the JCC operates within an appropriate governance framework
From the Standing Orders (2.20)

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APPENDIX B

EMPLOYMENT OF STAFF

Identified human resources services to be provided by Cwm Taf Morgannwg University Health Board

Service	Description
<i>Recruitment and Selection</i>	<ul style="list-style-type: none"> To provide a comprehensive recruitment and selection service which complies with employment legislation and standards of good practice as directed by the Welsh Government.
<i>Employee Relations</i>	<ul style="list-style-type: none"> To provide support to the Joint Commissioning Team (JCCT) in the management of sensitive issues relating to all employment policies including discipline, grievance, collective disputes, performance and capability, allegations of bullying and harassment whistle blowing and sickness absence etc.
<i>Policy Development</i>	<ul style="list-style-type: none"> To develop, implement and advise on employment policies and procedures which comply with employment legislation and NHS guidance; and To provide training to JCCT Managers in the interpretation and use of policies and procedures.
<i>Remuneration and Payroll</i>	<ul style="list-style-type: none"> To provide advice on pay and associated terms and conditions of employment; To provide a comprehensive payroll service; and To undertake the matching and evaluation of all new and revised roles, including and re-banding which may be necessary. Ensure that Welsh Government is advised of any roles which require evaluation under Executive and Senior Pay arrangements and any approved roles at that level go through the Host Body Remuneration Committee processes.
<i>Training and Organisational Development</i>	<ul style="list-style-type: none"> To provide appropriate training and development to members of the JCC and JCCT

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<i>HR administration</i>	<ul style="list-style-type: none"> To maintain securely employment records for Chair, Lay Members and JCCT and provide accurate workforce data and information as required.
<i>Well-Being and Occupational Health</i>	<ul style="list-style-type: none"> To provide a comprehensive well-being and Occupational Health service to members of the JCCT

APPENDIX C

3.1 Procedures for Tenders & Procurement

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

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audit, counter fraud, audit committee) JCC Finance Team	<ul style="list-style-type: none">• Access to Local Counter Fraud Specialist• Advice on financial procedures and other issues of governance• Ensure appropriate external audit provision in place.
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3.2 Estates, Facilities and IT Support

Service	Description
Estates Maintenance	<ul style="list-style-type: none"> • To provide an efficient service in response to all aspects of estates maintenance in the running of the JCC offices.
Fire Safety	<ul style="list-style-type: none"> • To provide professional advice and support in relation to all aspects of Fire Safety ensuring compliance with legislation and guidance issued by the Welsh Government; and • To provide appropriate training to the Chair and Lay members of the JCC and officers who comprise the JCCT.
Health and Safety	<ul style="list-style-type: none"> • To provide a Health and Safety Policy statement as and when required. The Policy must comply with the requirements of the Health and Safety at Work Act. All other relevant rules and regulations must be observed at all times; • To be responsible for the testing, where appropriate, labelling and recording of all portable appliances in their ownership under the Electricity at Work Act 1989; • To provide advice and support on the operational delivery of health and safety arrangements in the JCC offices in accordance with CTMUHB policies and procedures; and • To provide appropriate training to the Chair and Lay members of the JCC and officers who comprise the JCCT.
IT Support	<ul style="list-style-type: none"> • To provide a comprehensive IT support service including : <ul style="list-style-type: none"> ○ User registration; ○ Resolution of faults reporting via the Helpdesk ○ Purchase and set up new IT equipment; ○ Supply of printing consumables • To provide support in relation to the management of files and databases; • To ensure the secure storage of data, back up, restore and recovery

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3.3 Others

Service	Description
Communications (including internet and intranet)	<ul style="list-style-type: none"> To provide some communications support on a range of activities to the JCC in addition to the JCC's own communications service.
Corporate Support	<ul style="list-style-type: none"> To provide access to the Director of Corporate Governance and Board Secretary for advice and support on Corporate Governance matters as required. To co-ordinate the Audit and Risk Committee, and Remuneration and Terms of Service Committee agenda and papers, circulate and take minutes of the meetings. To provide access to the range of groups and committees including Information Governance Group, Equality Forum etc.
Welsh Language	<ul style="list-style-type: none"> Offer advice and information about the Welsh Language Promote and encourage the use of Welsh within the workplace Encourage the use of bilingual aids within the workplace such as signage, stationery etc. Provide Welsh Language taster lessons for staff Give bilingual front-line telephone training Translate small in-house, day-to-day, translations Help co-ordinate the translation of larger documents Attend public meetings to provide a Welsh Language service for Welsh speakers.
Equality, Diversity and Inclusion	<ul style="list-style-type: none"> To provide advice and information to the JCC and JCCT; To develop a work plan and meet quarterly to review progress against the plan;

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	<ul style="list-style-type: none"> • To ensure that relevant training is provided to the members of the JCC and JCCT in relation to awareness raising and impact assessment; • To provide an assurance mechanism on behalf of the LHBs that robust processes are in place to meet the Equality and Diversity agenda
Risk Management	<ul style="list-style-type: none"> • To work with the Committee Secretary to provide advice and information on all areas of Risk Management to the JCC/JCCT; • To support the development of a Risk Assurance Framework for the JCC • To provide support (structure and advice) for the use of DATIX to facilitate the management of risk within the JCCT • To develop a work plan and meet quarterly to review progress against the plan
Concerns	<ul style="list-style-type: none"> • To provide training and awareness for all staff in relation to the management of concerns; • To provide advice and support in relation to the concerns process; • To provide support (structure and advice) for the use of DATIX to facilitate the management of concerns within the JCCT. • To be responsible for all claims relating to staff and services commissioned which relate to CTMUHB Residents
Information Governance	<ul style="list-style-type: none"> • To provide timely advice to all information governance related enquires; • To process requests made under the Freedom of Information and Data Protection Acts; • To provide training and awareness for all staff in all areas of Information Governance

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APPENDIX D

Accountability Arrangements

1. The NHS Wales Joint Commissioning Committee (Wales) Directions 2024 state that the LHBs will jointly exercise the Delegated Functions from 1 April 2024.
<https://www.legislation.gov.uk/wsi/2024/135/contents/made>
2. This means that the Delegated Functions are those of the individual constituent LHBs and not CTMUHB.
3. The Directions state that CTMUHB will exercise its functions so as to provide administrative support for the running of the JCC and establish the JCCT.
4. The membership of the JCC consists of the Chief Executives of the seven LHBs or their nominated representative, the Chair and not more than five non-officer (lay) members who are appointed by the Cabinet Secretary for Health and Social Care. In addition the Chief Commissioner will be an Associate Member of the JCC.
5. The Chair is directly accountable to the Cabinet Secretary for Health and Social Care at Welsh Government
6. As per point 4, the Chief Commissioner will attend meetings as an Associate Member of the JCC and will have such responsibilities as may be prescribed by the JCC.
7. The Chief Commissioner is accountable to the Committee Chair in relation to discharging the role and functions delegated by the JCC on behalf of the seven LHBs to the JCC for the planning, securing and commissioning of relevant services.
8. The Chief Commissioner will have a relationship with the Chief Executive Officers and Executive Teams of the seven LHBs in respect of the role and functions delegated to the JCCT by the JCC on behalf of the seven LHBs.
9. As an employee of CTMUHB the Chief Commissioner will be accountable to the Chief Executive of CTMUHB in respect of the responsibilities delegated to the Chief Commissioner set within the Hosting Agreement in this regard, CTMUHB CEO will inform the

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annual performance review of the Chief Commissioner undertaken by the Committee Chair.

10. In respect of the effective management and controls of finances and resources, as delegated by the seven LHBs, the Chief Commissioner will be accountable to the Director General/NHS Wales Chief Executive for propriety and regularity. Further detail on this accountability relationship is set out in an Accountable Officer Memorandum and an Interface Agreement between the Chief Commissioner and the Chief Executive of the Host Body.
11. The Chief Executive of CTMUHB is only accountable to the Director General and Chief Executive of the NHS in Wales in so far as the functions relate to administrative support.
12. The Chief Executives of the Constituent LHBs are individually accountable to the Director General and Chief Executive of the NHS in Wales.
13. The Director of Finance for CTMUHB is only accountable to the Director of Finance for the NHS in Wales insofar as their functions relate to administrative support.
14. JCCT Tier 2 roles will be accountable to the Chief Commissioner (Tier 1 Director) for their performance as an employee of the Host Body and a member of the JCCT.
15. Tier 2 roles, which have regulated professional accountabilities, will be professionally accountable to the relevant CTMUHB Executive Director.
16. The governance and issues relating to the hosting of the JCC will be incorporated into the standard business of the existing Host Body's Audit Committee. The assurance for the governance and issues relating to the hosting of the JCC will be to the Host Body's Board.
17. Issues relating to the functions of the JCC delegated from the seven LHBs will be fed into a separate Host Body Audit Committee for the JCC specifically, operating within its own work cycle as required. The assurance for this will be to the seven LHBs.

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Joint Commissioning
Committee

QUALITY SAFETY AND OUTCOMES SUB- COMMITTEE (QSOSC)

Terms of Reference & Operating Arrangements
(Schedule 3.1 of the Standing Orders)

Document Author:	Committee Secretary
Lead Director	Director of Nursing and Quality
Approved By	Joint Commissioning Committee
Issue Date	
Review Date	
Version	1

Last Approved: NWJCC Meeting ()
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Version Control

Version	Issued To	Date	Outcome	Next Review Date
Version 1				

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Sub-Committee Arrangements:

This schedule forms part of and shall have effect as if incorporated in the NHS Wales Joint Commissioning Committee Standing Orders.

1. Introduction & Constitution

- 1.1 In accordance with NWJCC Standing Order 5.5, the NHS Wales Joint Commissioning Committee (NWJCC – the Joint Committee) may and, where directed by the LHB Boards 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). The Joint Committee shall determine, for agreement by the LHBs, a joint sub-committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs.
- 1.2 In accordance with Standing Orders (SOs) (and the JCC Scheme of Delegation), the Joint Committee shall nominate annually a sub- committee to be known as the **Quality, Safety and Outcomes Sub-Committee**. The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this sub-committee are set out below.

2. Purpose

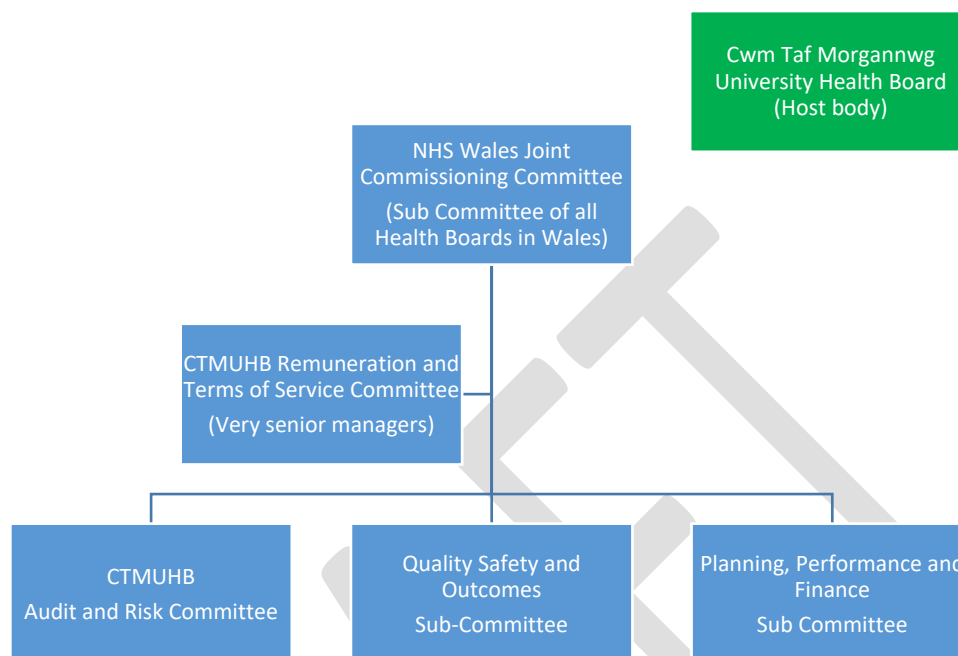
- 2.1 The purpose of the Quality, Safety and Outcomes Sub-Committee “the Sub-Committee” is to be assured that the Joint Committee is commissioning appropriate, high quality and safe services from providers (Health boards, Trusts and private sector providers) on behalf of health boards in Wales.

This will be achieved by:

- Providing scrutiny and assurance to the Joint Committee for the Quality Safety and Outcomes of services commissioned from providers including health boards, NHS Trusts and private providers who are accountable for the provision of safe, quality services)
- Reporting to and providing advice to the Joint Committee, including escalation of issues that require urgent consideration and action by the NWJCC
- Addressing concerns delegated by the Joint Committee ensuring that individual LHB Quality and Patient Safety Committees are informed of any issues relating to their population recognising that concerns of the services commissioned may impact on primary and secondary and vice versa (whole pathway) and contribute to the achievement of the Duty of Candour; and
- Providing assurance to the Joint Committee in relation to improving the experience of patients, carers, citizens and those that come into contact with the services commissioned by the NWJCC.

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Figure 1 – JCC Sub-Committee Structure



3. Scope and Duties

3.1 The Sub-Committee will provide scrutiny and assurance in and will, in respect of its provision of advice to the Joint Committee:

- Monitor and support the development and implementation of the Commissioning Assurance Framework ensuring that there is continuous improvement in the commissioning of safe, effective and sustainable services for the people of Wales
- Consider the quality, patient safety and outcome implications arising from the development of commissioning strategies, including developments outlined in the agreed JCC Integrated Medium Term Plan (IMTP)
- Ensure that all aspects of commissioning activity, through regular reporting to the sub-committee consider quality, safety and outcomes as part of the commissioning of services
- Receive, when required, items for urgent consideration and escalation
- Ensure a robust process is in place for the development and approval of evidence-based service specifications, focussed on quality and safety of service provision, for all services commissioned by the JCC
- Have responsibility for the commissioning risks designated to the Sub-Committee for monitoring ensuring that quality, safety and outcomes of services commissioned are a priority for the organisation

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- Monitor and scrutinise risk management and assurance arrangements for the risks designated to the Sub-Committee for monitoring from the perspective of clinical and patient safety risks
- receive assurance from provider organisations that concerns management arrangements are robust and reported through the appropriate governance routes; and
- Receive assurance that patient safety incidents, complaints and claims (relating to the services commissioned by the JCC) are routinely monitored and are considered a critical part of the evaluation of services in the JCC commissioning cycle.

Sub-Committee Programme of work

3.2 Each year the Joint Committee will determine the Sub-Committee’s priorities for its annual programme of work, based on the Joint Committee’s Commissioning Assurance Framework and Corporate Risk Register. This approach will ensure that the Sub-Committee’s focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Sub-Committee’s annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Sub-Committee’s programme of work will be dynamic and flexible to meet the needs of the Joint Committee throughout the year.

4. Membership

Members

4.1 The Membership of the QS&O Sub-Committee is as follows:

Chair	Lay (Independent) Member of the Joint Committee
Vice Chair	Lay (Independent) Member of the Joint Committee
Member	One further Lay (Independent) Member of the Joint Committee

4.2 The membership of the Sub-Committee shall be determined by the Joint Committee, based on the recommendation of the Chair of the Joint Committee and lay members, taking account of the balance of skills and expertise necessary to deliver the subcommittee’s remit and subject to any specific requirements or directions made by Ministers or the Welsh Government.

4.3 The Chair of the Joint Committee and the Chair of the Sub-Committee, receive from nominations from the CEOs of Local Health Boards

4.4 The Membership will be reviewed annually.

Support to Sub-Committee Members

- 4.5 The Committee Secretary, on behalf of the Sub-Committee Chair, shall:
- Arrange the provision of advice and support to Sub-Committee members on any aspect related to the conduct of their role, and
 - Co-ordinate the provision of a programme of organisational development for Sub-Committee members as part of the overall JCCs Organisational Development programme.

4.6 In Attendance

One representative Chief Executive or designated nominated deputy who must be an Executive Director from a health board (and would be fully briefed on the issues to be discussed)
JCC Director of Nursing and Quality (Lead Director for the Committee)
JCC Medical Director
JCC Director of Commissioning for Specialised Services
JCC Director of Commissioning for Ambulance and 111
JCC Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups (MH, LD & VG)
Committee Secretary or representative who will routinely attend meetings ensuring governance support and advice is available to the Committee Chair
Llais Representative
Staff side representative.

Directors may on occasion nominate a suitably senior deputy to attend the Sub-Committee on their behalf but should ensure that they are fully aware and briefed on the issues to be discussed.

By Invitation:

- 4.7 The Chief Commissioner, and other directors / senior managers may be invited to attend when the Sub-Committee is discussing areas of risk or matters that are the responsibility of that Director / member of staff.
- 4.8 The Sub-Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

Member Appointments

- 4.9 The membership of the Sub-Committee shall be determined by the Chair of the Joint Committee, taking account of the balance of skills and expertise necessary to deliver the committee’s remit and subject to any specific requirements or directions made by the Welsh Government.

5 Quorum & Attendance

- 5.1 A quorum shall be at least two members comprising of two Lay (Independent) Members.
 For effective governance, at least two JCC Team directors, one of which must be a Clinical Director should be in attendance at the meeting.

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6 Meeting Secretariat

- 6.1 The JCC Committee Secretary will determine the secretarial and support arrangements for the Sub-Committee.

7 Frequency of Meetings

- 7.1 The Meetings shall meet no less than 6 times a year, and otherwise as deemed necessary by the Chair of the Joint Committee.
- 7.2 Additional meetings may be called as appropriate with agreement of the Sub-Committee Chair.
- 7.3 Additional meetings may be held with the chairs of the LHBs Quality and Safety Committees where there is requirement.
- 7.4 Members will be required to attend a minimum of 75% of all meetings. Attendance will be monitored and reported to the Joint Committee through the Sub-Committee's Annual Report.
- 7.5 The Sub-Committee will arrange meetings and align with key statutory requirements during the year consistent with the Joint Committee's annual plan of Committee Business.

8 Withdrawal of Individuals in Attendance

- 8.1 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

9 Circulation of Papers

- 9.1 All papers will be distributed at least 7 calendar days in advance of the meeting.
- 9.2 The Committee Secretariat will ensure that the draft minutes will be provided to the Sub-Committee Chair within ten working days following the meeting.
- 9.3 The JCC Committee Secretariat will ensure that a Sub-Committee highlight report is provided for presentation by the Sub-Committee Chair to the next Joint Committee meeting.
- 9.4 The Sub-Committee highlight report will also be shared with members and HB Directors of Corporate Governance / Board Secretaries.

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10 Access

- 10.1 The Chair of the Quality, Safety and Outcomes Sub-Committee shall work closely with the Director of Nursing and Quality and have reasonable access to the JCC Directors and other relevant senior staff within the JCC Team.

11 Accountability, Responsibility & Authority

- 11.1 Although health boards have delegated authority to the Joint Committee and subsequently to this Sub-Committee for the exercise of certain functions as set out within these terms of reference, each health board retains overall responsibility and accountability for ensuring the quality and safety of healthcare for their citizens through the effective governance of their organisation.
- 11.2 This Sub-Committee is responsible for providing scrutiny and assurance to the Joint Committee that Quality, Safety and Outcomes are being managed appropriately within the commissioning cycles.

Authority

- 11.3 The Sub-Committee is authorised by the Joint Committee to investigate, or have investigated, any activity within its terms of reference.
- 11.4 The Sub-Committee is authorised by the Joint Committee to obtain outside legal or other independent professional and clinical advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the JCCs procurement, budgetary and other requirements.
- 11.5 The Sub-Committee will ensure that it is aware of and receives relevant reports on the activities and reports of external independent regulators and agencies, such as Healthcare Inspectorate Wales, Care Quality Commission, National Audit Office and Audit Wales, that relate to the commissioning of services.

Sub Groups

- 11.6 The Sub-Committee may, subject to the approval of the Joint Committee establish sub-groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business.

Strategy

- 11.7 Oversee and monitor the development and implementation of the JCCs Strategies for patient quality, safety and outcomes:

- **Patient Quality, Safety and Outcomes**

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- Provide assurance to Joint Committee on implementation of the Quality aspects within the Integrated Medium Term Plan (IMTP) for the Joint Committee
- Provide assurance to the Joint Committee in relation to the Commissioning Assurance Framework.
- Contribute to and oversee the development of effectiveness of the Joint Committee's Annual Quality Statement and the Annual Governance Statement
- Monitor quality via the Quality Dashboard.
- Monitor and receive reports on the organisation's progress with embedding and implementing the Health & Care Quality Standards
- Ensure arrangements are in place to review and act on clinical audit activity which responds to national and local priorities applicable to the business and services commissioned by the JCC as part of the commissioning cycle.
- Receive recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response.

Organisational Risk

- 11.8 Regularly review and provide assurance to the Joint Committee on the risks included on the organisational Risk Register and assigned to the Sub-Committee by the Joint Committee.

Quality Improvement activities

- 11.9 The Commissioning Assurance Framework provides the framework for quality improvement projects supporting compliance with the Duty of Quality. The Quality, Safety and Outcomes Sub-Committee will:
- Provide scrutiny and assurance to the Joint Committee that priorities relating to quality, safety and outcomes are progressing.

11.10 Patient Experience

- Receive and review progress reports relating to Patient Experience and the requirements identified in the Commissioning Assurance Framework
- Ensure that the JCC engages with and co-operates with representatives of Llais as appropriate on ongoing patient engagement or major service change. (S.O. 7.7)

11.11 Concerns

- Receive as presented within the quarterly quality report, reports on Concerns relating to the services commissioned by the JCC (reported patient safety incidents, complaints, compliments, clinical negligence claims and inquests) reporting trends, with emphasis on ensuring that lessons are learnt and are built into the evaluation of services as part of the JCC commissioning cycle.
- Receive assurance of effective and timely management of concerns (including incidents, complaints & claims) relating to commissioned

services from across NHS Wales, in accordance with the legislation under the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 and the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

- Receive assurance of effective and timely management of concerns (including incidents, complaints & claims) contributing to HB approaches providing information related to the services commissioned to support them in complying with their have legal and contractual requirements.

Delegated Powers

11.12 Although the Joint Committee has delegated authority to the Sub-Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

11.13 This Sub-Committee is responsible for providing scrutiny and assurance to the Joint Committee that Quality, Safety and Outcomes are being managed appropriately within the evaluation of services as part of the JCC commissioning cycle.

The Sub-Committee will:

- Seek assurance that the JCC's **Commissioning Assurance Framework** remains appropriate, is aligned to the Duty of Quality and is embedded in practice.
- Seek assurance that arrangements for capturing the **experience of patients, citizens and carers** are sufficient, effective and robust, including:
 - Seek assurance on the delivery of the Patient Experience Plan within the Commissioning Assurance Framework; and
 - Contribute information from the commissioning perspective to HBs in their implementation of Putting Things Right regulations (to include patient safety incidents, complaints, compliments, clinical negligence claims and inquests) reporting trends, with particular emphasis on ensuring that lessons are learned through the commissioned service lens.
- Seek assurance that arrangements for the **provision of high quality, safe and effective healthcare** are sufficient, effective and robust, including:
 - the Commissioning Assurance Framework arrangements in place to ensure efficient, effective, timely, dignified and safe delivery of commissioned services
 - the arrangements in place to undertake, review and act on clinical audit activity which responds to national and local priorities
 - the recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response
 - the development of the Joint Committee's Annual Quality Statement including annual quality priorities; and

- performance against key quality focussed performance indicators and metrics.
- Seek assurance on the arrangements in place to support **improvement and innovation**, including:
 - an overview of the research and development activity for commissioning within the organisation
 - alignment of the commissioning of services with the national objectives published by Health and Care Research Wales (HCRW);
 - an overview of the quality improvement activity for commissioned services within the organisation.
- Seek assurance that arrangements for commissioned services are **compliant with mental health legislation** are sufficient, effective and robust, including:
 - the Mental Health Act 1983
 - Mental Health Act Code of Practice for Wales and associated regulations (2016);
 - the Mental Capacity Act 2005 Code of Practice and associated regulations;
 - the Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice and associated regulations; and
 - the Mental Health Measure (Wales) 2010.

11.14 The Sub-Committee will seek assurances on the management of strategic risks delegated to the Sub-Committee by the Joint Committee, from the JCC Risk Register.

Dealing with Members interests during meetings

11.15 Declarations of interest will be a standing agenda item for all meetings.

11.16 Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for a meeting.

11.17 Interests declared at the start of, or during a meeting will be managed in accordance with section 8.2 of the JCC Standing Orders.

12 Reporting

12.1 The Sub-Committee Chair shall:

- Report formally, regularly and on a timely basis to the Joint Committee on the Committee's activities. This includes:
 - Assurance that Quality, Safety and Outcomes are being managed appropriately
 - oral updates on recent activity
 - submission of written Sub-Committee highlight reports throughout the year

- to receive annual reports, which will incorporate key information on quality, safety and outcomes.
 - Bring to the Joint Committee’s specific attention any significant matters under consideration by the Committee; and
 - Ensure appropriate escalation arrangements are in place to alert the Joint Committee Chair, Chief Commissioner, HB Chief Executive or Chairs of other relevant Sub-Committees of any urgent/critical matters that may affect the operation and/or reputation of the JCC and HBs.
- 12.2 The Sub-Committee shall provide a written, annual report to the Joint Committee on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Sub-Committees self-assessment and evaluation.
- 12.3 The Sub-Committee shall provide a highlight report to each HB after each meeting providing assurance that Quality, Safety and Outcomes are being managed appropriately, for inclusion on suitable HB Committee agendas.
- 12.4 The Joint Committee may also require the Sub-Committee Chair to report upon the activities at public meetings or to community partners and other stakeholders, where this is considered appropriate e.g. where the Sub-Committee’s assurance role relates to a joint or shared responsibility.
- 12.5 The JCC Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the Sub-Committee’s performance and operation.

Relationship with the Joint Committee and its Sub-Committees / Groups

- 12.6 Although the Joint Committee has delegated authority to the sub-committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality, safety and outcomes of healthcare for its commissioned services through the effective governance of its organisation.
- 12.7 The Sub-Committee is directly accountable to the Joint Committee for its performance in exercising the functions set out in these Terms of Reference.
- 12.8 The Sub-Committee, through the Sub-Committee Chair and members, shall work closely with the Joint Committees other Sub- Committees to provide advice and assurance to the JCC through the:
- joint planning and co-ordination of Joint Committee business; and
 - sharing of information.
- 12.9 In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the JCCs overall risk and assurance arrangements.

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12.10 The Sub-Committee, through its Chair and members, shall work closely with LHB Quality and Safety Committees to ensure that LHB Boards are informed of any issues relating to their population, recognising that concerns of the services commissioned by the JCC may impact on primary and secondary services and vice versa (i.e. the whole pathway). The Sub-Committee shall embed the JCC's standards, priorities and requirements e.g. equality and human rights, through the conduct of its business.

12.11 The Sub-Committee shall embed the organisational values and strategic objectives through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

13 Applicability of Standing Orders to Sub-Committee Business

13.1 The requirements for the conduct of business as set out in the JCC Standing Orders are equally applicable to the operation of the Sub-Committee, except in the area relating to the quorum.

13.2 This Sub-Committee is a scrutiny and assurance sub-committee and therefore where a decision is required the matter will be referred to the JCC Team or Joint Committee, as appropriate.

14 Chairs Action on Urgent Matters

14.1 There may, occasionally, be circumstances where decisions which normally be made by the Sub-Committee need to be taken between scheduled meetings. In these circumstances, the Sub-Committee Chair, supported by the Committee Secretary as appropriate, may deal with the matter on behalf of the Sub Committee, after first consulting with one other Lay (Independent) Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Sub-Committee for consideration and ratification.

14.2 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

15 In Committee (Private Meeting)

15.1 The Sub-Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

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16 Review

- 16.1 These Terms of Reference shall be adopted by the Sub-Committee at its first meeting and subject to review at least on an annual basis thereafter, with endorsement ratified by the Joint Committee.

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Joint Commissioning
Committee

PLANNING, PERFORMANCE AND FINANCE SUB- COMMITTEE (PPFSC)

Terms of Reference & Operating Arrangements
(Schedule 3.1 of the Standing Orders)

Document Author:	Committee Secretary
Lead Directors	Director of Finance and Information Director of Planning and Performance
Approved By	Joint Commissioning Committee
Issue Date	
Review Date	
Version	1

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Version Control

Version	Issued To	Date	Outcome	Next Review Date
Version 1				

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Sub-Committee Arrangements:

This schedule forms part of, and shall have effect as if incorporated in the NHS Wales Joint Commissioning Committee Standing Orders.

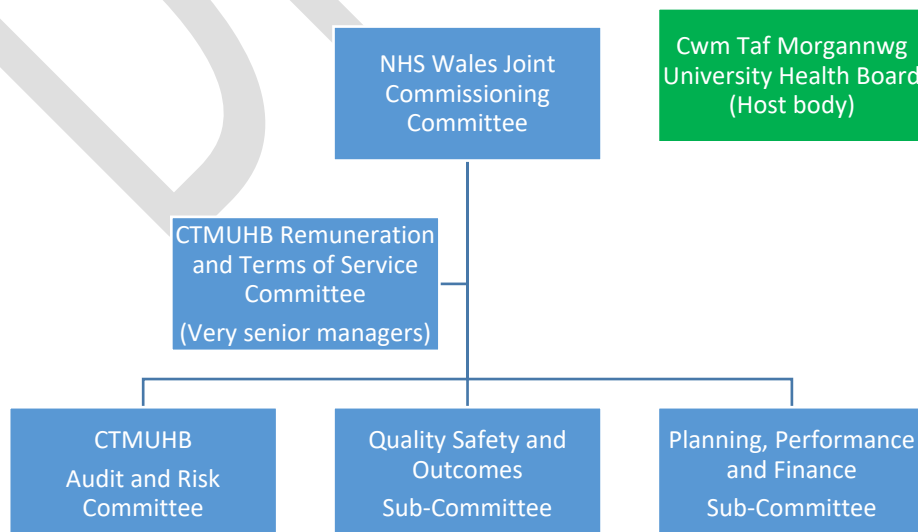
1. Introduction & Constitution

- 1.1 In accordance with JCC Standing Order 5.5 , the NHS Wales Joint Commissioning Committee (NWJCC – the Joint Committee) may and, where directed by the LHB Boards jointly, or the Welsh Ministers must, appoint joint sub-committees of the JCC either to undertake specific functions on the JCC’s behalf or to provide advice and assurance to others (whether directly to the JCC or on behalf of the JCC to each LHB Board and/or its other sub-committees). The JCC shall determine, for agreement by the LHBs, a joint sub-committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs.
- 1.2 In accordance with Standing Orders (SOs) (and the JCC Scheme of Delegation), the Joint Committee shall nominate annually a sub- committee to be known as the **Planning, Performance and Finance Sub-Committee**. The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this sub-committee are set out below.

2. Purpose

- 2.1 The purpose of the Planning, Performance and Finance Sub-Committee is to be assured that the Joint Committee is effectively managing the strategic planning, performance and financial duties outlined in the Joint Committees SOs and Standing Financial Instructions (SFIs) relating to planning, securing and commissioning the services delegated to the JCC.

Figure 1 – JCC Sub Committee Structure



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3. Scope and Duties

The Sub-Committee will provide scrutiny and assurance in relation to the duties below:

3.1 Planning

- Monitor the process for the development of the Integrated Medium Term Plan (IMTP) in line with the relevant SOs, SFIs and the NHS Wales Planning Framework
- Receive assurance on the delivery of the IMTP
- Scrutinise the alignment of service, workforce, digital and financial commissioning plans in the IMTP (as appropriate to the business of the NWJCC)
- Scrutinise the development and delivery of strategic or major service plans through the agreed Service Transformation Programme in the IMTP.

3.2 Performance

- Advise on and assure the development and implementation of the NWJCC's Performance Management Framework
- Monitor in-year performance against the financial plan and activity targets that support the relevant metrics agreed by the Joint Committee
- Monitor overall performance of commissioned services against the JCC's IMTP and the national targets for NHS Wales (Ministerial Priorities).

3.3 Organisational Risk Register

- Regularly review the planning, performance and finance risks included on the JCC Risk Register and assigned to the Sub-Committee by the JCC.

3.4 Finance

- Monitor delivery of financial plans and savings programmes
- Monitor risk to financial delivery including mitigating actions to appropriately manage the risks
- Robustly challenge and support progress against delivery of savings plans including consideration of impact on services
- Scrutinise investments in line with the Standing Financial Instructions (SFIs) and the Scheme of Delegation prior to submission to the Joint Committee for approval
- Monitor activity and productivity including operational efficiency and effectiveness
- Report on significant financial variances and issues, including potential mitigation decisions.

3.5 Sub-Committee Programme of work

Each year the Joint Committee will determine the Sub-Committee's priorities for its annual programme of work, based on the Joint Committee's IMTP and Corporate Risk Register. This approach will ensure that the Sub-Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that

these Terms of Reference are provided as a framework for the Sub-Committee’s annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Sub-Committee’s programme of work will be dynamic and flexible to meet the needs of the Joint Committee throughout the year.

- 3.6 The Sub-Committee, in monitoring and scrutinising the above areas, will discuss and recommend corrective action where necessary. This will include the transformation, recommissioning and value in health care approach.
- 3.7 The Sub-Committee will monitor the development of appropriate Key Performance Indicators (KPIs) across all parts of the organisation.
- 3.8 Where necessary, the Sub-Committee will undertake detailed “deep dives” of specific areas. These reviews will be supported by appropriate benchmarking information to ensure all of the JCCs commissioned services are striving to achieve “best in class” in relation to planning, performance and finance.

4. Membership

Members

4.1 The Membership of the PPFSC Sub-Committee is as follows:

Chair	Lay (Independent) Member of the NWJCC
Vice Chair	Lay (Independent) Member of the NWJCC
Member	One further Lay (Independent) Member of the NWJCC

- 4.2 The membership of the Sub-Committee shall be determined by the Joint Committee, based on the recommendation of the Chair of the Joint Committee and lay members, taking account of the balance of skills and expertise necessary to deliver the sub-committee’s remit and subject to any specific requirements or directions made by Ministers or the Welsh Government.
- 4.3 The Chair of the Joint Committee and the Chair of the Sub-Committee, will receive a nomination from the CEOs of Local Health Boards as outlined below.
- 4.4 The Membership will be reviewed annually.

Support to Sub-Committee Members

- 4.5 The Committee Secretary, on behalf of the Sub-Committee Chair, shall:
 - Arrange the provision of advice and support to Sub-Committee members on any aspect related to the conduct of their role, and
 - Co-ordinate the provision of a programme of organisational development for Sub-Committee members as part of the overall JCCs Organisational Development programme.

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4.6 In Attendance

One representative Chief Executive or designated nominated deputy who must be an Executive Director from a health board (and would be fully briefed on the issues to be discussed)
JCC Director of Planning and Performance (co-lead JCC Director)
JCC Director of Finance & Information (co-lead JCC Director)
Committee Secretary or representative who will routinely attend meetings ensuring governance support and advice is available to the Sub-Committee Chair
Staff side representative.

Directors may on occasion nominate a suitably senior deputy to attend the Sub-Committee on their behalf but should ensure that they are fully aware and briefed on the issues to be discussed.

By Invitation:

- 4.7 The Chief Commissioner, and other directors / senior managers may be invited to attend when the Sub-Committee is discussing areas of risk or matters that are the responsibility of that Director / member of staff.
- 4.8 The Sub-Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

Member Appointments

- 4.9 The membership of the Sub-Committee shall be determined by the Chair of the Joint Committee, taking account of the balance of skills and expertise necessary to deliver the sub-committee's remit and subject to any specific requirements or directions made by the Welsh Government.

5 Quorum & Attendance

- 5.1 A quorum shall be at least two members comprising of two Lay (Independent) Members.
- 5.2 For effective governance, the Director of Finance and Information and the Director of Planning and Performance are required to attend all meetings.

6 Meeting Secretariat

- 6.1 The JCC Committee Secretary will determine the secretarial and support arrangements for the Sub-Committee.

7 Frequency of Meetings

The Meetings shall meet no less than 6 times a year, and otherwise as deemed necessary by the Chair of the Joint Committee.

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- 7.2 Additional meetings may be called as appropriate with agreement of the Sub-Committee Chair.
- 7.3 Additional meetings may be held with the chairs of the LHBs Planning, Performance and Finance Committees where there is requirement.
- 7.4 Members will be required to attend a minimum of 75% of all meetings. Attendance will be monitored and reported to the Joint Committee through the Sub-Committee's Annual Report.
- 7.5 The Sub-Committee will arrange meetings and align with key statutory requirements during the year consistent with the Joint Committee's annual plan of Business.

8 Withdrawal of Individuals in Attendance

- 8.1 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

9 Circulation of Papers

- 9.1 All papers will be distributed at least 7 calendar days in advance of the meeting.
- 9.2 The Committee Secretariat will ensure that the draft minutes will be provided to the Sub-Committee Chair within ten working days following the meeting.
- 9.3 The JCC Committee Secretariat will ensure that a Sub-Committee highlight report is provided for presentation by the Sub-Committee Chair to the next Joint Committee meeting.
- 9.4 The Sub-Committee highlight report will also be shared with members and HB Directors of Corporate Governance / Board Secretaries.

10 Access

- 10.1 The Chair of the Planning, Performance and Finance Sub-Committee shall work closely with the Director of Finance and Information and the Director of Planning and Performance and have reasonable access to the Directors and other relevant senior staff within the JCC Team.

11 Accountability, Responsibility & Authority

- 11.1 Although health boards have delegated authority to the Joint Committee and subsequently to this Sub-Committee for the exercise of certain functions as set out within these terms of reference, each health board retains overall responsibility and accountability for ensuring the quality and

safety of healthcare for their citizens through the effective governance of their organisation.

- 11.2 This Sub-Committee is responsible for providing scrutiny and assurance to the JCC that Planning, Performance and Finance are being managed appropriately within the commissioning cycles.

Authority

- 11.3 The Sub-Committee is authorised by the Joint Committee to investigate, or have investigated, any activity within its terms of reference. The Sub-Committee is authorised by the Joint Committee to obtain outside legal or other independent professional and clinical advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with procurement, budgetary and other policy requirements.

Sub Groups

- 11.4 The Sub-Committee may, subject to the approval of the JCC establish sub-groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business.

Delegated Powers

- 11.5 Although the Joint Committee has delegated authority to the Sub-Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

Dealing with Members interests during meetings

- 11.6 Declarations of interest will be a standing agenda item for all meetings.
- 11.7 Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for a meeting.
- 11.8 Interests declared at the start of, or during a meeting will be managed in accordance with section 8.2 of the JCC Standing Orders.

12 Reporting

- 12.1 The Sub-Committee Chair shall:
- Report formally, regularly and on a timely basis to the Joint Committee on the Sub-Committee's activities. This includes:
 - Assurance that Planning, Performance and Finance are being managed appropriately
 - oral updates on recent activity
 - submission of written Sub-Committee highlight reports throughout the year
 - to receive annual reports, which will incorporate key information on planning, performance and finance

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- Bring to the Joint Committee’s specific attention any significant matters under consideration by the Sub-Committee; and
 - Ensure appropriate escalation arrangements are in place to alert the Joint Committee Chair, Chief Commissioner, HB Chief Executive or Chairs of other relevant Sub-Committees of any urgent/critical matters that may affect the operation and/or reputation of the JCC and HBs.
- 12.2 The Sub-Committee shall provide a written, annual report to the Joint Committee on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Sub-Committees self-assessment and evaluation.
- 12.3 The Sub-Committee shall provide a highlight report to each HB after each meeting providing assurance that Planning, Performance and Finance are being managed appropriately, for inclusion on suitable HB Sub-Committee agendas.
- 12.4 The Joint Committee may also require the Sub-Committee Chair to report upon the activities at public meetings or to community partners and other stakeholders, where this is considered appropriate e.g. where the Sub-Committee’s assurance role relates to a joint or shared responsibility.
- 12.5 The JCC Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the Sub-Committee’s performance and operation.

Relationship with the Joint Committee and its Sub-Committees / Groups

- 12.6 Although the Joint Committee has delegated authority to the Sub-Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the effective planning, performance and financial management of healthcare for commissioned services through the effective governance of its organisation.
- 12.7 The Sub-Committee is directly accountable to the Joint Committee for its performance in exercising the functions set out in these Terms of Reference.
- 12.8 The Sub-Committee, through the Sub-Committee Chair and members, shall work closely with the Joint Committees other Sub-Committees to provide advice and assurance to the JCC through the:
- joint planning and co-ordination of JCC and Committee business; and
 - sharing of information.
- 12.9 In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the JCCs overall risk and assurance arrangements.

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- 12.10 The Sub-Committee, through its Chair and members, shall work closely with LHB Planning, Performance and Finance Committees to ensure that LHB Boards are informed of any issues relating to their population, recognising that concerns of the services commissioned by the JCC may impact on primary and secondary services and vice versa (i.e. the whole pathway). The Sub-Committee shall embed the JCC's standards, priorities and requirements e.g. equality and human rights, through the conduct of its business.
- 12.11 The Sub-Committee shall embed the organisational values and strategic objectives through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

13 Applicability of Standing Orders to Sub-Committee Business

- 13.1 The requirements for the conduct of business as set out in the JCC Standing Orders are equally applicable to the operation of the Sub-Committee, except in the area relating to the quorum.
- 13.2 This Sub-Committee is a scrutiny and assurance sub-committee and therefore where a decision is required the matter will be referred to the JCC Team or Joint Committee, as appropriate.

14 Chairs Action on Urgent Matters

- 14.1 There may, occasionally, be circumstances where decisions which normally be made by the Sub-Committee need to be taken between scheduled meetings. In these circumstances, the Sub-Committee Chair, supported by the Committee Secretary as appropriate, may deal with the matter on behalf of the Sub-Committee, after first consulting with one other Lay (Independent) Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 14.2 Chair's urgent action may not be taken where the sub-committee Chair has a personal or business interest in the urgent matter requiring decision.

15 In Committee (Private Meeting)

- 15.1 The Sub-Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

16 Review

- 16.1 These Terms of Reference shall be adopted by the Sub-Committee at its first meeting and subject to review at least on an annual basis thereafter, with endorsement ratified by the Joint Committee.

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**POWYS TEACHING HEALTH BOARD
UNCONFIRMED**

**MINUTES OF THE MEETING OF THE BOARD
HELD ON WEDNESDAY 24 JULY 2024
VIA TEAMS**

Present

Carl Cooper (CC)	Independent Member (Chair)
Kirsty Williams (KW)	Independent Member (Vice Chair)
Rhobert Lewis (RL)	Independent Member (General)
Ian Phillips (IP)	Independent Member (ICT)
Mick Giannasi (MG)	Independent Member (General)
Jennifer Owen Adams (JOA)	Independent Member (Third Sector)
Ronnie Alexander (RT)	Independent Member (General)
Simon Wright (SW)	Independent Member (University)
Chris Walsh (CW)	Independent Member (Local Authority)
Steve Elliot (SE)	Independent Member (Finance)
Hayley Thomas (HT)	Chief Executive Officer
Pete Hopgood (PH)	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Stephen Powell (SP)	Interim Executive Director of Planning, Performance and Commissioning
Kate Wright (KW)	Executive Medical Director
Mererid Bowley (MB)	Executive Director of Public Health
Claire Madsen (CM)	Executive Director of Allied Health Professions, Health Sciences and Digital

In Attendance

Helen Bushell (HB)	Director of Corporate Governance
Katie Blackburn (KB)	Regional Director Llais
Joanne Allen (JA)	Respiratory Clinical Lead
Marie Davies (MD)	Deputy Director of Nursing
Paul Buss (PB)	Director of Clinical Strategy
Sarah Powell (SP)	Assistant Director People and Culture
Liz Patterson (LP)	Interim Head of Corporate Governance
Hayley Hughes (HH)	Corporate Business Manager (Minutes)

Apologies for absence

Cathie Poynton (CP)	
Claire Roche (CR)	Independent Member (Trade Union)

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Debra Wood Lawson (DWL) Executive Director of Nursing, Quality, Women and Family Health
 Joy Garfitt (JG) Executive Director of People & Culture
 Joy Garfitt (JG) Interim Executive Director of Operations / Community and Mental Health
 Nina Davies (ND) Associate Member: Director of Social Services and Wellbeing, Powys County Council

PRELIMINARY MATTERS

PTHB/24/051	<p>WELCOME AND APOLOGIES FOR ABSENCE CC welcomed all participants to the meeting and apologies for absence were received and recorded as above.</p>
PTHB/24/052	<p>DECLARATIONS OF INTEREST No declarations of interest were made in addition to those already recorded on the register.</p>
PTHB/24/053	<p>BOARD ACTION LOG The Board noted there are two actions on the Action Log, with none being recommended for closure.</p> <p>HB advised that the first action is a transfer of an action relating to reducing waste and efficiencies from business process improvement. This has been transferred to the Delivery and Performance Committee and added to that Committee’s work programme.</p> <p>The second action is in relation to clarification regarding the length of retention of patient records. KW advised that clarification had been sought and confirmed that the list does not apply to secondary care and, therefore, the programmes of notes management and records management have been able to continue. This action was closed.</p>
PTHB/24/054	<p>EXPERIENCE STORY</p> <p>Patient Experience Story MD introduced this item which included a video of a patient’s experience with the Health Board’s midwifery service. MD noted this was a great example of how the service strives to keep a community provision to enable women to deliver their babies in Powys.</p> <p>The Board welcomed the presentation and expressed thanks to the patient for sharing their story.</p> <p>Staff Experience Story CM introduced the item which provided an overview of a staff member’s experience with the Health Board. JA is employed as the Respiratory Lead and shared her career journey with Board</p>

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	<p>Members. CM noted that the team has developed the Respiratory Service and she was proud to watch the team grow, in particular the introduction of new professionals and skills into Powys; and being able to offer excellent services much closer to patients' homes.</p> <p>The Board welcomed the presentation and expressed thanks to JA for sharing her story.</p>
PTHB/24/055	<p>QUESTIONS TO BOARD FROM THE PUBLIC HB advised the Board that no questions to the Board from the public had been received.</p>
PTHB/24/056	<p>UPDATE REPORTS:</p> <p>REPORT FROM THE CHAIR CC presented his Chair's report.</p> <p>REPORT FROM THE VICE CHAIR KWi presented her Vice Chair's report.</p> <p>REPORT FROM THE CHIEF EXECUTIVE HT introduced the Chief Executive's report and drew attention to the following matters:</p> <ul style="list-style-type: none"> - The UK Covid-19 Inquiry Module 1 report has been published. This will be reviewed, and any recommendations or learning will be considered. - Welsh Government (WG) has confirmed that the Health Board remains in Enhanced Monitoring for strategy planning and finance and in Routine Monitoring for all other areas. - Emergency Medical Retrieval and Transfer Service (EMRTS): The Health Board received a Letter Before Action on 5 July 2024 in relation to a potential Judicial Review of the decision relating the EMRTS Service Review. <p>Independent Members sought assurance by asking the following questions: <i>What certainty is there that the work of the (EMRTs) Task and Finish Group will be completed on time?</i> HT advised that the Task and Finish Group has been established and Health Boards have been given assurance in the Joint Commissioning Committee that the work is on target to be completed in accordance with the timetable (November 2024).</p> <p><i>In relation to the 'Vaccine Saves Lives Awards', what is the position in relation to the Mumps, Measle and Rubella (MMR) and Covid Spring vaccination campaign?</i></p>

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	<p>MB advised the Board that a multi-agency working group had been established for MMR which had seen a good response and driven up vaccination rates via an open-door centre for all.</p> <p>MB advised that the Covid Spring Programme had now been completed with Powys achieving the highest uptake across Welsh Health Boards (around 60%). The team is now in the planning stages for the Winter Respiratory programme.</p> <p><i>The important work on the diagnosis of dementia is noted. Diagnosis is the first step in aftercare provision. What assurance can be given that the care arrangements which are necessary to support that diagnosis are effectively in place?</i></p> <p>MD responded as Chair of the Regional Dementia Working Group and advised that one of the great successes is the improvement of diagnosis. MD noted the importance of identifying people early and looked forward to co-producing support for people with dementia with partners across Powys over the next year. The Health Board is also about to commence work to improve the navigation once diagnosed.</p> <p>The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.</p>
PTHB/24/057	<p>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</p> <p>The following Chair's Assurance Reports were received:</p> <p><u>Audit, Risk and Assurance Committee</u></p> <p>RL presented an overview of matters considered by the Committee on the 9 July 2024. Attention was drawn to the following matters for assurance:</p> <ul style="list-style-type: none"> - The Annual Report and Accounts had been considered and agreed at the Board's meeting on the 11 July 2024. - Despite best intentions, internal audit reports are coming through in batches for review and consideration. The Committee is looking at ways of prioritising audits and outcomes. <p><u>Delivery and Performance Committee</u></p> <p>RA presented an overview of matters considered by the Committee on the 7 May 2024 and the 27 June 2024. Attention was drawn to the following matters</p> <ul style="list-style-type: none"> - Particular financial challenge in relation to staff agency costs. - Positive to note that 82% of patient contacts/outcomes are concluded by Shropdoc assessment and advice with little onwards referral to other services (less than 2% to 999).

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Planning, Partnerships and Population Health Committee

RL presented an overview of matters considered by the Committee on 16 May 2024.

Charitable Funds Committee

CC presented an overview of matters considered by the Committee on the 10 June 2024. CC expressed his gratitude to Abe Sampson, previous Charity Manager, for his contribution during the time in post, and wished Abe well in his new role. Martin O'Brien is temporarily covering the Charity Manager role.

Executive Committee

HT presented an overview of matters considered by the Executive Committee on the 2 May, 8 May, 15 May, 29 May, 12 June and 26 June 2024. It was noted the Chair's report is presented in a new format and welcomed feedback from Board Members. The updated format provides a clear line of sight of what is discussed at the Executive Committee and how it feeds into other Committees and Board.

Escalation and Information to the Board

What is the process for reviewing information that is escalated to Board?

HB advised that items may be escalated to Board from Committees for two reasons. A service may be in local escalation, or a matter has arisen that the Committee considers Board should be sighted on or may need to take action on. Further clarity will be provided within the next paper to Board, and a review of each Committee's escalated items to Board will be undertaken in the next round of Committees.

Action: Director of Corporate Governance

Are there any key themes emerging from the Committee Chairs' Forum meetings?

HB advised that the Committee Chairs' Forum brings together the Chairs on a quarterly basis to review themes, committee work programmes and how to further integrate learning and reflection. For example, meeting effectiveness evaluation at each Committee meeting is being implemented.

The Board **RECEIVED** and **NOTED** all the Committee Reports recognising the key assurance role the Committees have in supporting the Board in its work.

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CONSENT AGENDA BUSINESS

PTHB/24/058 There were no requests to consider any items from the Consent Agenda in the main meeting.

ITEMS FOR APPROVAL/RATIFICATION/DECISION

PTHB/24/059 **MAJOR INCIDENT AND EMERGENCY RESPONSE PLAN AND THE HEALTH BOARD'S CORPORATE BUSINESS CONTINUITY PLAN**

MB presented the Major Incident and Emergency Response Plan and the Corporate Business Continuity Plan. The following items were brought to the Board's attention:

- The Health Board is a Category One Responder.
- The Health Board is required to undertake risk assessments, produce emergency plans and have business continuity management arrangements in place.
- Both plans have been reviewed and updated to incorporate changes which have occurred at local and national levels; continuous cycle of reviewing and learning from exercises.
- The Health Board has participated in the all-Wales NHS exercise and the Major Incident and Emergency Response Plan was tested as part of that exercise. Part of the exercise was setting up the strategic and tactical response, as well as the NHS Wales response arrangements.
- Important to note that both plans align.
- The Health Board has responded to several disruptive events, including industrial action; but noted that during these events it was not necessary to formally activate the business continuity plans.
- The Business Continuity arrangements, at a corporate level, were subject to a recent audit and received 'Substantial Assurance'.

Independent Members sought assurance by asking the following questions:

How will the new Major Incident e-learning module work? Has it been shared with Local Authority partners?

MB advised that a new e-training package has been introduced as part of the Local Resilience Forum (LRF) and national training. It is an introduction to emergency response arrangements to raise awareness of all staff. It is not statutory or mandatory, but staff will be encouraged to complete the training over the next 12 months. There are different levels of training for staff who participate in the on-call rota.

MB confirmed that the plans are shared through the LRF system with partners (which includes the Local Authority and other

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	<p>Category 1 responders). MB confirmed that a live exercise will be planned during the year, and different elements of the plan will be tested through desktop exercises.</p> <p><i>Whilst arrangements with partners in Wales will be strong, are similar arrangements in place with partners in England which operate under different arrangements? How wide will the planned live exercise extend?</i></p> <p>MB confirmed that the live exercise will be undertaken as a Health Board. If there is a national Wales live exercise the Health Board will participate in those where appropriate. The Health Board takes part in the LRF arrangements where there is national work, with cross border arrangements led by Welsh Government. The Health Board works closely with colleagues in neighbouring English health trusts, for example when there are strikes in England.</p> <p>HT noted that the national exercises look at the cross-border support. Consideration will be given to including this element in future reports.</p> <p><i>Who undertook the recent audit, and are partner organisations audited on their emergency planning arrangements?</i></p> <p>MB confirmed that the audit was an Internal Audit of the Health Board arrangements.</p> <p>HT advised that emergency planning was not a key theme across Health Boards for this year. All Health Boards would be tested on a rolling programme.</p> <p><i>How is a siloed approach to audit avoided?</i></p> <p>HB noted from an audit perspective, internal auditors will look at localised systems, plans and response to national guidelines which the Health Board will have oversight of. Occasionally thematic reviews are undertaken on an all-Wales basis. The report that will be considered in the In-Committee session will examine national standards and guidelines against the Civil Contingencies Act, along with the operational working. Information is also shared through working in the Dyfed Powys regional space.</p> <p>The Board:</p> <ul style="list-style-type: none"> • APPROVED the Major Incident and Emergency Response Plan, and • APPROVED the PTHB Corporate Business Continuity Plan.
PTHB/24/060	<p>CIVIL CONTINGENCIES ANNUAL REPORT</p> <p>MB presented the Civil Contingencies Annual Report to provide the Board with an account of the key resilience activities undertaken between 1 April 2023 to the 31 March 2024, and to set out the</p>

Commented [EP1]: Change at request of Mezz

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	<p>Health Board's civil contingencies planning priorities for 2024/25. The following items were brought to the Board's attention:</p> <ul style="list-style-type: none"> - The Annual Report details other plans that have been reviewed. - The Pandemic Plan has been revised. - 77 staff trained. - Loggist training has been reviewed, with Public Health Wales taking a lead and producing loggist books that all Health Boards are able to adopt. - The All-Wales Exercise saw the Local Authority and Health Board working together; with other partners actively participating in the plan. - The report includes reference to the LRF structure and continued collaboration in multi-agency planning, training and exercises to ensure that the Health Board continues to strengthen its arrangements. <p><i>What has been the level of uptake of the e-learning now offered?</i> MB confirmed that the e-learning is not mandatory or statutory. However, the In-Committee report includes information on training participation, particularly in relation to Gold and Silver arrangements.</p> <p>The Board APPROVED the Civil Contingencies Annual Report for 2023/2024.</p>
PTHB/24/061	<p>DIRECTOR OF CORPORATE GOVERNANCE REPORT: HB presented this report to the Board which provided a series of recommendations for the Board's consideration linked to:</p> <ul style="list-style-type: none"> • Chair's Action • Board Committee Membership 2024/25 <p>The Board</p> <ul style="list-style-type: none"> • RATIFIED the Chair's Actions take on the 15 June 2024 to APPROVE the recommendation not to apply for Core Participant status in Module 8 (UK Covid-19 Public Inquiry) either directly or as part of an NHS Group). • APPROVED the Chair's recommendations for Board Committee Membership.
PTHB/24/062	<p>MINUTES OF PREVIOUS MEETINGS The minutes of the meeting held on the 22 May and 11 July 2024 were AGREED as an accurate record.</p> <p>HB advised Board Members that, for future meetings, draft Minutes will be circulated to Board Members for review before the final draft is presented to Board for approval.</p>

ITEMS FOR BOARD ASSURANCE

PTHB/24/063

FINANCIAL PERFORMANCE (MONTH 3)

PH presented the Month 3 Financial Performance report to Board and brought the following items to Board's attention:

- Currently have a deficit plan of £22.9m, which is yet to be accepted or supported by Welsh Government. The Health Board continues to monitor performance and actions against this deficit plan.
- At month 3, there is a variance of £877k. This includes a savings target of circa £9.9m. To be off track against that plan at month 3 is of concern.
- Key areas of pressure include Continuing Health Care (CHC) and ongoing agency use in Mental Health (both nursing and medical staff). CHC and Variable Pay will be subject to deep dives at the next Delivery and Performance Committee.
- PH is taking over the chairing of the Variable Pay group.
- Monthly financial meetings have been instigated between the Chief Executive and Executive Directors.
- Vacancy levels are circa 20% for Mental Health, 13% in Community Services – noting the pressures on alternative staff cover and the use of bank, overtime and agency.
- The Health Board is ensuring that its plans and actions are aligned with the Welsh Government's Value and Sustainability Board workstreams.

Independent Members sought assurance by asking the following questions:

The paper appears to show a year end cash shortfall of £29.3m which is larger than the planned deficit. How will this £6m difference be managed?

PH advised that this was the current forecast and, as the balance sheet is worked through over the next two months, it is expected this will move. There is a strong focus on CHC and agency spend with a particular emphasis on quality of care which is most efficient.

Spending on CHC has been subject to significant scrutiny which has found robust processes are in place. However, demand is increasing. To what extent will it be possible to contain or shrink this budget?

PH advised that CHC costs had risen significantly over recent years. It is necessary to check the right processes are in place, then examine if care can be provided in an alternative way.

KW advised that when patient flow is good people do not remain in the wrong setting where they decondition and require enhanced

CHC. A reduction in CHC spend could be achieved by improving patient flow.

Delayed discharges due to a lack of social care are likely to cost ~£5m and it is expected that demand will increase. Can assurance be given regarding the robustness of plans to address this?

PH advised there was pressure in the system due to inadequate availability of domiciliary care. The solution will have to be found in collaboration with the local authority and third sector.

SP advised that all delays (in and out of county) are discussed daily between health and social care. Twice weekly meetings are held on a system wide basis, and this is a regular item on the Joint Leadership Team agenda.

There is evidence that substantive staff provide the best care. However, some patients require additional staff due to their level of need. How much of the agency spend relates to vacancies or to acuity of need?

PH noted the agency spend primarily related to vacancies and sickness absence. There will always be some patients that require higher levels of care, and methods of predicting and managing this will be important.

Given that the Month 03 outturn is off track by ~£0.9m how can it be the case that the forecast outturn is held?

PH advised that there was some uncertainty regarding the costs of commissioned care, and if these were less than expected the position would improve. If this was not the case, then further action will be necessary to return to the forecast outturn.

SP advised that, in relation to commissioned care, growth had been budgeted for but some providers were behind on their delivery plans. Further detail was required but this would not solve the whole of the Health Board's budget issues.

HT advised that the submitted plan was, at present, unapproved. When feedback has been received from Welsh Government appropriate action would be planned.

The Board:

- **RECEIVED** the financial report and took assurance that the organisation has effective financial monitoring and reporting mechanisms in place.
- **CONSIDERED** and **DISCUSSED** the financial forecast for 2024/25 and the underlying deficit.

PTHB/24/064

UPDATE ON INTEGRATED PLAN 2024-29 AND TEMPORARY SERVICE CHANGES

CC introduced the item explaining that the Board had met In-Committee in May where a decision was taken to mandate the Executive Committee to implement the temporary service change proposals. This item is to receive assurance in relation to the implementation of the service changes to inform the evaluation.

HT presented the report which updated the Board on the work under way to develop and implement the temporary service changes endorsed for public engagement by the Board on the 30 May 2024 and update the Integrated Plan following correspondence from Welsh Government. HT noted that the revised plan set a challenging position for the Health Board to deliver. The plan clearly sets out the need for substantial change to work towards a more sustainable position. The current system is under substantial pressure, which is reflected in issues around patient flow and managing increased demands on services.

KW presented the Board with the two cases for change that have been scoped and were proposed to be taken forward for wider staff and public engagement:

- Clinical Co-location of Patients
- Overnight Closure of Minor Injury Units (MIU)

There is ongoing work on further opportunities which the Board will be kept updated on.

KW set out the case for change for temporary changes to the inpatient model in relation to clinical co-location of patients. The case set out matching the support of clinical need with two elements:

- Ready to Go Units (given 52% of patients currently in hospital are clinically ready to go home) in Llandrindod and Bronllys, and
- Co-location of patients with similar active rehabilitation needs, placed in wards in Newtown and Brecon.

The proposal would provide a secure, stable and safe model of care. Cohorting of patients, which happens in other health boards, would aid clinical safety.

KW presented the case for change for reducing opening hours for the MIUs which would allow for the service to be managed more effectively, enhancing the quality and experience of staff and patients and reducing the risk of lone working. Currently some MIUs are seeing one or two patients at night, who could safely be seen the following day. The proposal would provide a more reliable

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service. KW noted the provision for Welshpool and Newtown remains unchanged, with opening hours for Brecon and Llandrindod Wells MIU proposed to change to 08:00-20:00. These adjusted hours would be consistent with other rural health boards.

HT advised that staff engagement had commenced, and this will continue during the public and stakeholder engagement. Further areas would be brought forwards to the Board to consider, to develop a sustainable health system for the future. The Health Board will continue to learn from these changes, working with frontline staff and communities to identify a permanent future model. HT expects the temporary changes to be in place for 6 months, with a conscious check point to ensure the anticipated outcomes are delivered.

HT outlined that public engagement would commence from the 29 July 2024.

KB reminded Board that Llais is independent, and that the decision is for the Board members, but confirmed that Llais and the Health Board are liaising on these matters on an ongoing basis. KB will continue to work closely around the communications and engagement plan; and will provide feedback from the community events held. KB also advised that Regional Directors across Llais meet weekly so have oversight of changes across all Health Boards.

CC advised that today's Board meeting, whilst held in Public, is not a public meeting with only Board Members able to contribute to discussions. There are opportunities for engagement by residents, partners and stakeholders in the public engagement exercise.

Independent Members sought assurance by asking the following questions:

Can assurance be given that these changes are compatible with the 5-year plan? For example, will the changes proposed to MIUs fit in with plans for the MIU Plus model?

KW noted the MIU workstream had undertaken work to examine current activity, benchmarking against other Health Boards' activity and, within this plan, there is scope to continue to train and upskill staff. It is believed this is a move towards sustainability and better outcomes, noting that evaluation will be important and will help inform what happens next.

The need to continually monitor the situation has been outlined. How will it be known that the patient outcomes we believe we will

achieve as a result of these changes have been achieved, and what data will be available to us, to change these decisions if necessary?
KW noted that, in terms of medical care, this has been challenging during the pre-election period, not being able to have as open a dialogue as would have been wished. However, it should be noted that discussions have taken place over the last 12-18 months.

What impact will these changes on the wards have on our relationship with GP practices in the area that support medical care in those wards?

KW advised that it will be critical to treat as many patients as possible, keeping all the skills of primary care colleagues, who provide an excellent service. There is an ambition to do more step-up care. In order to get to a position where it is possible to care for higher acuity patients, there is a need to consolidate first.

PB advised that the team is looking at outcome measures for this work. Some will be activity focused whilst some will be outcome focused (for example autonomy, emotional wellbeing activity and daily living skills).

HT added that the organisation will continue to work closely with primary care colleagues to ensure any temporary changes do not destabilise primary care further.

Have discussions taken place with the local authority in relation to Ready to Go Units?

CM confirmed that regular discussions were taking place with local authority colleagues including invitations to weekly operational meetings. The local authority, along with PAVO, will be invited to participate in full operational planning of these wards.

HT added that this discussion was being held in the Regional Partnership Board as, to enable the Ready To Go units to work, will require support from the third sector and social care colleagues.

Will the proposed changes incur additional costs?

HT confirmed that, in the first instance, additional costs would not be incurred but, in future, it may be necessary to consider options which might incur investment costs.

The Board:

- **RECEIVED** the report noting the status of the Integrated Plan 2024-29 and Annual Delivery Plan 2024-25.
- Took **ASSURANCE** that two of the three temporary service changes have progressed as planned (dedicated units for patients according to clinical need and MIU opening hours)

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	<ul style="list-style-type: none"> • NOTED that further work is under way to identify additional schemes for future consideration including in relation to Older Adult Mental Health inpatient services.
PTHB/24/065	<p>INTEGRATED QUALITY AND PERFORMANCE REPORT (IQPR) – MONTH 2</p> <p>SP presented the IQPR which provided an update on the latest available performance position for Powys Teaching Health Board against the NHS Wales Performance Framework 2024/25 to the end of May 2024 (month 2). The following items were brought to the Board’s attention:</p> <ul style="list-style-type: none"> - Planned Care delivery remains challenging with several services reporting fragility. - Some delays in access to diagnostics. - An improved position with therapy; with all targets being met for under 18s and two targets in adult population that had some breaches. - For the Health Board’s own provider arm one patient had breached the 100-day target. - In Mental Health services, provided in Powys, performance under 18’s remains robust, except for neurodevelopment for children. - Part 1A assessments showed a slight improvement in performance but remained below target. - The Mental Health service is in local escalation within the Health Board. The action plan is being worked through with the service supported by the Executive Team. - Commissioning waiting lists are increasing. 187 Powys patients are waiting for care in other Health Boards. In England, there are 29 patients waiting more than 104 weeks. - Page 7 of the report summarises the Health Board’s performance as a provider against the trajectories for the 24/25 financial year. <p>It was noted that, at a recent Board Development session on the 11 July 2024, Members looked at the Health Board’s performance and performance reporting. Discussion had taken place on commissioning intractables (where there are services not in the Health Board’s direct control but commissioned from other organisations). The team is going to look beyond the high-level data to see if any underlying measures are improving along the pathway. An example is the Accident and Emergency target, which has not been met for a number of years in terms of the 4-hour wait, but what experience are patients getting in terms of the total duration that they wait to see a clinician, the time to be discharged and the time to be admitted to a ward (or not) and the time for recommended care packages? SP acknowledged it would not be</p>

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	<p>possible to include such information across all measures each month, but this would be brought through to Board development sessions, on a rotational basis, which will broaden understanding and direction of improvement.</p> <p>Action: Director of Planning, Performance and Commissioning</p> <p><i>In relation to our commissioned services from England, given that the Secretary of State has now launched a review of NHS provision in England, how might that affect commissioning figures and intentions?</i></p> <p>SP confirmed that a review has been requested and there have been commitments to improve capacity within the English NHS, whether that be outpatient capacity treatments, reduction in waiting times and development of community diagnostic centres and surgical elective hubs. SP noted that NHS Wales is also doing similar work to improve capacity and regional working.</p> <p><i>Across the spectrum of Planned Care, demand is increasing. Has modelling previously been successful in predicting the increases that we are seeing now? If yes, is there any prediction of when demand will plateau?</i></p> <p>SP advised that a lot of modelling has been done by both NHS Wales and England into future referral demands. Modelling has also been done internally to look at demand and capacity planning for own provided services. Further work is needed to fully understand that relationship between demand and capacity in all services. SP noted that, due to nature of Powys population, it is likely that demand will increase.</p> <p><i>What assurance can be given regarding data quality?</i></p> <p>SP advised that there is a mixture of both internal and external challenges. Given the number of systems used across the NHS there are occasionally data issues. It should be noted that the Health Board received 'Substantial Assurance' on a recent internal audit of its performance processes.</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/24/066	<p>CORPORATE RISK REGISTER AND REVISED RISK APPETITE STATEMENT</p> <p>HB presented the report which provided the Board with the revised corporate risks. Corporate risks form part of the Board's Assurance</p>

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Framework and provide a summary of the significant risks to the delivery of the Health Board's strategic objectives. The report also confirmed the revised Board level risk appetite that was approved by the Board on the 30 May 2024 during an In-Committee meeting. HB noted the following:

- Eleven new risks that span the Health Board's strategic objectives (three relate to financial sustainability; four to quality; three to performance and service sustainability and one to health and safety).
- From July 2024, in order to enhance the role of the Board Committees as sources of Board assurance, Committees will receive the full risk registers for those risks that fall within the respective remit of the Committees.
- The Board, at its September meeting, will receive a full copy of the new risk register together with a developed Board Assurance Matrix reflecting assurance levels and gaps in control.
- In May the Board approved the Board Assurance Framework.

It is noted that the Delivery and Performance Committee is the lead Committee for five of these risks. Does the Committee have the capacity to give due attention to this level of work?

HB noted that this was being considered and will be actively monitored.

A risk of 20 is recorded for Cyber Attack and Failure Outage, and a lower risk for Recruitment and Retention. Could the Workforce & Culture Committee be asked to review the risk level for Recruitment and Retention?

HB noted the point and advised that she would ask the Senior Risk Owner to review.

Action: Executive Director of People and Culture

The recent cyber issues with Microsoft brought to the fore the reliance of several large organisations on Microsoft.

HB noted that CM and the Digital colleagues are reviewing and exploring if there are wider considerations to be made.

The Board:

- **RECEIVED** the revised corporate risks included at Appendix 1, **NOTED** the previous risk register is superseded by the new risks and took **ASSURANCE** that it is a complete and a true reflection of the Health Board's current high-level risks.

	<ul style="list-style-type: none"> - RECEIVED in public session the revised Board level risk appetite statement that was approved by the Board on the 30 May 2024, during an In-Committee Board meeting.
PTHB/24/067	<p>REPORT OF THE CHIEF OFFICER OF LLAIS</p> <p>KB presented the Chief Officer report to the Board and brought the following items to the Board's attention:</p> <ul style="list-style-type: none"> - Llais Local completed at Llanidloes with the report published on their website. - Stakeholder Panel held and completed for Brecon Llais Local - Joint Workshop with representatives from PTHB, Powys County Council and PAVO was held to discuss the key themes that emerged during the focused engagement in Brecon locality. A joint action plan has been developed and will go back to the community in 6 months' time. The main theme was Access and Access to Primary Care challenges. Once individuals had got into the system, the service received was excellent. - Further work on complaints and statistics will take place and the Board will receive that report at a forthcoming meeting. - KB represents Llais at the EMRTS task and finish group and noted that a comprehensive engagement plan is going to the Joint Commissioning Committee in October 2024. - Llais has been referenced as an Interested Party in the application for a Judicial Review of the EMRTS decision. - A revised plan for activity for 2024/25 will be shared with Board in September 2024. <p>A brief discussion took place around working with Llais to better understand the feedback regarding 'access' to services. This could have different meaning for people, and it would be useful to record and quantify these concerns. HB agreed to explore and feedback to the Board</p> <p>Action: Director of Corporate Governance</p> <p>The Board NOTED and thanked KB for the report.</p>
CONSENT AGENDA	
PTHB/24/068	<p>The following items were taken under the Consent Agenda:</p> <p>APPROVED:</p> <ul style="list-style-type: none"> • Welsh Language Annual Report • Equalities, Diversity and Inclusion Annual Report <p>FOR ASSURANCE</p>

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	<ul style="list-style-type: none"> • Assurance Report of the Board’s Joint Committees • Assurance Report of the Board’s Partnership Arrangements • Assurance Report of the Board’s Local Partnership Forum • Workforce and Culture Annual Report
OTHER MATTERS	
PTHB/24/069	ANY OTHER URGENT BUSINESS CC advised that it is IP’s last Board meeting. CC acknowledged the significant contribution to the Board during his years of membership. CC expressed his deep gratitude to IP, noting the Board had the opportunity to thank IP at a recent in-person Board Development session.
PTHB/24/070	DATE OF THE NEXT MEETING 25 September 2024, in person, Bronllys Hospital.
PTHB 24/071	The following motion was passed: 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.

Present	
Carl Cooper (CC)	Independent Member (Chair)
Kirsty Williams (KWi)	Independent Member (Vice Chair)
Rhobert Lewis (RL)	Independent Member (General)
Ian Phillips (IP)	Independent Member (ICT)
Mick Giannasi (MG)	Independent Member (General)
Jennifer Owen Adams (JOA)	Independent Member (Third Sector)
Ronnie Alexander (RT)	Independent Member (General)
Simon Wright (SW)	Independent Member (University)
Chris Walsh (CW)	Independent Member (Local Authority)
Stephen Elliot (SE)	Independent Member (Finance)
Hayley Thomas (HT)	Chief Executive Officer
Pete Hopgood (PH)	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Stephen Powell (SP)	Interim Executive Director of Planning, Performance and Commissioning
Kate Wright (KW)	Executive Medical Director
Mererid Bowley (MB)	Executive Director of Public Health
Claire Madsen (CM)	Executive Director of Allied Health Professions, Health Sciences and Digital
In Attendance	
Helen Bushell (HB)	Director of Corporate Governance

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Marie Davies (MD) Sarah Powell (SP) Vicky Cooper (VC) Liz Patterson (LP)	Deputy Director of Nursing Assistant Director People and Culture Chief Digital Officer Interim Head of Corporate Governance
Apologies for absence Cathie Poynton (CP) Joy Garfitt (JG) Debra Wood Lawson (DWL) Claire Roche (CR)	Independent Member (Trade Union) Interim Executive Director of Operations/Community and Mental Health Executive Director of People & Culture Executive Director of Nursing, Quality, Women and Family Health

PTHB IC/24/072	WELCOME AND APOLOGIES FOR ABSENCE CC welcomed all participants to the meeting. Apologies for absence were received as recorded above.
PTHB IC/24/073	DECLARATION OF INTEREST No interests were declared in addition to those already declared within the published register.
ITEMS OR APPROVAL, DECISION OR RATIFICATION	
PTHB IC/24/074	MINUTES OF PREVIOUS IN-COMMITTEE MEETINGS HELD ON 22 MAY AND 30 MAY 2024 The minutes of the In-Committee meetings held on the 22 May and 30 May 2024 were agreed as a true record.
PTHB IC/24/075	COVID-19 PUBLIC INQUIRY Rationale for item being held in private: Information relating to business affairs of the organisation that were confidential and legally privileged. The Board: <ul style="list-style-type: none"> • NOTED the submission of a statement from the Chief Executive in response to a Module 3 Rule 9 request. • Took ASSURANCE from this report and APPROVED the recommendation not to apply for Core Participant Status for Module 9. • NOTED the current position in relation to the Welsh Government Special Purposes Committee.
PTHB IC/24/076	ELECTRONIC PRESCRIBING AND MEDICINES ADMINISTRATION (ePMA) BUSINESS CASE Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and legally privileged.

	<p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the recommendation from the Executive Committee to APPROVED option 1.2 (a phased approach deploying ePMA across all in-patient wards and out of hours services before moving to outpatient and community services) as the preferred implementation approach. • NOTED the recurrent internal Business as Usual (BAU) costs. • APPROVED the ePMA Business Case for submission to the National Portfolio Leaders Board.
PTHB IC/24/077	<p>JUDICIAL REVIEW – EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE</p> <p>Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and legally privileged but would be released into the public domain in the future.</p> <p>The Board NOTED the update provided.</p>
PTHB IC/24/078	<p>EMERGENCY RESPONSE AND PLANNING SELF ASSESSMENT</p> <p>Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and legally privileged but would be released into the public domain in the future.</p> <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the attached NHS Emergency Planning Annual Report and APPROVED that the report is submitted to the NHS Executive in line with national requirements.
PTHB IC/24/079	<p>COMMITTEE ANNUAL REPORTS – REMUNERATION AND TERMS OF SERVICE COMMITTEE</p> <p>Rationale for item being held in private: Information containing the personal data of any living patient, staff member or any other person if disclosure would not be fair to that person.</p> <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the Committee Annual Report for 2023/24 summarising the key areas of business activity undertaken; • Took ASSURANCE that the Committee is fit for purpose and operating effectively in fulfilling its terms of reference.
PTHB IC/24/080	<p>ANY OTHER URGENT BUSINESS</p> <p>No other urgent business was raised.</p>

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Powys THB Finance Department Financial Performance Report Board

**Period 05 (August 2024)
FY 2024/25**

**Date Meeting: 25 September 2024
Item 4.1**

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Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 05 OF FY 2024/25
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Hywel Pullen, Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee

PURPOSE:
This paper provides an update on the August 2024 (Month 05) Financial Position, including progress with savings delivery.
RECOMMENDATION:
The Board is asked to receive the financial report and take assurance that the organisation has effective financial monitoring and reporting mechanisms in place.
The Board is asked to consider and discuss the financial forecast for 2024/25 and the underlying deficit.
The Board is asked to recognise that, pending the outcome of the urgent action plans initiated to address the increased financial deficit, a revised year end forecast may need to be considered when finalising the month 6 financial 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
	✓	

Summary Health Board Position 2024/25

Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	Plan £'000	Actual £'000	Trend
Reported in-month financial position – (deficit)/surplus	-1,912	-2,449	↑
Reported Year To Date financial position – (deficit)/surplus	-9,562	-12,949	↑
Year end – (deficit)/surplus	-22,948	-22,948	→

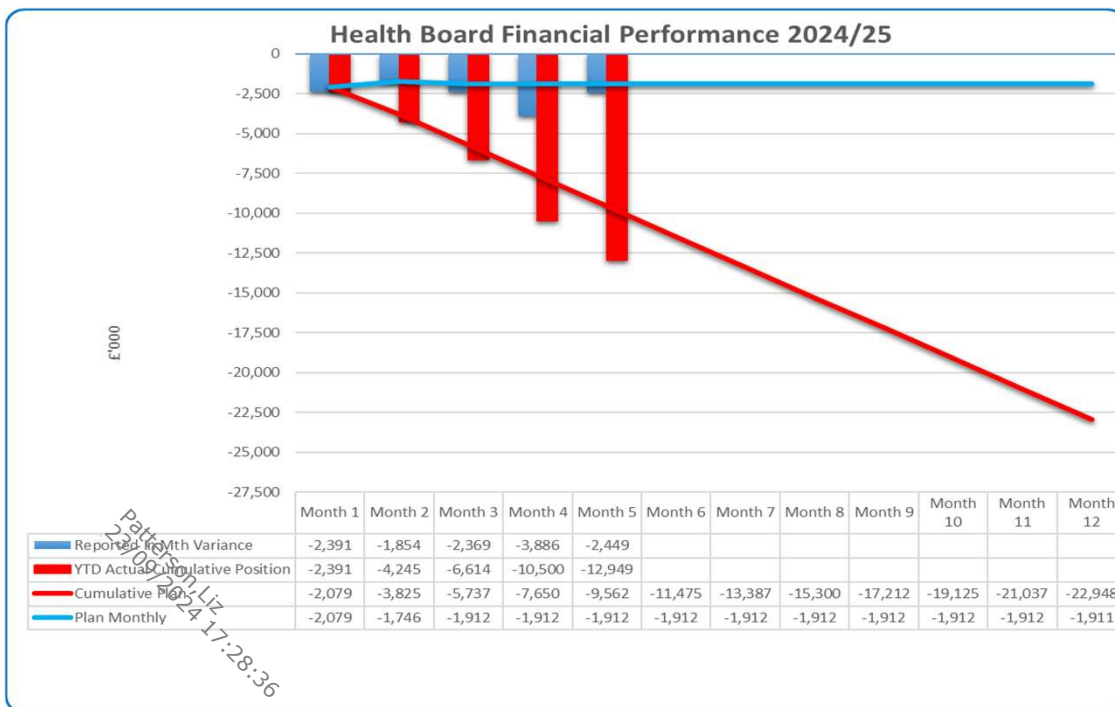
Capital		
	Value £'000	Trend
Capital Resource Limit	7,797	↑
Reported Year to Date expenditure	305	→
Reported year end – (deficit)/surplus – Forecast	0	→

In May the Board agreed to revise the 2024/25 Financial Plan, to a £22.948m deficit, a reduction of £2.000m.

At month 5, there is a £12.949m overspend against the planned year to date deficit of £9.562m giving the Health Board an **operational overspend of £3.386m**.

The year end forecast remains in line with the resubmitted plan at £22.948m, but this is not without risk.

The capital resource limit for 2024/25 is £7.797m. To date £0.305m has been spent.



DAY FIVE – flash report

- Commissioning is £2.9m overspent at M05, mainly due to increased Elective and Emergency activity at providers and increased community bed usage. A series of actions are being undertaken.
- Agency expenditure of £0.539m in August is low compared to prior months. (An adjustment has been made to counter the risk that expenditure is understated due to E-Roster data being incomplete.)
- CHC is overspent by £1.7m YTD in month 5. There are 333 packages of care, an increase of 1 client this month, which is above the planning assumption of 315 clients.
- Pressures above have been partly offset due to reduced expenditure assumptions on prescribing, dental services and other non-pay expenditure.

Overall Summary of Variances £'000s

Table B Categories	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(172,286)	(172,286)	0
02 - Capital Donations	(54)	(54)	0
03 - Other Income	(4,011)	(4,644)	(633)
Total Income	(176,351)	(176,984)	(633)
05 - Primary Care - (excluding Drugs)	19,087	18,981	(106)
06 - Primary care - Drugs & Appliances	15,464	14,456	(1,008)
07 - Provided services -Pay	44,644	46,003	1,359
08 - Provided Services - Non Pay	11,294	10,755	(539)
09 - Secondary care - Drugs	590	542	(48)
10 - Healthcare Services - Other NHS Bodies	73,123	75,707	2,584
12 - Continuing Care and FNC	13,385	15,067	1,682
13 - Other Private & Voluntary Sector	1,963	2,059	96
14 - Joint Financing & Other	4,150	4,150	0
15 - DEL Depreciation etc	2,152	2,152	0
16 - AME Depreciation etc	62	62	0
18 - Profit\Loss Disposal of Assets	0	0	0
Total Costs	185,914	189,933	4,019
Reported Position	9,562	12,949	3,386

At Month 05, there is a £12.949m overspend against the revised planned deficit of £9.562m giving the Health Board a year-to-date operational overspend of £3.386m.

The most significant adverse variances are on:

- Commissioning of Healthcare Services from other NHS Bodies is £2.584m overspend at M05. This is predominantly caused by issues in the health and social care system manifesting in increased costs in the acute and community sector and increased elective activity.
- Continuing Care and FNC at £1.682m. The number of CHC packages has increased by 1 from 332 in July to 333 in August.
- Pay budgets at £1.359m - driven by the use of agency, from both on and off contract suppliers, which is running at a high rate.

The pressures above have been partly offset due to reduced expenditure on Prescribing, Dental and other non-pay expenditure.

We are focused on this because:

This page gives a directorate level view of PTHB's corporate and provider services. There are significant budget variances to be understood and managed.

Subset of Table B Categories and Directorate View Variances

Subset of Table B Categories	WTE Bud	WTE Act	WTE Var	Avg WTE	Budget (£'000)	Actual (£'000)	Variance (£'000)
03 - Other Income	0	0	0	0	(£4,011)	(£4,644)	(£633)
07 - Provided services -Pay	2,306	2,045	(261)	2,052	£44,644	£46,003	£1,359
08 - Provided Services - Non Pay	0	0	0	0	£11,294	£10,755	(£539)
Grand Total	2,306	2,045	(261)	2,052	£51,927	£52,113	£187
Directorate View							
Corporate and other Sevices	499	449	(50)	458	£16,034	£14,237	(£1,797)
A01 - Assistant Director Community Services	992	864	(128)	868	£19,004	£18,350	(£655)
A02 - Assistant Director MH/LD	499	410	(89)	404	£10,014	£12,097	£2,083
A04 - Assistant Director Women and Children	157	158	1	158	£2,736	£3,023	£287
N04 - Assistant Director Support Services	158	163	5	164	£4,138	£4,407	£269
Grand Total	2,306	2,045	(261)	2,052	£51,927	£52,113	£187

Explanation of Performance

- The Month 05 YTD position is showing an overspend of £0.187m over these categories
- Corporate and Community services are underspent, whilst other directorates are over-spent.
- The service with the largest overspend is Mental Health. This is predominately due to increased agency and locum expenditure.
- Vacancies are running at 18% (89 WTE) for MH Services and 13% (128 WTE) for Community Services.
- The following page provides more detail on agency expenditure and the actions being taken to address the high usage.

Risks

- Increased workforce gaps resulting in greater requirement for temporary workforce, and associated premium spend.

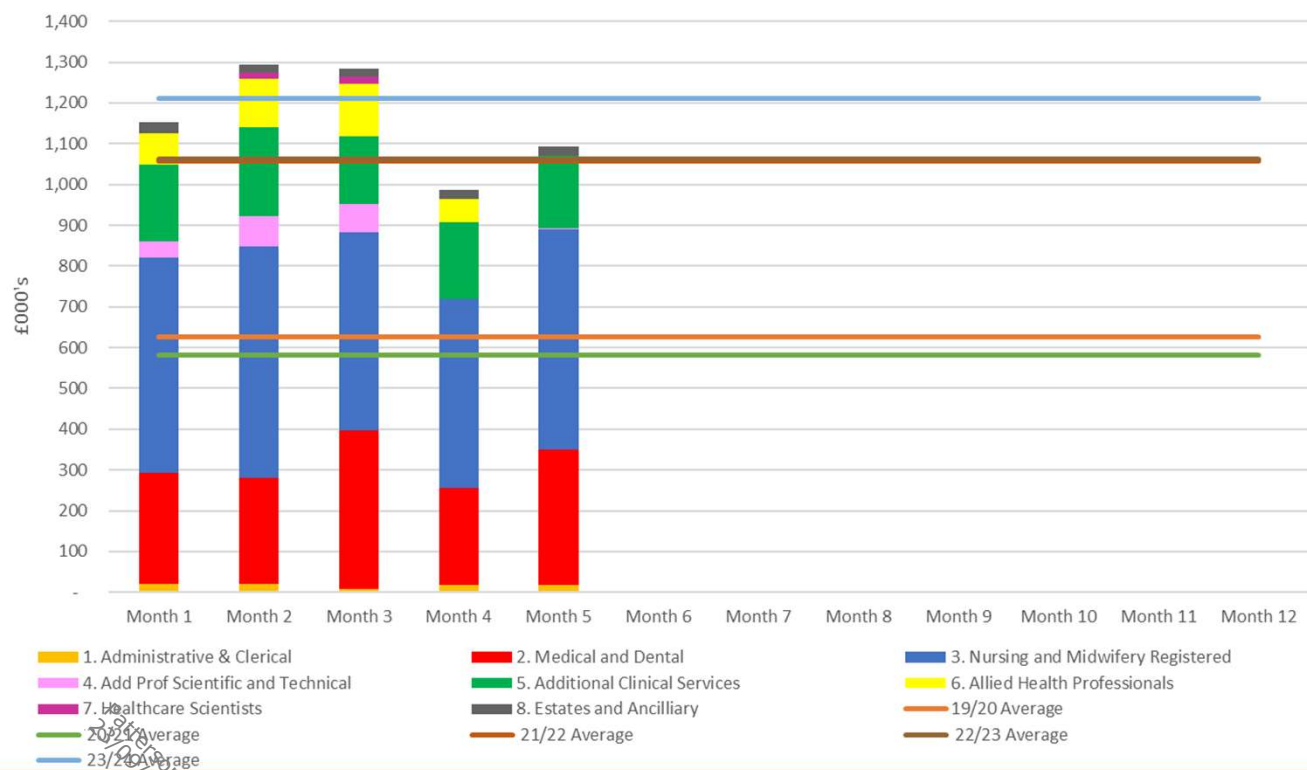
Note: The above table only relates to the directly provided services for the directorates shown. These directorates are also accountable for other areas, such as CHC, Commissioning, Private Providers and Voluntary Sector, which is not included in the above.

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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 2024/25 vs Previous Years



What the charts tells us: Agency usage is at an unsustainable level and poses a significant risk to the achievement of the financial plan.

Performance and Actions

- Pay budgets are overspent by £1.359m against the year-to-date plan, due to the high level of vacancies.
- The chart opposite demonstrates in August variable pay is lower than prior months. (An adjustment has been made to counter the risk that expenditure is understated due to E-Roster data being incomplete.) It is broken down by staff type.
- Powys continues to be an outlier within NHS Wales as agency spend was on average 10.3% of total pay in Month 4, against the Wales average of 3.1%.
- 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.

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 transformation programme.

Status Update

Welsh LTAs for 2024/25 were agreed by the deadline of 30 June and the contract proposals from English providers are being received and are currently being reviewed. The variances against budget are based on the four months of activity information that has been received to date. Providers ability to deliver both core and recovery activity is variable and will be closely monitored.

Commissioning Variance to Date 2024/25

Commissioning	Budget to Date £000	Actual to Date £000	Variance to Date £000
Welsh Providers	18,657	18,985	328
English Providers	29,959	31,967	2,008
WHSSC / EASC	22,260	22,514	254
Other NHS Providers	1,878	1,878	0
Mental Health (LTAs Only)	369	363	-5
Total	73,123	75,707	2,584

Risks

- Capacity and performance of Adult Social Care services
- 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.

Plan Assumptions

- 2024/25 inflation included in forecast: i) Welsh Health Boards 3.67% to cover non-pay inflation; and ii) English providers 0.8% to cover pay, non-pay inflation less efficiency factor. Activity growth of 0.75% emergency and 2.5% elective activity with Trusts and no growth in activity with Health Boards.

Performance

Expenditure is affected by system delays for patients (see next page) and the pace of recovery of elective activity by provider organisations.

- English Trusts notable pressures:
 - RJAH - increase in inpatient activity by 18% in the first 4 months compared to 2023/24 average.
 - Wye Valley Trust - significant increase in community hospital attendances; length of stay in hospital and emergency admissions.
 - SaTH – is struggling to provide activity information to its commissioners.
- Welsh Health Boards notable pressures:
 - CTM is reporting a 19% increase in emergency activity.
 - JCC (WHSSC and EASC) the ICP approved on an All Wales consensual basis above financial plan allocation with assumption that further savings would be achieved.

We are focused on this because:

The delay in discharges from community and district general hospitals due to capacity and performance challenges within Adult Social Care services is causing an increasing pressure on the Health Board.

- The table below shows that to date, the HB has experienced 6,848 days of delayed discharges within its community hospitals as a result of Social Care availability. This equates to a cost of £6.0m to date.
- It also shows that there have been 5,142 days of delay within the English system at community hospitals and in district general hospitals. This is predominantly due to social care. (The information is not available to distinguish the cause of the delay between health and social care in community hospitals).

Gross Cost of Delays	YTD	
	Days	£m
PTHB Provider Social Care Delays	3,745	£2.2
PTHB Provider Social Care Assessment Delays	3,103	£1.8
Subtotal PTHB Provider	6,848	£4.0
SATH Community Bed Delays	324	£0.1
WVT Community Bed Delays	823	£0.4
English DGH Bed Delays	3,995	£1.5
Subtotal English Provider	5,142	£2.0
Total Opportunity Cost (at full cost)	11,990	£6.0

Delayed Discharges within PTHB hospitals:

- Provider Social Care Delays @ PTHB Full Cost - Patients ready to go in our hospitals, and assessed with a Social Care need, awaiting social care package.
- Provider Social Care Assessment Delay @ PTHB Full Cost - Patients clinically optimised awaiting a social care assessment.

Delayed Discharges in hospitals in England:

- SaTH Community Bed Delays @ SaTH Daily Rate - These patients are ready to be discharged from Shropshire Community Hospitals . Some health but mostly Social Care related.
- WVT Community Delays @ WVT Daily Rate – These patients are ready to be discharged from WVT Community Hospitals . Some health but most Social Care related.
- DGH Bed Delays @ trim point rate - that responsibility lies with Local Authority- those awaiting poc/ placement/ reablement / review etc. Not all of these will be stranded some will be under assessment and some ready to leave.

Performance and action:

This is a challenging situation with increased risks for patients, the effective operation of services and the financial performance. The Health Board works in partnership with the Council to address the underlying issues.

We are focused on this because:

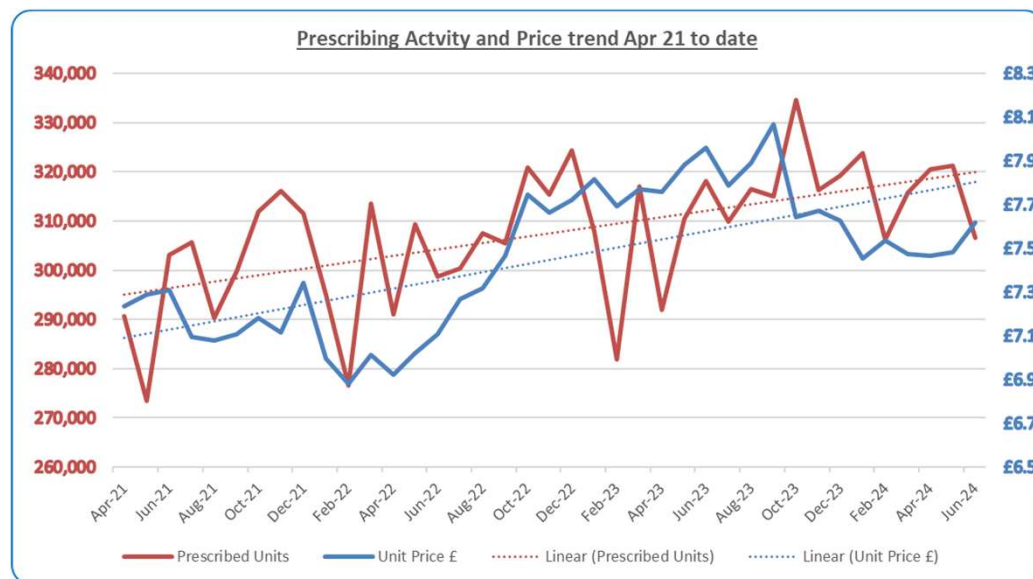
The costs of prescribing have risen significantly from April 2022. This was driven by both price inflation and increased prescribing activity. Whilst prescribing costs rose during FY23-24, the final outturn reduced significantly from earlier forecasts in line with reduced prices on certain drugs, and other successful savings initiatives. This trend has continued into FY24-25 which is driving a significant saving against budget in the M5 forecast.

Status Update

A forecast underspend of **-£2.4m** on 2024/25 budget of £31.1m (incl £1.1m saving target). Prescribing costs are reported 2 months in arrears. This is a £97k improvement from the M4 forecast.

- YTD costs, M1-M3, are £0.111m lower than M1-M3 in 2023-24 (1.5%).
- Unit price decrease year on year of **-4.4%** in FY24-25, driven by NCSO/price concessions. Unit costs are expected to continue at a lower rate until Q2 when the full year effect of the Apixaban cost reduction is fully included.
- Prescribing activity year on year increase of 3.0%.

Prescribing cost increases	FY20-21	FY21-22	FY22-23	FY23-24	FY24-25 (f'cast)
	£k	£k	£k	£k	£k
Prescribing Budget	22,320	23,182	24,694	28,959	31,161
Prescribing Annual costs	25,953	25,610	27,469	29,195	28,742
Yr on Yr % increase/decrease	4.40%	-1.30%	7.30%	6.30%	-1.60%
Yr on Yr increase £ Total	1,086	-344	1,859	1,727	-453
Yr on Yr increase £ Growth	-109	475	655	747	122
Yr on Yr increase £ Inflation	1,196	-819	1,204	980	-576



Medicines Management savings performance and actions

- Schemes forecast to deliver £0.8m savings, plus £0.3m of rebates.
- Guidance and support is given to Primary Care including, decision support software, monthly KPI reporting, practice visits, shared formulary and prescribing guidelines, audit and shared care agreements.
- Active involvement in NHS Wales pharmacy and finance fora, including the Value and Sustainability Board workstream.

Risks & Challenges

- High proportion of dispensing practices: (38% of patients receive medicines from a dispensing practice; 79% of patients are registered with a dispensing practice)
- Access and control to prescribing data, audit participation, other services driving prescribing activity.
- Responsibilities for prescribing vs accountability for the prescribing budget.

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.

Performance and Action

The 2024/25 financial plan had provision for CHC inflation and assumed that the number of packages would remain consistent with the position in the autumn of 2024.

As at month 05, there is an overspend of £1.682m on year-to-date budget of £13.385m against Continuing Care and FNC. The number of CHC packages has increased by 1 from 332 in July to 333 in August.

Across Wales, at Month 4, the forecast is for an 7.7% increase in costs in 2024/25 compared to 2023/24.

The CHC team is working with local care homes to simplify the fee rates and promptly review placements. It is responding to the opportunities identified by the national V&S Board.

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 Year end Position £'000	24/25 Budget £'000	24/25 Forecast £'000	Growth 2023/24 to 2024/25 Forecast £'000	Growth 2023/24 to 2024/25 Forecast %
Children	£267	£151	£157	£296	£310	£334	£746	£436	140.4%
Learning Disabilities	£957	£1,568	£1,639	£2,461	£3,549	£3,863	£4,628	£1,079	30.4%
Mental Health	£7,344	£7,801	£10,611	£13,949	£16,201	£17,371	£19,580	£3,380	20.9%
Mid Locality	£981	£925	£1,635	£1,882	£2,123	£2,305	£2,875	£752	35.4%
North Locality	£1,365	£1,537	£2,098	£2,646	£3,475	£3,833	£4,375	£900	25.9%
South Locality	£1,495	£1,958	£1,853	£1,904	£1,955	£2,036	£1,476	(£479)	-24.5%
Grand Total	£12,410	£13,941	£17,994	£23,138	£27,613	£29,742	£33,680	£6,067	22.0%
Number of active clients	230	243	285	295	327	315	333	6	1.8%

D2RA				£696	£201	£0	£68	£133	-66.1%
FNC	£2,218	£2,095	£1,960	£2,131	£2,279	£2,489	£2,489	£210	9.2%
Total	£14,628	£16,035	£19,954	£25,966	£30,093	£32,230	£36,237	£6,144	20.4%

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.

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 2024/25 above that planned for and beyond the levels that can be mitigated.

There is a pressure on the weekly fees charged for packages of care.

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.

Forecast Performance of Saving Schemes by Programme

Targeted Area	(£ '000s)							
	24/25 Recurrent Savings Target	In-year 2024/25					Recurrent for future years	
		Green (forecast)	Amber (forecast)	Green + Amber (forecast)	Forecast vs Target	Red (potential)	Forecast FYE	FYE vrs Recurrent Target
2% Saving	970	1,109	27	1,136	166	125	930	-40
Continuing Health Care (CHC)	430	430	0	430	0	0	430	0
Commissioning	1,650	696	952	1,648	-2	1,535	1,648	-2
Community	1,180	580	612	1,192	12	14	1,252	72
Covid	1,250	1,423	0	1,423	173	0	730	-520
Medicine Management	1,100	1,100	0	1,100	0	0	1,100	0
Mental Health	1,320	358	760	1,118	-202	0	760	-560
Commissioning - Delayed Transfer of Care Repatriation	750	0	0	0	-750	750	0	-750
Community - Discharge Support	1,250	0	500	500	-750	750	500	-750
Total	9,900	5,696	2,851	8,547	-1,353	3,174	7,351	-2,549

What the table tells us

Focus is on converting opportunities into deliverable schemes. Particularly recurrent schemes to impact upon the underlying financial deficit.

Risks

Timescales and capacity of teams to deliver the schemes.

WG Value & Sustainability Board

V&S Board Category	24/25 Recurrent Savings Target £'000
CHC	430
Medicines Management	1,100
Other - Commissioning	2,400
Other - Primary Care	0
Pathway	0
Procurement & Non-pay	3,470
Workforce	2,500
Grand Total	9,900

Performance and Actions

- As shown in the table £8.547m savings have been forecast in 2024/25, giving a shortfall of £1.353m against the £9.9m target. This forecast is not without risk, hence amber classification.
- A further £3.174m of Red pipeline ideas have been identified. These are not sufficiently scoped to warrant a green or amber rating and thus confidence at this stage to contribute to the forecast.
- The recurrent impact of saving schemes at £7.351m, is a shortfall of £2.549m against the £9.900m recurrent target.

Note: RAG rating is per WG guidance in WHC (2023) 012: [Welsh Health Circular 2023 012 \(English\).pdf](#)

We are focused on this because:

The revised £22.948 deficit budget is ambitious and there is an increased risk associated with it. It is based on key underlying assumptions and a range of risks and opportunities the Health Board is exposed to as it seeks to achieve the revised £22.948m target deficit total.

Table reported to Welsh Government

Risk	£ '000	Likelihood
Under delivery of amber rated saving schemes	-1,204	Medium
Continuing Healthcare	-1,000	Medium
Prescribing	-950	Medium
Other Contract Performance	-4,100	High
Dental PCR Income	-200	High
Other Non Pay - Inflation	-800	Medium
Delivery of additional savings target	-1,500	High
Underlying Deficit is greater in M12 than M9 which original Plan was based on	-900	High
Total	-10,654	
Opportunity		
Commissioning	500	Low
Continuing Healthcare	1,000	Medium
Core	1,500	Medium
Prescribing	1,000	Medium
Total	3,000	

Risks

- Under Delivery of Saving Schemes – assumed amber schemes have an element of risk categorised as 44% (£1.204m).
- Given the level of growth seen over recent years there is a risk that CHC cases will exceed that assumed in the Plan.
- There has been significant volatility in prescribing growth and inflation over recent years together with dispensing fees, and there is a risk that should these continue into 2024/25 that this may present a risk of circa £0.950m.
- There is a potential risk of circa £4.100m for the Health Board relating to the level of activity undertaken by our providers.
- Additional £1.500m savings target – pipeline schemes that need further development.
- Underlying deficit was £0.900m greater at M12 than M9, which original plan was based on.

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1. At month 05, PTHB is reporting a £12.949m deficit. This comprises the profiled revised planned deficit £9.562m, with an operational overspend of £3.386m.
 - Actions are progressing to deliver the £9.9m savings target. Further work is required to achieve it in full and recurrently.
 - Commissioning of healthcare is overspending, due to increased emergency and elective activity and associated costs.
 - The key operational pressures needing to be addressed are discharging patients from hospitals and agency expenditure, especially within mental health services.
 - CHC costs are much greater than budgeted for, due to greater number of packages of care and the case mix.
2. There are several underlying assumptions and a range of risks and opportunities surrounding the full year forecast. Given there is time for remedial action the revenue forecast for 2024/25 has been held at £22.948m in line with the revised financial plan. However, to put this into context, on a simple basis a £3.4m overspend after 5 months computes to a £8.1m overspend after 12 months. Therefore, successful implementation of effective remedial actions, especially in relation to commissioning, will be important for the Health Board to achieve its financial plan.
3. The Health Board's planned underlying position has been revised by the £2.000m financial improvement sought by the Health Board. Assuming the successful identification and delivery of recurrent savings, the underlying deficit of the Health Board is currently assessed as being £22.948m.
4. Other financial matters:
 - The Health Board has a £7.797m capital allocation, which it will manage within.
 - Due to the £22.9m revised forecast financial deficit, the THB will require Strategic Cash in February 2025 to meet its obligations to suppliers and staff.
 - The Health Board is not currently achieving the target of paying 95% of non-NHS invoices within 30 days. This is due to delays in the process for approving agency invoices. By number, the Q1 performance is 94.6%.

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 12th September 2024.

MMR Narrative



Microsoft Edge
PDF Document

MMR Tables



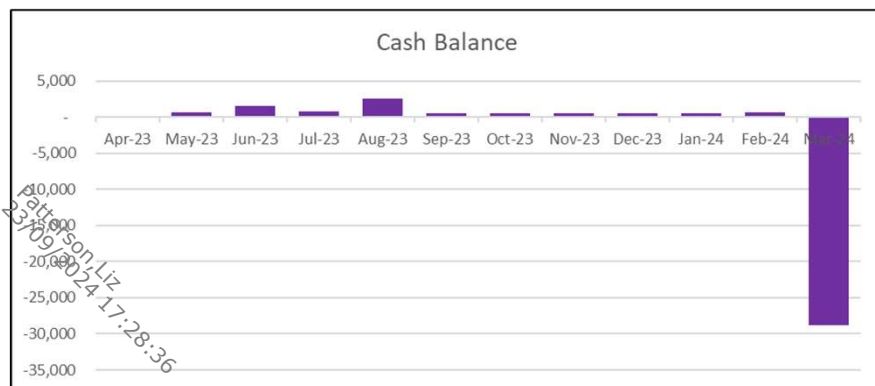
Microsoft Excel
Worksheet

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st July 2024
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	0.978	0.978	0.212
EFAB Infrastructure	0.304	0.304	0.006
EFAB Fire	1.208	1.208	0.076
Replacement Roofing, Bronllys Hospital	0.216	0.216	0.008
Diagnostic Equipment 2024-25	1.700	1.700	0.002
Backlog Maintenance 2024-25 - Llandrindod Wells	3.000	3.000	0.001
DPIF - RISP	0.214	0.214	0.000
IFRS16 Leases - Tranche 1	0.177	0.177	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	-0.130	-0.130	0.000
TOTAL APPROVED FUNDING	7.797	7.797	0.305

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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	215	201	663	1,577	783	2,559	500	500	500	500	500	600
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	39,840	39,210	34,850	36,165	39,722	33,631	35,502	36,198	36,919	35,586	37,241	3,833
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(140)	(160)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)
WG Revenue Funding - Other (e.g. invoices)	405	4	289	4	18	50	1,100	50	100	1,100	50	2,000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	0	500	549	0	1,028	1,308	1,269	1,140	2,003
Income from other Welsh NHS Organisations	1,075	484	343	419	731	363	867	698	525	860	754	658
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	1,439	587	502	653	1,179	900	300	700	600	500	400	1,600
Total Receipts	42,619	40,125	35,834	37,091	42,000	35,343	37,619	38,524	39,302	39,165	39,435	9,944
Payments												
Primary Care Services : General Medical Services	2,996	2,435	3,298	2,724	2,566	2,600	3,100	2,600	3,100	3,000	3,300	2,700
Primary Care Services : Pharmacy Services	274	1,161	0	391	929	0	450	450	450	450	450	450
Primary Care Services : Prescribed Drugs & Appliances	1,441	2,889	0	1,468	2,896	0	1,400	1,400	1,400	1,400	1,400	1,400
Primary Care Services : General Dental Services	478	426	474	484	523	500	500	500	500	500	500	500
Non Cash Limited Payments	86	130	152	135	134	100	100	100	100	100	100	100
Salaries and Wages	8,859	8,851	8,790	8,748	8,754	8,900	8,900	8,900	8,900	8,900	8,900	8,900
Non Pay Expenditure	28,499	23,660	22,123	23,872	24,374	24,843	22,575	23,854	23,545	23,545	23,545	23,190
Capital Payment	0	111	83	63	48	459	594	720	1,307	1,270	1,140	2,132
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	42,633	39,663	34,920	37,885	40,224	37,402	37,619	38,524	39,302	39,165	39,335	39,372
NET CASH FLOW IN MONTH	(14)	462	914	(794)	1,776	(2,059)	0	0	0	0	100	(29,428)
Balance c/f	201	663	1,577	783	2,559	500	500	500	500	500	600	(28,828)



Due to the £22.9m revised forecast financial deficit, the THB will require Strategic Cash in February 2025 to meet its obligations to suppliers and staff.

Core Financial Plan Year 1 2024/25

Financial Plan	(£m)
Underlying Deficit	25.4
Inflationary Pressures	11.7
Demand / Service Growth	5.7
Net Effect of Allocation Adjustments and COVID	-10.0
Mitigating Actions	-9.9
TOTAL DEFICIT	22.9

The original 2024/25 Financial Plan was a deficit of £24.9m.

The Health Board was 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 2024 revised our deficit financial plan to £22.9m, after £2.0m of additional savings were identified.

There is a range of significant risks to be managed.

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DIRECTOR OF FINANCE COMMENTARY

FINANCIAL YEAR 2024/2025

FINANCIAL PERFORMANCE TO MONTH 5 (AUGUST 2024)

1. Introduction

Powys THB submitted an Integrated Plan to Welsh Government (WG) on 31 March 2024, which included a financial deficit of £24.948m. At a Board meeting in May, the Board approved a revised financial plan for 2024/25, which aims to achieve a financial deficit of £22.948m, which is an improvement of £2m.

2. Summary Position

As at month 5, the Health Board is reporting an overspend position of £12.949m. This can be categorised as:

- Operational overspend - £3.386m.
- Planned deficit - £9.562m.

A summary of the position is provided in Table 1 below and sections 3-9 of this report provide further details.

Table 1 – Summary of PTHB Position

Table B Categories	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(172,286)	(172,286)	0
02 - Capital Donations	(54)	(54)	0
03 - Other Income	(4,011)	(4,644)	(633)
Total Income	(176,351)	(176,984)	(633)
05 - Primary Care - (excluding Drugs)	19,087	18,981	(106)
06 - Primary care - Drugs & Appliances	15,464	14,456	(1,008)
07 - Provided services -Pay	44,644	46,003	1,359
08 - Provided Services - Non Pay	11,294	10,755	(539)
09 - Secondary care - Drugs	590	542	(48)
10 - Healthcare Services - Other NHS Bodies	73,123	75,707	2,584
12 - Continuing Care and FNC	13,385	15,067	1,682
13 - Other Private & Voluntary Sector	1,963	2,059	96
14 - Joint Financing & Other	4,150	4,150	0
15 - DEL Depreciation etc	2,152	2,152	0
16 - AME Depreciation etc	62	62	0
18 - Profit\Loss Disposal of Assets	0	0	0
Total Costs	185,914	189,933	4,019
Reported Position	9,562	12,949	3,386

3. Actual Year to Date and Forecast Variance 2024/25 (Table A, B, B2, B3)

Table A:

The overall plan reported in Table A of a planned deficit of £22.948m for 2024/25 is in line with the revised plan submitted to WG on the 31 May 2024.

Table B, B2 & B3:

- Primary Care (Table B Line 8)
With limited information available linked to the primary care contracts, the Month 5 position is based on the 2023/24 outturn adjusted for known non-recurrent items or known new year adjustments, with all uplifts to the contracts assumed to be funded by WG.
- Primary Care Drugs (Table B Line 9)
The Month 5 position is based on extrapolation of M3 PAR actual spend and the PAR forecast.
- Provider Services Pay (Table B Line 10)
Analysis of the Pay position is provided in section 7 of this report. Significant workforce challenges persist with substantive recruitment driving agency and locum usage at premium rates.
- Healthcare Services Provided by Other Bodies (Table B Line 13)
With the exception of SaTH NHS Trust, sufficient 2024/25 activity information has been received from providers to enable an assessment to be made of the financial position across the THB's commissioning portfolio. There is a YTD £2.584m adverse variance on the commissioning position. This is predominantly caused by issues in the health and social care system manifesting in increased costs in the acute and community sector and increased elective activity.

An NHS Wales financial flows agreement has been agreed for 2024/25 with LTAs agreed by the deadline of 30 June. The current forecast is based on reverting to pre covid contract arrangements.

Contract proposals from English providers are being received and are currently being reviewed. It is noted that in the English system the efficiency savings expected of providers is being returned to commissioners.

- Continuing Care and FNC (Table B Line 15)
There is a £1.682m overspend reported against CHC at month 5. CHC will continue to pose a risk to financial plan delivery, as currently there are 333 packages being funded, which is greater than the planning assumption of 315. There are also some recently approved high cost packages, which is reflective of the trend to greater complexity, which the Health Board is experiencing in its case mix of CHC packages.

- Covid - Table B3
 - *Health Protection and PPE (A1)* – based on Testing, Tracing & Surveillance as included in IMTP.
 - *Covid 19 Vaccination Programme (immunisation) (A2)* – based on the Vaccination Plan as included in the IMTP.
 - *Long Covid & Other (A3)*

Current expenditure against these three programmes is reflected in this table. As per the guidance, the Health Board is assuming that any variance on these programmes is managed by the Health Board.

4. Underlying Position (Table A1) & Financial Plan 2024/25

The Health Board's planned underlying position has been revised by the £2.0m financial improvement sought by the Health Board. Therefore, it has been included in Table A1 at £22.9m.

5. Risk Management (Table A2)

Tables 4 and 5 below summarise the risks and opportunities reflected in Table A2, which are currently not included in the financial forecast, or the Financial Plan submitted on 31 May 2024.

Table 4 - Risks

Risk	£ '000	Likelihood
Under delivery of Amber Schemes included in Outturn via Tracker	-1,204	Medium
Continuing Healthcare	-1,000	Medium
Prescribing	-950	Medium
Other Contract Performance	-4,100	High
Dental PCR Income	-200	High
Other Non Pay - Inflation	-800	Medium
Delivery of additional savings target	-1,500	High
Underlying Deficit is greater in M12 than M9 which original Plan was based on	-900	High
Total	-10,654	

Table 5 – Opportunities

Opportunity	£ '000	Likelihood
Commissioning	500	Low
Continuing Healthcare	1,000	Medium
Core	1,500	Medium
Prescribing	1,000	Medium
Total	4,000	

Further details on the assumptions supporting these risks and opportunities are detailed below:

Risks

- Under Delivery of Saving Schemes – these feed directly from the Savings Table and at this point we have assumed amber schemes have an element of risk categorised as 44% (£1.204m).
- Given the level of growth seen over recent years there is a risk that CHC cases will exceed that assumed in the Plan.
- There has been significant volatility in prescribing growth and inflation over recent years together with dispensing fees, and there is a risk that should these continue into 2024/25 that this may present a risk of circa £0.950m.
- The Health Board incurs circa 40% of its expenditure on commissioning services from others. There is a potential risk of circa £4.100m for the THB relating to the level of activity undertaken by our providers.
- Dental Income – it is too early to ascertain if the dental price increase has mitigated the loss in income from patient charges.
- Non-pay inflation – the plan assumes 3.2%. However, this is the lowest it has been since September 2021 and if it increases there is a potential risk.
- Additional £1.500m savings target – pipeline schemes that need further development to be implemented successfully.
- Underlying deficit was £0.900m greater at M12 than M9, which original plan was based on.

Opportunities

- Providers are experiencing some capacity issues in their plans to recover waiting times. Should this continue in 2024/25, there could be an opportunity of circa £0.500m.
- Continuing healthcare – the Financial Plan assumes that there will not be an increase in packages compared to the position in the autumn of 2023. Should there be a reduction, there is an opportunity of circa £1.000m.
- Core – the HB will continue to receive non-recurrent funding and based on historic trends there is likely to be slippage. As the financial year progresses a realistic assumption can be made. Also, inflationary pressures may be lower than assumed.
- Prescribing - If the price reductions in drugs, including those that are coming off patent continue there is an opportunity of £1.000m.

6. Ring Fenced Allocations (Table B, N & O)

The table below provides a summary of the ring fenced and directed allocations and at Month 5, the PTHB does not anticipate any underspends against the areas shown.

Table 6 - Ring-fenced and Directed Allocations

Details of Ringfenced and Directed Allocations			
	As per Allocation letter	Allocations received in year	Total allocations
	£M	£M	£M
HCHS Allocations			
Learning Disabilities	7,494	0,000	7,494
Depreciation	5,857	0,000	5,857
Mental Health Services	32,935	0,000	32,935
Palliative care funding	0,374	0,000	0,374
Integrated Care Fund	6,386	0,000	6,386
Further Faster	0,506	0,000	0,506
Funding for Planned and Unscheduled Care Sustainability for 2022-23 onwards	5,307	0,000	5,307
Value based Recovery	0,583	0,000	0,583
Genomics	0,451	0,000	0,451
Critical care funding (including WHSSC funding)	0,174	0,000	0,174
Critical care funding (EASC funding)	0,049	0,000	0,049
Sub total - HCHS Ringfenced	60,115	0,000	60,115
Directed Expenditure			
Radiotherapy	0,263	0,000	0,263
Assistive Technology (Staff costs)	0,013	0,000	0,013
PH & W Coordinator Posts (WHIG)	0,035	0,000	0,035
Endometriosis Nursing posts (WHIG)	0,055	0,000	0,055
Velindre NHS Trust Chief Operating Officer Post	0,003	0,000	0,003
Cancer Support/ SLAs from Wales Cancer Network	0,023	0,000	0,023
Early Retirement Provision (ERP) funding	0,050	0,000	0,050
Sub total - Directed	0,442	0,000	0,442
General Medical Services	35,685	0,000	35,685
TOTAL	96,242	0,000	96,242

7. Pay including Agency/Locum (Table B2)

A breakdown of the Pay position, including spend on Agency and Locums is provided in Table 7 below, which will reconcile to the Pay line on Table 1 above.

Table 7 – Pay Breakdown 2024/25

	Month 01	Month 02	Month 03	Month 04	Month 05	Total
Net Budget YTD	8,537	8,784	8,966	9,262	9,095	44,644
Spend to date:						
Contracted	7,996	8,161	8,035	8,001	8,030	40,223
Bank	245	217	183	184	208	1,037
Agency	635	818	712	546	539	3,250
Locum	274	259	389	240	331	1,493
Total Spend to date	9,150	9,454	9,319	8,971	9,109	46,003
YTD Variance	613	670	353	291	14	1,359

8. Savings (Table C, C1, C2, C3, C4)

The key assumptions within the financial plan relating to savings are:

- An ambitious recurrent £9.9m (original £7.9m plus additional £2.0m as per revised plan) savings target. This will be a significant challenge for the Health Board and work continues in finalising delivery values and profiles.
- Schemes assessed as green or amber amounting to £8.5m have been identified to date.

- A pipeline of schemes and ideas has also been developed, which will lead to further tangible schemes being implemented to enable the £9.9m target to be achieved.

9. Income Assumptions (Tables D and E)

As per Table E the overall RRL at month 4 for 2024/25 is £413.6m and this includes £5.3m of anticipated allocations as detailed on Table E.

10. Health Care Agreements & Major Contracts

Welsh LTAs were signed by the deadline of 30 June 2024. Contract proposals from English providers are being received and are currently being reviewed.

11. Statement of Financial Position (Table F)

A list of the provisions brought forward from 2023/24 is included below the table. The THB is reviewing the quarterly data to update the position from that reported at the year end. It is anticipated that a movement on the provisions will be calculated for the Month 6 return. It is assumed at this early stage in the year that the closing balance sheet positions for trade receivables and trade payables will be broadly consistent with the current balance sheet positions with the exception of working balances adjustments identified in respect of Capital and Other NHS/Non NHS trade Payables. Once updated provisions data is calculated these balances may be subject to movement.

12. Aged Welsh Debtors (Table M)

There is eight aged debts reported as of 31 August 2024 that have been outstanding for more than 11 weeks, discussions have been had with the relevant organisation and payment is expected shortly.

13. Cash Flow (Table G)

	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	215	201	663	1,577	783	2,559	500	500	500	500	500	600
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	39,840	39,210	34,850	36,165	39,722	33,631	35,502	36,198	36,919	35,586	37,241	3,833
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(140)	(160)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)
WG Revenue Funding - Other (e.g. Invoices)	405	4	289	4	18	50	1,100	50	100	1,100	50	2,000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	0	500	549	0	1,028	1,308	1,269	1,140	2,003
Income from other Welsh NHS Organisations	1,075	484	343	419	731	363	867	698	525	860	754	858
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	1,433	587	502	653	1,179	900	300	700	600	500	400	1,600
Total Receipts	42,619	40,125	35,834	37,091	42,000	35,343	37,619	38,524	39,302	39,165	39,435	9,944
Payments												
Primary Care Services : General Medical Services	2,996	2,435	3,298	2,724	2,566	2,600	3,100	2,600	3,100	3,000	3,300	2,700
Primary Care Services : Pharmacy Services	274	1,161	0	391	929	0	450	450	450	450	450	450
Primary Care Services : Prescribed Drugs & Appliances	1,441	2,839	0	1,468	2,896	0	1,400	1,400	1,400	1,400	1,400	1,400
Primary Care Services : General Dental Services	478	426	474	484	523	500	500	500	500	500	500	500
Non Cash Limited Payments	86	130	152	135	134	100	100	100	100	100	100	100
Salaries and Wages	8,859	8,851	8,790	8,748	8,754	8,900	8,900	8,900	8,900	8,900	8,900	8,900
Non Pay Expenditure	28,499	23,660	22,123	23,872	24,374	24,843	22,575	23,854	23,545	23,545	23,545	23,190
Capital Payment	0	111	33	63	48	459	594	720	1,307	1,270	1,140	2,132
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	42,633	39,663	34,920	37,885	40,224	37,402	37,619	38,524	39,302	39,165	39,335	39,126
NET CASH FLOW IN MONTH	(14)	462	914	(794)	1,776	(2,059)	0	0	0	0	100	(182)
Balance c/f	201	663	1,577	783	2,559	500	500	500	500	500	600	2,018

Patterson
23/09/2024

The THB confirms based on current forecast financial that it will require £29.4m cash assistance based on its current forecast position which will be a mixture of working capital cash and strategic cash assistance. This will be refined further as the year progresses but based on this figure it is likely that the THB will require working capital/ Strategic Cash in February 2025 to meet its obligations to suppliers and staff.

14. PSPP (Table H)

This table is not required this month

15. Capital Schemes & Other Developments (Tables I, J and K)

The capital allocation shown below is based on the Capital Resource Limit dated 5th Sept 2024.

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st August 2024
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	0.978	0.978	0.212
EFAB Infrastructure	0.304	0.304	0.006
EFAB Fire	1.208	1.208	0.076
Replacement Roofing, Bronllys Hospital	0.216	0.216	0.008
Diagnostic Equipment 2024-25	1.700	1.700	0.002
Backlog Maintenance 2024-25 - Llandrinodod Wells	3.000	3.000	0.001
DPIF - RISP	0.214	0.214	0.000
IFRS16 Leases - Tranche 1	0.177	0.177	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	7.797	7.797	0.305

Discretionary Capital £0.978m

The discretionary capital limit for the year is £0.978m made up of £1.431m discretionary allocation less an agreed 30% contribution to EFAB. From this allocation there are a number of Estates and Statutory Compliance programmes being undertaken. An amount of £0.212m has been expended to date.

EFAB – Infrastructure £0.304m

An amount of £0.304m has been awarded from the NHS Estates Funding Advisory Board for works relating to PTHB Infrastructure. This is part of a 2 year programme of works and the funding will be used to continue next phase BMS at Ystradgynlais. Spend to date is £0.006m.

EFAB – Fire £1.208m

An amount of £1.208m has been awarded from the NHS Estates Funding Advisory Board for works relating to PTHB Fire compliance. This is part of a 2 year programme of works and the funding will

be used to continue the fire compliance works at Brecon and at the back of the hospital at Machynlleth. An amount of £0.076m has been expended to date.

Replacement Roofing, Bronllys £0.216m

Capital funding was made available of £1.684m in respect of funding for replacement roofing at Bronllys Hospital. The purpose of the funding was to replace the Adult Mental Health ward roof £1.016m and Outpatient department roof £0.668m including PV panels for both. The funding spans two financial years with the remaining £0.216m profiled to spend in 2024/25. Spend to date is £0.008m.

Diagnostic Equipment £1.700m

As part of the procurement of the 'All Wales Radiology Informatics System' (RIS) an amount of £1.700m has been awarded to Powys to enable the purchase of equipment and associated capital works. There has been £0.002m spend to date.

Backlog Maintenance 2024-25 – Llandrindod Wells £3.000m

An amount of £3.000m has been awarded in respect of backlog maintenance at Llandrindod Wells Hospital. The works will continue the upgrades at the site and protect recent investments and will include replacement windows, roofing and external access improvements. Spend to date is £0.001m.

DPIF – RISP - £0.214m

As part of the procurement of the 'All Wales Radiology Informatics System' (RIS) an amount of £0.214m has been allocated to fund the digital requirements of the project. There has been no spend to date.

IFRS16 New Leases £0.177m

An amount of £0.177m has been received in respect of new IFRS16 leases relating to 11 new pool car contracts entered into.

Donated Assets £0.130m

It is estimated that the THB will receive donated capital assets from League of Friends and the THB Charity within year.

16. IFRS 16 & CAME (Table Q)

This table has been completed for Month 5 in line with the recent IFRS16 return submitted on the 31 July and has now been approved.

17. Authorisations and Reporting

In instances where either the Chief Executive or Director of Finance are not available, signatories will be provided by their nominated Deputies, these are:

Deputy CEO – Pete Hopgood

Deputy Director of Finance – Hywel Pullen

This report together with Tables A, A2, B3 and C, C1, C2 and C3 will be presented to the Board on the 24th September 2024.


18. Conclusions and key issues

In summary this paper identifies that:

- The THB is reporting an overspend at month 5 of £12.949m.
- The THB is forecasting a £22.948m deficit in line with the revised plan submitted. However, there are significant risks surrounding this position, which the THB is seeking to mitigate.
- The THB will continue to maximise all opportunities to improve its financial position in 2024/25.
- The THB is likely to require working capital/strategic cash assistance in February 2025.

The financial information reported in the monitoring return aligns to the financial details included within the internal Board papers.

19. Authorisation of Return



Pete Hopgood
Director of Finance
12th September 2024



Hayley Thomas
Chief Executive
12th September 2024

Action Point for Month 5

Movement of Opening Financial Plan to Forecast Outturn (Table A)

Action Point 4.1

Material gross operational variances to plan should be reported separately through Table A by spend category rather than being netted off and reported on line 26. Please consider whether any values reported via line 26 are material, and if so, please instead report them gross in the free text lines from line 27 onwards.

We have reviewed this, and it is a combination of many areas across the Health Board that are not material in their own right. Which at this point does not warrant separate lines, but we will keep this under review.

Risks and Opportunities (Table A2)

Action Point 4.2

The risks and opportunities tables in M04 narrative are not aligned to the MMR. For example, a £1.5m opportunity in prescribing entered on this table is omitted in the narrative. Please ensure both the MMR tables and the narrative commentary align in future returns.

Noted and amended.

Monthly Positions (Table B)

Action Point 4.3

Please explain the reason for the decrease in Primary Care drugs forecast expenditure of £2.200m.

The prescribing forecast is currently lower than plan due to drug inflation being lower than anticipated together with successful savings schemes which have increased given additional benefits from rivaroxaban and apixaban and continued focus from the medicine management team on the savings programme.

Action Point 4.4

Please also explain the reason for the decrease in Non-Pay forecast expenditure by £2.600m.

The Health Board continues to see pressures across its service areas, with the profile and forecast of these being adjusted accordingly in the tables. It is also managing a series of risks and opportunities, and at this point the Health Board in totality continues to forecast it will achieve its plan. To maintain the integrity of the forecast in other areas, non-pay is adjusted to balance out these assumptions, until further information becomes available to refine forecasts and trends over all areas.

Action Point 4.5

Our covering letter requests further information specifically regarding mitigations for CHC and pay variances to date – please provide this as a response to.

Challenges remain for CHC with the Health Board seeing continued growth in packages, against the backdrop of the Health Board's demographics, challenges in social care and deconditioning of patients awaiting discharge from hospital. Through a series of work programmes the Health Board

continues to progress initiatives that will reduce delayed transfers of care, which may help stem demand, whilst the complex care team continue to assess, review and amend packages to ensure they continue to appropriately meet patient's needs, working with the JCC around the higher costs MH placements. Care home capacity remains a challenge, as does the financial viability of some homes who are experiencing workforce challenges, which is being assessed with some providers currently. The Health Board continues to have legal challenges in its assessment of joint packages of care with the Local Authority and these are being counter challenged appropriately.

The Health Board continues to progress actions on its variable pay spend which is predominately driven through vacancies and the need to maintain minimum safe staffing levels. A further cohort of Aspiring nurses have started this month, as have the latest cohort of overseas nurses which will impact the level of vacancies going forward. The Health Board is currently engaging the public on changes to how some of its wards are configured which will also support more effective use of staff. Linked to this, the Health Board is also reviewing its shift patterns and demand as a result of the increasing complex nature of many patients within the Community hospital setting. To support this the Health Board continues to develop its suite of data and Business Intelligence to support, review and assess this impact of these changes.

Pay Expenditure Analysis (Table B2)

Action Point 4.6

Administrative, Clerical & Board members pay forecast has increased by £0.729m and Nursing & Midwifery pay forecast expenditure has decreased by £1.780m. Please explain the reason for these significant movements.

Additional funding and income has been received for various service initiatives which has been reflected in the budget and forecast which has resulted in the revised forecast around admin and clerical. Further work progresses around the health boards variable pay and this has resulted in the revision to nursing and midwifery.

Savings (Table C, C1, C2 & C3)

Action Point 4.7

Please explain the actions being taken to covert the £3.400m of amber schemes into green schemes and the timeframes for this to be reported through the tracker.

Work continues across the Health Board to progress its savings scheme and pipeline of opportunities through various programmes and forum. We continue to evaluate these on a monthly basis and adjust the RAG rating as appropriate.

Statement of Financial Position (Table F)

Action Point 4.8

There is c.£7.975m difference between the current and closing forecast for Trade payables which has not been explained in the narrative. Please provide an explanation for this significant forecast movement.

This movement is to reflect our estimate of working capital balances which mostly relate to the discharge of capital creditors of just over £3.3M together with a number of discharge balances for

other NHS and Non NHS payables not expected to be at such significant levels at 31st March 25.
This is reviewed each month as part of the cash and SOFP workings.