



GIG
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WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.1

BOARD		DATE 21 MAY 2025
Subject:	SUMMARY OF JOINT COMMITTEE ACTIVITY	
Approved and presented by:	Hayley Thomas, Chief Executive	
Prepared by:	Head of Corporate Governance	
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.	
PURPOSE:		
<p>The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Commissioning Committee (JCC).</p> <p>It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).</p>		
RECOMMENDATION(S):		
<p>It is recommended that the Board:</p> <ul style="list-style-type: none"> • RECEIVE and NOTE the updates contained in this report in respect of the matters discussed and agreed at recent joint committee meetings. • Take ASSURANCE mechanisms are in place to report appropriately to the Board. 		
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	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	N	
8. Transforming in Partnership	N	

EXECUTIVE SUMMARY:

This report provides an update of the recent activities of the Joint Commissioning Committee of the PTHB Board.

The report also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).

DETAILED BACKGROUND AND ASSESSMENT

Joint Commissioning Committee (JCC)

The Joint Commissioning Committee held a virtual meeting on 20 May 2025. The papers for this meeting are available at [Meeting Dates and Papers - NHS Wales Joint Commissioning Committee](#)

The briefing report from the meeting held on 20 May 2025 will be brought to Board in July.

Mid Wales Joint Committee for Health and Social Care

The Mid Wales Joint Committee for Health and Social Care held virtual meetings on 4 April 2025. The papers for this meeting are available at [Joint Committee Meetings - Mid Wales Joint Committee](#). The April update is attached at

APPENDIX 2.

NEXT STEPS:

Updates will continue to be brought to each scheduled meeting the Board.

IMPACT ASSESSMENT – NOT REQUIRED

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

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Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee (JCC)

Dyddiad y Cyfarfod / Date of Meeting	18/03/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Jacqui Maunder – Committee Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Stacey Taylor - JCC Interim Chief Commissioner
Noddwr yr Adroddiad / Report Sponsor	Stacey Taylor JCC Interim Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	April 2025	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer (CEO) Members of the Joint Committee with a summary of the key issues considered by the Joint Commissioning Committee (JCC) at its public meeting on 18 March 2025.

Key highlights from the meeting are reported in Section 3.

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2. PURPOSE

The Purpose and Role of the Joint Committee is set out in Paragraphs 2.18 and 2.20 of the JCC [Standing Orders](#).

3. HIGHLIGHT REPORT

(Links to reports highlighted [March 2025 - NHS Wales Joint Commissioning Committee](#))

Status	Update
Alert / Escalate	<ul style="list-style-type: none"> • The Joint Commissioning Committee Foundation Plan 2025-2026 was approved in readiness for inclusion in Health Board Integrated Medium Term Plans (IMTPs) and submission to Welsh Government by 31 March 2025 with the following conditions: <ul style="list-style-type: none"> ○ Develop an executive summary, ○ Include an acknowledgment of the level of risk including provider risk that this plan is highlighting, ○ Establish robust accountability process to monitor the delivery of the plan, ○ Recognise the on-going conversations with providers around deliverability and savings targets that could impact on the plan, ○ Acknowledge the limited capacity to undertake the transformation programmes identified within the Plan and the collaboration required from Health Boards in delivery; and ○ Representations with Welsh Government on the position in relation to non-recurrent funding that could impact on the plan. • Positron Emission Tomography Emission Centre (PETIC) (prostate-specific membrane antigen (PSMA) PET Scan - An urgent piece of work to be undertaken to identify how scan capacity can be identified and be prioritised according to clinical need and responsibility for health equity. Wider piece of work on equity of access will feature as transformation piece of work detailed in the approved foundation plan.
Advise	<ul style="list-style-type: none"> • The Chair confirmed that Huw George, Deputy CEO and Executive Director of Operations and Finance at Public Health Wales (PHW), will be the Interim Chief Commissioner from 1 April 2025 for 12 months. He will start in shadow form on a part-time for two days a week during March and become full-time on 1 April 2025 at which point he will hold Accountable Officer status for the

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Status	Update
<p style="font-size: small; transform: rotate(-45deg); position: absolute; bottom: 10px; left: 10px;">Patterson, Liz 20/05/2025 15:22:19</p>	<p>JCC. Stacey Taylor will continue as the current Interim Chief Commissioner until 1 April 2026.</p> <ul style="list-style-type: none"> • An update was received from the Interim Chief Commissioner: <ul style="list-style-type: none"> ○ Quarter 4 Progress & Future Priorities: Work continues under transition to establish 'routine business' for the JCC. Priorities included finalising and implementing the final organisational structure and developing the Foundational Annual Plan for 2025/26 for approval, ○ Work on finalising and implementing the Scheme of Delegation, ○ Key achievements were highlighted; and ○ Next developments include securing Public Health expertise, completion of internal reviews for Traumatic Stress Wales (TSW) and the Welsh Kidney Network (WKN). • Members received reports from each of the three Commissioning Directors: • Update from the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups. Members noted: <ul style="list-style-type: none"> ○ Work on the new Mother and Baby Unit (MBU) in Chester had commenced with a provisional operational date of October 2025; and ○ The review of TSW service had concluded, and discussions are ongoing to consider the recommendations. <p>Further discussions would take place related to the future strategy of the Mental Health portfolio at the April JCC Strategy Session.</p> <p>Members approved the establishment of an NHS Wales Continuing Healthcare (CHC) Cooperation Programme subject to funding from WG being secured and assurance to the Chief Commissioner that there is a plan and resilience in place to establish as a co-operation forum.</p> • Update from the Director of Commissioning for Ambulance and 111 provided updates on: <ul style="list-style-type: none"> ○ The judgment in relation to the judicial review of the JCC decision to develop the Emergency Medical Retrieval and Transfer Services (EMRTS) was anticipated by end of March 2025,

Status	Update
	<ul style="list-style-type: none"> ○ Pending the outcome of the judicial review further work on the delivery of Recommendation 4 - the bespoke road-based service was paused, ○ During March 2025, the JCC will meet with Health Board representatives in stakeholder workshops to review and discuss the recommendations within the WAST Manchester Arena Inquiry report, ○ Welsh Government are establishing a new clinically-led 'national ambulance patient handover improvement implementation group'. This work will be a key enabler in supporting the JCC to reduce risks and improve productivity in emergency ambulance services; and ○ A verbal update was provided on the Health and Social Care Committee's recommendations on emergency ambulance response targets. <p>The long-term vision for Non-Emergency Patient Transport Services (NEPTS) 'The Future Vision' was approved.</p> <ul style="list-style-type: none"> ● The update from the Director of Commissioning for Specialised Services included: <ul style="list-style-type: none"> ○ An update on the work of the Specialised Services Collaborative Commissioning Group, ○ With the planned care funding from the Welsh Government (WG), Swansea Bay University Health Board (SBUHB) aims to meet the 104-week target for Plastic Surgery patients by the end of March 2025. However, maintaining this target through 2025/26 may be challenging without additional funding above the contract baseline, ○ Capacity gaps in outreach plastic surgery services in north Wales (now in escalation), ○ Obesity surgery waiting times; and ○ Neonatal and Paediatric Intensive Care services remain at an escalated risk level. ● Strategic Planning (Foundation Annual Plan 2025/26): <ul style="list-style-type: none"> ○ NHS Wales Planning guidance highlighted a 1.77% budget uplift with a 2% efficiency savings target, ○ Highlighted the importance of collaboration and prioritisation of resources,

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Status	Update
	<ul style="list-style-type: none"> ○ Key priorities include urgent care and planned care recovery, ○ Early estimates suggest the JCC will require between 5.5%-6.4% financial growth requirement, ○ The substantial cost drivers such as inflationary pressures, increased demand and NICE technology approvals were highlighted, ○ The Foundation Plan for 2025/26 was approved subject to caveats (see Alert Section above); and ○ A JCC strategy workshop will be dedicated to support the work to develop the JCC long term strategy and the IMTP for 2026/2029.
Assure	<ul style="list-style-type: none"> ● Governance & Risk Management: <ul style="list-style-type: none"> ○ Updated financial delegated limits were approved for the new Interim Chief Commissioner with effect from 1 April 2025, ○ The Risk register was received, with each of the risks assigned to one of the sub-committees for monitoring and scrutiny, ○ The Corporate Governance Report was received which provided the timeline for approval of the Annual Governance Statement (AGS). Details on the approach to the Committee Effectiveness was provided and the forward plan of Business was presented; and ○ Members noted that the Health Board Standing Orders (and subsequently JCC Standing Orders) would be updated to reflect the recently issued WHC which reduced the timescale for publication of board papers to 5 clear working days.
Inform	<ul style="list-style-type: none"> ● The Committee received the Month 10 Finance Report and the Month 9 Performance Report, ● The Committee received the following assurance reports: <ul style="list-style-type: none"> ▪ CTMUHB Audit and Risk Committee Assurance Report, ▪ Quality Safety and Outcomes Sub-Committee, ▪ Planning Performance & Finance Sub-Committee, ▪ Individual Patient Funding Request (IPFR) Panel assurance report; and ▪ Welsh Kidney Network Board (WKN) assurance report.
Appendices	None

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Status	Update

Note that an “in committee” meeting was also held. A formal update will be given to the next public JCC meeting on 20 May 2025 under the Corporate Governance report.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality Reduce Duplication Improve Equality and Population Health Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below: A More Equal Wales
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Efficient All of the domains of quality apply
	If more than one applies please list below: Effective; equitable; person centred; timely and safe
	No - Not Applicable

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies please list below:
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Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

5. RECOMMENDATIONS

The Health Board is asked to:

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

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

UPDATE REPORT – APRIL 2025

1. Introduction

- 1.1 The Mid Wales Joint Committee, which was established in response to the recommendations of the Mid Wales Healthcare Study (2014), is a formal collaborative between the health and care organisations covering the Mid Wales region. Members of the Joint Committee includes the three Local Health Boards (Betsi Cadwaladr University Health Board, Hywel Dda University Health Board, Powys Teaching Health Board), Welsh Ambulance Services University NHS Trust and the three Local Authorities (Ceredigion County Council, Gwynedd Council and Powys County Council).
 - 1.2 The Mid Wales Joint Committee has a set of annually agreed priorities identified as those areas for which working on a joint Mid Wales footprint will provide added value. These priorities align with the individual plans of the Joint Committee's partner organisations and focus on a whole pathway approach with regional links between primary, secondary, community and social care. This approach supports the Welsh Government's expectation for organisations to work together to plan and deliver regional solutions across organisational boundaries.
 - 1.3 The work of the Joint Committee is co-ordinated by the Mid Wales Planning and Delivery Executive Group who oversee the development and implementation of the Mid Wales Priorities and Delivery Plan. The group also considers these priorities against individual organisational plans and any emerging matters which may require a collaborative discussion and regional approach.
 - 1.4 The Mid Wales Planning and Delivery Executive Group is supported by the following sub-groups:
 - The Mid Wales Clinical Advisory Group which advises on specific clinical models of care, taking a leadership role in detailed design where appropriate.
 - The Mid Wales Social Care group which focuses on Social Care and the alignment of plans for social care services across Mid Wales.
- There is also the Mid Wales Strategic Commissioning Group which has been established for the three Mid Wales Health Boards to fulfil their commissioning role collaboratively for the population of Mid Wales. The group is directly accountable to the three respective Health Boards, however, regular reports on its work are provided to the Mid Wales Planning and Delivery Executive Group.
- 1.5 The Mid Wales Joint Scrutiny Group, which was established by the three Local Authorities, scrutinises the work of the Joint Committee.

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2. Priorities 2024/25

2.1 Mid Wales Priorities – For 2024/25 the Mid Wales priorities were as follows:

- i) Urology
- ii) Ophthalmology
- iii) Cancer and Chemotherapy Outreach
- iv) Dental
- v) Clinical Strategy for Hospital Based Care and Treatment and regional solutions.
- vi) Cross Border workforce arrangements

2.2 Supporting the delivery of the Mid Wales priorities for 2024/25 were three clinical and three social care priorities as follows:

a) Clinical priorities

- i) Urology
- ii) Palliative Care
- iii) Rheumatology

b) Social care priorities

- i) Residential Children's Accommodation with links to eliminating profit on small homes (Childrens' Services).
- ii) Trusted Assessor along with Delayed Pathways of Care.
- iii) Welsh Community Care Information System (WCCIS)

3. Mid Wales Priorities and Delivery Plan 2024/25

3.1 Urology

Objective

Continue the development of a programme of renewal for Urology pathways across the region which will support and link to the national pathway work.

Update

This priority has been taken forward by the Mid Wales Urology group led by the Lead Clinical Executive Director for the Joint Committee.

Prostate cancer PSA pathway

The first area of focus was a review of the prostate cancer PSA pathway across Mid Wales which showed that there was a nationally agreed pathway in place and that these pathways were well established across Mid Wales. As such, the group concluded that no further work was required on pathway development.

However, one issue identified was the process in place for the monitoring and surveillance of PSA levels for i) patients who had high PSA levels investigated with no prostate cancer detected and ii) patients with high PSA levels who were 5 years post treatment. Currently, these patients are transferred back to primary care for on-going monitoring and surveillance. However, a review has shown that practices have their own individual processes in place which are not consistent with each other and surveillance does not fall under the General Medical Services (GMS) contract. Work is currently being undertaken to ascertain whether this is a local issue or a national issue.

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Trial Without Catheter

The next area of focus was Trial Without Catheter (TWOC) for which a task and finish group was established. The group's work has included a discovery process to identify issues and challenges and available opportunities to address any gaps in the service. Key achievements include:

- Hywel Dda University Health Board have introduced community Trial Without Catheter clinics in three locations, one per county, at the end of May 2024. The introduction of these clinics has resulted in a reduction in the waiting list from an estimated 120 days to 17 days. Betsi Cadwaladr University Health Board are looking to introduce community Trial Without Catheter clinics and will be liaising with Hywel Dda on the shared learning.
- A Trial Without Catheter clinic was introduced at the Medical Day Unit, Bronglais Hospital, for patients from Mid Wales who are on the Hywel Dda Urology waiting list. Clinics commenced in September 2024 and are held three times a month.
- For patients presenting at the Bronglais Hospital Accident & Emergency department, staff have found it difficult to navigate the pathway as patients attending are from the three Mid Wales counties (Ceredigion, Powys, South Gwynedd). A central Hywel Dda process/point of contact for referring patients onwards to the correct Health Board service/contact is in place and details of the process to be followed has been cascaded to departments.
- The Powys continence team and Betsi Cadwaladr district nursing teams are not made aware of those catheterised patients who don't meet the criteria for a Trial Without Catheter in the community but who require management by community services. As such Hywel Dda University Health Board will now inform cross border teams of this group of patients.
- A Trial Without Catheter service for housebound patients in the Hywel Dda area is in the process of being developed and is planned to be operational in the next few months.
- Swansea Bay University Health Board have a pathway in place for patients to self-remove catheters after prostatectomy. The group have clarified the onward pathway for those Mid Wales patients who have been treated at Swansea Bay but who may subsequently present at their own local Accident & Emergency department.
- Catheter management and Trial Without Catheter pathways are to be reflected in the Hywel Dda University Health Board Community HealthPathways system. The Mid Wales Trial Without Catheter Group have offered to support the Hywel Dda HealthPathways team with its development.

3.2 Ophthalmology

Objective

Recruitment to the Mid Wales Ophthalmology leadership role to lead on the Multidisciplinary (MDT) approach to Ophthalmology services across Mid Wales.

Update

The Mid Wales Planning and Delivery Executive Group have agreed that the proposal to cover the joint Ophthalmology post using paid sessions should be explored further.

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Powys Teaching Health Board developed a bid for the National Planned Care Fund to request resources for ophthalmology clinical leadership sessions. This bid was submitted to Welsh Government in March 2024 but was unsuccessful. As Powys Teaching Health Board does not have a clinical leadership structure or budget for the leadership role they are now exploring speciality leadership positions. The proposal for their eyecare transformation programme includes specialty consultant leadership sessions which will require a business case for funding and this is currently under development with a target date of 1st December 2025.

Hywel Dda University Health Board have developed a subspecialty leadership model from their current establishment.

Initial discussions have proposed that the leadership roles currently being developed by both Health Boards could form a joint leadership arrangement across the region.

Objective

Increase capacity and access to Ophthalmology services through the development of a regional and whole system pathway approach supported by the establishment of links between Health Boards.

Update

The Mid Wales Ophthalmology group have identified the following opportunities to increase capacity within ophthalmology services across Mid Wales:

- Wet Age-related macular degeneration (AMD) pathway: To scope opportunities for Powys Teaching Health Board nurse led wet AMD service in North Powys (Newtown) with HDUHB medical oversight/ District General Hospital pathway.

Powys Teaching Health Board are looking at developing a nurse led Wet AMD service in the north of the county (Llanidloes and Welshpool) with consultant oversight from Hywel Dda University Health Board. Powys and Hywel Dda teams are working together to discuss this proposal in more detail with Powys leading on the development of a business case for funding as part of its eye care transformation programme. Part of this proposal will involve Powys staff working at North Road clinic, Aberystwyth, as part of an honorary contracts arrangement, to help them better understand the pathways and ways of working.

- Cataract pathway: To scope opportunities to repatriate preoperative pathways and biometry in Powys Teaching Health Board including capital equipment requirements. To refresh work undertaken to understand potential activity for procedures which could be repatriated into Mid Powys (Llandrindod).

Hywel Dda University Health Board have established a one stop cataract clinic at the North Road eye clinic at Aberystwyth where outpatients and preoperative assessments are undertaken at the same appointment. Further work is required to understand the repatriation opportunities back into Mid Powys.

- Primary Care eye care services in South Gwynedd: Explore the available opportunities for recruiting primary care eye care practitioners to provide services in the South Gwynedd area.

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Initial discussions have been held to discuss what support could be made available to better attract primary care eye care practitioners to South Gwynedd.

3.3 Cancer and Chemotherapy Outreach

Objective

Support the establishment of the new Chemotherapy Day Unit at Bronglais General Hospital.

Update

Building work on the new £3million Chemotherapy Day Unit at Bronglais General Hospital, Aberystwyth, commenced in May 2024 and the unit is planned to welcome its first patients in May 2025.

Objective

Review radiotherapy and chemotherapy pathways to identify opportunities for increasing provision and improving access across Mid Wales and identify what improvements can be made to cross organisational handover arrangements. Also ensure the needs of the population are considered as part of other regional developments.

Update

There is Mid Wales Joint Committee representation on the South West Wales Cancer Oncology Outpatients and Radiotherapy working groups. Links between these two groups and Powys Teaching Health Board and the Welsh Ambulance Services University NHS Trust have now been established.

- **Radiotherapy**
Second CTSim

The Business Case for the second permanent CT3 Simulator has been approved by the Welsh Government and following building work is planned to be handed over in August 2025. The second CT Simulator will meet the increased demand for Radiotherapy services across South West Wales.

- **5th LinAcc**

Work is progressing on the development of the business case for a 5th LinAcc to be in place and operational by 2026/27. This will be sited at Singleton Hospital, Swansea.

- **Future regional model**

The forecast in increased demand for radiotherapy services has shown that there is a need for a 6th and 7th LinAcc and also an additional CT Simulator. Two options that are being considered for the regional model are as follows:

- Singleton Hospital to continue as the main radiotherapy site for South and West Wales.
- Satellite Radiotherapy Centre to be established at a site within the Hywel Dda University Health Board area. Hywel Dda have been asked to explore site options for a potential satellite centre as a matter of priority.

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The Joint Committee team have asked that when developing the regional model consideration be given to the challenges faced by the Mid Wales population in accessing Radiotherapy services including travel distances, access to transport and the availability of accommodation.

- **Oncology**

The Joint Committee team were asked to support the Hywel Dda cancer team in exploring the future proofing of Oncology services at Bronglais Hospital, Aberystwyth, through in-reach from organisations neighbouring the Mid Wales region. A meeting was arranged on 1st May 2024 between Hywel Dda and Betsi Cadwaladr University Health Board representatives during which initial discussions were held on the long term strategy for support for oncology service provision at Bronglais Hospital and available options for services including acute oncology nurse consultant roles, affiliation to more than one cancer centre and virtual ward support.

The South West Wales Oncology Outpatients Working Group are developing a transformation plan for oncology outpatient provision for Hywel Dda and Swansea Bay University Health Boards. The Hywel Dda Cancer Services Management Team have undertaken a deep dive of oncology service provision at Bronglais General Hospital which will inform the future model and working arrangement for oncology services provision at Bronglais General Hospital. The available options discussed at the meeting with Betsi Cadwaladr University Health Board in May 2024 are being considered as part of this work.

3.4 Community Dental Services

Objective

Explore the feasibility of an integrated service for joint Paediatric General Anaesthesia list at Bronglais General Hospital using existing facilities not fully utilised.

Update

The Mid Wales Dental group have agreed that they should explore the feasibility of a shared Hywel Dda/ Powys/ Betsi Cadwaladr Paediatric General Anaesthesia list at Bronglais General Hospital under the leadership of the Powys Paediatric Dentistry Consultant. Hywel Dda were already in the process of setting up a task and finish group to review the Paediatric General Anaesthesia pathway and the group's remit will now include the option of exploring the provision of a service at Bronglais General Hospital. The terms of reference for the task and finish group have now been agreed internally within Hywel Dda and a preparatory meeting held in April 2025. The first full meeting of the task and finish group is to be arranged for May/June 2025 and its membership will include a representative from the Mid Wales Dental group.

Objective

Identify what improvements could be made to general NHS Dental services provision across Mid Wales.

Update

Access to and waiting times for NHS Endodontic treatment is challenging at present and as such this has been the first area of focus. A pathway for Hywel Dda patients to

access endodontic treatment at Powys Llandrindod Wells Hospital has been established and is now ready to be implemented. The pathway will in the first instance be limited to patients residing at 'SY' postcodes in Hywel Dda University Health Board.

3.5 Clinical Strategy for Hospital Based Care and Treatment and regional solutions

Objective

Implementation of the Bronglais General Hospital 10 year Clinical Strategy which will support the development of regional and cross border solutions.

Update

Hywel Dda UHB Clinical Services Plan programme

In 2023, Hywel Dda University Health Board established its Clinical Services Plan programme, to review some fragile services and develop a set of proposals for the provision of these services over the medium-term, until the establishment of the new hospital network as part of its long-term health and care strategy 'A Healthier Mid and West Wales: Our Future Generations Living Well'. The Board meeting of Hywel Dda University Health Board agreed that the following services required focused support and would form a programme of work to deliver the Clinical Services Plan:

- Critical Care
- Dermatology
- Emergency General Surgery
- Endoscopy
- Ophthalmology
- Orthopaedics
- Radiology
- Stroke
- Urology
- Primary Care and Community

Hywel Dda University Health Board are due to launch the Clinical Services Plan consultation at its Board meeting in public on 29th May 2025 with engagement taking place until August 2025. The analysis of feedback and conscientious consideration is planned to take place between August and October 2025 before a final presentation of feedback to its Board meeting in public in November 2025.

Bronglais General Hospital clinical strategy

In light of the work that Hywel Dda University Health Board is undertaking on its Clinical Services Plan there is a need to undertake a strategic refresh of the Bronglais General Hospital strategy. The Service Group General Manager for Ceredigion will be taking the lead on the strategic refresh of the Bronglais General Hospital strategy and this is linked to the Clinical Services Plan timeline.

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3.6 Cross Border workforce arrangements

Objective

Develop solutions to establish cross border health and social care workforce arrangements across Mid Wales.

Update

Key areas of work progressed for education and development include:

- Powys Teaching Health Board and Hywel Dda University Health Board have shared best practice in relation to special interest groups and the development of communities of practice, equity of paid and unpaid study leave, future workforce activity and sharing of resources. Powys Teaching Health Board have joined the inter professional group to share best practice.
- The support worker induction development teams are contributing to a Health Education and Improvement Wales initiative to streamline workbooks and develop more efficient assessment procedures.
- A full day team engagement event between Powys Teaching Health Board and Hywel Dda University Health Board was held, with a focus around developing a joint approach to delivering a South West development programme. This included mapping subject areas and managing a quality assurance process for subject delivery.
- There is evidence that Education and Development teams are building closer working relationships. Hywel Dda University Health Board supported Objective Standard Clinical Examination (OSCE) training delivery for Powys Teaching Health Board during a period of temporary staffing issues. Also Hywel Dda have supported Powys in automating the All Wales Careers framework and data capture.
- A joint review of mandatory training has been undertaken.

3.8 Rheumatology

The Hywel Dda University Health Board Consultant Rheumatologist, based at Bronglais General Hospital, is now in post. The Joint Committee Lead Clinical Director has had initial discussions with the Consultant Rheumatologist regarding a potential future regional model. However, due to a lack of capacity it is not currently possible to progress this work further.

3.7 Palliative Care

Links have been established between Mid Wales Health Board palliative care leads and the National Palliative and End of Life care programme team. Feedback has been provided to the national teams on the current palliative care pathways and service provision across Mid Wales for informing the work of the national programme. Also palliative care leads have shared the current issues and challenges faced in the delivery of palliative care services across Mid Wales, in particular, out of hours and weekend working. The Joint Committee team will arrange a further meeting between the national team and Mid Wales Palliative Care leads following the publication of the national service specification in May 2025.

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3.8 Residential Children's accommodation

Following a workshop in February 2024, which was attended by representatives of Ceredigion and Powys Councils, links have been established between the Registered Managers for Powys and Ceredigion with best practice and learning shared. A second workshop is to be arranged when the first Ceredigion accommodation unit is near to being operational, which will allow the sharing of updates on the progress of work being undertaken and sharing of learning and best practice.

3.9 Trusted Assessor including Delayed Pathways of Care

A meeting was held on 25th June 2024 to consider the role of Trusted Assessor, share the challenges currently being encountered, what is working well, what is not working well and opportunities for shared learning and joint working. Relevant service leads from the three Mid Wales Local Authorities were invited. Key projects discussed at the session were:

- Lampeter Integrated Care Network project
- Ceredigion Equipment project
- Bronglais General Hospital Emergency Department project

3.10 Welsh Community Care Information System (WCCIS)

The contracts for the Welsh Community Care Information System (WCCIS) system for individual Local Authorities across Wales are expiring at different times with the three Mid Wales Local Authorities currently at different stages of the procurement and replacement process. Members of the group have shared the current organisational position and the risks and have agreed to continuously share updates and share lessons learnt.

3.11 Colorectal clinics at Newtown Hospital

Monthly outreach colorectal clinics provided by the Bronglais General Hospital team at Newtown Hospital for Powys Teaching Health Board patients commenced in April 2024 as a pilot arrangement. These clinics were for those patients from Powys who would normally have been seen at Bronglais General Hospital but who are now being seen at Newtown Hospital. Positive feedback has been received from patients and staff attending this new clinic. Work is now in progress on developing a proposal for establishing the clinics as a permanent arrangement.

4. Mid Wales priorities 2025/26

4.1 The Mid Wales priorities agreed for 2025/26 (Appendix A) are as follows:

- i) Urology
- ii) Ophthalmology
- iii) Cancer
- iv) Community Dental Services
- v) Strategic service change programmes
- vi) Cross Border workforce arrangements

These priorities will be subject to review by during the year to respond to organisational strategic changes.

4.2 There will no longer be a separate set of clinical priorities and in its place the Mid Wales Clinical Advisory group will provide clinical support and advice for

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the Mid Wales priorities either as identified by the group or as commissioned by the Mid Wales Planning and Delivery Executive Group. This will include those organisational strategic service change programmes and proposals for service areas / pathways where there are implications for Mid Wales. Areas already identified as requiring consideration include:

- Stroke services
- Community models
- Six Goals for Urgent and Emergency Care
- New clinical model for Welsh Ambulance Services University NHS Trust

The Mid Wales Clinical Advisory Group have agreed that a task and finish group be established of relevant clinical leads from across Mid Wales to respond to the proposed options for stroke services at Bronlais General Hospital within the Hywel Dda Clinical Services Plan and to outline a robust stroke pathway for Mid Wales.

- 4.3 The social care priorities agreed for 2025/26 are:
- i) Residential children's accommodation with links to eliminating profit on small homes (Childrens' Services)
 - ii) Delayed pathways of care including Trusted Assessor and the 50 day challenge
 - iii) Welsh Community Care Information System (WCCIS)

5. Rural Health and Care Wales

- 5.1 Rural Health and Care Wales was established in response to the Mid Wales Healthcare study which recommended that the three Health Boards, working with local Universities and others, should develop and support a centre of excellence in rural healthcare, with a particular focus on research, development and dissemination of evidence in health service research which addresses the particular challenges of Mid Wales. The Rural Health and Stakeholder Group leads on the detailed development and oversight of the Rural Health and Care Wales plan. The group reports to the Joint Committee and provides updates on its work to the Mid Wales Planning and Delivery Executive Group. The annual workplan supports the Joint Committee's priorities and also more wide-ranging areas of work that encompass broader social models of health and ill health preventative measures.

Workplan 2024/25

- 5.2 Dentistry and pharmacy provision - Work has commenced on scoping the provision of Dentistry and Pharmacy services across Mid Wales. A review of international best practices will also be undertaken to ascertain whether there is potential for adopting new models of delivery in Mid Wales.
- 5.3 Cymru Wledig Local Policy and Innovation Partnership (LPIP) Rural Wales - The full Enhancing Wellbeing in Place thematic group of the Cymru Wledig LPIP Rural Wales initiative have met four times since January 2025 to explore key themes and areas for research that were raised. A proposal for research into how food can be a conduit for community wellbeing has been submitted, with an appointed researcher allocated to undertake the work. This will consider how food impacts

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wellbeing in its broadest sense, from affordability / poverty, social / community gathering and impact on loneliness, nutritional impact on health etc.

- 5.4 Wellbeing walks - Wellbeing walks are being scoped for Tywyn, Barmouth and Dolgellau as a part of the Rural Health and Care Wales Wellbeing Walks series, linked to healthcare centers. Meetings have also been held with Walking Newtown to develop walks in Newtown and raise awareness of the health and wellbeing benefits of walking in nature.
- 5.5 Dementia - The Dementia scoping project in Ceredigion has been completed, with a presentation of findings made to the Stakeholder Group at its meeting to be held on 11th March 2025. An application for funding through Alzheimer's Research UK (ARUK) has been submitted to support the extension of the work to Powys and Gwynedd in order to create a Mid Wales regional overview.
- 5.6 Sustainable communities project – The project is being delivered in Lampeter, Ceredigion, funded through the Regional Integrated Fund, and is being used as a modelling exercise to further develop a form of sustainable community support that can be emulated in other towns and villages. Whilst the practical delivery of social events and their evaluation in terms of benefit to attendees continues, work is being undertaken alongside this to connect volunteers to individuals requiring one-to-one support, with research on community resilience models and developing a suitable model for the delivery of low-level support in Mid Wales also being undertaken.
No funding has been found to continue the project in Llanidloes. However, connections are being maintained in the town pending the opening of the next round of Shared Prosperity funding, and it is hoped to also include a community in Gwynedd in the initiative.
- 5.7 Review of GP / Primary Care provision across Mid Wales - The review of GP / Primary Care provision across Mid Wales continues with the findings showing that the distance travelled to GPs in Mid Wales was further than elsewhere in Wales and people in Mid Wales had fewer contacts with GPs, less medical interventions and prescriptions issued. They are now moving to the stage of consultation with GPs through questionnaires to find out current experiences and were looking to see whether GPs were willing to get more involved on a regional perspective which could be shared across the region.
- 5.8 Webinars - The subject areas for the Rural Health and Care Wales webinar held on the 28th January 2025 were 'The Wellbeing Benefits of Walking in Nature' and 'Loneliness and Social Isolation'. The next webinar has been arranged for 29th July 2025.
- 5.9 Presentation to third year nursing students at Aberystwyth - A lecture on the work of Rural Health and Care Wales was provided to third year students at Aberystwyth University to try and instigate some interest in research / innovation.
- 5.10 Impact of rurality on the cancer patient experience - The 2-year research project, funded by Macmillan Cancer Research, is exploring the impact of rurality on the

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cancer patient experience. The project has recommenced following a 6 month pause and will now focus on case studies.

- 5.11 Virtual Rural “Hospital” for Mid, North and West Wales - Support for the proposed Virtual Rural Healthcare model for Mid, North and West Wales has now been received from all three Health Boards, with some minor changes to the proposal requested. The edited proposal is to be considered at the next meeting of the Mid Wales Planning and Delivery Executive Group on 16th May 2025
- 5.12 Graduate Entry Medicine programme - Rural Health and Care Wales are working with Swansea University on raising awareness of the Graduate Entry Medicine programme in Mid Wales which is open to anyone who has a degree. Research has shown that people who were embedded in a rural area stayed in the area. An event to publicise the programme was held on 30th April 2025.

Workplan 2025/26

- 5.13 The Rural Health and Care Wales workplan for 2025/26 will include a continuation of those projects in progress from the previous year. Key events planned for 2025/26 include:
- Royal Welsh Show July 2025 – Rural Health and Care Wales have secured a stand at the Royal Welsh Show in July 2025 and an offer has been extended to the Joint Committee to showcase its projects.
 - Rural Health and Care Conference - The annual Rural Health and Care Wales conference had been arranged for 11th and 12th November 2025

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Mid Wales Priorities 2025/26		
Priority	Aim	Objective(s)
Urology	Develop a programme of renewal for urology pathways across the region which will support and link to the national pathway work.	Complete the programme of work for prostate cancer Prostate-Specific Antigen (PSA) and Trial Without Catheter pathways.
Ophthalmology	Increase capacity and access to ophthalmology services through the development of a regional and whole system pathway approach supported by the establishment of links between Health Boards.	<p>Progress the proposal for a Powys Teaching Health Board nurse led wet age-related macular degeneration (AMD) service in Powys (Llanidloes and Welshpool) with Hywel Dda University Health Board medical oversight / District General Hospital pathway.</p> <p>Continue exploring networking opportunities and joint pathway development including Powys Teaching Health Board working in Hywel Dda University Health Board at the North Road clinic to inform Powys Teaching Health Board pathway development / repatriation opportunities with eyecare Multidisciplinary (MDT) in Powys.</p> <p>Scope alternative options to the triumvirate Mid Wales collaborative ophthalmology consultant leadership role post.</p> <p>Explore the available opportunities for the provision of primary care eye care services for the South Gwynedd area.</p>
Cancer	Identify opportunities for increasing provision and improving access to cancer services across Mid Wales.	<p>Support the development of the Bronglais General Hospital Chemotherapy Day Unit (Hywel Dda University Health Board).</p> <p>Continue the review of radiotherapy and chemotherapy pathways to identify opportunities for increasing provision and improving access across Mid Wales and identify what improvements can be made to cross organisational handover arrangements.</p> <p>Ensure the needs of the Mid Wales population are considered as part of regional developments.</p>

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Mid Wales Priorities 2025/26		
Priority	Aim	Objective(s)
Dental	Identify what improvements can be made to general NHS dental services provision across Mid Wales.	<p>Develop a pathway for Hywel Dda University Health Board patients to access endodontic treatment at the Powys Teaching Health Board service provided at Llandrindod Wells Hospital.</p> <p>Explore the feasibility of establishing an integrated service for joint Paediatric General Anaesthesia at Bronglais General Hospital, Aberystwyth.</p>
Strategic service change programmes	Identify the impact of pathway changes proposed in organisational strategic service change programmes for the Mid Wales population.	<p>Review those pathways impacted by organisational strategic service change programmes and support the development of regional and cross border solutions. Areas already identified as requiring consideration are:</p> <ul style="list-style-type: none"> • Stroke services • Community models • Six Goals for Urgent and Emergency Care • New clinical model for Welsh Ambulance Services University NHS Trust
Cross border workforce arrangements	Develop solutions to cross border health and social care workforce arrangements across Mid Wales.	<p>Identify, maximise and share good practice, supporting challenges impacting training, education and development.</p> <p>Identify and maximise opportunities to share best practice that support workforce wellbeing.</p> <p>Continue to share good practice across the Mid Wales region in relation to all aspects of workforce and organisational development and use other networks to maximise efficiency.</p>

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Agenda item: 5.2

BOARD	DATE OF MEETING: 21 MAY 2025
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Subject:	SUMMARY OF PARTNERSHIP BOARD ACTIVITY
Approved and presented by:	Hayley Thomas, Chief Executive
Prepared by:	Head of Corporate Governance
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant partnership board.

PURPOSE:

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:

- NHS Wales Shared Services Partnership Committee (NWSSPC).
- Powys Public Services Board (PSB).
- Regional Partnership Board (RPB).
- Board:Cabinet Forum (BCF).

RECOMMENDATION(S):

It is recommended that the Board:

- **RECEIVE** and **NOTE** the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.
- Take **ASSURANCE** mechanisms are in place to report appropriately to the Board.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

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

EXECUTIVE SUMMARY:

Powys Teaching Health Board is a member of the following partnership boards. This report provides an update in relation to the work of these Partnership Boards.

NHS Wales Shared Services Partnership Committee (NWSSPC): established under Velindre NHS Trust which is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

The Shared Services Partnership Committee met on 25 March 2025. The papers for this meeting are available at: [Committee Schedule and Papers - NHS Wales Shared Services Partnership](#). The assurance report from that meeting is attached at **Appendix 1**.

The next meeting is scheduled for 22 May 2025.

The Powys Public Services Board (PSB): established by the Well-being of Future Generations (Wales) Act 2015. Its role is to improve the economic, social, environmental and cultural well-being of Powys through better joint working across all public services. This includes a yearly review of the Powys Wellbeing Plan to show progress. Papers for Public Service Board meetings are available at: [Browse meetings - Public Service Board Cyngor Sir Powys County Council \(modern.gov.co.uk\)](#)

The PSB met on 09 April 2025 where the following items were discussed:

- Centre for Digital Public Services presentation
- Workstreams:
 - Evidence and insight
 - Responding to the Climate Emergency
 - Undertaking a Whole System Approach to Health Weight

The next meeting is scheduled for 15 July 2025

The Powys Regional Partnership Board (RPB): established under the Social Services and Well-being (Wales) Act 2014, which came into force in April 2016. Its key role is to identify key areas of improvement for care and support services in Powys and to identify opportunity for integration between Social Care and Health.

The RPB met on the 20 March 2025 where the following items were discussed:

- RPB Delivery and Resource Plan 2025-26
- Capital Programme Update 2024-25

The RPB are next scheduled to meet on 10 June 2025.

Board to Cabinet Forum (BCF)

The Board to Cabinet Forum has not met since the last meeting of Board in November 2024.

NEXT STEPS:

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

IMPACT ASSESSMENT – NOT REQUIRED

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

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**ASSURANCE REPORT
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE**

Reporting Committee	Shared Services Partnership Committee
Chaired by	Professor Tracy Myhill OBE, NWSSP Chair
Lead Executive	Neil Frow OBE, Managing Director, NWSSP
Author and contact details	James Quance, Assistant Director of Corporate Services
Date of meeting	25 March 2025

Summary of key matters including achievements and progress considered by the Committee and any related decisions made

Chair’s Report - The Chair updated the Committee on activities since the last meeting, including:

- completion of the Chair’s appraisal and review process on 11 February 2025;
- attendance at the Health and Social Care Climate Focus Leadership event on 21 February 2025, where contributions were made from across Wales;
- Chairing the Welsh Risk Pool Committee meeting which took place on 19 March 2025;
- NWSSP’s Annual Staff Recognition Awards took place on 13 February 2025. This was an uplifting recognition and celebration event for staff across all Services in NWSSP;
- participation at the Chair’s Peer Group meeting, which took place on 25 February 2025;
- attendance at NWSSP’s Formal Senior Leadership Group meeting, which took place on 27 February 2025; and
- meeting with Donna Mead, Chair of Velindre University NHS Trust on 27 February 2025.

The Committee **NOTED** the Chair’s Report.

Managing Director Update - The Managing Director presented his report, which included the following updates:

- **Radiopharmacy/TrAMS update:** The following comprehensive update was provided in conjunction with the overarching report, which was noted by the Committee:
 - planning permission has been granted for the entire site, covering the RadioPharmacy and the Transforming Access to Medicines (TrAMS) Hub;
 - the initial phase of enabling works are nearing completion with the clean room build purchase order pending final sign-off from Velindre University NHS Trust. Overall, progress is positive, despite some delays in the system; and
 - NWSSP will continue to work with Committee Members on local governance processes required for the approval of the South East Hub BJC. This engagement is crucial to ensure appropriate time for internal discussions to take place.
- **Welsh Risk Pool Committee:** The Committee met on 19 March 2025. £32 million would be reimbursed as an outcome from the meeting. Positive discussions were

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had regarding managing penalties and supporting the claims process by further working with BCUHB colleagues.

- **Cash Distribution:** We are pleased to confirm that NWSSP will be returning £3.6 million as part of cash distribution, which means that approximately £30 million has been distributed back to our partners, over the last 12 years.
- **Laundry Projects:** Significant investment work is being undertaken with the use of year-end capital, for which there are 33 schemes in progress. The Greenvale site will be temporarily closed for a large equipment installation and whilst there have been occasional breakdowns with stock supply, these have been well-managed, with no significant disruption.
- **Personal Protective Equipment (PPE) and the UK COVID-19 Public Inquiry:** The NWSSP Director of Procurement, Supply Chain, Logistics and Laundry Services would be providing evidence to the Inquiry on 25 March 2025. There have been ongoing positive discussions with Welsh Government on PPE terms and product clarifications.
- **Decarbonisation:** Positive progress was made with installations of solar panels, electric vehicle charging points and case studies on solar farms at IP5 and Matrix House, generating power for the respective sites.
- **Staff Recognition Awards:** Following the online event held for staff on 13 February 2025, the NWSSP Senior Leadership Team have been visiting regional sites and holding in-person celebration events, acknowledging efforts and contributions of NWSSP staff in going the extra mile to support Health Boards, Trusts and Special Authorities.
- **Infected Blood Compensation Authority (IBCA):** The Chief Executive of IBCA reached out to the Managing Director to express gratitude for the support and collaboration since IBCA's establishment as a statutory body. NWSSP were currently working with IBCA on transitional arrangements and potential TUPE (Transfer of Undertakings Protection of Employment) implications as they move forward with making payments.

The Committee **NOTED** the Managing Director's Report.

Deep Dive

Deep Dive of Medical Examiner Service - A comprehensive presentation was delivered and provided to Committee members following the meeting.

The Medical Examiner Service (MES) became a statutory service in September 2024, driven by the need for independent scrutiny of deaths, influenced by cases like Shipman and Mid Staffordshire NHS Trust. Approximately 45% of Medical Certificates of Cause of Death (MCCDs) do not meet minimum standards, impacting policy development. MES was introduced as part of a Law and Justice Bill, a non-devolved responsibility enacted through the Health Service. The statutory phase began in September 2024, with all Medical Examiners employed via NWSSP to provide arms-length scrutiny of deaths in Wales. The MES is funded by the Department of Health and Social Care at the UK level, working with Welsh Government, for expenditure and funding requirements.

Duties of the MES include scrutinising medical notes, engaging with families, and notifying Health Boards of governance or patient safety issues. MES is not engaged if a death is reported to the coroner. The process involves multiple stages and stakeholders, leading to potential delays in registration and body release.

There are challenges including timely access to medical notes and the new MCCD form. Data shows variability in death registration times and the need for improvement. There is

significant variability between health boards and settings in terms of death registration times. Many GPs were unprepared for the new processes, leading to delays and challenges in death certification. Demand and capacity planning is needed for winter, with a session planned for April.

Public engagement and understanding of MES responsibilities are ongoing challenges. Efforts to improve public understanding of MES responsibilities, working with Welsh Government to disseminate information.

The Committee **NOTED** the Deep Dive of the MES.

Items Requiring SSPC Approval

2025/26 Service Level Agreements (SLAs) – The SLAs were received for the Committee’s approval. SLAs are annually reviewed with the organisations NWSSP provides services to. The consultation period was extended and involved wider engagement, including communication with Chief Executives, peer groups and Directors of Corporate Governance. A review of feedback and experiences with inter-NHS agreements will take place early in 2026.

The Committee resolved to **APPROVE** the Service Level Agreements for 2025/26.

Items for Noting

All Wales Pharmacy Update – The Committee received a comprehensive update on current progress regarding the All-Wales Pharmacy, which was integrated into the Managing Director’s Report. Highlights from the report were as follows:

- **South East Radiopharmacy:** Detailed design is complete, with minor changes during build/validation phase. Planning permission has been granted and the final funding letter has been received from Welsh Government. Enabling works started on 3 February 2025 and the cleanroom contract has been requisitioned. The physical build and equipping is expected to be completed by September 2025, with contractor validation by December 2025. Service go-live is anticipated to be March 2026.
- **South East Hub:** There is a focus on agreeing revenue baseline, operating costs, benefits, and funding profile. The emergent preferred funding model and the timeline for Business Case completion and approval is being developed.
- **South West Hub:** A suitable site within Swansea North and Cross Hands is actively being sought. A preliminary site scoring workshop scheduled for 2 April 2025.
- **Efficiency Review:** NWSSP commissioned a review to identify potential improvements to hospital medicines supply and logistics arrangements, which is almost complete and the report is due by 24 March 2025.
- **Assurance Arrangements:** The TrAMS programme remains red-rated primarily due to concerns about delays to delivery and is reported to each SSPC meeting in the Project Management Office report. An Integrated Audit and Assurance Plan is in place, with regular touchpoint meetings taking place with Welsh Government. Updates are provided to the Quality, Safety and Performance Committee of Velindre University NHS Trust.

The Committee **NOTED** the All Wales Pharmacy Update.

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Chair's Appraisal – The Committee received an update on the outcome of the Chair's Appraisal, covering the framework and outcomes. The appraisal process, agreed in September 2022, aimed to objectively assess the Chair's impact. Feedback from seven Committee Members was positive, highlighting effective meeting management and successful development sessions. Suggested improvements included better communication and partner involvement, and regular reviews of engagement arrangements. The Chair will use this feedback to enhance her contributions and promote NWSSP's impact on NHS Wales and thanked Committee Members for their participation, welcoming ongoing feedback.

The Committee **NOTED** the Chair's Appraisal.

Workforce Race Equality Standard (RES) – An update was provided regarding NWSSP implementation of the RES. Positive actions and training were highlighted, although it was noted that it would take time to show the impact of the actions. There were poor levels of ethnicity declaration, which need to be pushed to improve data, particularly in the absence of data in the Single Lead Employer (SLE) area.

Engagement levels with the staff survey, particularly within SLE, were explored and discussions will continue to support collective actions in addressing shared issues, which is encouraging.

Efforts are being made to improve the diversity of the NWSSP Senior Leadership Team, with gender balance having improved in recent years and the Committee would look forward to a future update on progress.

The Committee **NOTED** the progress made on the Workforce Race Equality Standard.

Finance, Performance, People, Programme and Governance Updates

Finance - The financial position, as at February 2025, was reported as a year-to-date surplus of £4.302m at Month 11, with a surplus of £3.577m within our core operational budgets and £0.725m against our recurrent covid allocation. Underspend would be utilised to provide a 2024/25 distribution of £3.600m to NHS Wales and Welsh Government. £5.148m capital expenditure has been incurred to date against the 2024/25 final £9.365m Capital Expenditure Limit (CEL).

The Cabinet Secretary for Health and Social Care had approved the new Stockholding Policy for Personal Protective Equipment (PPE). This year, a Capital Prioritisation Group was introduced and has been effective. Going forward into 2025/26, £1.5 million from the Targeted Improvement in the Estates Funds (TEF) bids to the Welsh Government was successfully secured. Expenditure for WRP remains on track to be managed at approximately £140 million for the year. The Risk share contribution is forecast to increase to £36.056m in 2025-26.

People & Organisational Development – Good progress had been made in relation to the majority of the statutory indicators, for which compliance had increased. The key messages detailed in the overarching report were:

- sickness absence had decreased to 3.24%, compared to 3.46% for the same period last year, this was slightly under the NHS target of 3.30%. Improvements were noted in divisions with previously high sickness rates;
- turnover was reported at 21.89%, which had slightly decreased by 0.66%, compared to the same period last year. When excluding the Single Lead Employer

Division, where a higher degree of turnover is inherent in the model, the turnover for NWSSP was at 8.61%, which showed a decrease of 3.30%, year to date;

- statutory and mandatory e-learning compliance remained very high at 92.8%, excluding the SLE Division. Significant improvements within Medical Workforce and Laundry Services had been made;
- Personal Appraisal and Developmental Review (PADR) compliance remained very high at 85.9%, with NWSSP reporting the second highest figures across NHS Wales;
- agency spend decreased to £9,320 for February. One member of staff was engaged via agency within Procurement;
- continued achievement of the Time to Hire target at 55.8 days, against the 71 day target, where the NHS Wales average is currently 66.7 days; and
- employee experience initiatives during the period included Staff Recognition Awards, Staff Survey and employee engagement events.

Performance - Key Performance Indicators (KPIs) from November 2024 to February 2025 were reported and there were no significant areas of concern to be brought to the Committee's attention. The Report indicated a stable and positive position with 37 of 40 high-level indicators achieving target, which were explained in detail in the overarching report. Professional influence benefits generated by NWSSP amounted to £317m, as at the end of February 2025. Quarter 3 meetings with partners were completed, with Quarter 4 meetings scheduled for late April. These sessions are vital for sharing data, receiving feedback, and addressing any issues or compliments.

Outcome Performance Report – The report had been shared with the Senior Leadership Group for scrutiny, prior to being presented to the Committee and focussed on outcomes from the IMTP 2024-2027. Planned improvements included customer experience and benchmarking, which was commissioned to compare against similar organisations, with results expected by 31 March 2025. Highlights included positive improvements in staff pride and well-being arising from the staff survey. In terms of value, the foundational economy reporting highlighted a 43% Welsh spend, within a total spend of £1.057 billion.

Project Management Office & Service Improvement Update Report – The update reflected the status of the 24 current projects and the controls in place to ensure effective monitoring. There have been no changes in the RAG ratings since the last report and the position remains stable. An update on the Primary Care Workforce Intelligence System (PCWIS) was provided, noting a three-month extension to complete user acceptance testing and data crossover, supported by NWSSP's Senior Leadership Group. The Committee acknowledged the progress and the rationale for the extension.

Corporate Risk – The position was reported as stable. There are 15 risks identified for action, of which there are six red risks and nine amber risks. The Committee's attention was drawn to the red-rated risks around capacity to respond to the COVID-19 Public Inquiry, which were hoped to abate but remain beyond control. The progress of the Transforming Access to Medicines (TrAMS) programme was discussed, emphasising the need to seek approvals to proceed at pace. The Primary Care Workforce Intelligence System (PCWIS) red-rated risk was reviewed, with updates and framing adjustments to be addressed in the next cycle.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only and the Committee **NOTED** the reports:

- Finance Monitoring Returns (Month 10 and 11 2024-25);
- Personal Protective Equipment (PPE) Report - February 2025;
- NWSSP Audit Committee Assurance Report – February 2025; and
- Shared Services Partnership Committee Forward Plan.

Any Other Business (AOB)

- Committee Members were encouraged to raise any suggestions for potential topics to be covered during future deep dive sessions.
- A date would be sought for the Committee Development Day to take place in the Autumn of 2025 and suggestions were welcomed for items to be explored.

Matters requiring Board/Committee level consideration and/or approval

The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Matters referred to other Committees

No further matters were referred to other Committees.

Date of next meeting

Thursday 22 May 2025, 10.00am to 12.00pm

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Agenda item: 5.3

BOARD		DATE 21 MAY 2025
Subject:	Summary of Activity of the Board's Local Partnership Forum	
Approved and presented by:	Debra Wood-Lawson, Executive Director of People and Culture	
Prepared by:	Head of Corporate Governance	
Other Committees and meetings considered at:	N/A	
PURPOSE:		
The purpose of this report is to provide the Board with an update on the work of the Board's Local Partnership Forum.		
RECOMMENDATION(S):		
It is recommended that the Board RECEIVES the update report appended to this report.		
Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	N	The LHB Local Partnership Forum (LPF) is the formal partnership mechanism where the Health Board's Managers and Trade Unions work together to improve health services for the citizens of Powys. It is the forum where key stakeholders will engage with each other to inform thinking around national and local priorities on health issues.
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

Powys Teaching Health Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, a Board may be supported by Advisory Groups to provide advice to the Board in the exercise of its functions.

PTHB's Advisory Groups include a Local Partnership Forum (LPF). The LPF's role is to provide a formal mechanism where PTHB, as employer, and trade unions/professional bodies representing PTHB employees work together to improve health services for the citizens served by PTHB - achieved through a regular and timely process of consultation, negotiation and communication.

A meeting of the Local Partnership Forum took place on 08 April 2025. A copy of the Chair's Report is attached at **Appendix A**.

NEXT STEPS:

The next update will be presented to the Board on 30 July 2025

IMPACT ASSESSMENT – NOT REQUIRED

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

Reporting Committee:	Local Partnership Forum
Committee Chair	Cathie Poynton
Date of last meeting:	8 April 2025
Paper prepared by:	Senior Administrator

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that at the meeting of LPF on 8 April 2025 the following matters were discussed:

- Better Together Portfolio including Temporary Service Changes
- Financial Performance Month 11 including financial recovery
- Director of People and Culture Summary Report
- Workforce Performance Report
- Approved Annual Plan
- Chief Executive Officer’s Report
- Speaking Up Safely
- NHS Staff Survey Results
- Annual Effectiveness
- Annual Review of Terms of Reference

A summary of key issues discussed on 08 April 2025 is provided below.

Better Together Portfolio including Temporary Service Changes

The Forum received an overview of progress and next steps. There were four main themes under the programme - Community and Frailty, Diagnostics, Planned Care and Mental Health and Women and Childrens. It had been decided to accelerate the Community and Frailty programme and some areas of Mental Health.

Financial Performance Month 11

The Forum received an overview of the financial situation as submitted to Board in March 2025.

Patterson, Liz
20/05/2025 15:53:12

Executive Director of People and Culture Summary Report

The Forum received the report that set out the progress made in the previous quarter against the priority areas within the Integrated Plan and included some national developments. Attention was drawn to:

- Aspiring Nurses – Funding secured for a further cohort
- Internationally Educated Nurses – made good progress. 21 of which are on the wards and further 10 waiting to do their Objective Structure Clinical Examinations (OSCE) or waiting for PIN.
- Retention – the rate had improved by nearly 4%
- Reverse mentoring – evaluation awaited
- Launched the Management Charter including a series of support tools
- National updates – Leadership and Management competency framework
- Audit Wales Report (Workforce Challenges) – very few actions required
- Non pay elements or previous pay deal – CPD and 36-hour week
- Discussions re Bands 2 and 3

Workforce Performance Report

The Forum received the report the following points were highlighted:

- Over the past two years, the workforce as increased by 156 full time equivalent
- Number of vacancies remained stable
- An increase in FTE registered on the Bank
- Slight increase in of FTE agency staff
- Off contract agency use remained stable
- Continued improvement in the turnover staff
- Statutory and Mandatory training and PADR figures were positive and above the national target
- Better data available regarding why people are leaving
- Increase in Bank Staff enrolling with Wagestream
- Twice as many disciplinary fast tracks as there were full hearings
- Increase in short term absence

The Forum noted an appointment to a training position had been made, an improvement in compliance of the mandatory resuscitation training was anticipated.

Approved Annual Plan

The Forum received a summary of the approved Annual Plan, which was built on the Health Board's position at the end of 2024/25 and included the actions taken with the service changes.

The plan was more detailed than the Integrated Plan, due to the Health Board being in enhanced monitoring there was a need to understand the drivers of the deficit.

Chief Executive Officer's Report

This report was report was received for information.

The Forum noted:

- Air Ambulance and EMERTS judicial review had taken place, the outcome was awaited
- PTHB had signed up to the Charter for Families Bereaved by Public tragedy

The Forum was asked to continue to encourage the take up of vaccines among staff.

Speaking Up Safely

The Forum heard a paper closing off the actions against the Welsh Health Circular (WHC) was due to go to Executive Committee; it was recognised that work would continue with embedding the required culture change and training had been developed. The progress made against these actions would be benchmarked with the results from the Staff Survey.

Since the introduction of the Portal, twelve issues had been raised. It was difficult to do targeted work to the incidents being raised anonymously, although responses had been given to those staff who had identified themselves.

NHS Staff Survey

The Forum received an overview of the initial results and analysis. The survey focused on ten themes, PTHB being the highest performing health board across all of these.

This data would be utilised to inform any programmes of existing work rather than the development of new action plans. This would allow the staff survey data to continuously monitor progress on the existing plans

Annual Effectiveness Review

The Forum noted that the findings had been broadly positive, although a few areas were identified in need of attention.

Annual Review of Terms of Reference

The Forum received the Terms of Reference for review, suggestions were sought in relation to any updates required.

It was noted the Social Partnership and Procurement Act should be included, as the Forum would be used to cover the reporting duties under the Act.

NEXT MEETING

The next meeting of LPF will be held on 14 July 2025 – this will be an extended development session.

Patterson, Liz
20/05/2025 15:53:12



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Agenda item: 5.4

BOARD	21 May 2025
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Subject:	Board Committee Governance – Committee Annual Reports
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Head of Corporate Governance
Other Committees and meetings considered at:	Each Annual Report provided has been considered at the relevant Committee meeting between April and May 2025.

PURPOSE:
The paper provides copies of Committee Annual Reports to the Board.

RECOMMENDATION(S):
The Board is asked to:

- **RECEIVE** Annual Reports from the following Committees:
 - Audit and Risk Assurance (ARAC)
 - Delivery and Performance (D&P)
 - Patient Experience, Quality and Safety (PEQS)
 - Planning, Partnerships and Population Health (PPPH)
- Take **ASSURANCE** that those four committees are operating effectively in fulfilling their terms of reference.

Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	Committees support the breadth and depth of the Health Boards activities are per their terms of reference.
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	

SUMMARY:

PTHB Board Committees play a significant role in supporting the Board in the delivery of its roles, as per the PTHB Standing Orders and Committee Terms of Reference.

The Board receives reports from all Board Committee meetings on an ongoing basis throughout the year, via a Committee Chair's report. These are delivered by the Committee Chair and provide a summary of Committee business including any areas of particular interest or escalation to the Board.

For 2024/25, Annual Reports have been produced for Committees reflecting the following core content:

- Roles and Responsibilities including membership, attendance and frequency
- Activity in 2024/25
- An assurance statement to the Board
- Committee Effectiveness
- Planned activity

This reports summarise the key areas of business activity undertaken by the Committee (the Committee) over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

Included in this report are reports for the following Committees:

- Audit and Risk Assurance (ARAC)
- Delivery and Performance (D&P)
- Patient Experience, Quality and Safety (PEQS)
- Planning, Partnerships and Population Health (PPPH)

Each of the above Committees have considered their Annual Reports and have all:

- Taken their own assurance that the Committee is fit for purpose and operating effectively in fulfilling its terms of reference;
- Recommended the Annual Report(s) to the Board.

NB – the PPPH meeting does not meet until the 19 May so a verbal update will be provided if the Committee raises any issues with its annual report.

NEXT STEPS:

At the July Board, the following reports will be provided:

- Executive Committee
- Remuneration and Terms of Service Committee
- Workforce and Culture Committee.

IMPACT ASSESSMENT – NOT REQUIRED

Not required

Patterson, Liz
20/05/2025 15:22:18



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2024/25 ANNUAL REPORT OF THE AUDIT AND RISK ASSURANCE COMMITTEE

Patterson, Liz
20/05/2025 15:22:12

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5. Committee Effectiveness	8
6. Planned Activity in 2025/26	9

Patterson, Liz
20/05/2025 15:02:17

1. Introduction

The Audit, Risk and Assurance Committee has been established by the Board in order to enable the scrutiny and review of matters related to audit, financial accounting, assurance and risk management, to a level of depth and detail not possible in Board meetings.

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

2. Roles and Responsibilities

The Terms of Reference for Committee were reviewed and agreed by the Board in March 2024.

The purpose of the Committee is to support the Board and Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report by:

- independently monitoring, reviewing and reporting to the Board on the processes of governance, risk management and internal control in accordance with the standards of good governance determined for the NHS in Wales;
- advising the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further;
- Maintaining an appropriate financial focus demonstrated through robust financial reporting and maintenance of sound systems of internal control; and
- Working with the other committees of the Board to provide assurance that governance and risk managements arrangements are adequate and part of an embedded Board Assurance Framework that is 'fit for purpose'.

2.1 Membership of the Committee

The membership of the Committee during 2024/25 was:

Name	Role	Attendance
Steve Elliot	Independent Member and Chair of the Committee	5/5
Christopher Walsh	Independent Member	3/5
Ronnie Alexander	Independent Member	4/5
Rhobert Lewis	Independent Member (to October 2024)	3/3
Ian Thomas	Independent Member (from March 2025)	1/1

2.2 Others in Attendance

During 2024/25, the following staff attended the Committee:

Name	Role	Attendance
Pete Hopgood	Director of Finance, Capital and Support Services	5/5
Hayley Thomas	Chief Executive Officer	4/5
Carl Cooper	PTHB Chair	5/5
Helen Bushell	Director of Corporate Governance/Board Secretary	5/5

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

2.3 Meeting frequency

During 2024/25 the Committee met five times and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held four times a year and otherwise, as the Chair of the Committee deems necessary, consistent with the annual plan of Board and Committee Business. The Committee holds a planned additional meeting each year to review the Draft Annual Report and Account, this was held on 14 May 2024.

3. Activity in 2024/25

3.1 Main Areas of Committee Activity 2024/25

ITEMS FOR ASSURANCE	
Internal Audit Update and Reports (as required)	Each Meeting
External Audit Update and Reports (as required)	Each Meeting
Counter Fraud Update and Reports (as required)	Each Meeting
Single Tender Waivers (including extensions to contracts) (as required)	Each Meeting
PTHB Draft Accountability Report and Financial Accounts	May 2024
Audit Recommendation Tracker	May 2024
Head of Internal Audit Opinion Draft	May 2024
Counter Fraud Annual Report 2023/24	May 2024
Single Tender Waivers Annual Report	May 2024
Single Tender Waivers (including extensions to contracts)	May 2024
Losses and Special Payments Annual Report	May 2024
Post Payment Verification Year End	May 2024
Risk Management Update	May 2024
Audit Wales ISA260 Audit Report including Letter of Representation	July 2024
Head of Internal Audit Opinion 2023/24	July 2024
Hosted Body annual report (HCRW)	July 2024
Confirmation of Clinical Audit Programme	July 2024
Confirmation Clinical Audit Programme in place	July and October 2024
Audit Recommendation Tracker	October 2024 and March 2025
Board Assurance Framework	October 2024
Losses and Special Payments	October 2024
Information Governance Performance Report	October 2024
Standards of Behaviour:	October 2024 and March 2025

<ul style="list-style-type: none"> Declarations / Register of Interests 	
Gifts and Hospitality	
Welsh Health Circular (WHC) Tracker	October 2024
Post Payment Verification Mid Year Report	January 2025
Records Management	January 2025
Financial Controls 2024/25	March 2025
Information Governance Performance Report	March 2025
Approach to the Annual Accounts	March 2025
ITEMS FOR APPROVAL / RECOMMENDATION TO THE BOARD	
Review of Standing Orders	May 2024
External Audit Plan 2024	May 2024
Annual Report and Accounts 2023-24, including: <ul style="list-style-type: none"> the Performance Report; the Accountability Report, including: <ul style="list-style-type: none"> Corporate Governance Report Remuneration and Staff Report Parliamentary Accountability and Audit Report; the Financial Statements 2023-24 	July 2024
Enquiries of Management and those charged with Governance	
Internal Audit Annual Plan 2025/26	March 2025
External Audit Annual Plan 2025/26	March 2025
Review of Standing Orders and Standing Financial Instructions	March 2025
Counter Fraud Work Plan 2025/2026	March 2025
Audit Handbook	March 2025
Risk Management Framework	March 2025

ESCALATED ITEMS	
No items were escalated	
IN-COMMITTEE ITEMS	
No items were considered In-Committee	
CORPORATE GOVERNANCE	
Committee Annual Report	May 2024
Committee Work Programme	Each Meeting

Patterson, Liz
20/05/2025 15:02:25

3.2 Work programme and action log

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

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

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

4. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2024/25, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs report or that are already visible in the corporate risk register.

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

5. Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach balancing the need to reduce pressure on staff where possible, whilst ensuring the Committee fulfils its responsibilities.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key adaptations made this year included:

- The construct of the Committee meeting agendas remained flexible, and the application of a risk-based approach to the selection of agenda items.
- The use of the consent agenda where appropriate to ensure the timeliness of information to the Committee given the fast moving pace of some agenda areas.
- The introduction of circulation of final internal audit reports to members when received rather than with the papers to lessen the length of papers to be absorbed in the lead up to the Committee.

The Committee has undertaken its annual effectiveness review process. The outcome and recommendations following this review will be reported to the Board in May 2025.

6. Planned Activity in 2025/26

The Committee has developed its annual work programme and is committed to continuing to develop its function and effectiveness as per its terms of reference. The Committee welcomes any feedback from the Board in relation to its annual work programme when it is presented to the Board in May 2025.



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2024/25 ANNUAL REPORT OF THE DELIVERY AND PERFORMANCE COMMITTEE

Patterson, Liz
20/05/2025 15:21:15

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3.3 Work programme and action log	Error! Bookmark not defined.
4. Assurance to the Board	Error! Bookmark not defined.
5. Committee Effectiveness	Error! Bookmark not defined.
6. Planned Activity in 2025/26	Error! Bookmark not defined.

Patterson, Liz
20/05/2025 15:42:15

1. Introduction

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

This report summarises the key areas of business activity undertaken by the Delivery and Performance Committee ('the Committee') over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2. Roles and Responsibilities

The Terms of Reference for the Delivery and Performance Committee were reviewed and agreed by the Board in March 2024. The purpose of the Delivery and Performance Committee is to:

- a. provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Framework for Improving Performance.
- b. Committee will seek assurances:
 - on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services;
 - on performance against national and locally set quality and safety measures of care together with compliance to legislative requirements ensuring services are safe, personal, effective and continuously improving;
 - that services are improving efficiency and productivity and financial plans are being delivered;
 - risks are suitably identified, mitigated and residual risks controlled and corrective actions are taken as required to sustain or improve performance.

The Committee will play a key role in monitoring the achievement of the Board strategic aims, objectives and priorities and will:

- a. seek assurance that arrangements for financial management and financial performance are sufficient, effective and robust,
- b. seek assurance that arrangements for the performance management and accountability of directly provided and commissioned services are sufficient, effective and robust,
- c. assurance that arrangements for compliance with Health and Safety Regulations and Fire Safety Standards are sufficient, effective and robust,
- d. assurance that arrangements for information management are sufficient, effective and robust,
- e. assurance that arrangements for the performance management of digital and information management and technology (IM&T) systems are sufficient, effective and robust, and
- f. assurance that performance management of capital, estates and support services related standards and systems are sufficient, effective and robust,

The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board’s Policy Management Framework and Scheme of Delegation and Reservation of Powers.

The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

It is expected that the committee will also annually review its own terms of reference and report any changes to the Board for ratification.

2.1 Membership of the Committee

The membership of the Committee during 2024/25 was:

Name	Role	Attendance
Ronnie Alexander	Independent Member (General) and Chair of the Committee	5/7

Patterson, Liz
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Rhobert Lewis	Independent Member (General) and Committee Vice Chair	6/7
Kirsty Williams	Independent Member	5/7
Cathie Poynton	Independent Member (Trade Union)	6/7
Mick Giannasi	Independent Member	4/7
Steve Elliot	Independent Member	6/7
Ian Thomas	Independent Member	1/1

2.2 Others in Attendance

During 2024/25, the following staff attended the Committee:

Name	Role	Attendance
Pete Hopgood	Director of Finance, Information and IT (Joint Executive Lead)	7/7
Nicola Johnson	Director of Performance and Commissioning (from 07.10.2024)	4/4
Stephen Powell	Director of Performance and Commissioning (until 18.10.2024)	2/3
Claire Madsen	Director of Therapies & Health Sciences	5/7
Joy Garfitt	Executive Director of Operations/Director of Community and Mental Health	0/3
Debra Wood Lawson	Executive Director of Workforce and OD	2/7
Claire Roche	Executive Director of Nursing, Quality, Women and Family Health	3/7
Elaine Lorton	Executive Director of Primary, Community Care and Mental Health (from 30.09.2024)	4/4
Kate Wright	Executive Medical Director	3/7
Helen Bushell	Director of Corporate Governance/Board Secretary	6/7

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

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

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

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

2.3 Meeting frequency

During 2024/25 the Committee met seven times and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held no less than bi-monthly and in line with the annual plan of Board and Committee Business.

Patterson, Liz
20/05/2025 15:02:25

3. Activity in 2024/25

3.1 Main Areas of Committee Activity 2024/25

ITEMS FOR ASSURANCE	
Finance	
Draft Annual Performance Report section of the Annual Report 2023/24.	May 2024
Financial Performance Report	Every meeting
Approach to Annual Accounts	February 2025
Six Monthly Report on Continuing Health Care Savings	August 2024 & February 2025
Performance	
Integrated Quality and Performance Report	Every meeting
Annual Delivery Plan Q4 2023/2024	May 2024
Q1 Integrated Plan Progress Report	August 2024
Q2 Integrated Plan Progress Report (including diagnostic services)	October 2024
Q3 Annual Delivery Progress Report	February 2025
Emergency Ambulance Services Update	May 2024
Endoscopy Update (including JAG accreditation)	February 2025
Neurodiversity (Children) Performance/Planning Update	August 2024
In-reach Fragility	December 2024
Digital and Information Governance	
Information Governance Annual Performance Report 2023/24	May 2024
Digital First Update	May 2024 & December 2024
IT Infrastructure and Asset Management	May 2024
Information Governance Toolkit Outturn Report and Improvement Plan	June 2024
Primary Care	
Primary Care: General Dental Services	June 2024 & December 2024
Primary Care: Out of Hours Report	June 2024 & February 2025

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Primary Care: General Medical Services (GMS) Commissioning Assurance Framework	October 2024
Community Pharmacy Annual Report	December 2024
Estates and Support Services	
Food Safety Compliance and Assurance Report	June 2024
Decarbonisation – Action Plan and Progress	June 2024
Capital Programme Delivery & Pipeline Overview	December 2024
Six monthly Report on Catering Services	February 2025
Capital and Estates Compliance Report	February 2025
Powys Public Service Board Climate Working Group Update	August 2024
ESCALATED ITEMS	
Records Management Improvement Plan	May 2024
Organisational Escalation Status – including Enhanced Monitoring Self-Assessment	Every meeting
ITEMS FOR INFORMATION	
Internal Audit Reports: <ul style="list-style-type: none"> • Integrated Performance Framework • Cleaning Standards 	October 2024
Internal Audit Reports: <ul style="list-style-type: none"> • Core Financial Systems – Treasury Management • Board & Committee Structure / Effectiveness • Capital Systems • Energy Management 	February 2025
CORPORATE GOVERNANCE	
Committee Annual Programme of Business/Committee Frequency	May 2024
Committee Risk Register	Every meeting
Committee Work Programme	Every meeting

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Communications and Engagement Report	December 2024
IN-COMMITTEE ITEMS	
Integrated Plan 2023/24 Feedback from Welsh Government	March 2025
Corporate risk register	Every meeting

Patterson, Liz
20/05/2025 15:02

3.2 Work programme and action log

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

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

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

4. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2024/25, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs report or that are already visible in the corporate risk register.

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

5. Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key adaptations made this year included:

- Implementation of the Committee’s revised terms of reference.
- The increase of meetings from four per year to six per year.
- The construct of the Committee meeting agendas remained flexible, and the application of a risk based approach to the selection of agenda items.
- The use of verbal updates and presentations where appropriate to ensure the timeliness of information to the Committee given the fast moving pace of some agenda areas.
- The circulation of relevant material outside meetings where appropriate.

The Committee is in the process of undertaking its annual effectiveness review process. The outcome and recommendations following this review will be reported to the Board in Quarter 1 of 2025/26.

6. Planned Activity in 2025/26

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



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2024/25 ANNUAL REPORT OF THE PLANNING, PARTNERSHIP AND POPULATION COMMITTEE

Patterson, Liz
20/05/2025 8:19

PPPH Committee Annual Report
2024/25

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Planning, Partnerships and Population
Health Committee
19 May 2025
Agenda Item: 7.5

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Patterson, Liz
20/05/2025 8:12:19

1. Introduction

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

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

2. Roles and Responsibilities

The Terms of Reference for the Planning, Partnerships and Population Health Committee were reviewed and agreed by the Board in March 2024. The purpose of Committee is to:

Provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Framework for Improving Performance.

a. Committee will seek assurances:

- on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services;
- on performance against national and locally set quality and safety measures of care together with compliance to legislative requirements ensuring services are safe, personal, effective and continuously improving;
- that services are improving efficiency and productivity, and financial plans are being delivered;
- risks are suitably identified, mitigated and residual risks controlled, and corrective actions are taken as required to sustain or improve performance.

The Committee will play a key role in monitoring the achievement of the Board strategic aims, objectives and priorities and will:

Strategic Planning

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

Partnership Working

- a. consider the development of strategies and plans developed in partnership with key strategic partners
- b. monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need
- c. seek assurance that partnership governance and partnership working is effective and successful.

Population Health

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

- d. seek assurance on the work of the Health Board to reduce health inequalities.

It is expected that the committee will also annually review its own terms of reference and report any changes to the Board for ratification.

2.1 Membership of the Committee

The membership of the Committee during 2024/25 was:

Name	Role	Attendance
Rhobert Lewis	Independent Member (General) and Committee Chair	3/5
Ian Phillips	Independent Member (Vice Chair until August 2024)	1/2
Simon Wright	Independent Member	3/4
Kirsty Williams	Independent Member (Vice Chair from August 2024)	3/5
Jennifer Owen Adams	Independent Member	4/5
Ronnie Alexander	Independent Member (General)	4/5
Ian Thomas	Independent Member (to ensure quorum)	1/1
Mick Giannasi	Independent Member (to ensure quorum)	1/1

2.2 Others in Attendance

During 2024/25, the following staff attended the Committee:

Name	Role	Attendance
Pete Hopgood	Executive Director of Finance, Capital and Support Services	3/5
Nicola Johnson	Executive Director of Performance and Commissioning (from 07.10.2024)	3/3
Hayley Thomas	Chief Executive Officer	2/5
Stephen Powell	Executive Director of Performance and	3/3

	Commissioning (until 18.10.2024)	
Claire Madsen	Executive Director of Allied Health Professions, Therapies, Health Sciences and Digital	4/5
Claire Roche	Executive Director of Nursing, Quality, Womens and Family Health	3/5
Mererid Bowley	Executive Director of Public Health	5/5
Debra Wood Lawson	Executive Director of People and Culture	3/4
Elaine Lorton	Executive Director of Primary, Community Care & Mental Health	2/3
Helen Bushell	Director of Corporate Governance/Board Secretary	4/5

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

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

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

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

2.3 Meeting frequency

During 2024/25 the Committee met four times with a fifth meeting joint with Delivery and Performance Members and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held no less than bi-monthly and in line with the annual plan of Board and Committee Business.

Patterson, Liz
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3. Activity in 2024/25

3.1 Main Areas of Committee Activity 2024/25

ITEMS FOR ASSURANCE	
Strategic Change Report and Engagement Report	Each meeting
NWSSP Performance – Year End	May 2024
Whole Systems Approach to prevention of obesity	May 2024
Weight Management Pathway	May 2024
Healthy Child Wales Programme Evaluation Health Visiting Programme	May 2024
Deep Dive – Diabetes Part 2	May 2024
Annual Report of Director of Public Health	May 2024
Primary Care Cluster Plans	May 2024
Additional Learning Needs update	May 2024, February 2025
Committee Risk Register	Each Meeting
Committee Work Programme	Each Meeting
Winter Respiratory Vaccination Update	August 2024
Transformation – Better Together Update	August 2024
Tobacco Control	August 2024
Integrated Plan 2025/2026 Development and Draft Maturity Matrix	November 2024
Transformation and Change	November 2024
Winter Plan 2024/2025 & Respiratory Vaccination Campaign	November 2024
Oral Health-Design to Smile Programme	November 2024
Child Immunisation Annual Report	November 2024
Local and National Civil Contingency Arrangements	November 2024
NWSSP Mid-Year Performance Report	November 2024
Regional Partnership Board – Annual Delivery Plan	February 2025

Patterson, Liz
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Transformation-Better Together	February 2025
North Powys Wellbeing Programme	February 2025
Summary of Screening Programmes	February 2025
Health Protection Summary report	February 2025
Endoscopy Services Update	February 2025
NWSSP Performance Report	February 2025
ITEMS FOR INFORMATION	
Internal Audit Reports: <ul style="list-style-type: none"> • Integrated Plan Development Report • Board and Committee Structure/Effectiveness 	November 2024, February 2025
CORPORATE GOVERNANCE	
Committee Risk Register	Every meeting
Committee Work Programme	Every meeting
Communications and Engagement Report	December 2024
IN-COMMITTEE ITEMS	
North Powys Wellbeing Programme	August 2024
Corporate Risk Register	Every meeting

Patterson, Liz
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3.2 Work programme and action log

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

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

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

4. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2024/25, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs report or that are already visible in the corporate risk register.

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

5. Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach and balance the need to reduce pressure on staff during this time.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key adaptations made this year included:

- The construct of the Committee meeting agendas remained flexible, and the application of a risk-based approach to the selection of agenda items.
- The use of verbal updates and presentations where appropriate to ensure the timeliness of information to the Committee given the fast-moving pace of some agenda areas.
- The circulation of relevant material outside meetings where appropriate.

The Committee is in the process of undertaking its annual effectiveness review process. The outcome and recommendations following this review will be reported to the Board in Quarter 1 of 2025/26.

6. Planned Activity in 2025/26

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

Patterson, Liz
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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

2024/25 ANNUAL REPORT OF THE PATIENT EXPERIENCE, QUALITY AND SAFETY COMMITTEE

Patterson, Liz
20/05/2025 14:19

Committee Annual Report
2024/25

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Patient Experience, Quality and
Safety Committee
29 April 2025
Agenda Item 3.4

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1. Introduction

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

This report summarises the key areas of business activity undertaken by the Patient Experience, Quality and Safety Committee ('the Committee') over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2. Roles and Responsibilities

The Terms of Reference for the Committee were agreed by the Board in September 2021. The purpose of the Committee is to:

- provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters, consistent with the Board's overall strategic direction
 - a. Citizen Experience; and
 - b. Quality and Safety of directly provided and commissioned services.
- Committee will seek assurances:
 - a) The robustness of the Board's Clinical Quality Framework;
 - b) the experience of patients, citizens and carers ensuring continuous learning;
 - c) the provision of high quality, safe and effective healthcare within directly provided and commissioned services;
 - d) the effectiveness of arrangements in place to support Improvement and Innovation and
 - e) compliance with mental health legislation, including the Mental Health Act 1983 (amended 2007) and the Mental Capacity Act 2005.

Noting the scope of the Committee extends to the full range of PTHB responsibilities. This encompasses all areas of patient experience, quality and safety relating to patients, carers and service users, within directly provided services and commissioned services. The Committee will

embrace the Health and Care Standards as the Framework in which it will fulfil its purpose:

- Staying Healthy
- Safe Care
- Effective Care
- Dignified Care
- Timely Care
- Individual Care
- Staff and Resources

The Committee is responsible for providing advice to the Board and Committees on:

- A. Seek assurance that the Health Board's **Clinical Quality Framework** remains appropriate, is aligned to the National Quality Framework, and is embedded in practice.

- B. Seek assurance that arrangements for capturing the **experience of patients, citizens and carers** are sufficient, effective and robust, including:
 - the delivery of the Patient Experience Plan; and
 - the 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.

- C. Seek assurance that arrangements for **the provision of high quality, safe and effective healthcare** are sufficient, effective and robust, including:
 - the systems and processes in place to ensure efficient, effective, timely, dignified and safe delivery of directly provided services;
 - the commissioning assurance 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 arrangements in place to ensure that there are robust infection, prevention and control measures in place in all settings;
- the development of the board’s Annual Quality Statement and Annual Quality Priorities; and
- performance against key quality focussed performance indicators and metrics.

D. Seek assurance on the arrangements in place to support

Improvement and Innovation, including:

- an overview of the research and development activity within the organisation;
- alignment with the national objectives published by Health And Care Research Wales (HCRW);
- an overview of the quality improvement activity within the organisation.

E. Seek assurance that arrangements for **compliance with mental health legislation** are sufficient, effective and robust, including:

- the Mental Health Act 1983 Code of Practice for Wales and associated regulations;
- 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.

3.1 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board’s Policy Management Framework and Scheme of Delegation and Reservation of Powers.

3.2 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

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The committee annually review their terms of reference and report any changes to the Board for ratification.

2.1 Membership of the Committee

The membership of the Committee during 2024/25 was:

Name	Role	Attendance
Kirsty Williams	Chair	5/5
Jennifer Owen Adams	Vice-Chair	4/5
Ian Phillips (to 20/08/2024)	Independent Member	2/2
Simon Wright	Independent Member	4/5
Steve Elliot	Independent Member	1/1
Mick Giannasi	Independent Member	1/1
Ian Thomas	Independent Member	1/1

2.2 Others in Attendance

During 2024/25, the following staff attended the Committee:

Name	Role	Attendance
Claire Roche	Executive Director of Nursing, Quality, Women and Family Health	3/5
Kate Wright	Executive Medical Director	4/5
Claire Madsen	Executive Director of Allied Health Professions, Health Science and Digital	3/5
Joy Garfitt (to 30/09/2024)	Interim Director of Operations	0/3
Pete Hopgood (to 01/05/2024)	Executive Director of Finance, Capital and Support Services, Interim Director of Primary Care	1/1
Elaine Lorton (from 30/09/2024)	Executive Director Primary Care, Community and Mental Health	2/2
Nicola Johnson (from 07/09/2024)	Executive Director of Planning, Performance and Commissioning	1/2

Helen Bushell	Director of Corporate Governance / Board Secretary	5/5
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Other officers attended during the year to present reports which related to their areas of responsibility as required.

The Chief Executive, Hayley Thomas, was also invited to attend every meeting, and attends at least annually attending once during the year.

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

2.3 Meeting frequency

During 2024/25 the Committee met five times and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held four times a year and otherwise, as the Chair of the Committee deems necessary, consistent with the annual plan of Board and Committee Business. The Committee held an additional meeting in September 2024 to consider matters that were not fully prepared for the July meeting.

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3. Activity in 2024/25

3.1 Main Areas of Committee Activity 2024/25

ITEMS FOR ASSURANCE	
PATIENT STORIES	
Francis Isaacs – Memory Clinic	July 2024
Meggie’s Story – Physio	Nov 2024
Quality, Safety and Patient Experience	
Integrated Quality Report	At every meeting November 2024 (including Public Services Ombudsman for Wales Annual Letter 2023/24)
Duty of Quality Annual Report 2023-24	September 2024
Infection Prevention and Control Annual Report	July 2024
Medical Devices and Point of Care Testing Annual Report 2023-2024	November 2024
Medicines Management Annual Report	February 2025
Annual Report of Accountable Officer for Controlled Drugs	February 2025
Transition of Care Annual Report	February 2025
Health and Safety Q1 and Q2 report	November 2024
Child Protection / Safeguarding	
Child Practice Review	April 2024

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Joint Inspection on Child Protection Arrangements	April 2024
Annual Safeguarding Report 2023-24	September 2024
Child Practice Review	November 2024
Services previously in local escalation	
Maternity Service assurance report	February 2025
Mental Health	
Adult Mental Health Post-escalation monitoring	February 2025
Mental Health Power of Discharge Annual Report 2023/24	July 2024
Mental Health Power of Discharge Six Monthly Report	February 2025
Clinical Audit and Regulatory Reports	
Clinical Audit Annual Programme	April 2024
Clinical Audit Progress Report	November 2024
Health Inspectorate Wales – Do Not Attempt Cardio-Pulmonary Resuscitation Inspection Report	July 2024
Care Inspectorate Wales – Cottage View Knighton Inspection Report	July 2024
ITEMS FOR APPROVAL	
There were no items for approval	
ITEMS CONSIDERED IN-COMMITTEE	
No items were considered In-Committee	
ESCALATED ITEMS	

Infection Prevention and Control	Committee escalated to Board in July 2023 – monitoring reports received in April 2024 and, within Integrated Quality Report in July 2024, November 2024
Civica – Patient Experience	Committee escalated to Board in May 2023 – Patient experience included in Integrated Quality Report in April 2024 and July 2024. Separate reports on Patient experience received in November 2024 and February 2025
Mental Health Services	Escalated by Executive Committee in March 2024 – Committee advised in April 2024 - monitoring report received in July 2024 Committee advised in November 2024 that Executive Committee had de-escalated this service. The Committee to continue to receive post-escalation monitoring reports
Children’s Neuro Developmental Services	Escalated by Executive Committee in October 2024 – Committee advised in November 2024 and monitoring report received in February 2025
CORPORATE GOVERNANCE	
Committee Annual Report	April 2024
Committee Annual Work Programme	April 2024
Committee Risk Register	Each meeting
Committee Work Programme	Each meeting
ITEMS FOR INFORMATION	
Internal Audit Reports:	
• Annual Internal Audit Plan (2024/25)	April 2024
• Board Committee Effectiveness (2023/24)	April 2024
• Infection Prevention and Control	April 2024

Patterson, Liz
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<ul style="list-style-type: none"> • Continuing Health Care • Patient Experience • End of Life Care • Deprivation of Liberty Standards • Board and Committee Effectiveness 	<p>July 2024</p> <p>July 2024</p> <p>November 2024</p> <p>February 2025</p> <p>February 2025</p>
<p>WHSSC/JCC Quality Patient Safety Committee Chairs Report:</p> <ul style="list-style-type: none"> • 19 February 2024 • 24 June 2024 • 02 September 2024 	<p>July 2024</p> <p>November 2024</p> <p>November 2024</p>

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3.2 Work programme and action log

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

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

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

4. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2024/25, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs report, noted as Escalated Items or those that are already visible in the corporate risk register.

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

5. Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise a robust governance approach balancing the need reduce pressure on staff where possible, whilst ensuring the Committee fulfils its responsibilities.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key developments/adaptations made this year included:

Patterson, Liz
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- The construct of the Committee meeting agendas remained flexible, and the application of a risk-based approach to the selection of agenda items.
- The continued development and maturing of the Integrated Quality Report as a key tool for a number of areas of the Committees responsibility including the Duties of Quality and Candour.
- The use of verbal updates and presentations where appropriate to ensure the timeliness of information to the Committee given the fast moving pace of some agenda areas.
- The circulation of relevant material outside meetings where appropriate.
- The organisation of the joint meeting with Workforce and Culture Committee.

The Committee is in the process of undertaking its annual effectiveness review process. The outcome and recommendations following this review will be reported to the Board in Quarter 1 of 2025/26.

6. Planned Activity in 2025/2026

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

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Audit Risk and Assurance Committee Work Programme 2025-26						
Item Title	May 13/05/2025	June 17/06/2025 (Annual Accounts)	July 08/07/2025	Oct 7/10/24	Jan 13/01/2026	March 10/03/2026
Minutes of previous meeting	✓		✓	✓	✓	✓
Declaration of Interests	✓		✓	✓	✓	✓
Action Log	✓		✓	✓	✓	✓
Annual Work Programme	✓		✓			
Work Programme (updated through year)			✓	✓	✓	✓
Annual Assessment of Committee Effectiveness	✓					✓
Committee Governance Action Plan			✓			✓
Committee Annual Report	✓					
Audit Recommendation Tracker				✓		✓
WHC Tracker	✓			✓		✓
Register of Interests				✓		✓
Board Members Register of Interests and Register of Gifts and Hospitality				✓		✓
Board Assurance Framework				✓		
Review of Terms of Reference	✓					✓
Review of Standing Orders and Standing Financial Instructions						✓
Confirmation Clinical Audit Programme in place			✓			
Approach to the Annual Accounts						✓
PTHB Draft Accountability Report and Financial Accounts (Invite D&P Members)	✓					
PTHB Final Accountability Report and Financial Accounts and Letter of Representation		✓				
Head of Internal Audit Opinion Draft	✓					
Head of Internal Audit Opinion Final		✓				✓
Internal Audit Annual Plan						✓
Internal Audit Progress Report 24/25	✓		✓	✓	✓	
Internal Audit Reports (as required)	✓		✓	✓	✓	✓
Internal Audit Trend Report					✓	
Enquiries of Management and Those Charged with Governance		✓				
External Audit Annual Plan						✓
External Audit Progress Report	✓		✓	✓	✓	
External Audit Reports (as required)	✓		✓		✓	✓
Structured Assessment	✓				✓	
Counter Fraud Annual Plan						✓
Counter Fraud Update	✓		✓	✓	✓	
Counter Fraud Reports (as required)	✓		✓		✓	✓
Single Tender Waivers Annual Report	✓					
Single Tender Waivers (including extensions to contracts)	✓		✓	✓	✓	✓
Losses and Special Payments Annual Report	✓					
Losses and Special Payments	✓			✓		✓
Post payment Verification Yr End May, Mid Yr Jan	✓				✓	
Financial Controls				✓		✓
Review of Risk Management Framework				✓		
Assurance of Risk Management arrangements inc. revised Risk Management Toolkit			✓			
Hosted Body annual report (HCRW)			✓			
IG Annual Report	✓					
IG Performance Report				✓		✓
IG Toolkit (National Audit replaces Caldicott Principles)			✓			
Information Governance & Records Management report	✓				✓	
Digital First annual deep dive into the Digital Programme					✓	
Digital First Annual Plan				✓		
Digital First Quarterly Monitoring (including cyber security)			✓	✓	✓	✓
Key:						
Added to draft agenda						

Delivery and Performance Committee 2025-26							
Theme	Item Title	May 01/05/2025	June 26/06/2025	September 02/09/2025	October 21/10/2025	December 04/12/2025	February 26/02/2026
Governance	Minutes of previous meeting	✓	✓	✓	✓	✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓	✓	✓
Governance	Action Log	✓	✓	✓	✓	✓	✓
Governance	Committee Reflections	✓	✓	✓	✓	✓	✓
Governance	Committee Risk Register	✓	✓	✓	✓	✓	✓
Governance	Annual Work Programme	✓					
Governance	Work Programme (updated through year)		✓	✓	✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness	✓					
Governance	Committee Governance Action Plan		✓				✓
Governance	Committee Annual Report (including IC elements)	✓					
Governance	Review of Terms of Reference	✓					
Performance	Integrated Quality and Performance Report	✓	✓	✓	✓	✓	✓ Mnth 9
Performance	Ministerial Enabling Actions		✓			✓	
Performance	Annual Delivery Progress Report	✓ Q4		✓ Q1	✓ Q2		✓ Q3
Finance	Finance Report	✓	✓	✓	✓	✓	✓
Finance	Savings - (Six monthly report on Continuing Health Care costs)			✓			✓
Finance	Variable Pay			✓			
Annual Reporting	Draft Performance Report (of Annual Report) - to be circulated via email due to timescales						
Innovative Environments	Capital Programme Delivery					✓	
Innovative Environments	Capital and Estates Compliance Report						✓
Innovative Environments	Capital and Estates Strategy Monitoring		✓				
Innovative Environments	Capital Pipeline Overview					✓	
Innovative Environments	Powys PSB Climate Working Group Update				✓		
Primary Care	GMS			✓			
Primary Care	GDS				✓		
Primary Care	Out of Hours			✓			
Primary Care	Community Pharmacy Annual Report					✓	
Primary Care	Mental Health Services						
Digital First	Digital First Annual Plan			✓			
Digital First	Digital First Monitoring Report (Quarterly)To include Cyber Security		✓	✓		✓	✓
Audit Reports	Any Internal Audit/Wales Audit reports received - for information	N/A	N/A	N/A	N/A	N/A	N/A
Communications	Comms and Engagement Report					✓	
Innovative Environments	Six monthly report on catering services				✓		✓
Performance	Organisational Escalation Status Presentation	✓	✓	✓	✓	✓	✓
Digital First	Digital First: annual deep dive into the Digital Programme			✓ Lite			✓
Finance	Deep Dive - CHC savings track growth on case numbers.		✓				
Performance	Endoscopy Update to include JAG accreditation			✓			✓
Health and Safety	Health and Safety Annual Report	✓					
Health and Safety	Health & Safety (Fire and Patient Safety) 6 monthly report					✓	
Actions:							
Actions	Deep Dive - from Performance report (Action at Feb meeting) Ambulance Response (May)	✓					✓
Performance	Review the effectiveness of clusters in achieving their purpose on an Annual basis					✓	
Performance	To provide a report to Committee around Contract negotiations, data source and provision and Shropdoc changes in Ystradgynlais.		✓				
Performance	Deep Dive Cancer and Diagnostics Performance update			✓			
Planning	Integrated Plan 2025/2026 Development and Draft Maturity Matrix - Second look needed at joint PPPH and D&P meeting March 2026						
Actions	Deep Dive - from Performance report (Action at Feb meeting) Cancer Performance			✓			
Actions	OOH contract negotiations, data source and Shropdoc arrangements in Ystradgynlais.		✓	✓			
Key:							
Date to be confirmed							
Item to be confirmed							
Item deferred							
Item brought forward							
Going to Board							
Find Exec Cttee date							
Added to draft agenda							

Patient Experience, Quality and Safety Committee 2025-26					
Theme	Item Title	April 29/04/2025	July 31/07/2025	October 23/10/2025	February 05/02/2026
Governance	Minutes of previous meeting	✓	✓	✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓
Governance	Action Log	✓	✓	✓	✓
Governance	Committee Risk Register	✓	✓	✓	✓
Governance	Annual Work Programme	✓			
Governance	Committee Work Programme (updated through year)		✓	✓	✓
Governance	Items to be brought to the attention of the Board and/or other Committees	✓	✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness	✓			
Governance	Committee Governance Action Plan		✓		✓
Governance	Committee Annual Report	✓			
Governance	Review of Terms of Reference PEQS	✓			
Quality	Integrated Quality and Performance Report to include:	✓	✓	✓	✓
	Once for Wales Content Management System	✓			
	Putting Things Right - Concerns	✓			
	Duty of Candour	✓			
	Claims, Redress and Clinical Negligence Position	✓			
	Incident Management	✓			
	Early Warning Notifications	✓			
	Nationally Reportable Incidents	✓			
	Mental Health Review of Suicides	✓			
	Welsh Risk Pool Assurance Report	✓			
	Peoples Experience - Civica	✓			
	Llais Activity	✓			
	Infection Prevention and Control	✓			
	Health Inspectorat Wales Inspections	✓			
	PAVO reports	✓			
	Bereavement Framework	✓			
	Venous Thrombiembolism Scoping Review	✓			
	Strengthening Safeguarding in Health Review	✓			
	QUAILS reports from Service Groups		✓		
	PSOW Annual Letter (within IQR - when received)			✓	
	National Programmes and Initiatives		✓	✓	✓
Quality	High vacancy/high agency use in relation to the quality and sustainability of services				
Research, Development and Improvement	Quality based improvement / learning				
Research, Development and Improvement	Research, Development and Innovation				
Patient Experience	Patient Experience Framework		✓		
	Patient Story	✓	✓	✓	✓
	Patient Experience in Primary Care		✓		
MH Compliance	MH Power of Discharge Annual Report including MH compliance with legislation and update		✓		✓
Clinical Audit	Annual Programme Clinical Audit	✓			
	Progress Report Clinical Audit			✓	
Audit Reports	Any Internal Audit/Wales Audit reports received - for information	✓	✓	✓	✓
Medicines Management	Annual Report of Accountable Officer for Controlled Drugs				✓
Annual Reports	Medicines Management Annual Report			✓	
	Safeguarding Annual Report		✓		
	Duty of Quality Annual Report		✓		
	Annual Report Medical Devices and Point of Care Testing			✓	
	Transition of Care Annual Report		✓		
Infection Prevention and Control	IPC Annual Assurance Report		✓		
	IPC progress/focus				✓
Comms and Engagement	Comms and Engagement Report for PEQS			✓	
Other	Monitor Health Board actions of Child Practice Review		✓		
	Monitor Health Board actions of JICPA	✓			
	Corporate Parenting Charter				✓
	Staff experience of MH&LD Services in escalation	✓			
	Staff experience of ND Services in escalation		✓		
	AW Cancer services report and WG response		✓		
	JCC Quality Safety and Outcomes Sub-Committee Hightlight Report	✓			
Actions					
	Monitor implementation of management actions for DoLS IA report	✓	✓		
	Six-monthly update on Antimicrobial resistance		✓		✓
	How quality is measure in general and community dental services	✓	✓		
	Quality elements in JAG to regain accreditation				
Escalated Items:					
	IP&C	✓			
	Civica (Patient Experience - see above)	✓	✓	✓	✓
	Neurodiversity (referred from D&P Oct 2024)	✓	✓	✓	✓
In Committee					
	Briefing on suicides	✓			
KEY					
Added to draft agenda					
Date to be confirmed					
Item deferred					
Item brought forward					
Going to Board					
Due to Committee					
Find Exec Cttee date					

Planning, Partnerships and Population Health Committee 2025-2026					
Theme	Item Title	May 19/05/2025	August 14/08/2025	November 20/11/2025	February 03/02/2026
Governance	Minutes of previous meeting	✓	✓	✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓
Governance	Action Log	✓	✓	✓	✓
Governance	Committee Reflections	✓	✓	✓	✓
Governance	Committee Risk Register	✓	✓	✓	✓
Governance	Annual Work Programme	✓			
Governance	Work Programme (updated through year)		✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness	✓			
Governance	Committee Governance Action Plan		✓		✓
Governance	Committee Annual Report	✓			
Governance	Review of Terms of Reference	✓			
Planning	IMTP - Approach for development			✓	
Planning	Integrated Plan 2025/2026 Development and Draft Maturity Matrix			✓	
Planning	Strategic Change Report and Engagement Report	✓	✓	✓	✓
Planning	Primary Care Cluster Reporting against delivery 2024/25	✓			
Planning	Strategic Commissioning Framework			✓	
Partnerships	Regional Partnership Board - Annual Delivery Plan		✓		✓
Partnerships	North Powys Wellbeing Programme		✓		✓
Partnerships	NWSSP Performance Report	✓ Year-end		✓ Mid-year	
Partnerships	Transformation and Change	X (direct to Board)	✓	✓	✓
Partnerships	Partnership Governance Framework	✓		✓	
Population Health	Whole Systems Approach to prevention of obesity	✓			
Population Health	Adult Weight Management Pathway Update	✓			
Population Health	Healthy Child Wales Programme (CR) Health visiting programme	✓			
Population Health	Summary of screening programmes (uptake of screening programmes) *When published by PHW. Timeframe TBC				✓
Population Health	Annual Report of Director of Public Health (including reducing inequalities)	X	✓		
Population Health	Health Protection Summary Report				✓
Population Health	Child Immunisation Annual Report			✓	
Population Health	Endoscopy Services Update		✓		✓
Population Health	Additional Learning Needs (ALN)		✓		✓
Population Health	Winter Plan 2025/26			✓	
Population Health	Vaping Deep Dive		✓		
Population Health	Tobacco Control Action Plan (Annually at request of Committee)			✓	
Population Health	Reasons why health is deteriorating - age, MH, substance misuse, vaping, co morbidity.				
Audit Reports	Any Internal Audit/Wales Audit reports received - for information	✓			
JCC Report	Any updates from JCC Planning, Performance and Finance Sub-Committee	✓			
Population Health	Oral Health - Design to Smile Programme			✓	
Statutory Compliance	Wellbeing of Future Generations Act Report			✓	✓
Actions:					
Population Health	Charter for Families Bereaved by Public Tragedy		✓		✓
Transformation & Value	Specific projects from the Transformation programme would be brought back to future meetings to look at financial innovation and transformation.				
Planning	Final Integrated Annual Plan 2025/2026 Second look needed at joint PPPH and D&P meeting March 2026 - 16.03.26 HOLD				

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Workforce & Culture Committee 2025-26					
Theme	Item Title	June 03/06/2025	September 09/09/2025)	December 09/12/2025	March 05/03/2026
Governance	Minutes of previous meeting	✓	✓	✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓
Governance	Action Log	✓	✓	✓	✓
Governance	Committee Risk Register	✓	✓	✓	✓
Governance	Committee Reflections	✓	✓	✓	✓
Governance	Annual Work Programme	✓			
Governance	Work Programme (updated through year)		✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness				✓
Governance	Committee Governance Action Plan		✓		✓
Governance	Committee Annual Report	✓			
Governance	Review of Terms of Reference				✓
Performance	Workforce Performance Report	✓	✓	✓	✓
Performance	Director of People and Culture Report	✓	✓	✓	✓
Workforce Futures	Theme 1 - Staff Health and Wellbeing	✓		✓	
Workforce Futures	Theme 2 Great Place to Work		✓		✓
Workforce Futures	Theme 3 Workforce Sustainability and Transformation	✓		✓	
Primary Care	Primary Care Workforce Sustainability			✓	
Workforce Futures	Theme 4 Welsh Language, Equality, Diversity and Inclusion		✓		✓
Equality, Diversity & Inclusion and Welsh Language	Equality, Diversity and Inclusion Annual Report	✓			
Equality, Diversity & Inclusion and Welsh Language	Welsh Language Annual Report	✓	✓		
Equality, Diversity & Inclusion and Welsh Language	Strategic Equality Report				
Statutory Compliance	Comms and Engagement Report for W&C	✓			
Innovative Environments	Agile working		✓		
Staff Story	Staff Story (TBC if at each meeting)				
Health & Safety and Fire Safety	Deep Dive: Violence and aggression incidents.		✓		
Equality, Diversity & Inclusion and Welsh Language	Anti Racism Plan				
Statutory Compliance	Internal Processes for Revalidation	✓			
Workforce	Primary & Community Care Academy	✓			

IN COMMITTEE					
Statutory Compliance	Fitness to Practice Referrals to the Nursing & Midwifery Council - In-Committee	✓			

Key
Date to be confirmed
Item to be confirmed
Item deferred
Item brought forward
Going to Board
Due to Committee
Find Exec Cttee date
Added to draft agenda



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Agenda item: 5.6

BOARD	21 May 2025
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Subject:	Partnership Governance and Assurance Framework
Approved and presented by:	Director of Corporate Governance/Board Secretary and Executive Director of Planning, Performance & Commissioning.
Prepared by:	Assistant Director Partnership Development
Other Committees and meetings considered at:	Executive Committee 2 April 2025 – who approved the Framework. Schedule for Planning, Partnerships and Population Health Committee 19 May 2025(Committee had not met at time of Board paper distribution)

PURPOSE:

The purpose of this paper is to consider the proposed Partnership Governance and Assurance Framework, the development of which was a requirement of the 2024/25 Integrated Plan.

RECOMMENDATION(S):

The Board is asked to:

- **RECEIVE** the Partnership Governance and Assurance Framework taking **ASSURANCE** that the Framework is in place.

Approve/Take Assurance	Discuss	Note
	Y	

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

Wellbeing Objective	Alignment	Notes
1. Focus on Wellbeing	Y	The paper provides a Partnership Governance and Assurance Framework spanning the 14 main partnerships and Joint Committees involving PTHB, which between them cover all the wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

This paper provides a proposed **Partnership Governance and Assurance Framework**. Please see **Annexe 1**.

The Partnership Assurance and Governance Framework has been developed in line with the agreed revised timeframe in the PTHB Integrated Plan (development Quarter 4 and operationalisation Q1 2025/26). The Framework sets out:

- The purpose and legislative background (including recent requirements); a classification of statutory partnerships and “partnerships by choice” and “partnership” as a way of working. A cross-referencing table also shows whether partnerships are: within Powys; span a wider region; or are national arrangements.
- For the 14 main partnerships and Joint Committees involving PTHB it sets out for each:
 - the partnership type, legislation and delegation
 - terms of reference
 - key subgroups
 - leadership (including the designated PTHB lead)
 - budget
 - plan
 - existing assurance arrangements
 - reporting process and cycle
 - key issues
- Six recommendations are made including: a regular high level highlight report to the Planning, Partnerships and Population Health Committee (PPPH) as part of operationalisation in 2025/26 and a process for keeping the framework and schedule of partnerships up to date.

The development of the Framework has also been a longstanding recommendation from Internal Audit work completed pre 2022.

BACKGROUND

Partnership is a distinctive characteristic of how Welsh Government wants health boards to work with others in Wales. This framework helps to explain what “partnership” means, spanning:

- **Statutory partnerships**, where requirements are set out in legislation
- **partnerships by choice** and
- **“partnership” as a way of working.**

It is intended that the Framework will be a basis for understanding PTHB's involvement in partnerships; for ensuring appropriate governance; and for providing a set of recommendations to improve partnership working.

The framework summarises the major partnerships involving Powys Teaching Health Board (PTHB) providing key information about each. The Framework recommends a regular high level highlight report to the PPPH Committee, together with specific reports for matters requiring approval.

A Healthier Wales sets out the need for services to work in partnership to meet the needs of the Welsh population. However, there are many and varied array of groups and meetings described as "partnerships". There is not a single accepted definition spanning all. Recent Welsh Government guidance in relation to Social Partnership and Procurement (Wales) Act 2023 provides the following definition, which is a useful starting point:

Working to achieve a mutually agreed upon goal, to the benefit of all involved groups

Scope

Within the scope of the first phase of the development of the framework are the 14 main partnerships and Joint Committees involving PTHB including:

- Statutory partnerships, involving partners beyond the NHS, where requirements and powers are set out in legislation;
- Statutory partnerships between NHS bodies.

(A second phase of work will provide a more detailed schedule of "partnerships by choice".)

"Out of Scope" are:

- "NHS Contracts" where PTHB is the commissioner of other NHS bodies (NHS Long Term Agreements and NHS Service Level Agreements)
- Individual programmes and projects
- Research and Development Partnerships
- Partnerships in relation to supplies, medicines and capital
- Advisory Arms-Length Bodies
- Executive Arms-Length Bodies
- Tribunal Arms-Length Bodies
- Companies.

Partnerships and Summary Information

The framework covers 14 main partnerships involving PTHB and provides summary information for each, as set out overleaf.

Partnership Name	The formal name of the partnership is given and the usual acronym.
Partnership Type, Legislation, Delegation	The legislative basis of the partnership is given, where applicable.
Terms of Reference	Confirms the current terms of reference.
Key Subgroups	The major Subgroups are listed.
Leadership	The current chair of the partnership is given together with the PTHB lead if different.
Budget	The partnership budget and the PTHB contribution or share is given where relevant.
Plan	Key plans are listed.
Assurance Arrangements	The existing assurance arrangements are summarised.
Reporting Process and Cycle	The current reporting process and cycle are summarised.
Key Issues	Current key issues are highlighted.

It also provides a cross-referencing table to show which are within Powys (including where Powys is a statutory region); which span a wider region; and which are national arrangements.

Powys (including where it is designated as a statutory region)	Regional Partnership Board Public Service Board Powys Community Safety Partnership Powys Youth Justice Management Board Area Planning Board Primary Care Clusters Local Partnership Forum Advisory Group Joint Leadership Team Meeting
Wider Region	Mid and West Wales Regional Safeguarding Boards (CYSUR & CWMPAS) & Junior Safeguarding Children Board Violence Against Women, Domestic Abuse and Sexual Violence Regional Boards Dyfed Powys Local Resilience Forum Mid Wales Joint Committee for Health and Care *
National	NHS Wales Joint Commissioning Committee NHS Wales Shared Services Partnership Committee

*Other NHS Regional Partnerships are referenced. (A South East Wales Joint Committee will be established by Q3 of 2025/2026 and PTHB will be an Associate Member.)

Development

In developing the framework Assistant Directors were asked to check the initial list of partnerships and to flag any missing.

The lead director or supporting officer/Partnership Co-ordinator was asked to provide additional information (if needed) and then to check the proposed entry in the framework. This has included colleagues outside PTHB in relation to, for example, the Regional Partnership Board; the Public Service Board; the Mid

Wales Joint Committee; the Joint Commissioning Committee; and the Area Planning Board.

The contributions received during development included:

The Executive Director of People and Culture

The Deputy Director of Finance

Assistant Director of Safeguarding

Civil Contingencies Manager

Interim Head of Corporate Governance

Primary Care Cluster Development Manager

Mid Wales Joint Committee for Health and Social Care, Programme Manager

Regional Partnership Board Co-ordinator

Governance and Policy Officer, Powys County Council

Area Planning Board Manager, Powys County Council

Housing Support Grant Manager, Powys County Council

Other Directors and Assistant Directors provided signposting and/or advice.

Recommendations within the Framework

The recommendations within the framework are:

- There should be a regular high level “Partnership Highlight Report” to the Planning, Partnership and Public Health Committee to highlight, by exception, key matters with implications for the health board. This could be in two parts covering NHS to NHS partnerships and statutory partnerships with other bodies. This would be in addition to reports needed for specific matters requiring approval.
- A list of partnerships involving PTHB should be updated annually. The Board should keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to: change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; address any specific requirements or directions made by the Welsh Ministers; and to ensure agreed terms and conditions for the partnership are in place.
- PTHB must ensure compliance with the requirements of the Social Partnership and Procurement (Wales) Act 2023. There should be a pragmatic response, including building on the existing good practice within the PTHB Local Partnership Forum.
- PTHB should work with partners to streamline activity across partnerships to prevent duplication and to ensure improved focus on the issues which will have the greatest positive impact on population and patient outcomes and experience and the efficient use of resources.

- PTHB should encourage use of a Maturity Matrix within partnerships to help assess strengths and the areas for partnership development.
- The Partnership Governance Framework should be regularly reviewed and updated. A second phase of work would include adding a schedule of “partnerships by choice”.

NEXT STEPS:

Operationalisation will begin. The provisional timeline is below.

Q1 2025/6	Q2 2025/6	Q3 2025/6	Q4 2025/26
Framework to PPPH Committee	1 st Highlight Report		2 nd Highlight Report
		Develop Schedule 2	Review and Update Framework

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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Powys Teaching
Health Board

PARTNERSHIP GOVERNANCE AND ASSURANCE FRAMEWORK

Powys Teaching Health Board

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APPROVED (April 2025)

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Version Control

Draft Version 1 - 19.03.25	Assistant Director Partnership Development; Director of Corporate Governance/Board Secretary; and Director of Planning and Performance – for Executive Committee.
	Approved at Executive Committee 02.04.25, subject to: making clear that the Highlight Report will be high level; adding a cross-referencing table to show which partnerships are within Powys; which span a wider region; and which are national arrangements.
Version 1.1i 09.04.25	Version for submission to the PPPH Committee May 2025 including the amendments above.

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Introduction, Purpose and Legislative Background

Purpose

Partnership is a distinctive characteristic of how Welsh Government wants health boards to work with others in Wales. This framework helps to explain what “partnership” means, spanning:

- **Statutory partnerships**, where requirements are set out in legislation
- **partnerships by choice**; and
- **“partnership” as a way of working**.

A cross referencing table is also given showing which partnerships are within Powys (which is designated as a region within some legislation); which span a wider region; and which are national arrangements.

It is intended that the Framework will be a basis for understanding PTHB’s involvement in partnerships; for ensuring appropriate governance; and for providing a set of recommendations to improve partnership working.

The framework summarises the major partnerships involving Powys Teaching Health Board (PTHB) providing key information about each. The Framework recommends a regular high level highlight report to the Planning, Partnerships and Population Health (PPPH) Committee, together with specific reports for matters requiring approval.

What does “Partnership” mean?

A Healthier Wales sets out the need for services to work in partnership to meet the needs of the Welsh population. However, there are a vast and varied array of groups and meetings described as “partnerships”. There is not a single accepted definition spanning all. Recent Welsh Government guidance in relation to Social Partnership and Procurement (Wales) Act 2023 provides the following definition, which is a useful starting point:

Working to achieve a mutually agreed upon goal, to the benefit of all involved groups

Scope

Within the scope of the first phase of this framework are:

- **Statutory partnerships**, involving partners beyond the NHS, where requirements and powers are set out in legislation;

- Statutory partnerships between NHS bodies.

(A second phase of work will provide a more detailed schedule of “partnerships by choice”.)

“Out of Scope” are:

- “NHS Contracts” where PTHB is the commissioner of other NHS bodies (NHS Long Term Agreements and NHS Service Level Agreements)
- Individual programmes and projects
- Research and Development Partnerships
- Partnerships in relation to supplies, medicines and capital
- Advisory Arms-Length Bodies
- Executive Arms-Length Bodies
- Tribunal Arms-Length Bodies
- Companies.

(The Welsh Government classification of Non Ministerial Departments (including for example health boards, NHS Trusts, Digital Health and Care Wales, Health Education and Improvement Wales); Advisory Arms-Length Bodies (for example, All Wales Medicines Strategy Group); Executive Arms- Length Bodies; Tribunal Arms- Length Bodies; and companies is given in **Annexe 1.**)

Statutory Partnerships

Some partnerships involving the health board are statutory requirements. There is also legislation “enabling” the formation of partnerships with other NHS bodies and other statutory partners. Key legislation includes:

- the National Health Service (Wales) Act 2006 (“the 2006 Act”), including section 33 and as subsequently updated; and NHS Finance (Wales) Act 2014;
- the Children Act 2004;
- the Mental Health (Wales) Measure 2010;
- the Social Services and Wellbeing Act (Wales) Act 2014;
- the Partnership Arrangements (Wales) Regulations 2015;
- the Wellbeing and Future Generations Act 2015 (“WFG Act 2015”)
- the Social Partnership and Public Procurement (Wales) Act 2023

Legislation also embeds statutory duties of co-operation such as Section 25 and Section 27 of the Children Act.

Delegation of Functions

This Framework should be read in conjunction with the PTHB’s Scheme of Delegation and Reservation of Powers

The Board may delegate functions to: i) A Committee ii) A sub-Committee taking forward matters within a defined area; iii) A joint-Committee or joint sub-Committee; and iv) Officers of the LHB (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, through a formal scheme of delegation, and in doing so, must set out clearly the terms and conditions upon which any delegation is being made.

The terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of the PTHB. Everything is retained by the Board of PTHB unless it is specifically delegated in accordance with the requirements set out in Standing Orders or Standing Financial Instructions.

The Board must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development.

The Board must take appropriate action to assure itself that all matters delegated are effectively carried out. Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others. The Board may delegate authority to act but retains overall responsibility and accountability.

Specific relevant powers retained by the board are covered later in the Partnership Governance Framework, but it is important to note in relation to all partnerships that the Board retains full responsibility for appointing, equipping, and reviewing and (where appropriate) dismissing individuals appointed to represent the Board on outside bodies and groups; for approval of engagement and co-production strategies; and for introduction or discontinuance of any significant activity.

The Chief Executive is the **Accountable Officer** and the Accountable Officer Memorandum (issued by the Chief Executive of NHS Wales) outlines the responsibility of the Accountable Officer for financial management and performance. The Accountable Officer is directly accountable for all financial performance issues (and all other performance issues) delegated to the organisation.

The health board has a duty to work in partnership with other organisations to achieve its strategic aims and objectives. It may also contribute to a joined up activity led or hosted by another organisation in pursuit of its objectives. However, the Accountable Officer must ensure that the wider impact of the activities for which they are

responsible are properly identified and, where appropriate, considered in determining the governance and accountability arrangements overseeing such work. Specifically, the Accountable Officer needs to ensure that the governance arrangements are formally recorded and that appropriate arrangements are out in place to provide assurance. Accountable Officers may take **joint responsibility** for the delivery of a service through joint arrangements that involve the **pooling of budgets**. Such arrangements may be handled under a specific statutory authority, e.g., Section 33 of the National Health Service (Wales) Act 2006. Where Accountable Officers take joint responsibility, it must be ensured that there is absolute clarity on all aspects of the service for which the Accountable Officer is responsible and accountable. Specifically, it must be set down, in a formal agreement, the governance and financial accounting arrangements, including audit and assurance requirements, in accordance with any requirements determined by the Welsh Government.

Within the PTHB Scheme of Delegation the Executive Director of Commissioning, Performance & Planning is the Executive Lead for Partnership working. However, other executive Directors may be the lead Director for specific Partnerships as set out later in this framework.

Legislation sets out where health boards may form formal partnerships and delegate functions from one body to another and where they may not.

Section 33 of the "the 2006 Act" enables local authorities and Local Health Boards to develop formal partnerships and to delegate functions from one body to the other. This legislation was originally introduced with the Health Act 1999 and the measures were consolidated into the 2006 Act. This legislation enables a local authority to delegate certain specified functions to the Local Health Board, or for the Local Health Board to delegate certain specified functions to the local authority. The legislation also provides for the development of integrated services, integrated commissioning and arrangements for pooled funds.

The Children Act 2004 Act enabled the development of pooled funds but these are quite different to the pooled fund arrangements in the 2006 Act, as although they enable a wider range of 'relevant partners' to contribute to the pooled fund, **this legislation does not allow for the delegation of functions between partners**. The 2004 Act does not make provision for one partner to assume the functions of another, nor to deliver the services of another as opposed to their own. Instead, it provides an opportunity to agree joint objectives and contribute towards the cost of meeting these through whichever partner generally has responsibility for ensuring service delivery.

Section 162 of the Social Services and Well-being (Wales) Act 2014 extends the provision for the funding of services for adults and carers and like the 2004 Act, it can involve contributions from a wider range of partners, however it does not provide for the delegation of functions between partners.

A Local Health Board may carry out any of the specified local authority functions described in Table 1 of Schedule 1 to the Partnership Arrangements Regulations on behalf of any of the local authorities taking part in the same partnership arrangement. The range of functions that can be included in a partnership arrangement are set out in the Partnership Arrangements Regulations. There are, however, some exclusions. The local authority areas not covered by the flexibilities afforded under the legislation include adoption panels, inspection of children's homes and duties under the Care Standards Act 2000. In relation to health, the exclusions include surgery, radiotherapy, endoscopies, termination of pregnancies, other invasive procedures and emergency ambulance services.

Social Partnerships: Since devolution, the Welsh Government has encouraged social partnership working as a means of finding the best solutions to the challenges facing Wales. (In this context a Social Partner is defined as "a trusted member of a 'social partnership', being either an employee, employer representative, or trade union".) To strengthen social partnership as a way of working a Programme for Government commitment was made to place social partnership on a statutory footing in Wales resulting in the Social Partnership and Procurement (Wales) Act 2023.

This legislation provides a framework to enhance the well-being of the people of Wales by improving public services through social partnership working, promoting fair work and socially responsible public procurement. The requirements under this act are set out later in the Framework.

Partnerships by Choice

The main focus of the first phase of this framework is statutory partnerships involving PTHB, although some key NHS to NHS partnerships are listed together with the Joint Leadership Team between PTHB and Powys County Council. "Partnerships by Choice" are characterised as having developed voluntarily and take a variety of different approaches to partnership working. A second phase of work will be consider such partnerships. In broad terms Partnerships by Choice may be broken down into: i) those involving NHS bodies alone ii) those involving another an NHS body and another type of organisation.

Partnership as a way of working

The WFG Act 2015 requires public bodies to work together and involve people to improve the well-being of Wales. This includes working in

partnership with other public bodies, communities, and people in the following ways:

- **Collaboration**
Public bodies should work together with others to meet their well-being objectives
- **Involvement**
Public bodies should involve people who are interested in achieving the well-being goals
- **Integration**
Public bodies should consider how their well-being objectives impact other well-being goals
- **Long-term**
Public bodies should balance short-term needs with long-term needs
- **Sustainable Development Principle**
Public bodies should make decisions that demonstrate how they have applied long-term, preventative, integrated, and collaborative approaches.

Co-production is a key element of partnership working. Partners, including Powys people, have worked on what co-production means:



“Working Together as equals for positive change in Powys by listening and doing, building trust, sharing and reviewing.”

Welsh Government’s review of Social Partnerships identified behaviours and characteristics seen as supporting effective partnership working including:

- The importance of a clearly defined, and mutually understood, purpose and focus.
- Meaningful and continuous engagement of all parties from the outset and throughout the problem solving/policy development process.
- A clear commitment to collaborative working and social partnership principles which can be captured by a combination of cooperation, respect, trust, voice and participation, and the pursuit of mutual gains.

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- Joint understanding of how information and decisions are cascaded and implemented. These should be two-way channels feeding through insights from impact on the ground.
- Clear arrangements to monitor and review success are vital to maintain the commitment to social partnership between partners.

The Social Partnership and Procurement (Wales) Act 2023 outlines the principles for working in partnership:

- **Shared commitment:** All partners should be committed to the partnership's goals
- **Cooperation:** Partners should work together to solve problems and reach a consensus
- **Respect:** Partners should recognize each other's legitimate interests
- **Trust:** Partners should have integrity, be authentic, and be open and transparent.

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Overview

The following information is provided for each partnership.

Partnership Name	The formal name of the partnership is given and the usual acronym.
Partnership Type, Legislation, Delegation	The legislative basis of the partnership is given, where applicable.
Terms of Reference	Confirms the current terms of reference.
Key Subgroups	The major Subgroups are listed.
Leadership	The current chair of the partnership is given together with the PTHB lead if different.
Budget	The partnership budget and the PTHB contribution or share is given, where relevant.
Plan	Key plans are listed.
Assurance Arrangements	The existing assurance arrangements are summarised.
Reporting Process and Cycle	The current reporting process and cycle are summarised.
Key Issues	Current key issues are highlighted.

This document provides an overview of each partnership. There will also be a regular high level highlight report to the PPPH Committee, together with specific reports for matters requiring approval.

The cross referencing table below shows which of the main partnerships are within Powys (which is designated as a region within some legislation); which span a wider region; and which are national arrangements.

Powys (including where it is designated as a statutory region)	Regional Partnership Board Public Service Board Powys Community Safety Partnership Powys Youth Justice Management Board Area Planning Board Primary Care Clusters Local Partnership Forum Advisory Group Joint Leadership Team Meeting
Wider Region	Mid and West Wales Regional Safeguarding Boards (CYSUR & CWMPAS) & Junior Safeguarding Children Board

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	Violence Against Women, Domestic Abuse and Sexual Violence Regional Boards Dyfed Powys Local Resilience Forum Mid Wales Joint Committee for Health and Care *
National	NHS Wales Joint Commissioning Committee NHS Wales Shared Services Partnership Committee

* Other NHS Regional Partnerships are referenced. (A South East Wales Joint Committee will be established by Q3 of 2025/2026 and PTHB will be an Associate Member.)

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Regional Partnership Board

Partnership Name

Regional Partnership Board (RPB) [Health And Wellbeing | Powys Regional Partnership Board | Wales](#)

Partnership Type, Legislation, Delegation

Statutory Partnership. Established in 2016 under Part 9 Social Services and Wellbeing Act (Wales) Act 2014 (which is statutory guidance); the Partnership Arrangements (Wales) Regulations 2015; Partnership Arrangements (Miscellaneous Amendments etc.) (Wales) Regulations 2024. [Social Services and Well-being \(Wales\) Act 2014](#)

Local authorities and Local Health Boards are required to establish Regional Partnership Boards to manage and develop services to secure strategic planning and partnership working between local authorities and Local Health Boards and to ensure effective services, care and support are in place to best meet the needs of their respective populations.

The objectives of the Regional Partnership Boards are to ensure the partnership bodies work effectively together to: Respond to the population assessment carried out in accordance with section 14 of the Act; Implement the plans for each of the local authority areas covered by the board which local authorities and Local Health Boards are each required to prepare and publish under section 14A of the Act; Ensure the partnership bodies provide sufficient resources for the partnership arrangements, in accordance with their powers under section 167 of the Act; Promote the establishment of pooled funds where appropriate.

Local authorities and Local Health Boards must have regard to guidance in relation to partnership arrangements which are required under section 166 of the Act. The guidance also applies to partnership boards which are required to be established in respect of those partnership arrangements and to any teams which are required to be established to carry out the partnership arrangements. The statutory guidance also encompasses section 167 (resources for partnership arrangements) and section 168 (partnership boards).

There must be an integrated approach to the development of services, care and support, which focuses on opportunities for prevention and early intervention.

Regional Partnership Boards must prioritise the integration of services in relation to: Older people with complex needs and long term conditions, including dementia, people with learning disabilities, children with complex needs, carers, including young carers and Integrated Family Support Services.

Therefore, Regional Partnership Boards **must** have due regard to Section 12 of the Children and Families (Wales) Measure 2010 when making decisions which affect children and **must** actively promote and facilitate children and young people's participation.

Partnership bodies in each Regional Partnership Board area **must** establish and maintain a regional pooled fund in relation to care home places for older people, into which all the partnership bodies make contributions.

Terms of Reference

The current terms of reference of the Powys Regional Partnership Board (RPB) are available. The RPB must develop and publish: a **population needs assessment** for the local area; a social care **market stability report**; and a **5-year area strategic action plan** that is reviewed annually (Joint Area Plan); ensure that information, advice and assistance is accessible. The RPB ensures alignment with other partnerships and oversees delivery of the plan, holding the Regional Partnership Board Executive to account.

Key Subgroups

Regional Partnership Board Executive (RPBE) aims to promote an integrated partnership response to the needs of the local population, by overseeing the development and implementation of the RPB's Area Plan, including the development of projects and the tracking of delivery across all areas of RPB business; it makes recommendations to the RPB Board, for priority and investment opportunities (within the parameters of the Health and Care Strategy). It also functions, as set out in its terms of reference, as the Pan Cluster Planning Group.

Start Well Partnership aims to strengthen and transform services for children and young people in Powys up to the 25th birthday

Live Well Partnership aims to enable people to “Live Well” through being healthy and active and by accessing early help and support. It aims to address the wider determinants of health and wellbeing of the working age population in Powys through a public health and asset-based community development lens, including to strengthen and transform ways of working and services for people with disabilities.)

Live Well Mental Health Partnership aims to strengthen and transform mental health services in Powys, but also to ensure services develop to meet the requirements of mental health legislation. The Partnership operates several subsidiary partnership groups, particularly to engage with and hear the voice of service users and their carers, and to engage with third sector providers of mental health services.

Age Well Partnership aims to support older people to live a thriving and independent life for as long as possible, with an emphasis on maximising opportunities with Technology Enabled Care; reducing isolation and loneliness; and ensuring appropriate accommodation options for a range of needs.

Crosscutting Programmes include:

Social Value Forum (which is a requirement);

North Powys Wellbeing Programme;

Innovative Environments (Capital) Group;

Workforce Futures Programme.

Leadership

The RPB is chaired by the PTHB Vice Chair. (There is Executive Director and Assistant Director membership of the RPB Executive, as chairs of age specific partnerships and as Senior Responsible Officers for cross-cutting programmes).

PTHB Scheme of Delegation: The Director of Public Health is the Executive Lead for co-ordination across the RPB and PSB.

Budget

The RPB formulates and oversees an investment and resource plan to deliver priorities of the Health and Care Strategy through the Joint Area Plan. It utilises several time-limited resource streams from Welsh Government which must also meet specific requirements.

Health and Care Regional Integration Fund (RIF) [£7million per year revenue 2024/25] 2022 until 2027. RIF seeks to further accelerate new ways of working and embed new models of health and care (funding has to align with RIF Guidance. [Health and Social Care Regional Integration Fund | GOV.WALES](#) Regional Integration Fund's National Models of Integrated Care and Investment Plans. Models of Care: Prevention, Safer accommodation, Early Help and Wellbeing, Home from Hospital, Children / Family support). There are elements which are “ringfenced”.

Housing with Care Fund (HCF).

Capital [£2.8million] per year capital 2024/25] 2022-2026 [The Housing with Care Fund Guidance](#); HCF supports independent living in the community for people with care and support needs, provides intermediate care settings in the community so that people who need care, support and rehabilitation can return to living independently or maintain their existing independence.

Integration and Rebalancing Capital Fund 'IRCF / RIF Capital'2022 – 26. Subject to bids nationally. **IRCF guidance Objective 1:** Development of integrated health and social care hubs and centres; **Objective 2:** Rebalancing the social care market by increasing delivery from not for profit.

Strategic Capital Planning (SCP) infrastructure fund 'RPB Capital Planner' £200k revenue 2022 – 26. RPBs are required to develop a 10-year **Strategic Capital Plan (SCP)** that brings together health, social care, housing, third sector, education and regeneration partners to develop integrated service delivery facilities and integrated accommodation based solutions.

Integrated Health and Care Hub Facilitation and delivery. Powys

£250k per year revenue. 2022-2026. Fund to support co-ordinating and facilitating the development of seamless, integrated delivery of services through health and social care hubs (including change in systems, processes, cultures, and behaviours).

Further Faster; (£506k revenue per year to support development of services for frailty; palliative care; and strengthening of district nursing.)

Plan

The RPB is responsible for developing the 5 year Joint Area Plan. It also approves annual plans in support of this. [Joint Area Plan 2023-2028](#)

Assurance Arrangements

The RPBE has an approved Evaluation, Prioritisation and Assurance Framework. (25.10.24). Performance dashboards are required. The Partnerships and Programmes report quarterly to the RPB Executive Group against Delivery and Resource Plans to give assurances that they are supporting system change and delivering on the Area Plan priorities and Health and Care Strategy outcomes.

Reporting Process and Cycle

Please also see the Assurance Section above. The Joint Area Plan is approved by Powys County Council and Powys Teaching Health Board.

RPB meetings are at least quarterly with recommendations to it developed and submitted via the RPBE.

Detailed RIF reporting is submitted to Welsh Government on a 6 monthly basis (Q2 and Q4) to give assurances that projects are on track and delivering against objectives.

The RPB publishes an **Annual Report**, which is submitted to Powys County Council and Powys Teaching Health Board.

The RPB Co-Ordinator with key Executive Directors within the RPB Partnership attend the Health Board's PPPH Committee in Spring to share information about the RPB Delivery and Resource Plan forward look for the year to offer assurances there is a strategically aligned and robust plan to deliver on the Health and Care Strategy for the year.

RPB Co-Ordinator also attends HB Board in Summer to give a look back, via the RPB Annual Report offering high level assurance on deliverables, impact and outcomes achieved.

This is replicated within the Local Authority as part of their Senior Management and Cabinet governance arrangements.

Key Issues

The RIF is not permanent recurrent funding and is due to end in 2027.

Formal approval is awaited from Welsh Government in relation to the capital needed for a phased approach to the North Powys Wellbeing Programme.

The initial use of the Evaluation, Prioritisation and Assurance Framework in 2024/2025 has shown the around half the RIF projects need to develop robust implementation and exit plans; that there is scope to realign and merge some projects, which is now underway; that work in relation to primary prevention needs to be strengthened.

The Partnership will need to contribute to the development of the new Health and Care Strategy in 2026. Following engagement and approval the RPB will then need to factor into its plans the development of the new 5-year Joint Area Plan to deliver it.

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Public Service Board

Partnership Name
Public Service Board
Partnership Type, Legislation, Delegation
<p>Statutory Partnership. Established under the Well-being of Future Generations (Wales) Act 2015 The statutory responsibilities of Powys PSB are: • To consult on the assessment of Well-being within Powys • To prepare and publish a local Well-being Assessment for Powys • To consult on the Powys Well-being Plan • To prepare and publish a local Well-being Plan for Powys • To review or amend the local Well-being Plan and to publish an amended local Well-being Plan where required • To consult on any amendment to the local Well-being Plan as required • To prepare and publish an annual report that sets out the Powys PSB's progress in meeting the local objectives • To review and report annually on progress to the public, Welsh Government, democratically elected members, and Powys PSB member organisations.</p> <p>The TOR state: Statutory members are collectively and equally responsible for fulfilling the Powys PSB's statutory duties. Therefore, unanimous agreement of the statutory members is needed in relation to fulfilling these duties.</p> <p>The decision made by the Powys PSB, actions taken and its governance arrangements are subject to scrutiny by a bespoke Powys County Council Scrutiny Committee. The Scrutiny Committee will scrutinise, evaluate and actively promote improvement in work carried out in line with Powys PSB priorities as identified through its Wellbeing Assessment; Well-being Plan and its Terms of Reference and not that of those individual constituent organisations represented on the Powys PSB. The Powys PSB is accountable to the Future Generations Commissioner for Wales and must seek and act on the advice and feedback received from the Commissioner and / or their office.</p> <p>PTHB Scheme of Delegation: The full PTHB Board retains the power to agree the Well-being objectives in accordance with the requirements of the Wellbeing and Future Generations (Wales) Act 2015. The full PTHB Board retains the power to approve the Well-being Plan prepared and agreed by the Public Service Board.</p>
Terms of Reference
<p>The purpose of the Board is to work together to improve the economic, social, environmental and cultural well-being within Powys, by bringing together the most appropriate key decision-makers in Powys to improve public services in such a way that it is transparent and meaningful as well as accountable to local people.</p> <p>The Powys PSB will contribute to the seven national well-being goals: • A prosperous Wales • A resilient Wales • A healthier Wales • A more equal Wales • A Wales of cohesive communities • A Wales of vibrant culture and thriving Welsh language • A globally responsible Wales</p> <p>The Powys PSB will contribute to the Well-being Goals by: • Assessing the state of economic, social, health, environmental, and cultural well-being in their areas • Setting local objectives that are designed to maximise their contribution within their areas to achieving those goals • Taking of all reasonable steps by statutory members of the Board (in exercising their functions) to meet those objectives.</p>
Key Subgroups
It is supported by the PSB Wellbeing Planning Group and Programme Boards.
Leadership
<p>The PSB is chaired by the Leader of Powys County Council. PTHB representation includes the Chair, CEO and Executive Director of Public Health PTHB is a statutory member alongside Powys County Council, Natural Resources Wales and the Mid and West Wales Fire Service. (The Powys PSB is required to invite certain other persons or organisations to participate. The Powys PSB can also invite others as they consider appropriate in order achieve its objectives.)</p> <p>PTHB Scheme of Delegation: The Director of Public Health is the Executive Lead for co-ordination across the RPB and PSB.</p>
Budget

The Act requires councils to make administrative support available to the PSB. However, it is for each board to determine appropriate and proportionate resourcing of their collective functions which are the responsibility of all the statutory members equally.

The main source of 'income' for PSBs is the Welsh Government's Regional Grant

The terms of reference state: The decisions of the Powys PSB are not legally binding and it is the responsibility of each member and invited participant to ensure that decisions agreed are implemented • To contribute resources to the Powys PSB Board as required and by agreement to ensure the board fulfils its statutory duties.

Powys PSB's budget for 2024/25 was £47,077, provided by the Welsh Government Regional Support Grant.

Plan

Powys Wellbeing Plan

Assurance Arrangements

The PSB publishes an annual report that sets out the Powys PSB's progress in meeting the local objectives. It reports progress to the public, Welsh Government, democratically elected members, and Powys PSB member organisations.

The Wales Audit Office recommended that PSBs should use the findings of the Auditor General for Wales' Discussion Paper: Six themes to help make scrutiny 'Fit for the Future' to review their current performance and identify where they need to strengthen oversight arrangements and activity.

The Council's audit arrangements apply to the administrative aspects of the PSB and the PSB Scrutiny Committee. Audit Wales undertook an audit of the effectiveness of PSBs in 2019.

As decisions/actions must be made with the unanimous agreement of the four statutory members, it is understood that the audit arrangements of the statutory members could apply in relation to their specific involvement in any decision/action taken.

Reporting Process and Cycle

The Powys PSB annual report sets out the progress made in meeting the objectives within the Well-Being Plan, and considers potential impact made in contributing to relevant national Well-being Indicators set by the Welsh Ministers. In addition to the annual report, each quarter the three workstreams which support delivery of the Well-being Plan provide a progress update to the PSB.

These updates provide an opportunity for workstream performance and risk reporting into the Board and for assurance.

Key Issues

Closer links to Powys RPB are developing particularly around the sharing of engagement, data and associated insights. The integration of the Well-being Assessment and Population Needs

Assessment is being explored in readiness for the next iteration in 2027. The PSB ensures that the RPB is informed of activities which may impact on delivery of the Area Plan. The mechanism for how RPB progress is included within PSB reporting needs to be clearer.

A review of Public Service Boards by WAO in 2019 concluded that PSB's are unlikely to meet their potential unless they are given the freedom to work more flexibly and think and act differently.

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Community Safety Partnership

Partnership Name
Powys Community Safety Partnership
Partnership Type, Legislation, Delegation
<p>Statutory Partnership: The Community Safety Partnership is responsible for compliance with the statutory duties and responsibilities set out in the Crime and Disorder Act 1998; the Police and Justice Act 2006; Policing and Crime Act 2009, and in subsequent Home Office and Welsh Government regulations. The CSP Strategy Group is a requirement of the Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007. The Community Safety Partnership and Strategy Group were merged in 2014.</p> <p>Section 17 of the Crime and Disorder Act 1998 imposes a duty on the responsible authorities to: <i>'Without prejudice to any other obligation imposed upon it... exercise its functions with due regard to...the need to do all it reasonably can to prevent crime and disorder in its area.'</i> PTHB is one of the responsible authorities.</p>
Terms of Reference
<p>The Powys Community Safety Partnership (CSP) is made up of a number of responsible authorities and agencies that by law, must work together in partnership to reduce crime, disorder, substance misuse and reoffending. It's objectives are to : reduce crime; reduce anti-social behaviour; tackle the drivers of crime (particularly drugs and alcohol); reduce re-offending; reduce the fear of crime; reduce the number of killed and seriously injured (KSI) – Road Safety.</p> <p>Responsibilities include: to commit resources from their organisation to support the delivery of the Community Safety Strategy, it's themes and priorities; ensure Partnership Strategic Assessments undertaken annually; agree strategic priorities, objectives and targets annually; ensure delivery plans are in place to support the strategic objectives and provide good value for money; oversee performance; set clear objectives, targets, responsibilities for Sub Groups; ensure that resources allocated are used to deliver the CSP's objectives and Strategy; approve the allocation of CSP resources; consider major resource issues, mainstreaming and sustainability; ensure clear communication, including partner agency staff being aware of responsibilities (including adoption of Section 17 of the Crime and Disorder Act 1998); provision of data for Strategic Assessments and performance monitoring; discussing potential conflicts and differences to seek the most effective solutions; fulfil specified responsibilities in the event of a serious, critical or major incident.</p> <p>Domestic Homicide Reviews (DHRs) are required by law and the responsibility of the Community Safety Partnership (CSP). These now sit in the new SUSR process in the M&WWSB.</p>
Key Subgroups
<p>Subgroups are overseen by the Strategy Group including: A Serious Violence and Organised Crime Board (PTHB representative – AD Safeguarding)</p>
Leadership
Attended by the Head of Safeguarding.
Budget
<p>Sources of funding include: funding made available from partners' core budgets; funding opportunities available via Police Crime Commissioner; other grants made available from time to time.</p> <p>Financial reporting arrangements to funders vary. Financial reports are part of the performance management regime.</p>
Plan
Community Safety Strategy; Community Safety Action Plan
Assurance Arrangements
Performance Reports are produced 6 weekly, to ensure oversight in relation to the CSP outcomes and the targets set out in the CSP Strategy, and to instigate any necessary action to address areas of under-performance.
Reporting Process and Cycle
Within PTHB the Executive Director of Nursing, Quality, Women and Family Health chairs a quarterly Strategic Safeguarding Group. Specific issues are reported by exception. An Annual

report is submitted to the PEQS Committee and to Board covering Safeguarding, Violence Against Women, Domestic Abuse and Sexual Violence; the Youth Justice Board and Corporate Parenting.

Key Issues

There is also a regional **CONTEST** Board as a dimension of the counter terrorism strategy involving PTHB represented through the AD Safeguarding.

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Powys Youth Justice Management Board

Partnership Name
Powys Youth Justice Management Board
Partnership Type, Legislation, Delegation
<p>The Youth Justice Board nationally stipulates that each Youth Offending Service (YOS) must be overseen by a management board. (Powys uses the term Youth Justice Service locally.) The YJB nationally provides guidance in relation to effective governance by Boards: a) the management board should provide strategic direction with the aim of preventing offending by children and young people. b) all statutory funding partners, the local authority, police, national probation service, and health, must be represented on the board. c) members of the management board should be empowered with the capacity to make strategic decisions d) the Board should determine how appropriate youth justice services are provided and funded. e) the Board should oversee the formulation of a draft Youth Justice Plan.</p> <p>The legislative basis is rooted in the Crime and Disorder Act 1998.</p>
Terms of Reference
<p>The Powys Youth Justice Management Board provides an inter-agency management forum to oversee and monitor the work of the Powys Youth Justice Service to meet the statutory principal aim of preventing offending and reoffending by children and young people. The Management Board is the formal reporting line and receives regular reports on the progress and work of Powys Youth Justice Service; can take all delegated management decisions not within the authority of the Head of Service for Early Help and Prevention; provides the necessary budget overview, including the review of agency contributions; provides a forum for resolution of inter-agency issues; receives and approves the draft Youth Justice Plan prior to final approval by elected members and members of the partnership authorities; monitors and reviews the progress made in achieving the objectives and performance targets set out in the annual Youth Justice Plan; through the Senior Manager Intervention & Prevention Team Manager for the service, ensures that the service is prepared for inspection by the HMIP (HM Inspectorate of Probation) and that all requests for information by the Board are met promptly; ensures that the work of the Powys Youth Justice Service makes the necessary links with the Youth Justice Boards Cymru, as well as the key strategic links required by the Crime and Disorder Act 1998, particularly those in relation to the wider crime and disorder reduction strategies and specific youth crime reduction strategies.</p>
Key Subgroups
None
Leadership
<p>The Management Board is attended by the Assistant Director of Safeguarding on behalf of the Executive Director below.</p> <p>PTHB Scheme o Delegation: the Executive Director of Nursing, Quality, Women and Family Health is the Executive Lead for the Youth Justice Board.</p>
Budget

In 2024/25 the PTHB contribution to the Powys Youth Justice Management Board was £68,198

Plan

Youth Justice Plan – subject to final approval by elected members and members of the partnership authorities

Assurance Arrangements

Performance and standards of Youth Justice Services are overseen by the Youth Justice Board (YJB). Each quarterly meeting considers: a) Key Performance Indicators (quantitative and qualitative); b) Finance; c) Staffing

Reporting Process and Cycle

Within PTHB the Executive Director of Nursing, Quality, Women and Family Health chairs a quarterly Strategic Safeguarding Group. Specific issues are reported by exception. An Annual Report is submitted to the PEQS Committee and to Board covering Safeguarding, Violence Against Women, Domestic Abuse and Sexual Violence; the Youth Justice Board and Corporate Parenting.

Key Issues

None

The Supporting People Regional Collaborative Committee became the **Regional Housing Support Collaborative Group (RHSCG)** when the Welsh Government grant arrangements changed in 2019. Membership includes Powys Teaching Health Board in Mid and West Wales. However, the Group is not currently meeting as the post of Regional Development Co-ordinator has been vacant in the host authority. It is expected that there will be recruitment to this within the next financial year and that the Group will be reconvened.

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Area Planning Board

Partnership Name

Area Planning Board (APB)

Partnership Type, Legislation, Delegation

Statutory: APBs were originally established in 2010 to deliver Welsh Governments Substance Misuse Strategy “Working Together to Reduce Harm”. The APBs were intended to provide a regional framework, to: • Strengthen partnership working and strategic leadership in the delivery of the substance misuse strategy; • Enhance and improve the key functions of planning, commissioning and performance management. APBs are subject to WG guidance (*Working Together to Reduce Harm Revised Guidance for Substance Misuse Area Planning Boards 2017*) which is currently being reviewed.

The Well-being of Future Generations (Wales) Act 2015 placed Public Services Boards (PSBs) on a statutory footing and imposed a duty on PSBs to contribute to the achievement of the well-being goals. Under the Social Services and Well-being (Wales) Act 2014 there is a requirement that local authorities and health boards must work together to assess care and support needs (and carer support needs) of the population in their area (including people with substance misuse issues), with Partnership Boards required to prioritise the integration of services. The Crime and Disorder Act 1998 set out the duties of responsible authorities (which includes health boards) in relation to tackling crime and disorder in their areas. Section 6 of the 1998 Act provides that as well as formulating and implementing a strategy for the reduction of crime and disorder, responsible authorities must also have a strategy for combatting the misuse of drugs, alcohol and other substances in the area.

The statutory responsibility for formulating and implementing a local strategy for combating substance misuse in each local government area in Wales continues to rest with the responsible authorities for that area which forms CSPs.

WG guidance states that APBs are advised to agree a Memorandum of Understanding (MoU) which sets out the APBs governance arrangements and describes its operating procedures, key aims and roles of the APB. WG guidance states that entering into a Memorandum of Understanding does not change, replace, substitute or amend in any way the statutory duties or other responsibilities of the organisations forming the APB. As the APB is an unincorporated body it has no legal powers. It will operate as a collaboration of organisations. In addition, the APB itself would not be able to commission work, procure goods/services, incur costs or enter into contracts etc. as it does not have the legal status to do so. In practice, where it is proposed to undertake any of the activities, it will be necessary for either the nominated grant recipient body and / or other named statutory partners to carry forward the proposals approved by the responsible authorities.

Terms of Reference

The terms of the reference for the APB Strategic Group set out its purpose as:

- taking of responsibility for sharing ideas and perspectives to identify how our current system can work better for people facing complex and multiple needs where substance misuse is identified as a key driver.
- Focussing on preventing people from falling through gaps and working collaboratively to deliver the systems changes required to give the best possible outcomes for individuals within a wider treatment system.
- Identify where financial efficiencies can be found because of delivering system wide change.
- Support, encourage, oversee, and draw out learning from new innovative work, with a view to scaling up and embedding those that contribute to improved outcomes.
- Support, develop and oversee the role of Co-Production and the utilisation of the voice of people with insight through personal experience throughout partnership agencies.
- Support and promote the drive to introduce a Trauma informed approach throughout partnerships.
- Implement best practice and Governance strategies using clinical audit, needs assessment and ongoing contract monitoring.

Key Subgroups

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Leadership

WG guidance is being reviewed. At present it does not reflect changes in the NHS since 2017. However, the current guidance states that NHS representation should include: Director of Public Health and /or representative of local Public Health Wales team; The Local Health Board (both a planning representative and a clinical representative of the Substance Misuse Treatment team); and primary care.

PTHB adult mental health services are represented in the membership. The chair is appointed and reviewed on an annual basis.

Budget

The local authority is the 'grant recipient' receiving the allocation of SMAF revenue on behalf of the APB area and then administering it in accordance with the agreement of the responsible authorities within the APB membership.

Current WG guidance states "The Welsh Government requires the APBs to work collaboratively with their respective Local Health Boards to ensure that the funding allocated to tackling substance misuse is both coordinated to provide the most effective use of the available funding and to avoid potential duplication. Given that the APBs have responsibility for agreeing and signing off the Health Board's contributions to substance misuse, the need for consideration of the assessed needs of the region alongside the current APB commissioning strategy must also be taken into consideration to ensure the best outcomes are delivered."

WG guidance states that it is the responsibility of APBs to ensure there are appropriate budget, accounting and audit management systems in place to effectively administer the Substance Misuse Action Fund (SMAF) revenue and capital funds within each of the APB's constituent organisation's governance structure.

Plan

local strategy for combating substance misuse

Assurance Arrangements

The Welsh Government has put in place an overarching Substance Misuse Performance Management Framework. A quarterly progress and budget report highlighting progress against key milestones and information on any new risks/issues provided to the Steering Group.

WG guidance states that the Local Health Board's clinical representative will have a role in making recommendations in relation to ensuring appropriate clinical governance arrangements have been put in place in respect to services commissioned by the APB. It also states: the Chief Executive of the Health Board will be accountable for adhering to the NHS performance management framework and will retain responsibility for clinical governance.

Reporting Process and Cycle

As above

Key Issues

Welsh Government guidance for APBs is currently being revised.

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Primary Care Clusters

Partnership Name
Primary Care Clusters: North Powys, Mid Powys and South Powys.
Partnership Type, Legislation, Delegation
<p>Powys is served by a combination of employed health and social care staff, contractor teams (GP, Community Pharmacy, Optometry and Dentist) and third sector services. A cluster brings together all health and social care services and support across a defined geographical area, typically serving a population between 25,000 and 100,000. There is a shared ambition to achieve the best outcomes for individuals and communities which is achieved through a focus on prevention, early intervention and personalised, coordinated care.</p> <p>There are three key elements: The professional collaboratives; the clusters; and the pan Cluster Planning Group (which is the RPB Executive). (Whilst primary care clusters are an important part of Welsh Government guidance, they are not a statutory partnership. It is expected that Cluster Members reach consensus on decisions through informed discussion.)</p>
Terms of Reference
<p>The Cluster is the most local level of service planning and coordination and is responsible for:</p> <ul style="list-style-type: none"> ● Planning of services best delivered at the cluster level. ● Integrating primary and community-based services between health, social and voluntary sectors, physical and mental health services, with partners. ● Providing innovative and effective alternatives to traditional outpatients or inpatients models of care. Understanding and responding to the full spectrum of health and social care needs of the population served by the Cluster with a particular focus on the needs of vulnerable groups. ● Focus on preventing ill health, and promoting wellbeing, enabling people to self-manage where appropriate.
Related Groups/ Key Subgroups
<p>Pan Cluster Planning Group (PCPG): The Terms of Reference of the RPB Executive include its role as the Plan Cluster Planning Group. The PCPG brings together representatives Clusters and representatives of those services which are planned at county, health board/regional or even national level to collaborate and plan services - informed by patient and public feedback, data based needs assessments and professional assessment of service pathway gaps, barriers and opportunities.</p> <p>Professional Collaboratives: provide a structure to support contractor teams to connect with their peers to review the quality and safety of local services, share experience and good practice for their area of expertise and to advocate for service improvement. Each Contractor Collaborative is represented at the Cluster.</p>
Leadership
<p>The Core Membership of the Cluster comprises of representatives from all local services contributing to health and social care within the cluster area and shall include: Cluster Lead (Chair); General Practice Collaborative Lead; Community Pharmacy Collaborative Lead; Dental Collaborative Lead; Optometry Collaborative Lead; Professional Nursing Collaborative Lead; Allied Health Professional Collaborative Lead; Third Sector representative Lead; Community Services representative Lead; Cluster Development Manager; Medical Directorate representative; Mental Health & Learning Disability Services representative; Medicines Management Representative; Optometry Services Representative; Dental Services Representative; Head of Primary Care / Primary Care Services Representation. In attendance: Finance; Workforce and OD; Public Health Wales; other members may be included as required.</p>
Budget
<p>The Cluster budget within Powys is approximately £869k in 2024/25. Cluster budgets are determined by Welsh Government and are delegated via Health Boards to Clusters. The Health Board and its partners may delegate additional resources to PCPGs and Clusters to achieve agreed outcomes.</p>

The Cluster is required to produce annual spending plans, taking account of the Standing Financial Instructions and must represent the priorities within the Cluster plans.
Where there are financial implication of over £50,000 in relation to a particular decision there is a requirement for this to be presented and supported by the PTHB Investment Benefits Group (IBG).

Plan

Cluster plans form part of the PTHB IMTP and are also inform the RPB Joint Area Plan.

Assurance Arrangements

Cluster chairs represent the group at the Pan Cluster Planning Group. The PCPG receives and approves costed improvement plans. The Cluster provides the PCPG with regular updates on delivery against objectives and the associated financial profile.

Reporting Process and Cycle

As above

Key Issues

Ensuring clarity of purpose and relationship with the Pan Cluster Planning Group (RPBE).

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Local Partnership Forum Advisory Group

Partnership Name
Local Partnership Forum Advisory Group (LPF)
Partnership Type, Legislation, Delegation
Advisory Forum: The LPF is an Advisory Forum of the Board
Terms of Reference
<p>The terms of reference are Schedule 5.3 of PTHB's Standing Orders. The (LPF) is the formal partnership mechanism where PTHB's Managers and Trade Unions work together to improve health services for the citizens of Powys. It is the forum where key stakeholders will engage with each other to inform thinking around national and local priorities on health issues. It provides the formal mechanism for consultation, negotiation and communication between the Unions and management.</p> <p>Its purpose is to: establish a regular and formal dialogue between the Health Board's Executive and the Trade Unions on matters relating to strategies pursued by PTHB; provide opportunities for Trade Unions input into organisational service development plans at an early stage; consider the implications on staff of service reviews and identify and seek to agree new ways of working; consider the implications for staff of NHS reorganisation at a national or local level and to work in partnership to achieve implementation; appraise the Trade Unions of the financial performance of the organisation on a regular basis; appraise the Trade Unions of PTHB clinical activity and its implications; provide opportunities for Trade Unions input to quality issues, including clinical governance, particularly where such issues have implications for staff; communicate to Trade Unions the key decisions taken by the Board and senior management; consider national developments in NHS Wales Workforce and Organisational Strategy and the implications for the Board; negotiate on matters subject to local determination; ensure Trade Union representatives are afforded time to meet in order to discuss ways forward to encompass partnership working between staff side and management. Reference should be made to the A4C Facilities Agreement.</p> <p>The PTHB Board may specifically request advice and feedback from the LPF on any aspect of its business, and the LPF may also offer advice and feedback even if not specifically requested by the Board.</p>
Key Subgroups
<p>The LPF can establish sub groups to establish ongoing dialogue, communication and consultation on service and operational management issues specific to Localities/Service areas. Where these sub groups are developed they must report to the LHB LPF.</p> <p>The Workforce Policy Review Group (WPRG) is a standing committee of LPF.</p>
Leadership
<p>The Management and Staff Organisation Chair the LPF on a rotational basis. All members of the LPF are full and equal members and share responsibility for the decisions of the LPF. PTHB agrees the overall size and composition of the LPF in consultation with those Trade Unions it recognises. Management is represented by Executive Directors.</p> <p>PTHB Scheme of Delegation: the Executive lead for Trade Union Partnership arrangements is the Executive Director of People and Culture</p>
Budget
There is no designated budget for the LPF
Plan
There is no formal annual workplan
Assurance Arrangements
Reporting via a Chair's report to the Board
Reporting Process and Cycle
Reporting via a Chair's report to the Board
Key Issues
The implications of legislation in relation to Social Partnerships – including the importance of trade union recognition and facility time.

Social Partnerships: Since devolution, the Welsh Government has encouraged social partnership working as a means of finding the best

solutions to the challenges facing Wales. (In this context a Social Partner is defined as “a trusted member of a ‘social partnership’, being either an employee, employer representative, or trade union”.) To strengthen social partnership as a way of working a Programme for Government commitment was made to place social partnership on a statutory footing in Wales resulting in the Social Partnership and Procurement (Wales) Act 2023.

This legislation provides a framework to enhance the well-being of the people of Wales by improving public services through social partnership working, promoting fair work and socially responsible public procurement. It includes:

- the establishment of a Social Partnership Council (SPC) for Wales;
- a statutory duty on certain public bodies to seek consensus or compromise with their recognised trade unions (or where there is no recognised trade union) other representatives of their staff, when setting their well-being objectives and delivering on those objectives under section 3(2) of the WFG Act 2015; (from 1st April 2024)
- a statutory duty on Welsh Ministers to consult social partners, employers and worker representatives through the SPC when delivering on their well-being objectives under section 3(2)(b) of the WFG Act 2015;
- amendment of section 4 of the WFG Act 2015 by substituting ‘fair work’ for ‘decent work’ within the existing “A prosperous Wales” goal;
- a statutory duty on certain public bodies to consider socially responsible public procurement when carrying out procurement, to set objectives in relation to well-being goals, and to publish a procurement strategy;
- certain public bodies to carry out contract management duties to ensure that socially responsible outcomes are pursued through supply chains;
- reporting duties to be imposed on the public bodies and Welsh Ministers in relation to the Social Partnership Duty and Procurement duty;

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- a procurement subgroup of the SPC to provide information and advice to the SPC about the procurement duties imposed on contracting authorities.

In relation to the Social Partnership Duty, Welsh Government has reinforced the importance of trade union recognition and facility time. Access to recognised trade unions that can collectively represent the workforce is key to ensuring public bodies meet the duty and achieve fair work. Welsh Government considers the benefits of facility time for employers to be far-reaching and to include:

- The ability for employers to consult with their employees in a meaningful and efficient way which helps employers fulfil their legal obligations as well as to reassure the workforce that their views are valued.
- Facility time encourages a collaborative workplace culture.
- Workplace issues can often be addressed at an earlier stage and can prevent situations from escalating, which in turn can lead to savings in terms of time and resources both for the organisation and public service delivery.
- Better management of change through better communication and understanding of decisions being made.
- Studies have shown that unionised workplaces are safer and that trade unions help to promote skills and training in the workplace.

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Joint Leadership Team Meeting

Partnership Name
Joint Leadership Team
Partnership Type, Legislation, Delegation
<p>Not a formal part of PTHB or PCC's governance structure. A vehicle to enable appropriate and effective collaboration and partnership working between PTHB and PCC. It is the successor to the Joint Partnership Board. Together with the Board to Cabinet Forum, it is the senior staff group that drives the design and delivery of the identified joint areas of interest between PTHB and PCC, complementing the work of other Partnerships including the Regional Partnership Board (RPB) and the Public Services Board (PSB).</p> <p>The JLT does not have delegated powers to make decisions on behalf of the sovereign bodies but nevertheless attempts to reach agreement by consensus on matters within the terms of reference and will rely on the delegated authority of the appropriate officers in each organisation to formally make and implement the consensus reached. (It may obtain external legal or other independent professional advice.)</p>
Terms of Reference
<p>Terms of Reference approved March 2024. It's purpose is to: oversee the continued development and integration of health and social services, together with related enabling services; support the development of a health and social care system that delivers co-ordinated care in the community to enable people to live longer and live better; oversee organisational development and culture change to deliver innovation and transformation; ensure that NHS and Local Authority resources are directed to support transformation and effective service delivery as required.</p> <p>Specific responsibilities include promoting a culture of partnership working; Ensuring the delivery of the transformation agenda (Better Together and Sustainable Powys) and therefore acting as the strategic vehicle for sustainable and affordable services into the future; Maximising the shared areas of Workforce Futures; Confirming key areas of service delivery, legislation, public engagement and other requirements that require effective partnership working; Ensuring relevant structures are in place to support requirements; sharing of learning; Strategic consideration and forewarning of system issues and risks by exception; overseeing the management of wider asset sharing; Clarification of respective responsibilities; Ensuring the provision of, and delivery against, relevant Section 33 Agreements ensuring process for dispute and mediation; building on what is strong and unblocking; Agreement of the handling of challenges and difficult issues; Ensuring that organisational resources are directed to support joint priorities / areas of work and therefore Guard against single points of failure, avoid duplication & guard against misaligned activity/decision-making.</p> <p>PTHB Scheme of Delegation: Providing services jointly with Local authorities under Section 32 and 33 of NHS (Wales) Act 2006 requires approval and signing of the pooled budget arrangement by the CEO and Director of Finance, which is the case for amendments also.</p>
Key Subgroups
None
Leadership
Jointly chaired by the CEOs of PTHB and PCC; All members of the PCC Corporate Leadership Team and the PTHB Executive Team
Budget
There is no designated budget.
Plan
Its programme of work, based on the Health and Care Strategy for Powys and each organisation's underpinning delivery plans.
Assurance Arrangements
Respective Internal Auditors have unrestricted and confidential access to the Joint Chairs of the Committee.
Reporting Process and Cycle
No formal reporting requirements but each organisation reports to its own respective governance arrangements and remains accountable and responsible for the delivery of each organisations plans.
Key issues
<ul style="list-style-type: none"> Alignment of Sustainable Powys and Better Together

- Section 33 Agreements
- Issues by exception, such as patient flow

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Safeguarding

The next section covers partnerships within the region of Mid and West Wales connected to safeguarding:

Partnership Name

Mid and West Wales Regional Safeguarding Boards (MAWWSB) (CYSUR & CWMPAS)

- CYSUR is an acronym for Child and Youth Safeguarding: Unifying the Region and is also the Welsh word for reassurance.
- CWMPAS is the Mid and West Wales Regional Safeguarding Adults Board and is an acronym for Collaborative Working and Maintaining Partnership in Adult Safeguarding and is also the Welsh word for scope or remit.

The Executive Boards for CYSUR and CWMPAS work together as an overarching regional Board to monitor and improve regional safeguarding activity across Mid and West Wales.

Partnership Type, Legislation, Delegation

Statutory Partnership – established in line with Part 7 of the Social Services and Wellbeing (Wales) Act 2014.

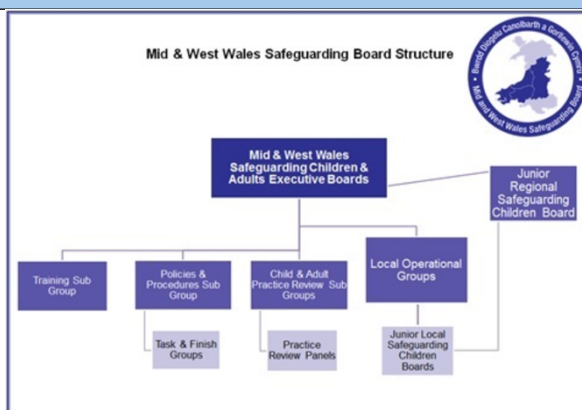
PTHB Scheme of Delegation:

Section 25 of the Children Act 2004 requires local authorities and their statutory partners including health boards to work together to improve the wellbeing of children. This includes protecting children from harm and neglect. Section 27 requires local authorities and health boards to work together to help children in need.

Terms of Reference

The objectives of a Safeguarding Children Board are: • to protect children within its area who are experiencing, or are at risk of abuse, neglect or other kinds of harm, and • to prevent children within its area from becoming at risk of abuse, neglect or other kinds of harm. The objectives of a Safeguarding Adults Board are: • to protect adults within its area who – 1. have needs for care and support (whether a Local Authority is meeting any of those needs), and 2. are experiencing, or are at risk of, abuse or neglect, and • to prevent those adults within its area from becoming at risk of abuse or neglect.

Key Subgroups



There is a Junior Regional Safeguarding Children Board. The MAWWSB subgroups include:

Policies and Procedures Subgroup

Singel Unified Safeguarding Review Subgroup (replaced Child and Adult Practice Review Subgroup)

Training Subgroup

There are 4 **Children and Adult Local Operational Groups (LOGs)** which support the MAWWSB, one

of which is the Powys Local Operational Group. They collaborate, share learning and information and ensure safeguarding practice, strategic planning and commissioning of services across all partner agencies continuously improves and promotes good outcomes for children and adults who may be at risk in their local area.

Leadership

The Social Services and Well Being (Wales) Act 2014 prescribes the Safeguarding Board partners and the levels of seniority of partner representatives on Safeguarding Boards. For a health board it is as follows: the LHB's lead officer for children's/adults' services or some other officer directly accountable to him or her who is of sufficient seniority to act as the LHB's representative instead of the lead officer; A registered medical practitioner charged with specific responsibilities in relation to the protection of children within the area of the LHB; A registered nurse charged with specific responsibilities in relation to the protection of children and the director of nursing in relation to the protection of children within the area of the LHB. The PTHB Executive Director of Nursing, Quality, Women and Family Health and the Assistant Director of Safeguarding are members of the Safeguarding Boards and the Named Doctor for Child Protection.

PTHB Scheme of Delegation: the Executive Director of Nursing, Quality, Women and Family Health is the Executive Lead for safeguarding.

Budget

The Mid and West Wales Safeguarding Boards use the national funding formula to assess and identify annual financial contributions from statutory partner agencies. In 2024/5 the PTHB contribution was approximately £12,310.

Plan

The Social Services and Wellbeing (Wales) Act 2014 requires all Regional Safeguarding Board to produce an Annual Plan setting out its strategic outcomes for the coming year. (Joint Annual Plan)

Assurance Arrangements

An annual report is produced. A focus within this has been the 5 key elements of safeguarding effectiveness: safeguarding process; multiagency activity data; thematic hot spots; service users feedback; and workforce information.

Reporting Process and Cycle

Within PTHB the Executive Director of Nursing, Quality, Women and Family Health chairs a quarterly Strategic Safeguarding Group. Specific issues are reported by exception. An Annual report is submitted to the PEQS Committee and to Board covering Safeguarding, Violence Against Women, Domestic Abuse and Sexual Violence; the Youth Justice Board and Corporate Parenting.

Key Issues

The safeguarding boards ensure links with the Community Safety Partnerships, National Independent Safeguarding Board and Welsh Government

Partnership Name

Violence Against Women, Domestic Abuse and Sexual Violence Regional Boards

Partnership Type, Legislation, Delegation

Statutory Partnership: Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, including statutory guidance

PTHB Scheme of Delegation: the Executive Director of Nursing, Quality, Women and Family Health is the Executive Lead for Violence Against Women, Domestic Abuse and Sexual Violence

Terms of Reference

Delivers the regional strategy on violence against women, domestic abuse and sexual violence.

Key Subgroups

The Executive Board is supported by a strategic Group (ADs/Heads of Service) which ensures multi-agency protocols and procedures are in place; creates and drives the action plan to meet the strategic aims; enables voices within the partnership; voices of survivors; monitoring performance and informing and reporting to the Executive Board.

Leadership

PTHB Scheme of Delegation: the Executive Director of Nursing, Quality, Women and Family Health is the Executive Lead for Violence Against Women, Domestic Abuse and Sexual Violence

Budget

The Mid & West Wales Safeguarding Board is funded by an annual Welsh Government Grant, with partner contributions via the contribution to the MWWSB which is managed by the Business Unit and that money is spent on resources and infrastructure that support the work of the Board and delivery of our strategic outcomes.

The regional budget is also used to fund bespoke multi-agency training recommended by regional practice reviews and to commission research work to support the Board's functions.

Plan

Regional Strategic Plan;

Assurance Arrangements

The Strategic Group will ensure the Executive Board receives the information it needs to make decisions, changes and improvements to the delivery plan.

Reporting Process and Cycle

Within PTHB the Executive Director of Nursing, Quality, Women and Family Health chairs a quarterly Strategic Safeguarding Group. Specific issues are reported by exception. An Annual report is submitted to the PEQS Committee and to Board covering Safeguarding, Violence Against Women, Domestic Abuse and Sexual Violence; the Youth Justice Board and Corporate Parenting.

Key Issues

PTHB also participates in the **Dyfed-Powys Strategic Serious Violence and Organised Crime (SVOC) Board**, supported by Dyfed Powys Police.

In line with statutory duties under the Children Act 2004, which places a duty on statutory partners to safeguard and promote the welfare of children the Executive Director of Nursing, Quality, Women and Family Health is also a member of the **Powys County Council Corporate Parenting Group**.

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Dyfed Powys Local Resilience Forum

Partnership Name

Dyfed Powys Local Resilience Forum

Partnership Type, Legislation, Delegation

Statutory Partnership

PTHB Scheme of Delegation: The Executive Director for Public Health is the executive lead for Civil Contingencies Planning.

Terms of Reference

Aim: The Dyfed Powys Local Resilience Forum sits at the apex of local civil protection arrangements in mid and south-west Wales. Its overall purpose is to ensure that there is an appropriate level of preparedness to enable an effective multi-agency response to emergencies which may have a significant impact on the communities of Dyfed Powys.

Objectives: The Local Resilience Forum's specific objectives are:

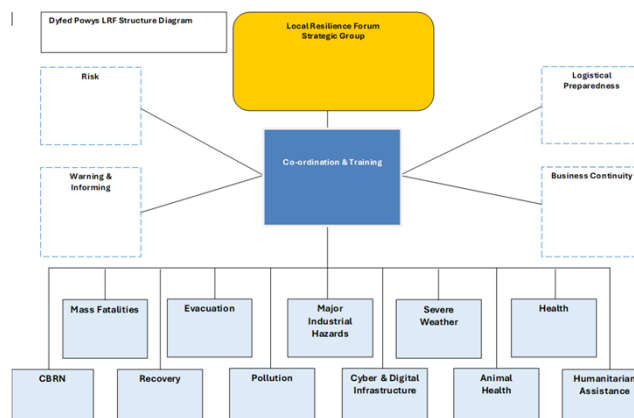
- to agree on joint strategic and policy approaches relating to Dyfed Powys' preparedness and response;
- to approve the Community Risk Register, and ensure it provides a robust basis for planning;
- to ensure that appropriate multi-agency plans, procedures, training and exercises necessary to address identified or foreseeable local and wider area hazards are in place and outstanding gaps identified;
- to direct and oversee the activities of working groups as they are established and allocate tasks to them as appropriate;
- to receive reports from the working groups on current threat levels, gaps in planning and progress on actions tasked;
- to ensure that appropriate resources are made available to working groups to fulfil statutory and task-based responsibilities;
- to co-ordinate the individual approaches and responsibilities of each organisation to ensure that they complement each other and dovetail with partners' arrangements; and

to consider the implications of legislation, national initiatives and decisions of the Regional Resilience Forum for the Local Resilience Forum area

Key Subgroups

The groups are split into the main LRF groups which includes a strategic planning group and (tactical) Coordination and Training Group. There are four core groups sitting around the main groups and then a series of separate sub-groups which have been set up to take forward the planning and preparedness activities for the associated risks identified on the National Risk Register/Wales Risk Register that are assigned to each of the separate sub-groups.

Local Resilience Forum Structure
January 2025



Leadership

PTHB Scheme of Delegation: The Executive Director for Public Health is the executive lead for Civil Contingencies Planning.

Budget

PTHB makes an annual contribution to the LRF's training fund (£500) and 1/4 funding of a LRF coordinator post

Plan

LRF Business Plan

Assurance Arrangements

LRF Business Plan is overseen by the Strategic LRF Group

Reporting Process and Cycle

Reporting is through the Coordination and Training Group and Strategic LRF Group on a 4 monthly basis

Internally reporting is via annual reporting to the Board

Key Issues

2025-26: Work is driven by national, regional risk assessment and responses to incidents /emergencies.

This work feeds into PTHB Civil Contingencies Planning programme of work for 2025/26.

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Mid Wales Joint Committee for Health and Care

Partnership Name
Mid Wales Joint Committee for Health and Care
Partnership Type, Legislation, Delegation
Joint Committee of health and care organisations providing services to Mid Wales established in response to one of the twelve recommendations made in the Mid Wales Healthcare Study (2014)
Terms of Reference
<p>The Mid Wales Joint Committee, which was established in response to the recommendations of the Mid Wales Healthcare Study (2014), is a formal collaborative between the health and care organisations covering the Mid Wales region. Members of the Joint Committee includes the three Local Health Boards (Betsi Cadwaladr University Health Board, Hywel Dda University Health Board, Powys Teaching Health Board), Welsh Ambulance Services University NHS Trust, the three Local Authorities (Ceredigion County Council, Gwynedd Council and Powys County Council) and Llais.</p> <p>The Mid Wales Joint Committee has a set of annually agreed priorities identified as those areas for which working on a joint Mid Wales footprint will provide added value. The Mid Wales priorities align with the individual plans of the Joint Committee's partner organisations and focus on a whole pathway approach with regional links between primary, secondary, community and social care. This approach supports the Welsh Government's expectation for Mid Wales organisations to work together to plan and deliver regional solutions across organisational boundaries.</p>
Key Subgroups
<p>The work of the Joint Committee is coordinated by the Mid Wales Planning and Delivery Executive Group. The focus of the group's work is to oversee the development and implementation of the Mid Wales Priorities and Delivery Plan which is considered alongside individual organisational plans together with the consideration of any other emerging matters which require a collaborative discussion and regional approach. The Mid Wales Planning and Delivery Executive Group is supported by the following sub-groups:</p> <ul style="list-style-type: none"> • Mid Wales Clinical Advisory Group which advises on specific clinical models of care, taking a leadership role in detailed design where appropriate. • Mid Wales Social Care Group which focuses on Social Care and the alignment of plans for social care services across Mid Wales. • Rural Health and Care Wales Stakeholder Group which focuses on the detailed development and oversight of the Rural Health Care Wales plan with a focus on research, development, and dissemination of evidence in health service research which addresses the particular challenges of Mid Wales. <p>There is also the Mid Wales Strategic Commissioning Group which has been established for the three Mid Wales Health Boards to fulfil their commissioning role collaboratively, in the development and implementation of equitable, accessible, evidence-based, safe, effective and sustainable services for the residents of Mid Wales. This group is directly accountable to the three respective Health Boards, however, regular reports on its work are provided to the Mid Wales Planning and Delivery Executive Group.</p>
Leadership
<p>Joint Committee Leadership Team: Lead Chair- Chair, BCUHB; Lead Chief Executive CEO, PTHB; Lead Director of Planning Executive Director of Planning, Performance and Commissioning, PTHB; Lead Clinical Executive Director Executive Medical Director, PTHB; Joint Committee Programme Director – Director of Operational Planning & Performance, HDUHB.</p> <p>Mid Wales Joint Committee Membership: Joint Committee Leadership Team, Chief Executives from Health Boards and the WAST, Chairs of the Joint Committee's sub-groups, representatives from the three Local Authorities and Llais.</p>
Budget
£150,000 (£50,000 contribution from the three Mid Wales Health Boards)
Plan
The development and delivery of the Joint Committee's priorities and delivery plan is led by the Mid Wales Planning and Delivery Group with input and support from the Mid Wales Clinical Advisory Group, Mid Wales Social Care Group and, where appropriate other partnership / regional collaborative groups.

Mid Wales Priorities and Delivery Plan (There are a set of annually agreed Mid Wales priority areas which for 24/25 were Urology, Ophthalmology, Cancer, Dental, Clinical Strategy for Hospital Based Care and Treatment and regional solutions, and Cross Border workforce arrangements). Clinical priorities were urology, palliative care and rheumatology. Social Care Priorities were: Residential Children's Accommodation with links to eliminating profit on small homes ii) Trusted Assessor along with Delayed Pathways of Care. iii) Welsh Community Care Information System (WCCIS)

Assurance Arrangements

The implementation of the Delivery Plan and risks are tracked through a BRAG rating and risk & mitigating actions score. The Joint Committee receives updates on the progress of the Rural Health and Care Wales Work (RHCW) Programme.
The Mid Wales Strategic Commissioning Group is directly accountable to the three respective Health Boards, however, regular reports on its work are provided to the Mid Wales Planning and Delivery Executive Group.)

Reporting Process and Cycle

The MWJC oversees the work of its sub-groups and meets bi-annually as follows:

- Spring meeting (April) - Planning meeting for the Joint Committee's future workplan
- Autumn Meeting (October) – Mid-year progress update on the Joint Committee's workplan

Bi-annual Mid Wales plans/reports are produced, following the MWJC meetings, for Health Board and Local Authorities to monitor and scrutinise. For NHS organisations the MWJC reports directly to their respective Board governance structures, acting as a formal sub-committee. For Local Authorities the MWJC reports on its work to the scrutiny mechanisms in place for these organisations.

Key Issues

Financial challenges
Strategic service change programmes and potential impact on services in Mid Wales
Competing priorities for the partner organisations to consistently focus on regional working

A South East Wales Joint Committee will be established by Quarter 3 of 2025/2026 and PTHB will be an Associate Member.

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Other NHS Regional Partnerships

PTHB constantly collaborates with other health boards and NHS Trusts, as it does not have a District General Hospital. It works with other health and NHS Trusts to meet the needs of its population as a commissioner and puts in place Long Term Agreements and Service Level Agreements in line with the NHS Wales Act 2006 (which are not contracts in law). These are covered by the arrangements for commissioning assurance which is a separate framework.

Other health boards and NHS Trusts may instigate strategic/service changes which may affect PTHB patients. There is a separate Service Change report to the Board and the relevant Board Committee.

There is an expectation of increased regional working within the NHS Wales. Where collaborative regional commissioner or provider arrangements sit outside i) a statutory partnership ii) the Joint Commissioning Committee arrangements iii) a Shared Services Procurement Framework the PTHB representative/s in those meetings may need to clarify with the lead PTHB Executive Director or PTHB Board Secretary the governance position in terms of delegation of decision making, public engagement and consultation, financial flows and accountability. Where collaborative regional arrangements do not have the delegated powers to make decisions on behalf of the sovereign bodies, there may never the less be attempts to reach agreement by consensus on matters within the terms of reference and within the delegated authority of the appropriate officers.

Representatives of PTHB attending oversight or project management boards need to be clear on what they can decide and what needs referring back to the parent organisation.

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Non Ministerial Departments

Partnership Name

NHS Wales Joint Commissioning Committee

Partnership Type, Legislation, Delegation

Statutory: The National Health Service Joint Commissioning Committee (Wales) Regulations 2024; The National Health Service Joint Commissioning Committee (Wales) Directions 2024. Hosted by CTMUHB

Subject to any directions given by the Welsh Ministers, each Local Health Board must agree standing orders for the regulation of the meetings and proceedings of the joint committee. The Local Health Boards must jointly exercise the relevant functions from 1 April 2024 which 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, (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. (3) For the purpose of jointly exercising the relevant functions from 1 April 2024 the Local Health Boards must establish a joint committee. (4) The host Local Health Board must provide administrative support for the operation of the joint committee and establish the NHS Wales Joint Commissioning Committee team.

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. Individual Health Boards are ultimately accountable to their population and other stakeholders for the provision of the services commissioned by the NWJCC for the residents in their area. In performing its role, the Joint Committee and each individual Chief Executive as a member, shall work in the wider interest of NHS Wales.

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

Decisions approved by the JCC are binding.

The Joint Committee will make decisions based on a majority view held by the voting Joint Committee members present.

PTHB's Scheme of Delegation states that the Board may determine any matter for which it has statutory or delegated authority in accordance with SOs (except for those decisions delegated to the NHS Wales Joint Commissioning Committee (the JCC))

(In the Welsh Government Accounting Officer System Statement December 2023 the predecessor committees are designated as Non Ministerial Departments)

Terms of Reference

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.

Key Subgroups

Quality, Safety and Outcomes Sub-Committee
Planning Performance and Finance Sub-Committee (PTHB CEO member)

Leadership

The members of the JCC consist of the chief executive of each Local Health Board or their nominated representative together with a chair, and not more than five non-officer members; and an associate member who may not vote in any meetings or proceedings of the joint committee. A CEO may nominate a deputy to attend on their behalf.
PTHB Scheme of Delegation: The CEO represents PTHB in the JCC.
The Executive Director for Commissioning, Performance and Planning is the lead Executive Director for commissioning including specialised services and ambulance services.

Budget

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. (Standing Order 2.20 and Standing Financial Instructions 1.3) 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. The Chief Commissioner has overall accountability for the management and financial governance of the budget, ensuring efficient allocation of resources to meet the healthcare needs of our communities, amounting to approximately £1.3 billion.
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.
The PTHB share of the JCC Budget in 2024/2025 was approx. £54 million.

Plan

Integrated Medium-Term Plan

Assurance Arrangements

Governance arrangements include: standing orders; standing financial instructions; a Memorandum of Understanding; and hosting agreement. The Host Agreement covers audit arrangements. The Q&S Committee seeks assurance that the services commissioned are appropriate, high quality and safe services from providers (Health Boards, Trusts and private sector providers); The Planning Performance and Finance Committee seeks assurance that JCC is effectively managing its strategic planning, performance and financial duties.

Reporting Process and Cycle

Integrated Plan to be approved by PTHB Board; minutes of meetings received; specific papers for issues requiring approval.

Key Issues

The impact on the other services for which PTHB is responsible (including primary and community services) if the financial requirement for JCC delegated services is beyond the uplift received by PTHB..
EMRTS Judicial Review: Implications for: Equality Impact Assessments; Public Sector Equality Duty in Board papers; good document management; ensuring appropriate governance - decisions made in the right places; clarity of roles – including in engagement and consultation.

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Partnership Name

NHS Wales Shared Services Partnership Committee (NWSSP)

Partnership Type, Legislation, Delegation

In the Welsh Government Accounting Officer System Statement December 2023 NWSSP is designated as Non Ministerial Department.

As a hosted organisation NWSSP operates under the legal framework and Establishment Order of Velindre University NHS Trust. (The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012)

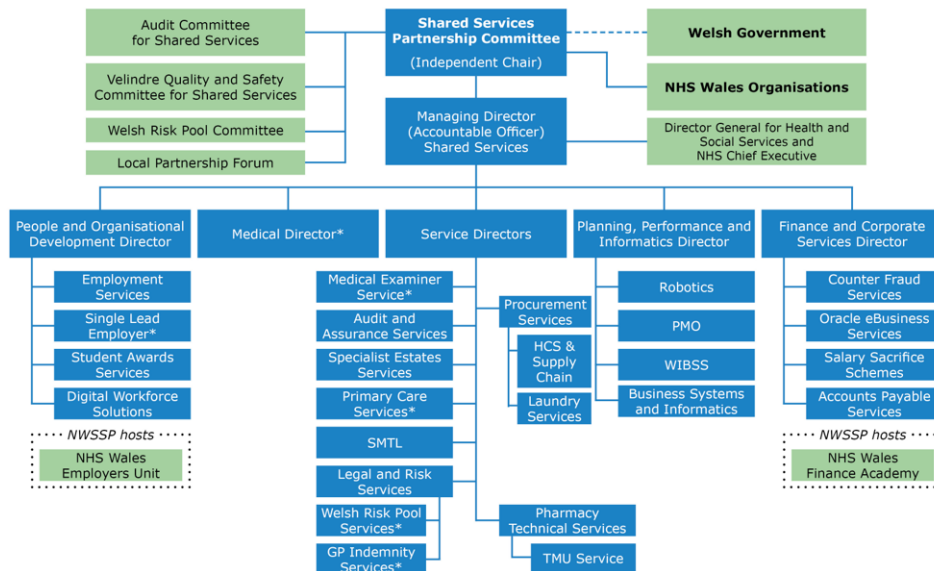
PTHB Scheme of Delegation: A Memorandum of Co-operation and a Hosting Agreement must be in place between the health board's and Trusts within Wales setting out the obligations of NHS bodies to participate in the Shared Services Partnership Committee and to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales. The Hosting Agreement will provide the terms upon which Velindre NHS Trust provides the legal framework for the management and provision of Shared Services to the NHS in Wales.

Terms of Reference

NWSSP aims to add value through partnership, innovation, and excellence.

The "Ministerial Directed" Services (from 2011) are: employment services; Legal and Risk Services; Primary Care Services; Procurement and Supply Chain Services; Welsh Risk Pool; Audit & Assurance; Specialist Estates Services; Counter Fraud Wales; and Accounts Payable. Additional services transferred to NWSSP include Supply Chain Logistics and Transport; Surgical Materials Testing Laboratory; Central eBusiness Team; Student Award Service; Digital Workforce Solutions; Finance Academy (hosted); Welsh Infected Blood Scheme; Salary Sacrifice; Medical Examiner; e-Enablement; all Wales Laundry service; lead employer for Medical, Dental and Pharmacy Trainees; Pharmacy Technical Services; and General Practice Indemnity.

Key Subgroups



NWSSP operates utilising the Velindre NHS University Trust legal framework and Establishment Order

Leadership

The Partnership Committee has an independent chair and membership from each of the NHS organisations using its services.

The Partnership Committee and not Velindre Board is responsible for exercising the Velindre National Health Service Trust's functions in relation to shared services, including the setting of policy and strategy and the management and provision of shared services to Local Health Boards, Special Health Authorities and National Health Service Trusts.

PTHB Scheme of Delegation: the Executive Director of Finance represents PTHB on the Committee.
Budget
In 2024/25 NWSSP managed a turnover of approximately £633 million. The PTHB estimated spend in 2024/25 on NWSSP was £2.683m.
Plan
The Partnership Committee has agreed objectives.
Assurance Arrangements
The NWSSP Managing Director is the designated Accountable Officer for Shared Services in line with The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and is accountable to the Director General / CEO NHS Wales and Health Boards, Special Health Authorities and Trusts through the Shared Services Partnership Committee (the Partnership Committee).
Reporting Process and Cycle
Shared Services Partnership Committee Assurance Report, which summarises the key matters including achievements and progress considered by the Committee and any related decisions made from the monthly meeting. This is used to inform the Chief Executives update to the Board, when there is a matter of significance.
Key Issues
Management of the Welsh Risk Pool. Procurement of a future Electronic Staff Record (ESR) workforce information system underway jointly with NHS in England. Development of a radiopharmacy facility in South Wales. International Recruitment of doctors and nurses, using the link established between Wales and Kerala in India.

In the Welsh Government Accounting Officer System Statement December 2023 the following have also been designated as Non Ministerial Departments

- **Digital Health and Care Wales** (special health authority)
- **Health Education and Improvement Wales** (special health authority)
- **Llais Citizen’s Voice Body (Wales)**
- **Local Health Boards**
- **NHS Trusts**

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Assurance

Assurance Arrangements: Under PTHB's Scheme of Delegation the Board must receive reports from the health board's Executive on progress and performance in the delivery of the health board's strategic aims, objectives and priorities and approve action required, including improvement plans, as appropriate.

It is important that this includes any functions delegated to statutory partnerships.

There cannot be a "one size" fits all approach to assurance for the range of partnerships involving the health board. However, the Board should be assured that Partnership Boards have assurance arrangements in place spanning:

- Engagement and co-production
- Progress against the agreed plan to achieve strategic objectives
- Risk Management
- Quality and safety
- Information governance
- Finance
- Performance and Outcomes
- Escalation arrangements
- Audit

Partnership Development: Annexe 2 is a "**maturity matrix**" which can be used as a self-assessment tool, which can be used within partnerships to help identify areas of partnership working which require further development. It spans:

- Relationships
- Money
- Governance
- Strategic Planning
- Operational Working
- Outcomes

There should be a regular Highlight report to the Planning, Partnerships and Population Health Committee, including any significant issue or concerns impacting on the health board's ability to achieve its aims and objectives and to approve action required, taking account of the advice of Board Committees (as appropriate). The **Partnership Highlight Report** will report progress; finance; and performance. It will highlight other issues by exception.

Process for Adding or Removing a Partnership to/from the PTHB Partnership Governance Framework

If

- a new statutory partnership is to be established in line with new statutory requirements
- or if a significant change to an existing partnership is needed
- or a statutory partnership is to cease

in broad the following steps will be required.

- The Executive Committee will ensure that the PTHB Board is aware of the implications of the new or amended legislation;
- The existing or nominated lead Executive Director will advise PTHB on the arrangements needed and on its involvement, even if another agency is the lead for the partnership;
- The health board will ensure appropriate engagement about the new or revised arrangements within the health board and with stakeholders;
- There will be compliance with PTHB policy and procedures where PTHB employs/or is to employ staff to support the partnership;
- Consideration will be given as to whether amendments are needed to the Board's Scheme of Delegation;
- Revisions to the Terms of Reference of existing Partnerships may need to be approved;
- Resourcing or changes to the resourcing arrangements for partnerships need to be approved;
- Implications for other partnerships need to be understood;
- PTHB representation will be confirmed;
- Reporting arrangements will be confirmed.

The Partnership Highlight Report will update on progress in establishing, revising or ending a partnership, supplemented by papers from the relevant lead Executive Director where specific approvals are required.

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Recommendations

1. There should be a regular high level “Partnership Highlight Report” to the Planning, Partnership and Public Health Committee to highlight, by exception, key matters with implications for the health board. This could be in two parts covering NHS to NHS partnerships and statutory partnerships with other bodies. This would be in addition to reports needed for specific matters requiring approval.
2. A list of partnerships involving PTHB should be updated annually. The Board should keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to: change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; address any specific requirements or directions made by the Welsh Ministers; and to ensure agreed terms and conditions for the partnership are in place.
3. PTHB must ensure compliance with the requirements of the Social Partnership and Procurement (Wales) Act 2023. There should be a pragmatic response, including building on the existing good practice within the PTHB Local Partnership Forum.
4. PTHB should work with partners to streamline activity across partnerships to prevent duplication and to ensure improved focus on the issues which will have the greatest positive impact on population and patient outcomes and experience and the efficient use of resources.
5. PTHB should encourage use of a Maturity Matrix within partnerships to help assess strengths and the areas for partnership development.
6. The Partnership Governance Framework should be regularly reviewed and updated. A second phase of work would include adding a schedule of “partnerships by choice”.

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Key References

A Healthier Wales: Long Term Plan for Health and Social Care. Welsh Government. First published 8 June 2018. Updated 9 December 2024.

Welsh Government Accounting Officer System Statement December 2023

Model Standing Orders Reservation and Delegation of Powers For Local Health Boards
ADOPTED BY POWYS TEACHING HEALTH BOARD – MAY 2024 Schedule 1 MODEL
SCHEME OF RESERVATION AND DELEGATION OF POWERS
([Microsoft Word - C. Board Approved May 2024 Sch 1 Scheme of Delegation & Reservation of Powers LP](#)).

Accountable Officers Memorandum

Part 9 Social Services and Wellbeing Act (Wales) Act 2014. Welsh Government

Social Partnership and Procurement (Wales) Act 2014 and associated Welsh Government guidance, including *Health Service Procurement Statutory Guidance* (updated in February 2025)

"Partnering" Presentation Cardiff and Vale University Health Board December 2024

The Powys definition of co-production draws from *Co-production & Involvement Audit A self-assessment tool for organisations Issue 1. May 2019* by the Co-production Network for Wales (licensed under a Creative Commons Attribution 4.0 International License).

Review of Social Partnerships within Welsh Government: Summary of Findings following a review of social partnerships within the Welsh Government. First published 2 February 2024.

A Reflective Learning Framework for Partnership. Kings Fund

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Annexe 1: Welsh Government classification

NON MINISTERIAL DEPARTMENTS	WELSH GOVERNMENT	
<ul style="list-style-type: none"> Welsh Revenue Authority (WRA) 	Companies	Statutory Independent Office Holders
Health	Companies Owned by Welsh Ministers: <ul style="list-style-type: none"> Adnodd Cyfyngedig Careers Choices Dewis Gyrfa Ltd (trading as Careers Wales) Centre for Digital Public Services Ltd Cwmni Eginio Design Commission for Wales Ltd Development Bank Wales Group Global Centre of Rail Excellence Hybu Cig Cymru - Meat Promotion Wales Industry Wales (Sector Development Wales Partnership Ltd) International Business Wales National Academy for Educational Leadership Regeneration Investment for Wales LLP Transport for Wales Group Wales Life Sciences Hub Ltd Welsh Development Management Ltd WGC Holdco Ltd 	<ul style="list-style-type: none"> Children's Commissioner for Wales Future Generations Commissioner HM Chief Inspector of Education & Training (Estyn) National Advisor on Violence against Women Older People's Commissioner Welsh Language Commissioner
NHS Bodies <ul style="list-style-type: none"> Digital Health and Care Wales Emergency Ambulance Services Committee Health Education and Improvement Wales Llais - Citizens' Voice Body (Wales) Local Health Boards Mid Wales Healthcare Collaborative NHS Trusts NHS Wales Shared Services Partnership South Wales Health Collaborative Welsh Health Specialised Services Committee 	Public Corporations <ul style="list-style-type: none"> Cardiff International Airport 	Partly Owned Companies <ul style="list-style-type: none"> Student Loans Co. Ltd
		Investments <ul style="list-style-type: none"> Airbus Group Endeavr Wales Centre Wales Limited International Convention Centre Wales
Executive ALB	Advisory ALB	Tribunal ALB
<ul style="list-style-type: none"> Arts Council of Wales Education Workforce Council Higher Education Funding Council for Wales Local Democracy and Boundary Commission for Wales National Library Wales National Museum Wales Natural Resources Wales Qualifications Wales Royal Commission on the Ancient and Historical Monuments of Wales Social Care Wales Sports Wales 	<ul style="list-style-type: none"> Advisory Panel on Substance Misuse All Wales Medicines Strategy Group Independent Appeals Panel for Farmers Independent Remuneration Panel for Wales Welsh Dental Committee Welsh Industrial Development Advisory Board Welsh Medical Committee Welsh Nursing and Midwifery Committee Welsh Optometric Committee Welsh Pharmaceutical Committee Welsh Scientific Advisory Committee Welsh Therapies Advisory Committee 	<ul style="list-style-type: none"> Adjudication Panel Wales Agricultural Land Tribunal (Wales) Education Tribunal for Wales Mental Health Tribunal for Wales Registered Inspectors of Schools Appeals Tribunal (Wales) Registered Nursery Education Inspectors Appeals Tribunal (Wales) Residential Property Tribunal for Wales Valuation Tribunal for Wales Welsh Language Tribunal
Grants to Local Authorities, NHS bodies, Voluntary and Private Sector		

(Under the NHS Wales Act 2020 Local Health Boards cannot form companies.)

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Annexe 2: Partnership Maturity Matrix

The indicative matrix below may help to assess the level of maturity of a partnership and the areas which require further development.

Powys Partnership Maturity Matrix						
	Leadership and Relationships	Money	Governance	Strategic Planning	Operational Working	Outcomes
Level 3	Relationships characterised by openness, trust, integrity, and respect. Demonstrable commitment to partnership working. Regular and open communication. Regular opportunities for partnership reflection and development. Relationships and processes capable of resolution of difficult issues.	Financial balance achieved. Evidence of resources being used wisely with economy, efficiency and sustainability. Probity and value requirements met. Compliance with SFIs. Financial risks and issues resolved fairly, transparently and proactively.	Compliance with governance arrangements, including accountabilities. Roles and responsibilities clear and well understood. Shared and effective understanding of risk and mitigation. Robust performance and assurance arrangements in place. Effective routes for escalation and mediation.	Shared vision. Aligned priorities and strategic plans. Effective horizon scanning. Inclusive decision making involving partners. Effective joint co-production and engagement. Targeted strategies for improvement .	Effective collaboration at all levels. Effective operational relationships including resolution of difficult issues. Strong interpersonal relationships and mutual respect. Compliance with statutory requirements including duties of co-operation.	Improved outcomes for shared population with jointly agreed measures. Evidence of desired shifts, including towards prevention. Joint systems to track progress, measure impact and to identify areas for improvement.
Level 2	Generally positive and effective engagement from all partners . Commitment to open and transparent communication. Shared commitment to success.	Compliance with Standing Financial Instructions. Expenditure within delegated limits, but limited information about the impact of expenditure.	Assurance Framework in place with regular reporting by exception. Clear route for resolving difficult issues. Risk plan and mitigation in place.	Active and continuous coproduction and engagement from an early point to shape shared solutions.	Shared commitment to success. Generally collaborative relationships, but some areas of unresolved difficulties. Recognition of roles and responsibilities,	Approach for gathering and analysing population, individual and financial outcomes in place, but at an early stage.

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					including duties of co-operation.	
Level 1	Predominantly single agency approach, with limited input from/involvement of partners. Limited communication. “Hot spots” of poor relationships.	Agency contributions not agreed. Insufficient financial control / overspends affecting statutory partner financial duties. Significant underspends affecting partnership objectives. Recovery plans in place but not effective.	Awareness of Standing Orders and Scheme of Delegation. No clear route for resolving differences. Rudimentary shared risk management in place.	Involvement in engagement but late and/or mechanistic. Adverse impacts on partner agencies not foreseen and/or mitigated.	Predominantly single agency or individualistic approach. Limited communication.	
“Never Event”	Hostile or absence of partnership relationships	Breach of Standing Financial Instructions. Misappropriation, Fraud, Corruption or ultra vires expenditure; Significant financial risk unfairly passed from one partner to another.	Breach of Standing Orders and/or Scheme of Delegation. Legal action between statutory partners. Major Risks not assessed.	No engagement. Foreseeable major adverse impact of agency plans on another agency not shared.	Serious Harm through failure of partnership working. Non compliance with statutory responsibilities, including duties of co-operation. Hostile or absent relationships or communication. No engagement about likely major adverse impact of the <i>actions</i> of a partner agency.	Declining key outcomes for shared population.

Example of a Code of Conduct for Partnership Working

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Respect the meeting start time and arrive punctually • Attend the meeting well-prepared, willing to contribute and with a positive attitude • Listen actively. Allow others to explain or clarify when necessary • Observe the requirement that only one person speaks at a time • Avoid 'put downs' of views or points made by colleagues • Respect a colleague's point of view • Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation • Try not to react negatively to criticism or take as a personal slight • Put forward criticism in a positive way • Be mindful that decisions have to be made and it is not possible to accommodate all individual views • No 'side-meetings' to take place • Respect the Chair

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Structured Assessment 2024 – Powys Teaching Health Board

Audit year: 2024

Date issued: December 2024

Document reference: 4647A2024

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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Summary report

About this report

- 1 This report sets out the findings from the Auditor General's 2024 structured assessment work at Powys Teaching Health Board (the Health Board). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources. Our review of the Health Board's corporate approach to setting new well-being objectives in accordance with the sustainable development principle is being undertaken to help discharge the Auditor General's duties under section 15 of the Well-being of Future Generations (Wales) Act 2015.
- 2 Our 2024 structured assessment work took place at a time when NHS bodies were continuing to respond to a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is being taken to deliver high-quality, safe, and responsive services, and that public money is being spent wisely.
- 3 The key focus of the work has been on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on:
 - board transparency, cohesion, and effectiveness;
 - corporate systems of assurance;
 - corporate approach to planning; and
 - corporate approach to financial management.We have not reviewed the Health Board's operational arrangements as part of this work.
- 4 Our work has been informed by our previous structured assessment work, which has been developed and refined over several years. It has also been informed by:
 - model Standing Orders, Reservation and Delegation of Powers;
 - model Standing Financial Instructions;
 - relevant Welsh Government health circulars and guidance;
 - the Good Governance Guide for NHS Wales Boards (Second Edition); and
 - other relevant good practice guides
- 5 We undertook our work between September and December 2024. The methods we used to deliver our work are summarised in **Appendix 1**. Our work was

conducted in accordance with the auditing standards set by the International Organization of Supreme Audit Institutions.

- 6 Welsh Government has escalated the Health Board under the [NHS Wales escalation and oversight framework](#). In November 2024, the Health Board was placed in Targeted Intervention (Level 4) for finance, strategy and planning due to the reduced confidence in the Health Board's financial position and its forecast deficit for 2024-25. Prior to this, the Health Board had been in Enhanced Monitoring (Level 3) since July 2023. The Health Board remains in Routine Monitoring (Level 1) for all other domains.
- 7 We also provide an update in this report on the Health Board's progress in addressing outstanding recommendations identified in previous structured assessment reports in **Appendix 2**.

Key findings

- 8 Overall, we found that **the Board and its committees are working well and there is an openness about the challenges the organisation faces and a commitment to secure the necessary improvements. The Health Board has been unable to deliver short- or medium-term plans that are supportable by Welsh Government, and on-going work is required to strengthen some key aspects of the Health Board's corporate governance arrangements.**
 - we considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently. We found that **the Board conducts its business transparently and is committed to continuous improvement. The Board and its committees continue to operate well, and scrutiny has continued to strengthen but more assurance is required to ensure that committee workplans are aligned to key strategic priorities and the risks to their delivery.**
 - we considered whether the Health Board has a sound approach to managing risks, performance, and the quality and safety of services. We found that **the Health Board is continuing to develop its systems of assurance with robust arrangements in place for performance management, more work is needed to develop the Board Assurance Framework, strengthen risk management arrangements, provide greater clarity on its quality and safety priorities, and improve arrangements for closing audit recommendations.**
 - we considered whether the Health Board has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery. We found that **the Health Board continues to progress work to deliver its long-term strategy and 'Better Together' transformation model although continues to be unable to produce a Welsh Government approved Integrated Medium-Term Plan. There is also a need to ensure**

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that the long-term strategy remains relevant and appropriate, and that progress is being made at sufficient pace to deliver intended impacts.

- we considered whether the Health Board has a sound corporate approach to managing its financial resources. We found that **while the Health Board’s financial planning and management arrangements are generally effective, monitoring and reporting arrangements require strengthening to urgently establish control over the risks to its financial position. Ongoing financial challenges also means there is a need to monitor any associated performance and quality risks to service delivery.**

Recommendations

- 9 **Exhibit 1** details the recommendations arising from our work. The Health Board’s response to our recommendations is summarised in **Appendix 3**. In addition, there remains work to do to ensure that recommendations from previous years are addressed in full (see **Appendix 2**)

Exhibit 1: 2024 recommendations

Recommendations	
R1	The Health Board should require staff with significant budget oversight and/or significant influence on commissioning arrangements to provide information on any relevant interests and include this information on the Register of Interests (paragraph 21).
R2	The Health Board should set out its ambitions for the quality and safety of its services and how it will go about achieving them (paragraph 66)
R3	The Health Board should strengthen recommendation tracking by ensuring information is provided to assure the Audit, Risk and Assurance Committee that actions taken have effectively addressed the recommendations (paragraph 74).

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Recommendations

- R4 The Health Board should:
- 4.1. Ensure annual reviews of its well-being objectives are clearly communicated (**paragraph 86**); and
 - 4.2. Ensure a review of its long-term strategy to confirm its continued appropriateness post pandemic, and, in light of the financial challenges is communicated and contributes to future strategy review plans (**paragraph 90**).
- R5 As part of its core planning arrangements, the Health Board should clearly set out and monitor:
- 5.1. the actions it intends to take to deliver its well-being objectives over the lifespan of its long-term strategy (**paragraph 87**); and
 - 5.2. strategic performance measures to accompany its well-being objectives that capture the long-term impact it is seeking to achieve (**paragraph 87**).
- R6 The Health Board should strengthen reports setting out progress against wider corporate strategies and plans by clearly articulating where delivery is off-track, mitigating actions, and revised delivery timescales (**paragraph 92**).
- R7 The Health Board should identify, monitor, and manage any immediate quality and performance risks that may arise because of the ongoing financial challenges (**paragraph 105**).
- R8 The Health Board should provide greater assurances within finance reports on the impact of mitigating actions to address key financial risks (**paragraph 116**).

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Detailed report

Board transparency, effectiveness, and cohesion

- 10 We considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently.
- 11 We found that **the Board is committed to conducting its business transparently and continuous improvement. The Board and its committees continue to operate well, and scrutiny has continued to strengthen but more assurance is required to ensure that committee structures and their workplans are aligned to key strategic priorities and their risks to delivery.**

Public transparency of Board business

- 12 We considered whether the Board promotes and demonstrates a commitment to public transparency of board and committee business. We were specifically looking for evidence of Board and committee:
 - meetings that are accessible to the public;
 - papers being made publicly available in advance of meetings; and
 - business and decision-making being conducted transparently.
- 13 We found that **the Board and its committees demonstrate good levels of public transparency in the conduct of their business. Current arrangements could be strengthened further by clearer promotion of forthcoming committee meetings.**
- 14 The Board and its committees continue to operate meetings in public with most meetings held virtually. All Board meetings are livestreamed and access to meeting agendas and previous recordings are available via the Health Board's website which supports accessibility (see **Appendix 2 R1.1 2023**). Opportunities remain to promote committee meetings more explicitly on the Health Board's website and social media platforms in line with promotion of Board meetings. This would support increased transparency of business and encourage members of the public who wish to observe meetings to do so.
- 15 Board and committee agenda papers are made available to the public in advance of meetings, there are still instances where agenda items are added late (see **paragraph 34**). Unconfirmed minutes are now made available soon after meetings which promotes transparency of Board business (see **Appendix 2 R1.2 2023**).
- 16 Most Board business is conducted in open (in-public) sessions. Appropriate use is made of private sessions, with these reserved for confidential and sensitive matters only. The Board continues to provide a high-level overview of items discussed in private at the following public Board meeting to maintain transparency.
- 17 Our observations of Board and committee meetings found that they support good openness and transparency, particularly in relation to the challenges facing the organisation.

Arrangements to support the conduct of Board business

- 18 We considered whether there are proper and transparent arrangements in place to support the effective conduct of Board and committee business. We were specifically looking for evidence of formal, up-to-date, and publicly available:
- Reservation and Delegation of Powers and Scheme of Delegation in place, which clearly sets out accountabilities;
 - Standing Orders (SOs) and Standing Financial Instructions (SFIs) in place, along with evidence of compliance; and
 - policies and procedures in place to promote and ensure probity and propriety.
- 19 We found that **the Health Board has generally good arrangements for monitoring and updating its core control frameworks. Further work remains to strengthen its arrangements for probity and propriety.**
- 20 The Scheme of Reservation, Delegation of Powers and Standing Orders were approved by Board in May 2024. Standing Financial Instructions are also up to date and available to the public on the Health Board's website.
- 21 The latest copy of the Declaration and Register of Interests was reported to the Audit, Risk and Assurance Committee (ARAC) for assurance in October 2024, and Board in November 2024. There is also an escalation process in place for Board Members who have not submitted declaration forms by the required date. Whilst no escalations were identified, this is a useful mechanism to ensure transparency and probity and propriety of decision making within the organisation. Despite the Register of Interests being embedded in the agenda bundle for the ARAC meeting, it continues to not be easily available on the Health Board's website (see **Appendix 2 R5a 2022**). As identified last year, the Health Board should expand the Register of Interests to include staff members with budget oversight and/or significant influence on commissioning arrangements (**Recommendation 1**).
- 22 Whilst there is a key policies page on the Health Board's website, the policies themselves continue to be unavailable to the public, although they are available on request (see **Appendix 2 R5a 2022**). The Health Board have acknowledged that they will not be looking to address this recommendation at this time.

Effectiveness of Board and committee meetings

- 23 We considered whether Board and committee meetings are conducted appropriately and effectively. We were specifically looking for evidence of:
- an appropriate, integrated, and well-functioning committee structure in place, which is aligned to key strategic priorities and risks, reflects relevant guidance, and helps discharge statutory requirements;
 - Board and committee agendas and work programmes covering all aspects of their respective Terms of Reference as well as being shaped on an ongoing basis by the Board Assurance Framework (BAF);

- well-chaired Board and committee meetings that follow agreed processes, with members observing meeting etiquette and providing a good balance of scrutiny, support, and challenge; and
 - committees receiving and acting on required assurances and providing timely and appropriate assurances to the Board.
- 24 We found that **the Board and its committees continue to operate well, and scrutiny has continued to strengthen. More work to further strength the Board Assurance Framework is needed to provide assurance that committees are aligned to key strategic priorities and their risks to delivery.**
- 25 The Health Board approved a BAF in May 2024 after being without one for several years (see **paragraphs 52 to 54**). The approved BAF contains the Health Board's assurance framework, and the corporate risk register is a component part of the framework. More work is needed to ensure risks are aligned to achieving strategic priorities and their associated controls and assurances. It is therefore difficult to conclude that the current committees are appropriately shaped by the BAF and aligned to the strategic priorities and their risks to delivery. The Health Board needs to at pace develop a more comprehensive BAF to gain and provide assurance that the current committee structure is appropriately aligned (see **Appendix 2 R3 2022**).
- 26 Despite the absence of a comprehensive BAF, committees appear to have appropriate work plans that collectively reflect the breadth of Board and committee business. However, until the risks to achieving strategic priorities are set out in full, the committees are not able to be certain that workplans provide comprehensive oversight of strategic risks. The committees' Terms of Reference were revised and received Board approval in May 2024. The changes included moving a few areas of business to a more appropriate committee and strengthening the purpose of some committees. For example:
- Information Governance has been moved from the Delivery and Performance (D&P) Committee to ARAC; and
 - the Planning, Partnerships and Population Health Committee (PPPHC) has increased its focus on population health.
- 27 The introduction of 'consent agendas' in committee meetings, which allows reports to be grouped and approved as a single agenda item, has created more time for focus and discussion on substantive items. Some committee chairs need to ensure that in each meeting they provide opportunity for consent agenda items to be moved into the main agenda for discussion if attendees feel this is necessary.
- 28 These changes should help make the workload of the D&P Committee more manageable, as the time available to manage the broad agendas for this committee has been challenging. The changes also mean that items included in committee work plans align better to their remits.
- 29 Despite the work to consider committee workplans, our Primary Care Follow Up Review in July 2024 identified opportunities to increase the visibility and

consideration of primary care at Board and committee level. During 2024, the Health Board escalated the status of mental health services in line with its internal escalation framework. Both the Board and the Patient Experience, Quality and Safety (PEQS) Committee routinely monitor progress against improvement plans.

- 30 The Chair and Director of Corporate Governance continue to encourage and support committee chairs to have greater ownership of their respective committee workplans and ensure appropriate scrutiny and challenge. The recent appointment of an independent member for finance has enhanced the quality of scrutiny on financial matters. Opportunities have been built into agendas to reflect how meetings went and provide feedback. Meetings are chaired well, and meeting etiquette is observed including polite but appropriate challenge and support.
- 31 Committee Chair Reports¹ continue to be provided to the Board to ensure appropriate flows of assurance. Some Chair Reports include a section to escalate areas of concern, and a standard template has been introduced to ensure consistency. Since our previous structured assessment, the Committee Chairs Forum has started to embed and is helping to coordinate committee business, reduce duplication of work across committees, and improve the quality of the committee chairs reports. The Committees provides routine updates to the Board through the Chairs' Report to Board providing a useful overview of forum discussions and associated actions (see **Appendix 2 R6a 2022**). There is opportunity to be clearer when referring business from one committee to another, what is expected to happen with the referral and whether there needs to be future update on the outcome of the referral.

Quality and timeliness of Board and committee papers

- 32 We considered whether the Board and committees receive timely, high-quality information that supports effective scrutiny, assurance, and decision making. We were specifically looking for evidence of clear and timely Board and committee papers that contain the necessary / appropriate level of information needed for effective decision making, scrutiny, and assurance.
- 33 We found that **whilst Board and committee papers are generally of a good standard, there are opportunities to secure further improvements.**
- 34 Board and committee information generally remains of a good standard and is constantly being reflected upon. Whilst a small number of agenda items are published later than the seven-day timeframe, this is largely due to the specific agenda information needing to be as timely as possible. This can limit the amount of time attendees and observers have to read and consider papers prior to meetings. The Health Board could consider whether adjusting the timing of Board and committee meetings would provide sufficient time to enable these papers to be

¹ Committee Chair Reports provide a summary to the Board of key matters considered and related decisions made by each committee since the previous Board meeting.

produced ahead of the paper deadline. Finance papers continue to be well received and regarded as clear and explanatory.

- 35 Independent members continue to provide ongoing challenge to support the continuous improvement of the quality of reports. This includes ensuring key information is presented ahead of any detailed narrative to focus attention and being clear about what the committee is being asked to do in relation to agenda items. We heard how too much technical language and use of acronyms may be a barrier to the public's understanding of committee papers. The Health Board needs to be mindful of the length of agendas and papers, especially for the D&P Committee for which agenda bundles can regularly be more than three hundred pages. This may hinder the depth of scrutiny and review which is undertaken in advance of meetings.
- 36 There also remains scope to be more explicit within committee papers as to how the sustainable development principle² is being considered and how staff present this in a meaningful way to underpin decision making.

Board commitment to hearing from patients/service users and staff

- 37 We considered whether the Board promotes and demonstrates a commitment to hearing from patients/service users and staff. We were specifically looking for evidence of the Board using a range of suitable approaches to hear from a diversity of patients/service users, the public and staff.
- 38 We found that **the Board continues to hear from patients and staff, there remains scope to share learning from Board walkarounds.**
- 39 The Board has expanded its use of patient stories by including them on the PEQS Committee agenda. Patient stories are presented to Board and PEQS Committee both by service users attending in person and via videos. Stories now represent a broad spectrum of both positive and negative experiences (see **Appendix 2 R2 2023**). Whilst this is constructive, we have heard that the purpose of including patient stories is still unclear, and at the time of our review, a paper was being considered to help Board members maximise the impact of stories. Survey responses from the NHS Wales patient experience system (Civica) are routinely presented to PEQS Committee.
- 40 The Board and the Workforce and Culture Committee continue to receive staff stories. The Workforce and Culture Committee has also received routine updates on the Health Board's 'Great Place to Work' strategic priority, including staff retention, 'Speaking up Safely, and the Clinical Leadership Immersive Programme. The 2023 NHS Staff Survey results were also reported to the Workforce and

² The sustainable development principle means that the body must act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.

Culture Committee in June 2024. Despite a higher response than other health boards, the Health Board's response rate was low at 28%.

- 41 Board member walkarounds continue to take place and provide an opportunity for independent members to triangulate what they hear directly from staff with the information received in Board and committee meetings. Walkarounds are planned three to six months in advance, but there is an opportunity to integrate the roles of Independent Members and Executive Directors in the walkarounds (see **Appendix R3 3.1 2023**). At the time of our review however, a Board member visit was scheduled for mental health services, due to the challenges in this service area (see **paragraph 29**). We previously recommended that the Health Board should set out how the walkarounds operate and the mechanisms for reporting key themes and identifying learning. This has yet to be implemented (see **Appendix R3.2 2023**).

Board cohesiveness and commitment to continuous improvement

- 42 We considered whether the Board is stable and cohesive and demonstrates a commitment to continuous improvement. We were specifically looking for evidence of:
- a stable and cohesive Board with a cadre of senior leaders who have the appropriate capacity, skills, and experience;
 - the Board and its committees regularly reviewing their effectiveness and using the findings to inform and support continuous improvement; and
 - a relevant programme of Board development, support, and training in place.
- 43 We found that **the Board now has stable membership, following some significant changes and is committed to continuous improvement.**
- 44 The Board has been through some significant changes in the past 12 months, but these have been managed well. Two new independent members have been appointed in 2024, with a further appointment to be made in early 2025. The Chair of the D&P Committee has temporarily chaired the ARAC until the new independent member for finance takes over the role in January 2025, after a handover period.
- 45 In addition, following the appointment of the substantive Chief Executive in February 2024, substantive appointments have also been made to the two executive director posts previously filled on an interim basis (see **Appendix 2 R10 2022**). Changes have been made across executive portfolios to align roles and responsibilities more appropriately with the Health Board's ambitions. This has resulted in substantive changes to the Director of Operations role which is now also responsible for primary care, alongside community and mental health. The Health Board will need to ensure that this role is appropriately supported given the challenges in these service areas.

- 46 During 2024, the Health Board has introduced committee effectiveness reviews for each of its committees. These were undertaken early in the year and the results shared with the Board and each committee with appended actions and timescales for completion (see **Appendix 2 R4 2023 and R9a 2022**). As discussed in **paragraph 30**, at the end of each committee meeting the Chair asks for feedback on how the meeting went (see **Appendix 2 R9b 2022**). Annual Reports for each committee were presented to the Board in May 2024 which included commentary on committee effectiveness and changes made as a result.
- 47 There continues to be an appropriate programme of board development, with sessions held each month which focus on four themes, developing the (Board) team, developing the organisation, engaging with external partners, and engaging with the organisation.

Corporate systems of assurance

- 48 We considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services.
- 49 We found that **the Health Board is continuing to develop its systems of assurance. There are robust arrangements for performance management, but more work is needed to develop the Board Assurance Framework, strengthen strategic and operational risk management arrangements, provide greater clarity on its quality and safety priorities, and improve arrangements for closing recommendations.**

Corporate approach to overseeing strategic and corporate risks

- 50 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising strategic risks to the delivery of strategic priorities / objectives and corporate risks. We were specifically looking for evidence of:
- an up-to-date and publicly available Board Assurance Framework (BAF) in place, which brings together all the relevant information on the risks to achieving the organisation's strategic priorities / objectives; and
 - the Board actively owning, reviewing, updating, and using the BAF to oversee, scrutinise, and address strategic risks.
 - an appropriate and up-to-date risk management framework in place, which is underpinned by clear policies, procedures, and roles and responsibilities; and
- the Board providing effective oversight and scrutiny of the effectiveness of the risk management system and corporate risks.

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- 51 We found that **the Health Board has developed the first phase of its Board Assurance Framework, but more work is needed to identify all sources of assurance on the effectiveness of its arrangements to manage strategic risks and achieve its organisational objectives. There is a need to strengthen the corporate risk registers and arrangements to escalate the highest operational scoring risks.**
- 52 We reported in 2021 and again in 2022 that the BAF had not been updated to reflect the priorities set out in the Health Board's long-term strategy and Integrated Medium-Term Plan (IMTP) and had not been presented to the Board since January 2020. A BAF was approved by Board in May 2024, it sets out the overarching framework of the Health Board's assurance mechanisms.
- 53 Whilst we recognise that component parts of the BAF, such as the Risk Management Framework are in place, there are opportunities to make clearer the impact each of the Health Board's strategic risks has against achieving its strategic priorities and the controls and sources of assurance. The Health Board does not identify strategic risks separately to corporate risks. As a result, there is a single register which contains both the complex, high level risks to delivering the strategy and the highest scoring operational risks. As part of the work needed to further develop the BAF, the Health Board should develop risk registers for strategic risks and corporate risks to ensure oversight is appropriate. Conventionally, we would expect the Board to own the BAF (containing the strategic risks), and the Corporate Risk Register (CRR) to be owned by the executive team. The Health Board should progress the work required on the BAF at pace and present this to Board for consideration as soon as practically possible (see **Appendix 2 R3 2022**).
- 54 The Health Board's Risk Management Framework was last updated and approved by the Board in November 2022 and reviewed by ARAC in November 2023. A risk management update was presented to ARAC in May 2024 and an updated framework was due to be presented to ARAC in October 2024, however, this has been postponed to January 2025 due to resource constraints. This creates an opportunity to align the further development of the BAF with the update to the Risk Management Framework. More positively, the Health Board's refreshed risk appetite was approved by the Board in May 2024 and is available on the Health Board's website.
- 55 The CRR template was updated in 2024, with the introduction of assurance ratings in a RAG format³. The CRR is presented to Board bimonthly, and committees have specific corporate risks allocated to them for assurance and review. This is helpfully mapped in the CRR cover paper and allocations are appropriate to the committee remits. Committee CRR reports are detailed and provide information to support scrutiny, but there are minor inconsistencies in their completeness. For example, some reports include the impacts of actions on the current risk score, and some do not.

³ Red, Amber and Green.

- 56 The Risk and Assurance Group has been meeting regularly and the CRR now goes to the group for review and consideration before it is presented to the Executive Committee for oversight. In June 2024, Internal Audit reported the findings of their review of operational risk management and assurance in three areas of the Health Board; Corporate Governance, the Women's and Children's Department and Medicines Management. The review received a reasonable assurance rating overall but noted that the Risk and Assurance Group had not reviewed either the Women's and Children's Department or Medicines Management risk registers for potential inclusion on the CRR. Whilst it is positive that the Risk and Assurance Group is in place, there remains work to do to ensure the corporate arrangements to review and escalate departmental risks onto the CRR are effective (see **Appendix 2 R4 2022**).
- 57 The Board's risk registers continue to be Excel spreadsheets. The Health Board recognise there are delays due to resourcing to migrating risks onto the updated Datix⁴ software module and this needs to happen at pace (see **Appendix 2 R5 2023**). This would allow the Health Board to hold all risks centrally, improve corporate oversight, and support greater consistency in the completeness of risk registers and escalation to the CRR.

Corporate approach to overseeing organisational performance

- 58 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising organisational performance. We were specifically looking for evidence of:
- an appropriate, comprehensive, and up-to-date performance management framework in place, underpinned by clear roles and responsibilities; and
 - the Board and committees providing effective oversight and scrutiny of organisational performance.
- 59 We found that **revisions to the Health Board's performance management framework have helped strengthen oversight of organisational performance**.
- 60 The Health Board's Integrated Performance Framework was revised and updated and is now known as the Integrated Quality and Performance Framework (IQPF). It received approval from the Board in March 2024. This was in response to the requirement to embed the Duty of Quality⁵ which came into force in April 2023 and requires the Health Board to reflect on and develop the quality of services it provides. This three-year framework allows for an annual review.

⁴ DATIX is a system used by all NHS staff to report both incidents and risks.

⁵ The Duty of Quality was introduced under the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and applies to NHS bodies in Wales.

- 61 The IQPF is comprehensive and sets out clear roles and responsibilities for performance management. It also sets out the oversight and accountability arrangements and the frequency and coverage of performance at specific meetings.
- 62 The Board and the D&P Committee receive the Integrated Quality and Performance Report (IQPR) at each meeting. The IQPR provides useful overviews of performance against both local and national targets, including trend and benchmarking data. Ministerial priority measures are also included in the report with compliance against the Health Board internal trajectory and the NHS performance framework clearly set out. The IQPR also includes measures and information on the performance of commissioned services, which is an area that the Health Board continues to try to influence and improve.
- 63 The IQPR cover report includes a 'by exception' section to provide focus on key achievements and challenges. This is a useful and accessible document which is well received by members. The Health Board should consider refining the cover report further by separating out achievements and challenge, rather than grouping them in a single narrative.

Corporate approach to overseeing the quality and safety of services

- 64 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising the quality and safety of services. We were specifically looking for evidence of:
- the Board providing effective oversight and scrutiny of the effectiveness of the quality governance framework;
 - clear organisational structures and lines of accountability in place for clinical/quality governance; and
 - the Board and relevant committee providing effective oversight and scrutiny of the quality and safety of services.
- 65 We found that **the Health Board has generally effective arrangements for maintaining oversight of quality and safety and has continued to embed arrangements to oversee the Duties of Quality and Candour. The Health Board's ambitions for quality and safety are unclear.**
- 66 The Health Board's IQPF (see **paragraph 60**) replaced its Clinical Quality Framework 2020-23 (see **Appendix 2 R6 2023**). While this sets out the measures to be used to monitor quality and safety, it does not set out the Health Board's ambitions for the quality and safety of its services and how it will go about achieving them (**Recommendation 2**).
- 67 Quarterly Integrated Quality Reports to PEQS Committee provide an update on the quality and safety agenda across the Health Board. The report includes information on 'Putting Things Right' and complaints, information on compliance with the Duty

of Candour (including the number of cases each quarter and trend data) and patient experience data. The report provides assurance to the committee that quality and safety is appropriately monitored with actions in place to continuously improve quality. However, not every area for improvement included in the report sets out supporting actions and where actions exist, these should be SMART⁶.

- 68 The Health Board continues to have appropriate arrangements to ensure compliance with the Duties of Quality and Candour. The Health Board's Duty of Quality webpage provides the Health and Care Standards and links to relevant websites such as Healthcare Inspectorate Wales and the Public Service Ombudsman for Wales.
- 69 The Health Board's Duty of Quality Report 2023-24 was presented to PEQS Committee in September 2024. The report recognises that as a first iteration since the requirement to produce annual quality reports came into being, it was 'light touch' but this was in line with Welsh Government expectations and the format and content will continue to develop in subsequent years.

Corporate approach to tracking recommendations

- 70 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising systems for tracking progress to address audit and review recommendations. We were specifically looking for evidence of appropriate and effective systems in place for tracking responses to audit and other review recommendations in a timely manner.
- 71 We found that **the Health Board has generally effective arrangements to monitor and track recommendations, but more robust oversight and scrutiny is required to ensure actions taken adequately address recommendations before they are closed.**
- 72 Since our previous structured assessment, the Health Board has continued to develop its arrangements for tracking internal and external recommendations, and a report is now presented to ARAC twice a year (see **Appendix 2 R7 2023**).
- 73 The recommendation tracker usefully includes a cover paper which provides a summary update of internal and external audit recommendations either completed since the last update, not due for implementation or overdue. A breakdown of progress made to date is included for each recommendation. The number of overdue recommendations has decreased over the last 12 months.
- 74 The Health Board, however, should strengthen its approach to closing recommendations. There is limited information provided in the recommendation tracker to give assurance that actions taken have adequately addressed recommendations, allowing them to be closed (**Recommendation 3**). For example, the recommendation tracker presented to ARAC in November 2024 indicated that there were just two recommendations from previous structured

⁶ Specific, Measurable, Achievable, Relevant and Time-based

assessment reports that remained open, whereas our fieldwork indicates that six recommendations require further work before they can be considered complete (see **Appendix 2**).

Corporate approach to planning

- 75 We considered whether the Health Board has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery.
- 76 We found that **the Health Board continues to progress work to deliver its long-term strategy and 'Better Together' transformation model although it continues to be unable to produce a Welsh Government approved Integrated Medium-Term Plan. There is also a need to ensure that the long-term strategy remains relevant and appropriate, and that progress is being made at sufficient pace to deliver intended impacts.**

Corporate approach to producing strategies and plans

- 77 We considered whether the Health Board has a sound corporate approach to producing, overseeing, and scrutinising the development of strategies and corporate plans. We were specifically looking for evidence of:
- a clear Board approved vision, appropriate objectives and a long-term strategy in place which are future focussed, rooted in population health, and informed by a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
 - the long-term strategy underpinned by an appropriate Board approved long-term clinical strategy;
 - appropriate and effective corporate arrangements in place for developing and producing the Integrated Medium-Term Plan (IMTP), and other corporate plans; and
 - the Board appropriately scrutinising the IMTP and other corporate plans prior to their approval.
- 78 We found that **the Health Board continues to work towards delivering its long-term strategy and is progressing work on its 'Better Together' transformation model but continues to be unable to produce a Welsh Government approved Integrated Medium-Term Plan.**
- 79 The Health Board continues to work towards delivering its long-term strategy 'A Healthy Caring Powys 2017-27'. The strategy aims to reduce inequalities and focus on people with the greatest need, improve health and wellbeing and become a leader in integrated rural health and care. The Health Board has adopted a life-course approach to deliver its vision to ensure that its population 'starts well,' 'lives well,' and 'ages well,' with focus on well-being, early help, and support, tackling chronic disease, and joined up care.

- 80 The Health Board's financial challenges over the last two years (see **paragraphs 97 to 100**) have meant that it has been unable to produce an IMTP which the Welsh Government can approve. Consequently, the Welsh Government required the Health Board to develop an annual plan instead. The Health Board has achieved this by developing a five-year Integrated Plan 2024-29, which is based on delivering the long-term strategy and objectives with year one setting out the required detailed annual plan.
- 81 The Health Board began developing its Integrated Plan 2024-29 in October 2023. It was informed by extensive engagement with staff, communities, and stakeholders. The Board met frequently using Board Development sessions and Board meetings to agree the strategic priorities and provide scrutiny on the development of the plan. The Integrated Plan 2024-29 was approved by Board and submitted to Welsh Government in March 2024. Internal Audit's review of the process to develop the Integrated Plan 2024-29 in September 2024 provided a reasonable assurance rating. At the time of writing, the Integrated Plan remained unapproved by Welsh Government due to the Health Board's financial position and forecast deficit for 2024-25.
- 82 The Integrated Plan 2024-29 clearly recognises the Health Board's challenges and sets out the progress it is making to develop a financially sustainable model for health and care – the 'Better Together' transformation model⁷. The Health Board has developed a three-phase approach, discover, design, and deliver, to advance the model, and has indicated that it is now progressing to the delivery phase which will focus on frailty and community services, planned care and diagnostic services, and mental health service transformation.
- 83 Aside from the Winter Resilience Plan 2023-24, no other strategies or plans were approved during the year.

Corporate approach to setting well-being objectives

- 84 We considered whether the Health Board has a sound corporate approach to setting its well-being objectives in accordance with the sustainable development principle⁸. We were specifically looking for evidence of:

⁷ 'Better Together – designing a sustainable approach for Powys' is the Health Board's transformation model. The model will be informed by the principles of the Well-being of Future Generations (Wales) Act (2015) and values-based healthcare, with the aim of transforming the services the Health Board provides, improving outcomes and, experience, and being financially sustainable. Values-based healthcare aims to achieve better outcomes for patients at reduced cost. This could be through, but not limited to elimination of harm, reducing over-treatment and procedures with limited clinical effectiveness, or adopting alternative or preventative approaches.

⁸ Under The Well-being of Future Generations (Wales) Act 2015, the Health Board is required to set and publish well-being objectives that are designed to maximise its

- appropriate arrangements in place for setting well-being objectives which are underpinned by the sustainable development principle;
- appropriate consideration given to how the organisation will ensure delivery of its well-being objectives; and
- appropriate arrangements in place to monitor progress and improve how the organisation applies the sustainable development principle.

85 We found that **the Health Board’s strategic objectives are also its well-being objectives, which were informed by appropriate evidence and engagement. However, well-being objectives should be reviewed annually to ensure they continue to be appropriate, and there is a lack of clarity as to how the Health Board intends to deliver its objectives and demonstrate their impact over the medium to longer-term.**

86 A ‘Healthy Caring Powys’ 2017-27 sets out the Health Board’s long-term objectives which are also its well-being objectives. The strategic / well-being objectives were shaped in line with the sustainable development principle and clearly aligned to the Health Board’s vision and strategy (see **paragraph 79**). The objectives were also underpinned by engagement with Powys residents, the local authority and the third sector, and informed by the evidence underpinning the long-term strategy. However, there is a statutory requirement to review well-being objectives on an annual basis to ensure their continued appropriateness and this review should be clearly communicated (**Recommendation 4.1**).

87 There is also a lack of clarity of how the Health Board intends to deliver its well-being objectives over the lifespan of its strategy, and to measure their intended impact. The Integrated Plan 2024-29 clearly sets out priorities, timescales for delivery, and the intended outcomes and impact, but these are only in the short-term (**Recommendations 5.1 and 5.2**).

Corporate approach to overseeing the delivery of strategies and plans

88 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising the implementation and delivery of corporate plans. We were specifically looking for evidence of:

- corporate plans, including the IMTP, containing clear strategic priorities/objectives and SMART milestones, targets, and outcomes that aid monitoring and reporting; and
- the Board appropriately monitoring the implementation and delivery of corporate plans, including the IMTP.

contribution to achieving each of the well-being goals. Further information is available [here](#).

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- 89 We found that **the Health Board has generally effective arrangements for overseeing the delivery of year one of its Integrated Plan 2024-29. There is a need to ensure that the long-term strategy remains relevant and appropriate, and that progress is being made at sufficient pace to deliver intended impacts. Reporting of progress to deliver other plans should be enhanced with information to show where delivery is off-track, associated mitigating actions, and revised delivery timescales.**
- 90 The Health Board's long-term strategy is now at an important point, and given the strategy was set prior to the pandemic, it is necessary for the Health Board to assess and reflect whether the long-term strategy remains appropriate post-pandemic and in the context of the cost-of-living crisis (**Recommendation 4.2**). We understand a review of the strategy has taken place within the Regional Partnership Board, and the Health Board needs to ensure this is taken into account going forward and communicated.
- 91 Progress against the Integrated Plan 2024-29 is routinely reported to Board through quarterly Delivery Plan Updates. Overall, the report provides a good overview of progress against strategic objectives and sets out key deliverables, actions, and milestones (see **Appendix 2 R2 2022**). It also sets out Executive Director responsibilities for deliverables which enhances accountability.
- 92 During the year, the Board and committees received routine updates on the delivery of wider corporate strategies and plans such as the Decarbonisation Action Plan, Digital Strategic Framework, and Health and Safety Annual Report. While these provide information to demonstrate progress, they are in the main narrative and do not clearly articulate where delivery is off-track, associated mitigating actions, and revised delivery timescales (**Recommendation 6**).

Corporate approach to managing financial resources

- 93 We considered whether the Health Board has a sound corporate approach to managing its financial resources.
- 94 We found that **while the Health Board's financial planning and management arrangements are generally effective, monitoring and reporting arrangements require strengthening to urgently establish control over the risks to its financial position. Ongoing financial challenges also means there is a need to monitor any associated performance and quality risks to service delivery.**

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Financial objectives

- 95 We considered whether the Health Board has a sound corporate approach to meeting its key financial objectives. We were specifically looking for evidence of the organisation:
- meeting its financial objectives and duties for 2023-24, and the rolling three-year period of 2021-22 to 2023-24; and
 - being on course to meet its objectives and duties in 2024-25.
- 96 We found that **the Health Board did not meet its financial objective to achieve breakeven in 2023-24, and it faces significant challenges in achieving its forecast year-end deficit position in 2024-25 and the control total deficit expected by the Welsh Government**
- 97 The Health Board did not meet its financial objective to achieve breakeven for revenue for 2023-24. It instead reported achievement of its agreed control total deficit of £12 million, which was achieved with additional in-year financial support from Welsh Government. However, its underlying deficit deteriorated to £26.3 million meaning that the Health Board continues to be unable to meet its statutory financial duty to breakeven against its revenue resource limit over a three-year rolling period. The Health Board reported a small surplus of £25,000 against its capital resource limit.
- 98 The Health Board continues to be unable to submit a balanced financial plan for the three-year period 2024-27 and is working to an annual plan for 2024-25 which sets out a predicted deficit of £24.9 million. In May 2024, the Board agreed to revise its 2024-25 financial plan to achieve a £22.9 million deficit. The Welsh Government has set a deficit control total of £12 million for 2024-25.
- 99 Until November 2024, the Health Board was forecasting achievement of its planned year-end £22.9 million deficit. However, the Month 7 update to Board highlighted a £3.7 million year-to-date operational overspend with a significant risk that the position could deteriorate further by year-end, causing the Health Board to consider whether its financial forecast needed adjustment.
- 100 In December 2024, the Welsh Government announced a further £7.1 million funding allocation for the Health Board to support increasing demand, inflationary pressures, and commissioning costs. This should reduce the Health Board's planned deficit from £22.9 million to £15.8 million. As part of the conditions of the additional allocation, the Welsh Government expects the Health Board to deliver the deficit control total it set the Health Board (£12 million). The Welsh Government has indicated that any further deterioration of the financial positions would be unacceptable and unsupported. The Health Board continues to forecast that it will remain within its capital resource limit of £12.6 million.

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Corporate approach to financial planning

- 101 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial planning. We were specifically looking for evidence of:
- clear and robust corporate financial planning arrangements in place;
 - the Board appropriately scrutinising financial plans prior to their approval;
 - sustainable, realistic, and accurately costed savings and cost improvement plans in place which are designed to support financial sustainability and service transformation; and
 - the Board appropriately scrutinising savings and cost improvement plans prior to their approval.
- 102 We found that **the Health Board has an effective approach to financial planning in the short- to medium-term. However, ongoing financial challenges means there is a need to monitor the impact of financial challenges on the performance and quality of services delivered.**
- 103 In 2023-24, the Health Board achieved its £12.1 million savings target because it recognised accountancy gains, which are non-recurrent in nature. Our [2024 Review of Cost Savings Arrangements](#) found that while the Health Board met its agreed deficit target for 2023-24, its track record of delivering against its overall savings targets is variable. Given the Health Board's current challenging financial position, it urgently needs to accelerate work on introducing a new, more financially sustainable service model and ensure it has the necessary skills and capacity to support the transformation required. We have made several recommendations within the report.
- 104 The Health Board has a clear process for developing its financial plan. Board members have scrutinised the development of the plan and the plan itself prior to submission to the Welsh Government.
- 105 The 2024-25 financial plan sets out several risks which the Health Board needs to manage. These include high levels of demand and capacity challenges across health and social care impacting on planning commitments, achieving the savings target, the impact of the 2024-25 pay award on staffing costs and continuing cost pressures. The Health Board will need to closely monitor financial risks and the impact of financial challenges on service delivery, performance, and quality **(Recommendation 7)**.
- 106 As at Month 7 2024-25, the Health Board was forecasting achievement of its £9.9 million savings target at year-end. However, there are risks associated with the capacity of teams to deliver the required savings. Performance against savings targets continues to be scrutinised by the D&P Committee and Board.

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Corporate approach to financial management

- 107 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial management. We were specifically looking for evidence of:
- effective controls in place that ensure compliance with Standing Financial Instructions and Schemes of Reservation and Delegation;
 - the Board maintaining appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
 - effective financial management arrangements in place which enable the Board to understand cost drivers and how they impact on the delivery of strategic objectives; and
 - the organisation's financial statements for 2023-24 were submitted on time, contained no material misstatements, and received a clean audit opinion.
- 108 We found that **while the Health Board continues to have generally effective arrangements for overseeing and scrutinising financial management, it urgently needs to control its costs.**
- 109 The Health Board continues to have robust arrangements to ensure compliance with statutory instruments and to report breaches. As set out in **paragraph 20**, the Scheme of Delegation has been reviewed and approved by ARAC and the Board, and a review of Standing Financial Instructions is scheduled for early 2025. ARAC routinely reviews losses, special payments, single tender actions, and post payment verification reports.
- 110 An Internal Audit update in January 2024 set out themes and reflections from its work to the ARAC. The update highlighted that Internal Audit had completed 49 financial governance and management reviews at the Health Board between 2021-24, resulting in 67% and 33% given reasonable and substantial assurance ratings, respectively. The Health Board continues to have good counter-fraud arrangements. There is an agreed annual workplan and routine reports to ARAC showing delivery against the plan.
- 111 The Health Board continues to have a good understanding of its cost pressures which include continuing healthcare, commissioned activity, variable pay, inflationary cost pressures (including energy and prescribing costs), and the ongoing costs associated with responding to the legacy of the COVID-19 pandemic.
- 112 The Health Board has maintained enhanced reporting on expenditure at Board and committee levels and has established working groups, such as its Agency Spend Reduction Group, to contain expenditure. An Internal Audit review of the Agency Spend Reduction Group reported in April 2024 gave a reasonable assurance rating. The latest Finance report to Board (November 2024) continues to highlight significant adverse variances across pay budgets, as well as commissioning of healthcare services, continuing healthcare and NHS funded nursing care indicating

that the Health Board's actions are not achieving the desired impact. The Health Board issues accountability letters to Executive Directors which set out requirements to manage the Health Board's financial position.

- 113 The Health Board submitted good quality draft financial statements for external audit within the required timescales. Our audit identified no material misstatements but did identify some areas where corrections should be made. We issued an unqualified opinion in respect of the true and fairness of the accounts, but a qualified regulatory opinion due to the Health Board breaching its duty to deliver a breakeven position over the three-year rolling period 2021-24.

Board oversight of financial performance

- 114 We considered whether the Board appropriately oversees and scrutinises financial performance. We were specifically looking for evidence of the Board:
- receiving accurate, transparent, and timely reports on financial performance, as well as the key financial challenges, risks, and mitigating actions; and
 - appropriately scrutinising the ongoing assessments of the organisation's financial position.
- 115 We found that **while financial reports provide sufficient information to enable effective scrutiny and challenge, they need to be clearer on the impact of action taken to improve the financial position.**
- 116 The Health Board has reasonably effective arrangements for reporting financial performance to the Board and D&P Committee. Finance reports are clear and provide sufficient information to enable scrutiny and challenge. Broadly similar reports are presented to both forums and there are opportunities, particularly at committee level, to undertake more in-depth scrutiny in line with their function and provide challenge in particular areas where performance is off track. Furthermore, whilst reports continue to highlight key financial risks to the financial position, there are opportunities to be clearer on the impact of mitigating actions
(Recommendation 8).
- 117 Our observations found that independent members are increasing their scrutiny and challenge on the Health Board's financial performance in Board and D&P Committee meetings. However, the current financial challenges at the Health Board will require the Board and D&P Committee to provide an appropriate level of scrutiny, and ongoing challenge on financial performance, delivery of savings, and managing risks.

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Appendix 1

Audit methods

Exhibit 2 below sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Exhibit 2: audit methods

Element of audit approach	Description
Observations	We observed Board meetings as well as meetings of the following committees: <ul style="list-style-type: none">• Audit, Risk and Assurance Committee;• Delivery and Performance Committee;• Patient Experience, Quality and Safety Committee;• Planning, Partnerships and Population Health Committee; and• Workforce and Culture Committee.
Documents	We reviewed a range of documents, including: <ul style="list-style-type: none">• Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes;• key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interest, and Registers of Gifts and Hospitality;• key organisational strategies and plans, including the IMTP;• key risk management documents, including the Board Assurance Framework and Corporate Risk Register;• key reports relating to organisational performance and finances;• Annual Report, including the Annual Governance Statement;

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Element of audit approach	Description
	<ul style="list-style-type: none"> • relevant policies and procedures; and • reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.
Interviews	<p>We interviewed the following Senior Officers and Independent Members:</p> <ul style="list-style-type: none"> • Chief Executive • Chair • Vice Chair • Director of Corporate Governance/Board Secretary; • Executive Director of Finance, Capital and Support Services and Deputy Chief Executive • Executive Director of Planning, Performance & Commissioning • Independent Member (Finance) • Chair of Audit, Risk and Assurance Committee • Chair of Delivery and Performance Committee

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Appendix 2

Progress made on previous year recommendations

Exhibit 3 below sets out the progress made by the Health Board in implementing recommendations from previous structure assessment reports

Exhibit 3: progress made on previous year recommendations

Recommendation	Description of progress
<p>Transparency of Board business</p> <p>R1 The Health Board should:</p> <ul style="list-style-type: none">1.1. promote all Board meetings and other events, such as the Annual General Meeting, via the Health Board's social media channels and other communication mechanisms; and1.2. make unconfirmed minutes available on the Health Board website soon after meetings to promote more timely transparency of Health Board business. (2023)	<p>Complete – see paragraph 14</p> <p>Complete – see paragraph 15</p>
<p>Board commitment to hearing from patients, service users and staff</p> <p>R2 The Health Board should introduce patient stories to the Patient Experience, Quality and Safety Committee to enable a broader spectrum of both positive and negative experiences to be heard. (2023)</p>	<p>Complete – see paragraph 39</p>

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Recommendation	Description of progress
<p>Board Walkarounds</p> <p>R3 The Health Board should strengthen its board walkaround arrangements by:</p> <ul style="list-style-type: none"> 3.1. developing a forward programme which involves both Independent Members and Executive Directors and covers a broad range of Health Board services; and 3.2. develop a framework setting out how the walkaround should operate, and the mechanisms for reporting key themes. (2023) 	<p>In progress – see paragraph 41</p> <p>No action – see paragraph 41</p>
<p>Committee effectiveness</p> <p>R4 The Health Board should undertake its committee effectiveness reviews as soon as practically possible, to ensure continuous development in the way in which the committees operate. (2023)</p>	<p>Complete – see paragraph 46</p>
<p>Corporate approach to overseeing corporate risks.</p> <p>R5 The Health Board should increase the pace in which risks currently recorded on spreadsheets are moved across to the Datix risk module. (2023)</p>	<p>In progress – see paragraph 57</p>
<p>Corporate approach to overseeing the quality and safety of services.</p> <p>R6 The Health Board should ensure that the Patient Experience, Quality and Safety Committee has timely updates throughout the year on progress against the Clinical Quality Framework 2020-23 Implementation Plan. (2023)</p>	<p>Superseded – see paragraph 66</p>
<p>Corporate approach to tracking recommendations</p> <p>R7 The Health Board should ensure that the Audit, Risk and Assurance Committee regularly receives the recommendation tracker throughout the year. (2023)</p>	<p>Complete – see paragraph 72</p>

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Recommendation	Description of progress
<p>R2 Delivery reports for monitoring progress against the priorities and actions set out in the IMTP are largely narrative and lack a focus on measures and impact. The Health Board should revisit its delivery reports to ensure they are succinct, less narrative, and have an increased focus on measures and impact. (2022)</p>	<p>Complete – see paragraph 91</p>
<p>R3 The Health Board does not have an updated Board Assurance Framework that maps all the opportunities and risks to achieving strategic objectives, identifies gaps in assurance, and informs Board and committee workplans. The Health Board needs to update its Board Assurance Framework. (2022)</p>	<p>In progress – see paragraphs 25 and 53</p>
<p>R4 There is currently a disconnect between directorate risk registers and the Corporate Risk Register (CRR). The Health Board needs to review all high risks on directorate risk registers to ensure the relevant ones are escalated to the CRR, and that the Board is aware of wider risks that may materialise. (2022)</p>	<p>In progress – see paragraph 56</p>
<p>R5 Opportunities exist to improve public access to key Health Board documents. The Health Board should ensure that:</p> <p>a) policies and procedures, and the register of interest on the public website are accessible. (2022)</p>	<p>No action – see paragraphs 21 and 22</p> <p>(The Health Board have acknowledged that they will not be looking to address this recommendation.)</p>

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Recommendation	Description of progress
<p>R6 There are no mechanisms for committee Chairs to meet formally outside of committee meetings to share concerns and good practice, and there are also no mechanisms in place to track issues and actions referred between committees. The Health Board should put in place a mechanism to enable:</p> <p>b) issues and actions referred between committees to be tracked and feedback provided when completed. (2022)</p>	<p>Complete – see paragraph 31</p>
<p>R9 Opportunities exist to improve self-reviews of Board and committee effectiveness. The Health Board should:</p> <p>a) ensure areas for improvement are captured and monitored via an action plan; and</p> <p>b) include a standing agenda item in all Board and committee meetings to allow for a review of the meeting. (2022)</p>	<p>Complete – see paragraph 46</p> <p>Complete – see paragraph 46</p>
<p>R10 The Health Board is carrying several interim posts at a senior level which can cause instability for both services and staff. The Health Board should seek to appoint substantively to the interim posts within the Executive team as soon as practical to do so. (2022)</p>	<p>Complete – see paragraph 45</p>

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Appendix 3

Management response to audit recommendations

Exhibit 4: Powys Teaching Health Board response to our audit recommendations

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)

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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

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Annual Audit Report 2024 – Powys Teaching Health Board

Audit year: 2023-24

Date issued: February 2025

Document reference: 4744A2025

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This document has been prepared as part of work performed in accordance with statutory functions.

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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Summary report

About this report

- 1 This report summarises the findings from my 2024 audit work at Powys Teaching Health Board (the Health Board) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
 - examine and certify the accounts submitted to me by the Health Board, and to lay them before the Senedd;
 - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
 - satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
 - Audit of accounts
 - Arrangements for securing economy, efficiency, and effectiveness in the use of resources
- 3 This year's audit work took place at a time when NHS bodies were continuing to respond to a broad set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. My work programme, therefore, was designed to best assure the people of Wales that public funds are well managed.
- 4 We largely continued to work and engage remotely using technology, but with on-site audit work being undertaken where it was appropriate to do so..
- 5 The audited accounts submission deadline was shortened by two weeks from the previous year to 15 July 2024. The financial statements were certified on 12 July 2024, meaning the deadline was met. This reflects a great collective effort by both my staff and the Health Board's officers.
- 6 The focus and approach of my performance audit work continues to be aligned to the post-pandemic challenges facing the NHS in Wales and is conducted in line with INTOSAI¹ auditing standards.
- 7 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1**). I also include a summary of the status of work still underway, but not yet completed.

¹ INTOSAI (International Organisation of Supreme Audit Institutions) is a global umbrella organisation for the performance audit community. It is a non-governmental organisation with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations.

- 8 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2024 Audit Plan.
- 9 **Appendix 3** sets out the audit of accounts risks set out in my 2024 Audit Plan and how they were addressed through the audit.
- 10 The Chief Executive, Director of Finance, Capital and Support Services and Deputy Chief Executive, and the Director of Corporate Governance have agreed the factual accuracy of this report. We presented it to the Audit, Risk and Assurance Committee on 13 May 2025. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 11 I would like to thank the Health Board's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

- 12 I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified 'true and fair' opinion.
- 13 However, in line with last year, the regularity opinion is qualified as the Health Board did not meet its revenue resource limit over the 3 years to 2023-24.
- 14 I also issued a substantive report explaining this qualification. The Health Board did not meet its first and second financial duties to operate within its revenue resource allocation over the three-year period ending 2023-24, and to have an approved three-year integrated medium-term plan.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 15 My programme of Performance Audit work has led me to draw the following conclusions:
- The Board and its committees are working well and there is an openness about the challenges the organisation faces and a commitment to secure the necessary improvements. The Health Board has been unable to deliver short- or medium-term plans that are supportable by Welsh Government, and on-going work is required to strengthen some key aspects of the Health Board's corporate governance arrangements.
- While the Health Board met its agreed deficit target for 2023-24, its recent track record of delivering against its overall savings targets is very variable. Given the Health Board's challenging current financial position, it urgently needs to accelerate work on introducing a new, more financially sustainable

service model and to ensure it has the necessary skills and capacity to support the transformation changes required.

- The Health Board has addressed recommendations from my previous work on primary care relating to leadership and training and is progressing work to develop and strengthen Primary Care Clusters. However, it has struggled to shift resources from secondary to primary care, establish a financial baseline to understand the true cost of primary care and gain a comprehensive understanding of its primary care workforce.

16 These findings are considered further in the following sections.

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Detailed report

Audit of accounts

- 17 Preparing annual accounts is an essential part of demonstrating the stewardship of public money. The accounts show the organisation’s financial performance and set out its net assets, net operating costs, gains and losses, and cash flows. My annual audit of those accounts provides an opinion on both their accuracy and the proper use (‘regularity’) of public monies.
- 18 My 2024 Audit Plan set out the key risks for audit of the accounts for 2023-24 and these are detailed along with how they were addressed in **Exhibit 4, Appendix 3**.
- 19 My responsibilities in auditing the accounts are described in my Statement of Responsibilities publications, which are available on the Audit Wales website.

Accuracy and preparation of the 2023-24 accounts

- 20 I gave an unqualified true and fair opinion but a qualified regularity opinion. In line with last year, the regularity opinion was qualified as the Health Board did not meet its revenue resource limit over the 3 years to 2023-24.
- 21 The Draft Accounts were submitted to audit before the deadline, and the quality of the account was generally good. Supporting working papers were comprehensive and accurate, and we received excellent co-operation throughout the audit.
- 22 I must report issues arising from my work to those charged with governance (the Audit, Risk and Assurance Committee) for consideration before I issue my audit opinion on the accounts. My Accounts Report was presented to the Audit, Risk and Assurance Committee on 9 July 2024. **Exhibit 1** summarises the key issues set out in that report.

Exhibit 1: issues reported to the Audit, Risk and Assurance Committee

Issue	Auditors’ comments
Uncorrected misstatements	There were no misstatements identified that were left uncorrected in the audited accounts.
Corrected misstatements	There were initially misstatements in the accounts submitted for audit that were corrected by management, and we brought the more significant of these to the attention of the Audit, Risk and Assurance Committee in our report.

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Issue	Auditors' comments
Other significant issues	There were no significant issues to report, in fact we noted improvements from the previous year in relation to accounting for payables and accruals.

23 I also completed my audit of the charitable funds accounts and issued an unqualified audit opinion on 31 January 2025.

Regularity of financial transactions

- 24 The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive income and incur expenditure. Our work examines these powers and tests that there are no material elements of income or expenditure that the Health Board does not have the authority to receive or incur.
- 25 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion.
- 26 The audit opinion in respect of the regularity of expenditure was qualified, because the Health Board breached its resource limit by spending £18.905 million over the amount that it was authorised to spend in the three-year period 2021-22 to 2023-24.
- 27 I have the power to place a substantive report on the Health Board's accounts alongside my opinions where I want to highlight issues. Due to the issue set out above, I issued a substantive report setting out the factual details.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

28 I have a statutory requirement to satisfy myself that the Health Board has proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:

assessing the extent to which the Health Board has implemented my 2019 recommendations on primary care, as well as the extent to which the Board and/or its committees consider matters relating to primary care and there is appropriate capacity and capability to deliver priorities;

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- reviewing the effectiveness of the Health Board's cost savings arrangements; and
- undertaking a structured assessment of the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically;

29 My conclusions based on this work are set out below.

Primary care follow-up review

30 My review examined the extent to which the Health Board has implemented my previous 2019 recommendations relating to primary care. I also assessed the extent to which the Board and/or its committees regularly consider matters relating to primary care, and whether the Health Board's central primary care services team has the appropriate capacity and capability.

31 My work found that the Health Board has made some progress to address my previous audit recommendations, but more action is needed.

32 The Health Board has addressed actions relating to leadership and training and is progressing work to develop and strengthen Primary Care Clusters. However, it has struggled to shift resources it invests in secondary care (both as a commissioner and provider) to primary care, establish a financial baseline to understand the true cost of primary care and gain a comprehensive understanding of its primary care workforce.

33 Primary care features in the Health Board's long-term strategy and corporate plan, and there are reasonable arrangements in place for monitoring delivery of primary care plans. But consideration of primary care, including performance reporting, at Board and committees needs strengthening, and primary care plans need to be clearer on outcome-based measures and the impact they are having on the experience of patients.

34 The Health Board has appropriate corporate arrangements in respect of oversight and lines of accountability for primary care. At the time of my work, I identified some risks associated with the interim arrangements for the Director of Primary Care role, however, since then the Health Board has appointed substantially to this role. My work also identified scope to take a more holistic approach to primary care by establishing an overarching management group that brings together all four of the primary care services, and the need to manage risks around capacity within the Primary Care Services Team including the need to have stronger succession planning arrangements within the team.

Review of cost savings arrangements

35 My review examined whether the Health Board has an effective approach to identifying, delivering, and monitoring sustainable cost savings opportunities. It considered the impact these arrangements had on the Health Board's 2023-24

year-end position and highlighted where arrangements may need to be strengthened for 2024-25 and beyond.

- 36 My work found that while the Health Board met its agreed deficit target for 2023-24, its recent track record of delivering against its overall savings targets is very variable. Given the Health Board's challenging current financial position, it urgently needs to accelerate work on introducing a new, more financially sustainable service model and to ensure it has the necessary skills and capacity to support the changes required.
- 37 The Health Board has a good understanding of its cost drivers, and a clear process for identifying and selecting cost savings opportunities. Positively, of the savings the Health Board has delivered in recent years, the majority have been recurrent in nature. However, the Health Board's ability to deliver its overall savings targets has varied significantly. This varied track record, coupled with skills and capacity gaps in key areas, presents risks to achieving its 2024-25 savings targets.. This varied track record, coupled with skills and capacity gaps in key areas, presents risks to achieving its 2024-25 savings targets.
- 38 The Health Board has reasonably effective arrangements for monitoring and reporting on cost savings. However, opportunities exist to provide stronger assurances that key cost reduction plans are achieving their intended impact, to strengthen risk management arrangements, and to introduce a systematic approach for learning lessons from savings planning and delivery.

Structured assessment

- 39 My team examined the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on: Board transparency, effectiveness, and cohesion; corporate systems of assurance; corporate approach to planning; and corporate approach to managing financial resources. Auditors also paid attention to progress made to address previous recommendations.
- 40 At the time of my structured assessment work, the Health Board was subject to Targeted Intervention (Level 4) for finance, strategy and planning under the Welsh Government's escalation and intervention arrangements. The Health Board was in Routine Monitoring (Level 1) for all other domains.

Board transparency, effectiveness, and cohesion

- 41 My work considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently. I paid particular attention to:
- Public transparency of Board business
 - Arrangements to support the conduct of Board business
 - Board and committee structure, business, meetings, and flows of assurance
 - Board commitment to hearing from staff, users, other stakeholders
 - Board skills, experiences, cohesiveness, and commitment to improvement

- 42 My work found that the Board is committed to conducting its business transparently and continuous improvement. The Board and its committees continue to operate well, and scrutiny has continued to strengthen but more assurance is required to ensure that committee workplans are aligned to key strategic priorities and their risks to delivery.
- 43 The Board and its committees demonstrate good levels of public transparency in the conduct of their business. Current arrangements could be further strengthened by clearer promotion of forthcoming committee meetings.
- 44 The Health Board has generally good arrangements for monitoring and updating its core internal control frameworks. Further work remains to strengthen its arrangements for probity and propriety.
- 45 The Board and its committees continue to operate well, and the quality of scrutiny from independent members has continued to improve. More work to further strength the Board Assurance Framework is needed to provide assurance that committees are aligned to key strategic priorities and their risks to delivery.
- 46 Whilst Board and committee papers are generally of a good standard, there are opportunities to secure further improvements. This includes ensuring key information is presented ahead of any detailed narrative to focus attention, being clear about what a committee is being asked to do in relation to agenda items and reducing the use of technical language and acronyms. The Board continues to hear from patients and staff and there remains scope to share learning from Board walkarounds.
- 47 The Board now has stable membership, following some significant changes and is committed to continuous improvement.

Corporate systems of assurance

- 48 My work considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services. I paid particular attention to the organisation's arrangements for:
- overseeing strategic and corporate risks;
 - overseeing organisational performance;
 - overseeing the quality and safety of services; and
 - tracking recommendations.
- 49 My work found that the Health Board is continuing to develop its systems of assurance. There are robust arrangements for performance management, but more work is needed to develop the Board Assurance Framework, strengthen strategic and operational risk management arrangements, provide greater clarity on quality and safety priorities, and improve arrangements for closing recommendations.
- 50 The Health Board has developed the first phase of its Board Assurance Framework, but the Health Board still needs to identify all sources of assurance on the effectiveness of its arrangements to manage strategic risks and achieve its

organisational objectives. There is a need to strengthen the corporate risk registers and arrangements to escalate the highest operational scoring risks.

- 51 Revisions to the Health Board's performance management framework have helped strengthen oversight of organisational performance. The Health Board has generally effective arrangements for maintaining oversight of quality and safety and has continued to embed arrangements to oversee the Duties of Quality and Candour. However, while the Health Board's Integrated Quality and Performance Framework sets out measures to monitor quality and safety, it does not set out the Health Board's ambitions for the quality and safety of its services and how it will go about achieving them.
- 52 The Health Board's overall arrangements to monitor and track recommendations are generally effective, but more robust oversight and scrutiny is required to ensure actions taken adequately address recommendations before they are closed.

Corporate approach to planning

- 53 My work considered whether the Health Board has a sound corporate approach to planning. I paid particular attention to the organisation's arrangements for:
- producing and overseeing the development of strategies and corporate plans, including the Integrated Medium-Term Plan; and
 - overseeing the delivery of corporate strategies and plans.
- 54 My work found that the Health Board continues to work towards delivering its long-term strategy 'A Healthy Caring Powys 2017-27' and is progressing work on its 'Better Together' transformation model although it continues to be unable to produce an Integrated Medium-Term Plan that is approvable by Welsh Government. Instead, it has developed an Integrated Plan 2024-29, with year one of the plan acting as its Annual Plan.
- 55 The Health Board's strategic objectives are also its well-being objectives, which were informed by appropriate evidence and engagement. However, well-being objectives should be reviewed annually to ensure they continue to be appropriate, and there is a lack of clarity as to how the Health Board intends to deliver its objectives and demonstrate their impact over the medium to longer-term.
- 56 The Health Board has generally effective arrangements for overseeing the delivery of year one of its Integrated Plan 2024-29. There is a need for the Health Board to ensure that its long-term strategy remains relevant and appropriate, and that progress is being made at sufficient pace to deliver intended impacts. Reporting of progress to deliver other plans, such as the Decarbonisation Action Plan and Digital Strategic Framework should be enhanced with information to show where delivery is off-track, associated mitigating actions, and revised delivery timescales.

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Corporate approach to managing financial resources

- 57 My work considered whether the Health Board has a sound corporate approach to managing its financial resources. I paid particular attention to the organisation's arrangements for:
- achieving its financial objectives;
 - overseeing financial planning;
 - overseeing financial management; and
 - overseeing financial performance.
- 58 My work found that while the Health Board's financial planning and management arrangements are generally effective, monitoring and reporting arrangements require strengthening to urgently establish control over the risks to its financial position. Ongoing financial challenges also means there is a need to monitor any associated performance and quality risks to service delivery.
- 59 The Health Board did not meet its financial objective to achieve breakeven in 2023-24, and it faces significant challenges in achieving its forecast year-end deficit position in 2024-25 and the control total deficit expected by the Welsh Government.
- 60 The Health Board has an effective approach to developing its financial plan in the short- to medium-term. However, ongoing financial challenges means there is a need to monitor financial risks and the impact of financial challenges on the performance and quality of services delivered.
- 61 While the Health Board continues to have generally effective arrangements for overseeing and scrutinising financial management, it urgently needs to control its costs. While financial reports provide sufficient information to enable effective scrutiny and challenge, they need to be clearer on the impact of actions taken to improve the Health Board's financial position.

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Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued since my last annual audit report.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	July 2024
Opinion on the Financial Statements	July 2024
Charitable funds Accounts report and opinion	January 2025
Performance audit reports	
<u>Primary Care Follow Up Review</u>	July 2024
<u>Review of Cost Savings Arrangements</u>	December 2024
Structured Assessment 2024	May 2025
Other	
2024 Audit Plan	March 2024

My wider programme of national value-for-money studies in 2024 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts

Committee to support its scrutiny of public expenditure. Reports are available on the [Audit Wales website](#).

Exhibit 3: performance audit work still underway

There are several performance audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Review of Planned Care Services Recovery	May 2025
Urgent and Emergency Care – Arrangements for Managing Demand	June 2025
Urgent and emergency care: Flow out of Hospital – Powys Region	June 2025
Discharge Planning: Progress Update	June 2025
Review of Digital Transformation	September 2025

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Appendix 2

Audit fee

The 2024 Audit Plan set out the proposed audit fee of £321,168 (excluding VAT). My latest estimate of the actual fee, on the basis that some work remains in progress, is in keeping with the fee set out in the outline.

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Appendix 3

Audit of accounts risks

Exhibit 4: audit of accounts risks

My 2024 Audit Plan set out the risks of material misstatement and/or irregularity for the audit of the Health Board's 2023-24 accounts. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
<p>The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for bias; and • evaluate the rationale for any significant transactions outside the normal course of business. 	<p>Having undertaken the proposed audit work, we found no significant issues</p>
<p>There is a risk of material misstatement due to fraud in expenditure and as such is treated as a significant risk [PN 10].</p> <p style="transform: rotate(-45deg); font-size: small; margin-top: 20px;">Patterson, Liz 20/05/2025 15:22:19</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • perform detailed testing on a sample of key transactions before and after the year end to ensure they are accounted for in the correct 	<p>Having undertaken the proposed audit work, we found no significant issues</p>

Audit risk	Proposed audit response	Work done and outcome
	accounting period; and <ul style="list-style-type: none"> perform detailed testing on a sample of key year end balances to ensure they are appropriate and complete. 	
<p>There is a significant risk that you will fail to meet your first financial duty to break even over a three-year period. The position at month 11 shows a year-to-date deficit of £11.7 million and a forecast year-end deficit of £12.0 million which is in excess of the Minister's published control total.</p> <p>This, combined with the outturns for 2021-22 and 2022-23, predicts a three-year deficit of £18.8 million. Where you fail this financial duty, we will place a substantive report on the financial statements highlighting the failure and qualify your regularity opinion]. Your current financial pressures increase the risk that management judgements and estimates could be biased in an effort to achieve the financial duty.</p>	<p>We will focus our testing on areas of the financial statements which could contain reporting bias.</p>	<p>Our testing did not identify any reporting bias.</p>
<p>There have been historic errors in the Health Board's payables balances.</p>	<p>We will review the classification and accuracy of the balances and undertake post year end payments testing to ensure that transactions</p>	<p>It was pleasing to note that we found no errors in our sample testing of this area.</p>

Audit risk	Proposed audit response	Work done and outcome
	have been accounted for in the correct year.	
A key source of estimation uncertainty relates to the provision for clinical negligence and personal injury claims. The subjective nature of these provisions and associated judgments give rise to increased risk.	<p>My audit team will:</p> <ul style="list-style-type: none"> perform detailed testing on a sample of claims. evaluate the reasonableness of key assumptions and judgments. consider the work of Legal and Risk Services and the NHS Business Services Authority as a management expert. 	We identified some inconsistencies between notes and some classification errors. All of which were amended by management.
There is a risk that the Health Board fails to disclose certain related party transactions and disclosures or discloses these transactions at the incorrect value.	We will review the completeness and accuracy of the disclosures.	Our testing did not identify any issues.
There have been historic errors in the Health Board's draft financial statements, when disclosing Senior Officers and Non-Executives Pay within the Remuneration Report.	We will review the completeness and accuracy of the disclosures	Our audit identified several errors within the Remuneration Report. All of which were amended by management.

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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Powys Teaching Health Board Glossary (mai 25)

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

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

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

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MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MV	Mass Vaccination
NHSE	National Health Service England
NHS	National Health Service
NHSWE	NHS Wales Executive
NICE	National Institute of Health and Clinical Excellence
NRI	Nationally Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
NNA	Nursing Needs Assessment
OBC	Outline Business Case
OCP	Organisational Change Process
OOB	Out of County
OOH	Out of Hours
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PA	Physician Associate
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PCC	Powys County Council
PEQS	Patient Experience, Quality and Safety Committee
PHE	Public Health England
PHW	Public Health Wales
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
QA	Quality Assurance
RaTS	Remuneration and Terms of Service Committee
RCN	Royal College of Nursing
RIIC	Research, Innovation & Improvement Coordination
RIF	Regional Investment Fund
RISP	Radiology Information System Procurement
RJAH	Robert Jones and Agnes Hunt
RN	Registered Nurse
RPPB	Regional Partnership Board
RTT	Referral to Treatment
RTS	Routemap To Sustainability

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Q1 Q2 Q3 Q4	Quarter 1 (April, May, June), Quarter 2 (July, August, September), Quarter 3 (October, November, December), Quarter 4 (January, February, March)
QSEG	Quality, Safety and Experience Group
SAR	Subject Access Request
SAS	Specialty and Specialist
SBAR	Situation, Background, Assessment, Recommendation
SBUHB	Swansea Bay University Health Board
SDEC	Same Day Emergency Care
SLA	Service Level Agreement
SOC	Strategy Outline Case
SOP	Standard Operating Procedure
SaTH	Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
VERS	Voluntary Early Release Scheme
WAST	Welsh Ambulance Services NHS Trust
W&C	Workforce and Culture Committee
WCCIS	Welsh Community Care Information System
WG	Welsh Government
WHC	Welsh Health Circular
WHSSC	Welsh Health Specialised Service Committee
WNB	Was Not Brought
WOD	Workforce and Organisational Development
WPAS	Welsh Patient Administration System
WPOCT	Welsh Point of Care Test System
WTE	Whole Time Equivalent
WVT	Wye Valley Trust
YTD	Year to Date

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