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Powys Teaching  
Health Board

**Agenda item: 4.5**

<b>Board</b>		<b>24 September 2025</b>
<b>Subject:</b>	<b>Duty of Quality Annual Report 2024-2025</b>	
<b>Approved and presented by:</b>	Claire Roche, Executive Director of Nursing, Quality, Women and Family Health	
<b>Prepared by:</b>	Assistant Director Quality and Safety Head of Quality and Safety	
<b>Other Committees and meetings considered at:</b>	Executive Committee - 09 July 2025 Patient Experience, Quality and Safety Committee – 31 July 2025 - who approved the report.	
<b>PURPOSE:</b>		
To provide the Annual report for 2024/25 in respect to the Quality Management System and Quality & Safety priorities and monitoring across the Health Board.		
The Patient Experience, Quality and Safety Committee have approved the report on the 31 July, it is provided to the Board for assurance given significance of the Duty and its role across the whole organisation.		
<b>+RECOMMENDATION(S):</b>		
The Board is asked to take <b>ASSURANCE</b> from the Duty of Quality Annual Report which provides progress and areas for improvement for 2024-2025.		
<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y	Y	N

<b>ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:</b>		
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 has a broad responsibility for healthcare in Powys, both as a direct provider of services and as a commissioner on behalf of our population.

In line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020, we have a statutory Duty of Quality. This duty requires us to ensure that our services are consistently person-centered, safe, effective, efficient, timely and equitable.

We are pleased to present the Health Board's Duty of Quality Annual Report for 2024/25, which sets out the progress we have made over the last year. The report highlights the improvements to our quality oversight and infrastructure, and provides assurance on the actions we are taking to improve outcomes and experiences for the people of Powys.

Over the past year, we have strengthened our Quality Management System through the implementation of our Integrated Quality and Performance Framework. This includes a clear local escalation framework, robust quality assurance and control mechanisms, and a stronger link between service planning and quality. Learning from concerns, incidents, and the voices of our population continues to shape our priorities for quality improvement.

Our Duty of Quality underpins the Health Board's intention to be a listening and learning organisation: one that fosters psychological safety for staff, and ensures our services remain open, transparent, and focused on continuous improvement.

## NEXT STEPS:

Acknowledge the content of the report and continued alignment of the Quality agenda aligned to the Duty of Quality.

## IMPACT ASSESSMENT

Not required

# Annual Duty of Quality Report 2024-2025



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## 1.0 Foreword

Powys Teaching Health Board has a whole range of responsibilities for healthcare for the people of Powys, both as a provider and as a commissioner of services.

To ensure that our services are person-centered, timely, safe, effective, efficient and equitable, in line with the quality standards, we have a statutory Duty of Quality as set out in the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

We are pleased to present the Health Board's Duty of Quality Annual Report for 2024/25. We hope this report provides you with an overview of what we have been doing over the last year to improve quality oversight and infrastructure across Powys and share the improvements we have made.

This year has seen us mature our Quality Management System through our Integrated Quality and Performance Framework. Our local escalation framework supports us to have robust *Quality Assurance* and *Quality Control* mechanisms, the way we plan our services is underpinned by a golden thread of quality, ensuring that we deploy *Quality Planning* and learning from concerns, incidents and listening to our population informs our priorities for *Quality Improvement*.

These are challenging times for public services and we as a Health Board will need to transform to ensure that we meet the needs of our population. As we embark on our transformation Programme of *Better Together*, we will ensure that quality impact assessments guide our decision making.

Our Duty of Quality underpins our intention to be a listening, learning Organisation; a place that is psychologically safe to work in and where services are open and transparent.



**Claire Roche, Executive Director of Nursing, Quality, Women and Family Health**

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## 2.0 Introduction

This Duty of Quality Annual Report for 2024–2025 outlines Powys Teaching Health Board’s ongoing commitment to improving the quality of services and the health outcomes of our population. It reflects the progress made over the past year in delivering safe, effective, and person-centred care in line with our statutory responsibilities under the Duty of Quality.

The Duty of Quality, which applies to all NHS bodies and Ministers in Wales, requires that all functions relating to health services are exercised with a consistent focus on improving quality and securing better outcomes. This obligation aligns with the five ways of working set out in the Well-being of Future Generations (Wales) Act 2015 and contributes to the overarching goal of achieving a healthier Wales.

This report demonstrates how Powys Teaching Health Board has embedded the Duty of Quality across its operations. Specifically, it highlights how:

- All strategic decisions are made through the lens of improving service quality and patient outcomes.
- Functions are discharged in a way that continually seeks improvements in quality and outcomes.
- Actively monitor progress, sharing regular updates with the population to maintain transparency and accountability.
- Strengthen the governance arrangements by reporting annually on our actions and evaluating the extent of improvement achieved.
- Maintain an interconnected Quality Management System across the organisation.
- Foster a culture of quality that is integral to everything we do.

The Annual Report describes how the Health Board are meeting the responsibilities under the Duty of Quality and continuously working towards delivering high-quality, equitable healthcare for the people of Powys.

## 3.0 Quality Governance

As an NHS Wales organisation, Powys Teaching Health Board operates within a clearly defined framework of quality standards. These expectations are articulated through key strategic and legislative documents, including:

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

The Health Boards commitment to continuous improvement and organisational learning is underpinned by these guiding frameworks. Embedding the legislative requirements from 2023-2024, has been strengthened further the Quality Governance Framework. The *Health and Social Care (Quality and Engagement) (Wales) Act 2020* introduced enhanced responsibilities for all health and care organisations in Wales. Central to this legislation are the Duty of Quality, the Duty of Candour, and the establishment of the Citizen Voice Body. Together, these elements reinforce a culture of openness, transparency, and meaningful citizen engagement across the Health Board.

Embedding the Duty of Candour has been fundamental to fostering an organisational culture grounded in honesty and accountability. This

approach ensures the Health Board is transparent with service users and communities when care does not meet expectations or results in harm. Importantly, the Duty of Candour also serves as a catalyst for system-wide learning and service improvement, driving innovation and responsiveness.

The existing Quality Governance structure has remained robust throughout the year. The Patient Experience, Quality and Safety Committee continues to receive assurance reports and monitor escalated risks relating to patient experience, service quality, and safety.

Key components of the Health Board's Quality Governance arrangements include:

- The Integrated Quality and Performance Framework
- The *Putting Things Right* framework, encompassing Concerns, Incidents, Redress, and Clinical Negligence
- Clinical Audit programmes
- Data and benchmarking through CHKS and other healthcare intelligence tools
- Independent external reviews, such as *Getting It Right First Time*
- Professional supervision and regulatory compliance
- Organisational development initiatives and staff engagement surveys
- Strategic relationships and escalation pathways involving bodies such as Healthcare Inspectorate Wales and the Welsh Risk Pool.

### **Maintaining Focus on Quality in 2024/2025**

In 2024-2025, the focus on quality has been sustained through several targeted activities:

- Enhancing the reporting and interpretation of quality metrics, supported by the rollout of the Integrated Quality Performance Framework (IQPF)
- Embedding our local escalation framework as part of the IQPF.
- Reporting progress from services across the Health Board through the Integrated Quality, Planning and Delivery Meeting (IQPD)
- Ongoing oversight of the Medical Examiner Service, particularly following service model changes introduced in September 2024
- Delivery of quarterly Integrated Quality Reports to provide a holistic view of performance, outcomes, and areas for improvement
- Quarterly reporting on the Duty of Candour and Nationally Reportable Incidents, including insights and learning drawn from these events.

The Health Board has continued to strengthen its formal response to concerns, guided by the *NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011* – widely recognised as the *Putting Things Right* framework. This process ensures that concerns are addressed in a timely, open, and constructive manner.

The Health Boards learning culture continues to evolve. Learning from concerns is now systematically captured and applied to improve services. The establishment of a Health Board-wide Learning Repository represents a significant advancement, enabling all staff to access

shared lessons from incidents and concerns. This system is supporting the embedding of learning into everyday practice and reinforcing a cycle of continuous quality improvement.

### 3.1 Health and Care Standards

The Health and Care Quality Standards replace the 2015 Health and Care Standards as set out in [W HC/2023/013](#). The inclusion of quality directly aligns the standards with the [Duty of Quality in healthcare | GOV.WALES](#) introduced in April 2023 through the [Health and Social Care \(Quality and Engagement\) \(Wales\) Act: summary | GOV.WALES](#). The standards set out the expectations for both provider and commissioned services and are aligned to the Health Board's Quality Management System and cross referenced as part of committee reporting, with associated risks and escalation raised.

Decisions should be based on the 12 Health and Care Quality Standards 2023:

The Duty of Quality Annual Report presents the progress made across the Health Board over the last 12 months. The report encompasses how the 12 Quality Standards are used across the Health Board, which helps deliver against the 6 quality domains. Safe, Timely, Effective, Efficient, Equitable and Person-centered (STEEP) care which are delivered through: Leadership, Workforce, Culture and Valuing People, Information, Learning, improvement and research and a Whole systems approach.



### 4.0 Learning from Experience Group – 2024/25 Update

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The Learning from Experience Group continues to foster improvement across services. In 2024–2025, the group focused on several key areas:

### Key Areas of Learning

- Do Not Attempt CPR (DNACPR) Policy:
  - Reviewed the newly published All Wales DNACPR policy to ensure consistent application across services.
- Medical Examiner Service:
  - Reflected on insights from the rollout of the Medical Examiner service to enhance the review process of patient deaths.
- Clinical Audits and Reflections:
  - Analysed findings from clinical audits and reflective practices to improve patient care.
- Quality Improvement in Mental Health:
  - Recognized and promoted successful practices within Mental Health services for adoption across other teams.

### Ongoing and Future Work

- Enhancing Staff Induction:
  - Strengthening staff induction programs by integrating key learnings from past experiences.
- Improving Information Sharing:
  - Utilizing tools like 7-minute briefings for efficient knowledge dissemination.
  - Developing online forums to broaden the reach of shared learning resources.
- Upcoming Initiatives for 2025:
  - Inviting the antimicrobial pharmacist to share valuable insights.
  - Exploring the application of these learnings across primary care and community teams.



## 4.1 Engagement and Consultation

## Engagement Work Key Themes

The Health Board has an ongoing programme of engagement in place, which includes close working relationships with Llais. This programme enables the Health Board to understand “what matters” to the people of Powys to help shape its plans and priorities for the people it serves.

Some of the key strands during 2024 and into 2025 included:

- Work with the Bevan Commission through a conversation with the public about the future model of health and care in Wales
- Ongoing engagement as part of the Better Together programme
- Focused engagement on a series of proposals for temporary change to health services, during which feedback was gathered about the specific proposals for temporary change as well as on wider opportunities and challenges for healthcare
- Listening and learning with Llais through their Llais Local Engagement
- Listening and learning with Powys Association of Voluntary Organisations through their Locality Networks

The key themes we heard during 2024 have been drawn together into an annual engagement report which informs the Health Board’s Annual Plan. The key themes are summarised below.

As well as work carried out directly by the Health Board, the Health Board works together as part of the Powys Engagement and Insight Network. This group is a sub-committee of both the Powys Regional Partnership and the Powys Public Service Board and brings together leads on engagement and insight from partner organisations to support a citizen-focused approach to engagement. Co-chaired by Powys Teaching Health Board (PTHB) and Powys Association of Voluntary Organisations (PAVO), a key focus for this group during 2024/25 was the development of a shared model of co-production to support a consistent approach that is increasingly embedded in organisational practice and decision-making. This has included the development of a Co-production Journey Tracker which is a simple tool to help services, groups and organisations find out where they are on their co-production journey. It can help to highlight strengths and support or training needs. This work has been informed and shaped by user voices who are central to this work.

The network is now developing six-monthly Community Insight reports to draw together findings from community engagement undertaken by all partner organisations, so that we can learn and share from each other’s work and use this to drive our individual and collective organisational ambition on behalf of the people of Powys.

Towards the end of 2024-2025, a new phase of work on the Better Together programme commenced ([Better Together: Shaping the future of safe, quality health services for Powys. | Have Your Say Powys](#)). This programme aims to develop a shared understanding of the “case for change” based on the expert advice of health and care staff, and the needs and experience of the people of Powys. Initial engagement with health and care staff took place during February and March, with a period of engagement with the public commencing shortly after in April 2025. This will continue through the coming months, with an initial focus on developing options for the future of safe, quality community and adult mental health services for Powys.

In addition to Better Together work, other key engagement priorities for 2025/26 include:

- Review and evaluation of the temporary changes implemented in December 2024, with recommendations for the next steps due in July 2025.
- Engagement and consultation in relation to services in neighbouring counties that are accessed by Powys residents (e.g., forthcoming consultation by Hywel Dda University Health Board on their Clinical Services Plan).
- Continued engagement with Llais to hear patient and public voices.
- Further strengthening and embedding of the model for Co-Production including through participation in Co-production Champions Training in partnership with the Co-production Network for Wales.
- Aligning the Health Board’s approach to community insight with the wider aspirations of the newly published People’s Experience Framework.

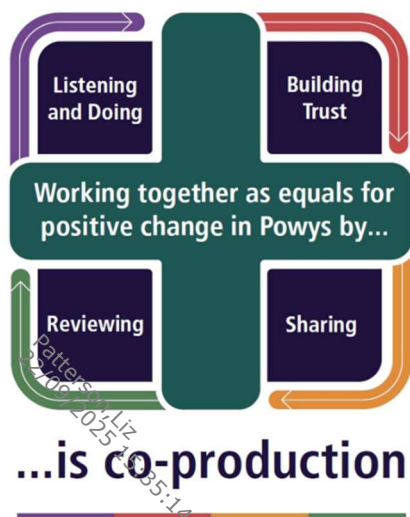
## Temporary Service Changes

### The challenges facing the NHS

The NHS across the UK, and locally in Powys, faces a number of challenges to maintain quality, safety, outcomes and financial sustainability for patients and communities. Waiting times for planned care increased during the COVID pandemic and remained high. Inflationary pressures affect the whole of the public sector, increasing the costs of service-delivery. More people are living longer with multiple health conditions, and there are pressures on staffing, including that the proportion of people of working age is reducing. Powys Teaching Health Board therefore took some immediate steps to help maintain quality services within available resources. Following a series of events involving engagement with staff, and consultation with stakeholders and the public, the following temporary changes have been implemented:

- The implementation of temporary changes to Minor Injury Unit Services in Brecon and Llandrindod Wells is to open from 8am to 8pm for a six-month period, with evaluation and monitoring in place as set out in the Monitoring and Evaluation Framework.
- The implementation of temporary changes to community hospital model with Llanidloes and Bronllys as “Ready to Go Home” units and with a strengthened role for Brecon & Newtown to provide community inpatient rehabilitation for a six-month period, with evaluation and monitoring in place as set out in the Monitoring and Evaluation Framework.

The next steps will be: The Board will receive an evaluation of the temporary service changes and agree the way forward.



### What is Co-production?

We have worked together in Powys to find out what co-production means for us. With many thanks to people with a range of lived-experience who have come together to work with partners from across the council, the health board and other support organisations to work on this together.

We have challenged each other and put thought and time into what co-production means for us. Our definition is:

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

This document is adapted 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](#)). We have adapted it based on co-production principles developed in Powys.

# Engagement 2024 - Key Themes

## Bevan Commission

1. Prevention, Early Intervention and Lifestyle
2. Shared Responsibility
3. Wider Determinants of Health
4. Communication
5. Services and Support
6. Workforce
7. Demographic

### Background:

In autumn 2023, the Bevan Commission hosted a series of conversations – one in each Health Board area – to discuss the challenges facing the Welsh health and social care sector.

Seventeen people attended the Powys event in Brecon on 3 October 2023, and around 100 Powys residents completed an online survey.

Analysis of the key factors affecting the health and wellbeing of people and communities across the Powys locality were listed under seven themes.

## Better Together

1. Access to services/Coordination of care
2. Communication/ Education/Information
3. Current/Future Services
4. Data/Evidence/ Research
5. Mental Health
6. Our ageing population
7. Relationships/ Partnerships
8. The prevention agenda
9. The role our communities play in supporting health and well-being
10. Workforce
11. Travel and transport in our rural county

### Better Together Background:

In February and March 2024 the health board hosted workshops in the 13 Powys localities to start a conversation about the future of health services including the key challenges facing health in the county. Data and plans around key models of care like mental health, frailty, planned care were shared. Participant views and health care concerns were captured. 11 themes were identified.

Note: A model on Mental Health, workforce challenges and our ageing population were topics introduced as part of the workshop sessions with conversations ensuing so are listed as key themes.

## Temporary Service Change

1. Travel and transport in our rural county
2. Communication/ Education/Information
3. Workforce
4. Access to services/coordination of care
5. Current/Future services (downgrading)
6. Workforce
7. Mental health (impact of changes on patients)
8. Civic pride in local community hospitals
9. Equality and wellbeing impacts
10. Engagement and Listening

### Background:

During the Summer 2024 engagement took place on proposals for PTHB services including inpatient wards and MIUs. We heard directly from nearly 800 voices in addition to thousands of interested individuals through online events, public meetings, visits to online engagement platforms and petitions.

Some of the engagement feedback echoed the key themes captured from the Better Together engagement. Some was more pertinent to the proposals. We also asked a question about the key themes and what respondents felt was missing in terms of health provision. Above are the key themes that respondents fed back.

## Wider Issues (TSC survey)

1. Travel and transport in our rural county
2. Access to services/coordination of care
3. Our ageing population
4. The prevention agenda
5. Workforce
6. Relationships/ Partnerships
7. Communications/ Education/Information
8. Engagement and Listening
9. The Bigger Picture
10. Care Closer to home
11. Collaboration
12. Equity of Care for all

## Llais Local Engagement

1. Access to services/ coordination of care
2. Travel and transport in our rural county
3. Communication/ Information/Education
4. Mental Health
5. Primary care
6. Current/Future services
7. Our Ageing Population
8. Civic pride in our local community hospitals
9. Praise for PTHB
10. The Bigger Picture

### Llais Powys has 3 Priorities

- Care and support closer to home
- Getting good care wherever you live in Powys
- Supporting carers

Llais Powys Region has launched a programme of locality-based engagement across the county, visiting each of the 13 Powys localities in turn to gather insights from citizens' experience of health and care.

## PAVO Locality Networks

- Transport to health & social opportunities
- Access to Primary health services
- Access to Dental
- Lack of Day Opportunities
- Social Isolation & Loneliness
- Financial concerns for individuals
- Changes to benefits for the elderly
- Access to appropriate housing
- Cross Border health access
- Financial concerns for 3rd sector due to lack of access to core funding and increase in NI contributions
- Lack of volunteers available

PAVO hosts 13 locality networks capturing views from the voluntary sector. They seek views on gaps which feed into the Social Value Forum and funding.



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## 5.0 Bereavement Care and Medical Examiner Service

### 5.1 Bereavement Care

Following the Welsh Government directive, a survey of Bereavement Care in Powys was conducted which showed several gaps in the directive, Bereavement Care to the residents of Powys and therefore the Powys Teaching Health Board's Bereavement Service was established 2nd April 2024.

In 2019, the Marie Curie Palliative Care Research Centre, Cardiff University, and the Wales Cancer Research Centre, funded by the End of Life Care Board in Wales, undertook a Bereavement Scoping Survey in Wales.



The survey identified that the amount of bereavement support available varied significantly across Wales. The findings identified gaps in the provision of adult and children and young people bereavement services, in particular following the loss of children, infants and in pregnancy, pregnancy loss and stillbirth.



The National Framework for the Delivery of Bereavement Care in Wales, published in October 2021 sets out how in Wales we can respond to those who are facing, or have experienced, a bereavement.

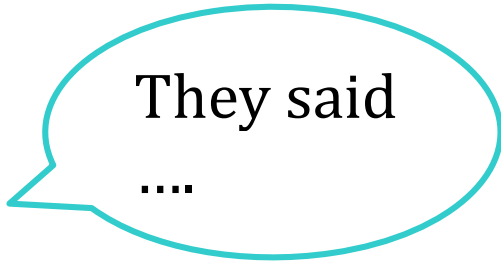
The **framework** includes core principles, minimum **bereavement** care standards and a range of actions to support regional and local planning.



Its vision is for Wales to **be a place where everyone has equitable access to high quality bereavement care**



This framework seeks to set out how in Wales we can respond to those who are facing, or have experienced, a bereavement. Good bereavement support should be something available to everyone who needs it.



### They Said:

- Health Boards are to report progress on implementation plans, including local needs assessments and collaboration with bereavement support providers.
- Implement Immediate Support Pathway for sudden and unexpected deaths in individuals up to age 25.
- Provide bereavement support to patients and families, including those affected by nosocomial COVID-19 incidents.
- Enhance support for individuals with Protected Characteristics.
- Gather feedback on the impact of bereavement support services.

### We Did:

- Ongoing engagement with external support organisations.
- Delivery of bereavement training (Child Bereavement, Grief First Aid, Baby Loss).
- PRUDIC applied following unexpected child or young person deaths.
- Bereavement midwife support provided for baby loss; meetings underway to enhance maternity bereavement support and establish a mothers' group.
- Strong links established with hospices in north and south Powys.
- Bereavement resources (packs, posters, leaflets) distributed across the Health Board, in English and Welsh.
- Bereavement information is available on the Health Board website.
- Bereavement questionnaire launched via CIVICA and shared through social media, websites, and GP QR codes.
- Regular bereavement roads shows to begin countywide from end of May.
- Medical Examiner process in place, with learning shared via mortality review panels and internal learning platforms

## 5.2 Medical Examiner Service



In line with government requirements, Powys Teaching Health Board is working closely with the Medical Examiner Service. The medical examiner is a senior doctor not involved in the care of the patient, who provides an independent scrutiny of each death. This service allows the cause of death to be more accurately identified, and the circumstances surrounding the death to be more objectively assessed.

The medical examiner's officers contact the deceased's family in the days following the death. They will discuss with them the cause of death and listen to their views on the care provided. They can answer any questions the family may have about the cause of death and the circumstances of the death.

For further details about the service please access the link below:

[Medical Examiner Service - NHS Wales Shared Services Partnership](#)

### ME referrals 2024 - 2025:

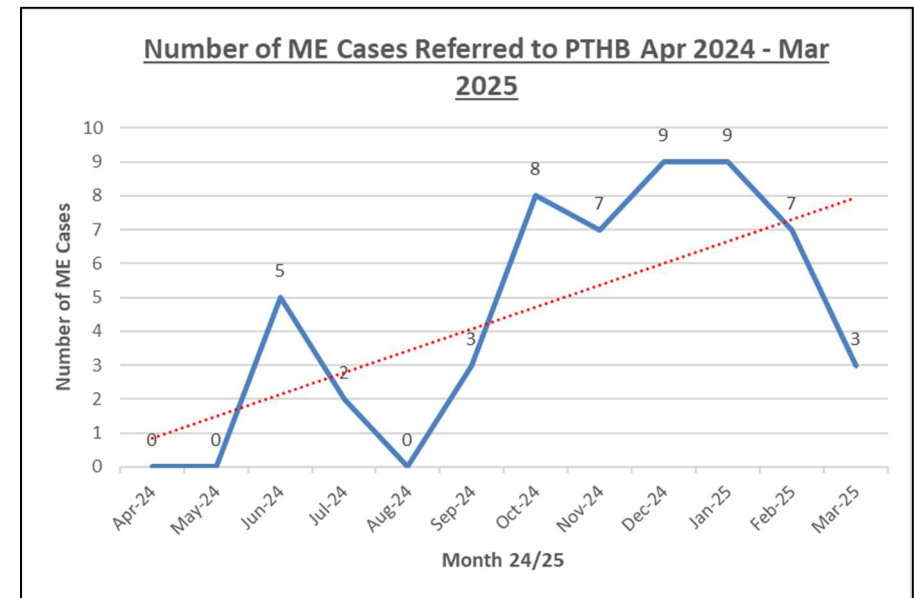
Since the changes to the ME service on 9 September 2024, there has been a marked increase in the number of reports received by the Health Board. The data indicates that the number of reports has nearly doubled compared to previous months.

### Care Provided by Other Health Boards

Some of the issues raised in Medical Examiner (ME) reports relate to care delivered by other Health Boards. As Powys Teaching Health Board commission services for residents, we receive these reports, even when the care was provided elsewhere. In such cases, those Health Boards are responsible for addressing any concerns.

### Care in Nursing Homes

Of the 53 ME referrals received, 12 involved Nursing Homes, which are managed by the Local Authority. Any concerns are shared with them to ensure appropriate follow-up and learning.



## 6.0 Mental Health Services Update – De-escalation and Improvement Progress

Since March 2024, Powys Teaching Health Board's (PTHB) Mental Health Services have been under internal escalation (Level 2a) to address several areas for improvement. Following the implementation of a focused Improvement Plan and strong progress across priority areas, the Executive Committee agreed to de-escalate internal escalation status from 16 October 2024. This decision reflects the Mental Health and Learning Disabilities Service's commitment to learning, improvement, and providing safe, effective care.

### Key Improvements Made

- **Patient Safety:** Overdue incident reports reduced from around 480 to 67, with reviews now happening on time.
- **Care & Treatment:** Audits have been completed across teams, and targeted training plans are now in place.
- **Training & Development:** A full workforce training needs analysis has been completed, with future plans mapped out.
- **Governance:** Team leadership structures and clinical governance have been strengthened.
- **Workforce Stability:** Recruitment challenges have been addressed, including full staffing on Tawe Ward.

### Ongoing Positive Developments

- As part of the All-Wales Strategy for Mental Health, PTHB is **piloting suicide risk assessment training** in Wales.
- Leading a **Community of Practice for Community Mental Health Teams**.
- Actively engaged with the national **NHS Patient Safety Programme**.
- **New team bases** for Adult and Older Adult CMHTs in Newtown and Llandrindod Wells are underway.
- The **Single Point of Access (SPOA)** model continues to develop and improve.
- It is hoped that the new Care and Treatment Plan (CTP) Lead role will be sustained to continue to support teams across Powys with Bi-monthly CTP audits.



Powys Teaching Health Board remains committed to maintaining these improvements as part of everyday practice, ensuring high standards of care and support for people across Powys.

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## 7.0 Duty of Candour

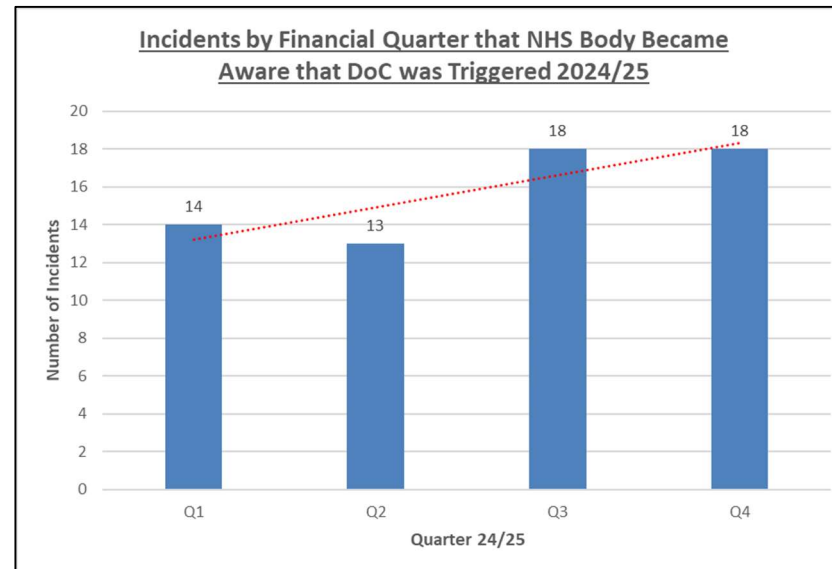
The Duty of Candour is a legal requirement for NHS bodies in Wales to be open and honest with service users receiving care and treatment. The duty stems from the Health and Social (Quality and Engagement) (Wales) Act (2020) and became operational from 1 April 2023.

Powys Teaching Health Board strives to provide high quality, safe and compassionate care to all service users. However, even when staff do their best, service users may sometimes experience harm. That is why the Duty of Candour was introduced.

The Health Board's goal is to create a culture of trust and openness, so that service users feel confident in the care they receive.

To follow Duty of Candour the Health Board will:

1. As soon as we know that Duty of Candour applies, contact the person affected or someone acting on their behalf. This will be done in person, either by phone, video call, or face to face.
2. During this conversation, say sorry, explain what it knows so far, offer support, outline what will happen next, and give contact details for further help.
3. Within five working days, send a letter confirming what was discussed
4. Carry out an investigation to understand what happened, why it happened, and how the Health Board can stop it from happening again.
5. This process will follow the NHS Wales Putting Things Right procedure ([Putting Things Right Leaflet](#)).



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In 2024/2025, Duty of Candour was triggered 63 times and several areas for improvement were identified to ensure safer, more inclusive, and effective care across services. Key themes include:

**1. Inclusive Communication and Access**

Interpretation services must be offered when English is not a person's first language. Family members should not be used as interpreters. Electronic tablets have been placed in all birth centres to support access to interpreter services.

**2. Safe Maternity and Antenatal Care**

Staff reminded to carry out full antenatal assessments and to follow guidance when women report contact with infections. Missed vaccinations due to medicine shortages highlighted the need for weekly stock checks in birth centres.

**3. Falls Prevention and Enhanced Care**

Staff are reminded of their responsibility to maintain 1:1 care to reduce fall risks. Training and expectations for staff providing enhanced care have been reinforced. Post-fall observations and risk assessments must be completed and updated as needed.

**4. Medication Safety**

Medication ward rounds must be completed in a dedicated space with no interruptions to reduce errors. Mental health wards will review medication administration errors in team meetings to support learning.

**5. Administrative Accuracy**

Letters and reports are double-checked before posting to avoid communication errors, especially within the Integrated Autism Service.

**6. Staff Training and Planning**

Staff must complete agency inductions and comply with mandatory training. Nurse leaders must ensure staff are appropriately allocated to duties during each shift.

**7. Improved Patient Assessment and Risk Management**

All patients must have a full risk assessment on admission. Deprivation of Liberty Assessments and documentation must be up to date and audited.

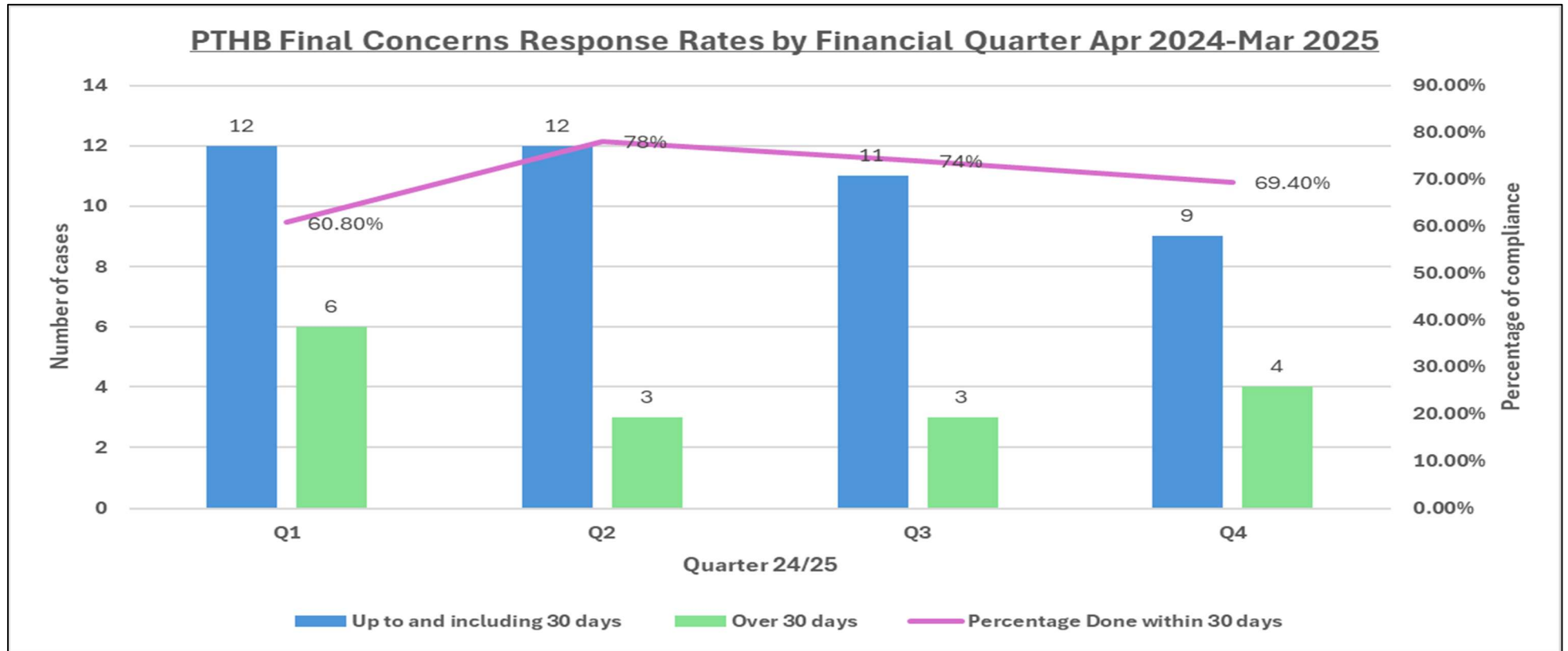
**8. Clinical Pathway and Emergency Care Improvements**

Pathways from Minor Injury Units to hospitals are being reviewed. Continued focus on the management of deteriorating patients, including pain management and response to sepsis.

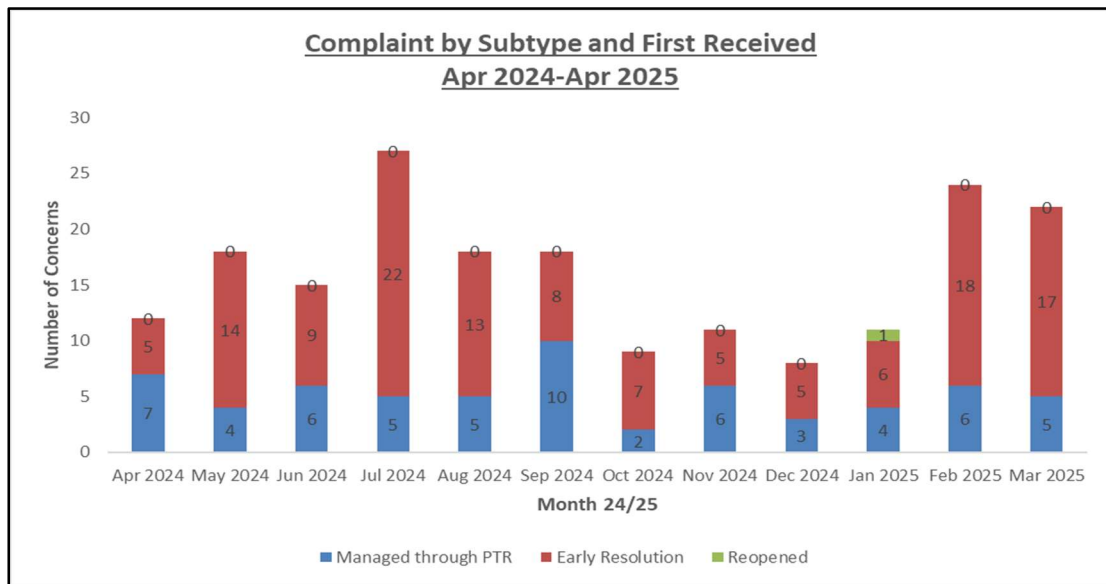
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## 8.0 Putting Things Right (PTR) – Concerns Management

At the end of 2024/25, Powys Teaching Health Board (PTHB) reported a 70.5% compliance rate for responding to concerns within 30 working days, which is slightly under the national average of 75%. While this is positive, the organisation faced challenges when managing complex cases involving multiple Health Boards or Trusts, which impacted overall performance.

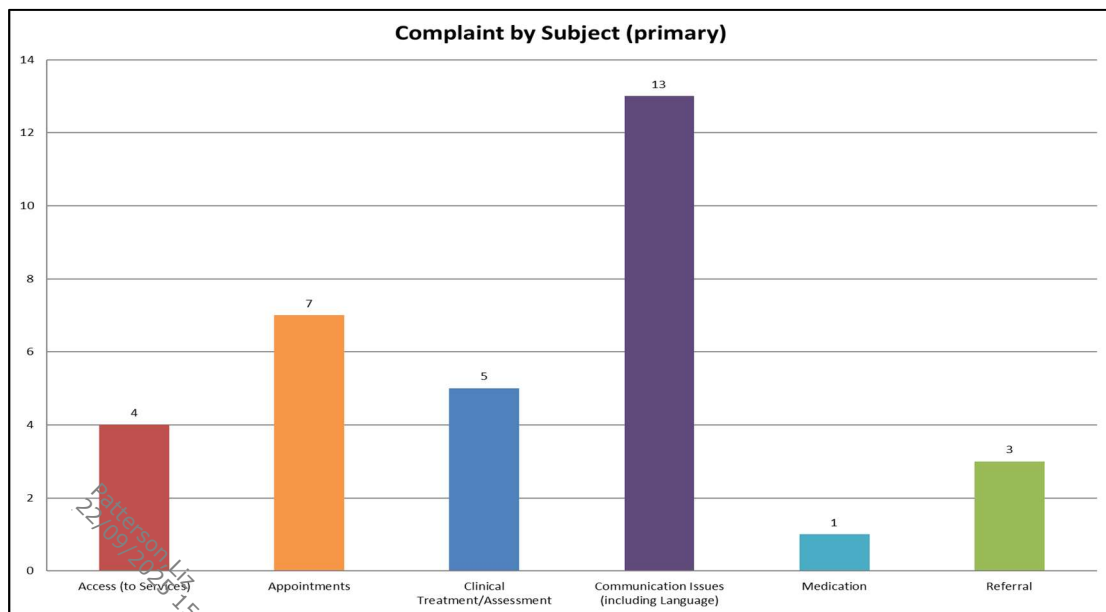


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#### Key Trends:

- Most concerns are resolved through Early Resolution, suggesting effective front-line handling.
- PTR managed complaints remained relatively stable, averaging 5 to 7 per month.
- A single concern was reopened in January 2025, indicating mostly satisfactory outcomes.



#### Key Themes:

- Clinical & assessment.
- Attitude & behaviour of staff.
- Availability of rehabilitation equipment.
- Communication with relatives/family/next of kin.
- Discharge issues
- Appointments cancellations and delays in planned care.
- Delays with prescribed medication
- Access to Orthodontist services outside of Powys.
- Access to Dental services across Powys

## 9.0 Nationally Reportable Incidents (NRIs)



Serious incidents are reported to the NHS Performance and Improvement (Formally NHSE) if they meet the reporting criteria for Nationally Reportable Incidents. During 2024/25 PTHB reported a total of 24 incidents from all services across the Health Board.

PTHB on average took 190 days to complete NRI investigations, complicated by:

- Capacity of services to complete investigations
- Delays in obtaining information from commissioned organisations involved in patient safety incidents.

Focus for 2025/26 will be to improve:

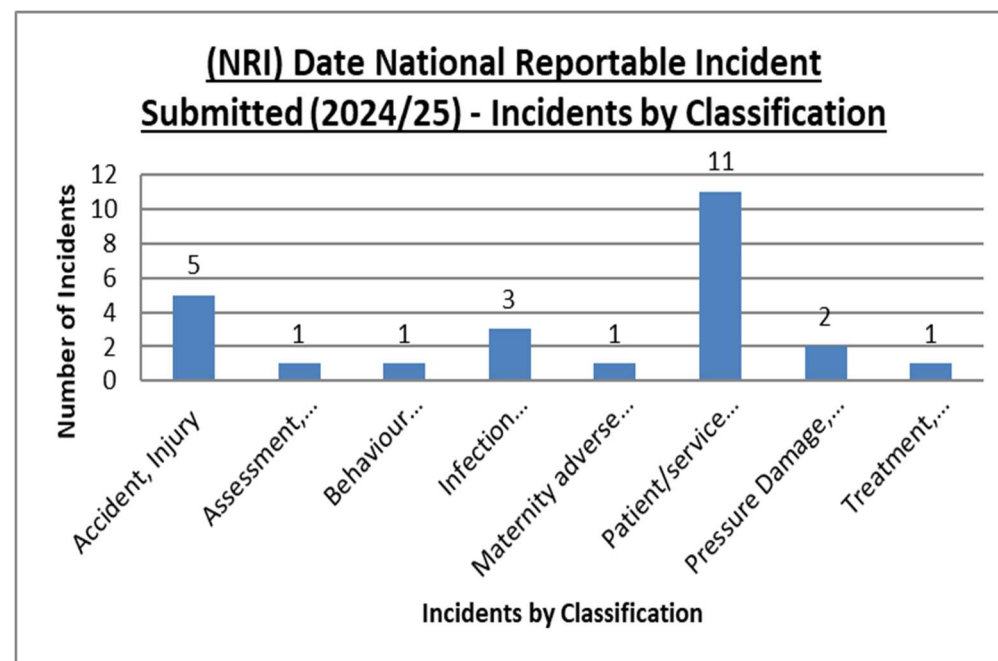
- Staff training on investigations
- Staff support during incident management
- Timely reporting on investigation outcomes to families and the NHS Performance and Improvement.

Themes from NRI incidents throughout the year included:

- Accident and injury
- Assessment
- Behaviour
- Hospital acquired infection
- Maternity adverse event.
- Unexpected death of an individual known to mental health services in the 12 months prior to death.
- Treatment

All incidents were robustly investigated, resulting in action plans and learning events for services.

All NRI incidents are automatically treated as Duty of Candour events requiring engagement with patients and their families, ensuring their contribution and opportunity to ask questions in Health Board investigations, post incident support and timely updates on outcomes and next steps.











## 10.0 Patient experience

Receiving real-time feedback from patients/carers/family, whether positive or negative, supports continual improvement in the services provided, including commissioned services thus ensuring service decisions are made including those thoughts and experiences.

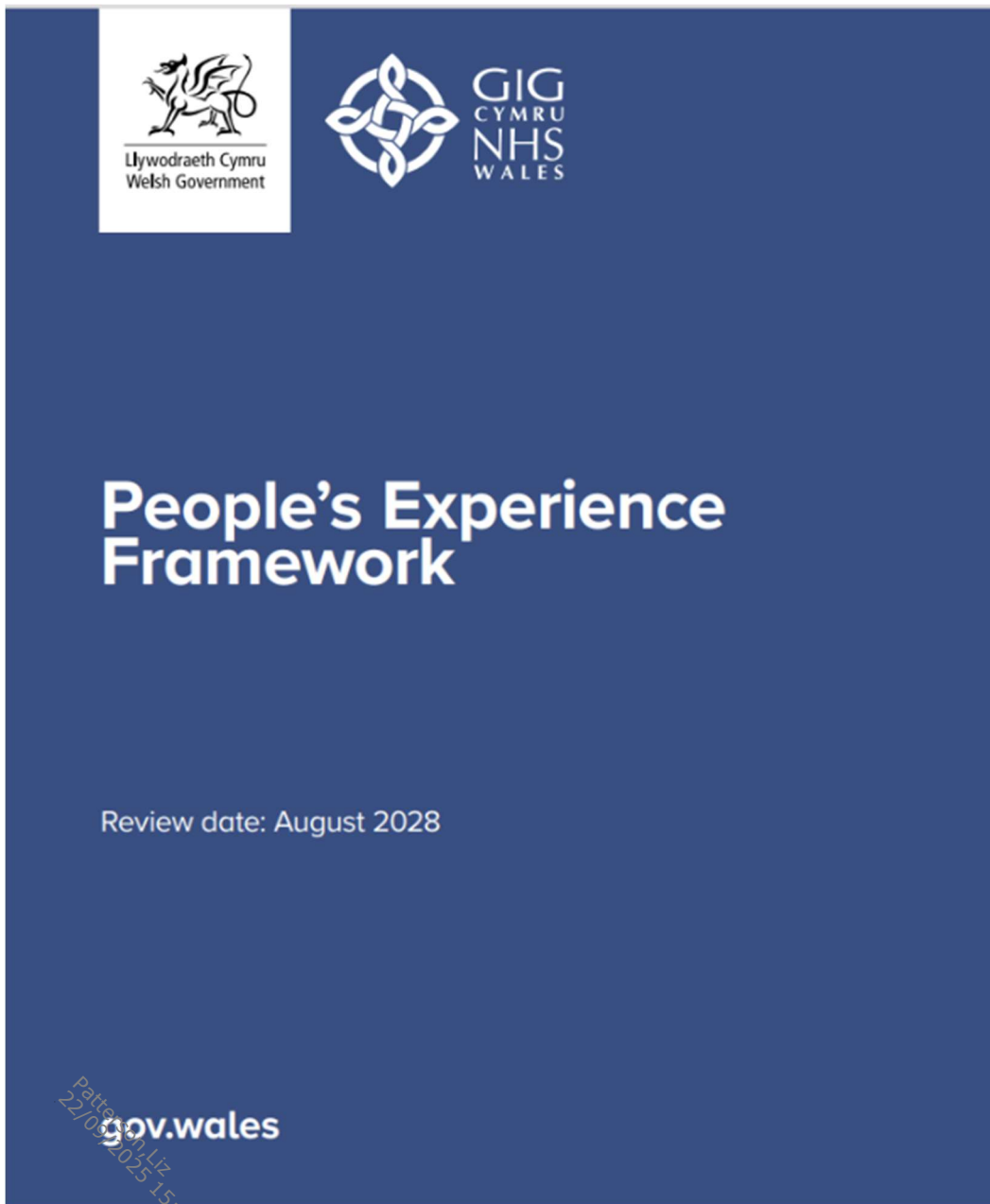
Since 2022, when the Health Board implemented the CIVICA Patient Experience Survey System, services have been able to use the feedback received to:

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

Results from the CIVICA patient experience survey system for the Your NHS Experience Survey during 2024 to 2025:-

A total of 1147 Your NHS Experience Survey responses were received (1 April 2024 to 31 March 2025)			
	87.47% scored their experience as "Excellent" (5 and above)		70.57% stated they always felt cared for
	70.82% felt they were always listened to		74.03% said that the time they waited was either shorter than expected or about right
	40.82 % felt they always had assistance when they needed it		68.37% always understood what was happening with their care
	71.19% said explanations were always given in a way they could understand		68.50% always felt they were involved as much as they wanted to be in decisions about their care

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In April 2025, Welsh Government launched the People Experience Framework ([People's experience framework: guidance for NHS Wales | GOV.WALES](#)).

The aim of the framework is to “empower organisations to evaluate their current position and to develop an ambitious improvement plan for people’s experience through a Value lens”.

People’s experience is described as “*People’s experience is ‘the sum of all interactions, shaped by the culture of the organisation, staff and systems’.* People’s experience can be described as how people feel when using any services and programs offered by NHS in Wales. Whether it be in a hospital ward, outpatient appointment, participation in national screening programs, engagement with primary care services (such as GP, Optometrist, Pharmacist, Dentist), interaction with health promotion practitioners, or attendance at any event hosted by an NHS Wales Organisation”.

As part of the framework, there has been a refresh of the Your NHS Experience Survey which will change to the People’s Experience Survey from April 2025

## 10.1 Patient Stories

Patient stories are an invaluable method of bringing the patients voice to the center of healthcare planning and improvement. The Framework focuses on understanding what matters to people – their needs, values, and experiences. Patient stories highlight these personal experiences in a powerful and relatable way, helping Health Boards to see care through the eyes of the people that use it.

They help Health Boards to understand the care they provide from a patient's point of view, something that data alone is unable to capture. Real experiences help us to understand what works well and which areas need improvement, they give the patient a voice and remind staff why their work matters, while supporting a patient-centered approach to care. Sharing patient stories reinforces the importance of compassion, communication and continuous improvement in healthcare delivery.

## 10.2 Powys Maternity Service

Powys maternity services use several ways to gain feedback to improve performance. Social media is utilised to share birth stories, feedback, and public health messaging as well as advertising antenatal classes. The reach of social media is monitored monthly and continues to grow.

Learning from feedback is shared through 'you said / we did/listened posters'. An example of you said/we did is:

### You Said:

Some of you were disappointed with the lack of continuity at times in your care, you reported that sometimes care has felt dis-jointed.

Some of you noted that there were periods of time where it was evident we were short staffed and some of you felt that this impacted on you developing a trusting relationship or that the midwife did not fully understand your needs.

### We Listened:

We are sorry that we have had some periods of sick leave within the maternity team. When this happens, your care will need to be picked up by another member of the team to ensure that you are seen at the appropriate points in your pregnancy or postnatal care. We are sorry that sometimes this means you will see different midwives. In 2025, we have been completing some philosophy and physiology training with all midwives. In the sessions we talk about the evidence supporting continuity models of care. All staff will have attended by June 2025.

We have also re-established the 'buddy system' within each team. You should expect to have a named midwife and a 2nd 'buddy' midwife who you will also meet during your care. This means two people should review your care plan and get to know you in the hope that if your named midwife is not available the 'buddy' would try to see you. Wherever possible we aim to have a handover of care if needed so that any important information is handed over to a new midwife.

Sometimes postnatal care visits may need to happen when your named midwife or 'buddy' are not working. We are committed to ensuring continuity with a different midwife should this happen.

## Patient Experience

- Powys maternity is one of three trial sites for the launch of the All-Wales Perinatal Experience Measures (questionnaires) through the Patient Experience Survey System (CIVICA) which will launch on 1<sup>st</sup> April 2025. These will replace the Powys Teaching Health Board surveys.
- The changes will mean that women who birth outside of Powys will not receive a survey from Powys to ask for feedback related to labour care out of Powys as this feedback will be obtained by the hospital they birth in if in Wales. The service is considering how best to obtain feedback from women who give birth in England. The feedback from core questions will feed into the national dashboard enabling monitoring and comparison across Wales.

## Birth stories

Social media continues to be utilised with a consistent rise in views and subscribers to the pages. Birth Stories are shared on these pages, promoting births in Powys with 15 birth stories submitted over a 14-month period.

The service proactively contacts families who have been transferred from home or a birth centre, with an opportunity to provide feedback about their experience.

### 10.3 Children's Neurodevelopment Service



The Children and Young People (CYP) Neurodevelopment Service was launched the February 2018. This service superseded the virtual Social Communication Assessment Teams (SCAT) who were responsible for the assessment and diagnosis of CYP with suspected Autistic Spectrum Disorder (ASD). The Neurodevelopmental pathway and its standards now offer CYP diagnostic assessment for both Autism and Attention Deficit Hyperactivity Disorder (ADHD).

Since its inception, the CYP Neurodevelopmental service has experienced increased and sustained demand with capacity constraints in the service adversely impacting on the ability to achieve the Welsh Government Referral to Treatment (RTT) targets of 80% of CYP waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment.

A transformation program of work commenced during 2024/25 to review the whole service provision. This aligned to the implementation of Co-production activity facilitated by Parents and Carers Voices in Wales to ensure service were informed by service users and their experiences. The co-production activity has included partners in Powys County Council Education department to ensure the child remains the focus of all services and is at the heart of any service developments.

Additional in-year funding was received from Welsh Government during Quarter 3 2024/25 to address the longest waits which were >4 years at that time. The funding enabled the team to provide additional capacity along with procured activity which resulted in the longest wait reducing to 2 years.

Continue transformation and service redesign will continue into 2025/26 to ensure a sustainable need-led service for children is in place and able to meet demand aligned to a whole system approach.

#### 10.4 Child and Adolescent Mental Health Services – CAMHS

##### Supporting Children and Young People in Powys

Several key achievements and improvements have been made in CAMHS services across Powys during 2024-2025. There includes a focus on mental health crisis support, parenting programmes, and the impact of training for staff to ensure families receive the right help, at the right time, in the right way.

**The CAMHS Crisis Service** was launched in March 2024. This service offers fast and flexible mental health support for children and young people in crisis. Children and young people receive the help they need at home or in the community, potentially avoiding attending A&E or staying in hospital.

What we did	What changed	What people said
Offered 304 mental health assessments during 2024-2025. Support contacts grew each month, from 68 in April 2024 to 372 by February 2025.	A&E visits for mental health support by children and young people dropped by 21% (Sep–Nov) and 27% (Apr–Nov) compared to 2023-2024.	Families reported they felt safer and more involved in decisions. With easier access through 111, children and young people receive quicker care, avoiding hospital trips unless absolutely necessary.

##### Parenting Support – Helping Families Thrive

CAMHS parenting practitioner supports parents and a carers by working closely with local services and schools to identify where help is needed most. This includes running programmes for parents and carers of children with autism and helping families build stronger, more positive relationships.

Autism Parenting Programme Results (Sept–Dec 2024):	What changed	What parents said
Offered 5 parenting groups  32 parents joined, 26 of whom completed the full course (81%)	Children and young people stress scores dropped (average score fell from 23.9 to 19.2)  30% of children and young people scored below the level considered a concern after the course	"My confidence has grown. I enjoy parenting again."  "We feel more connected as a family."  "I wish we had found this support sooner."

### **CAMHS Staff Training – Building Knowledge and Confidence**

#### **Feedback from Training Participants:**

Staff found that the most useful part of the training was hearing real-life examples, engaging with the trainers, and peer discussions. The training also meant that staff felt more confident and better equipped to support families

#### **Looking Ahead**

During 2025-2026 the CAMHS service will be looking to:

- Expand the CAMHS Crisis Service so more young people can benefit
- Build stronger parenting support with even better access
- Continue improving our training to meet staff needs

Together, Powys CAMHS are working to make Powys a place where children, young people, and families feel supported, valued, and heard.

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## 10.5 Outpatients and Waiting Well

Outpatient Services across Powys Teaching Health Board have embedded the CIVICA Patient Experience Survey System to collect feedback relating to one-to-one appointments. Service users are able to provide feedback via QR codes and through the use of iPads which are available in each outpatient unit. The surveys consistently show that service users feel listened to, that they can make joint care decisions and that their care reflects what is important to them.

The feedback is reviewed monthly and shared with the team via email and at service audit days. Feedback has influenced service development across the Health Board using the "You said" "We did" proforma.

### **"You said"**

**It would be good to have the ability to get a hot drink, especially when there is a longer wait in clinics.**

### **"We did"**

**Collaborative working approach with hotel facilities staff has resulted in the installation of hot drinks machines across the sites, enabling patients and families who attend the hospital to access hot drinks.**

Learning from patient feedback led to the development of an Outpatient Learning Disability Care Bundle in collaboration with the Learning Disability team and the Paul Ridd Foundation. This Outpatient Care Bundle is the first of its type in Wales and enables staff to work with patients who have additional needs to plan their clinic visits, ensuring all needs are met, improving patient and family experiences. Feedback from service users has been extremely positive.

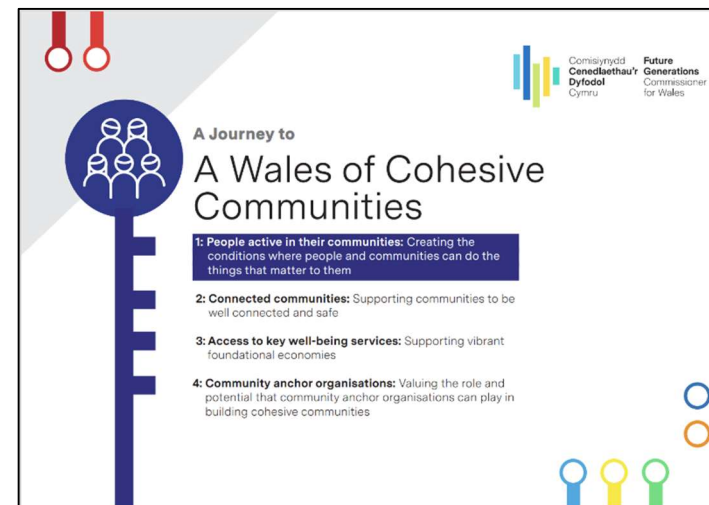
***"My daughter has learning difficulties and autism. Staff and consultant very caring, explained everything to her in a way she understood and treated her like an individual, most people just speak to me. Wonderful experience and as a family very appreciative of care provided."***

In 2023 the Outpatient Team across Powys Teaching Health Board embedded a pre appointment triage phone call with service users. The aim of these phone calls is to develop relationships prior to clinic appointments. This has enabled staff to identify service users who require additional support during their appointment and to plan their visit in accordance with their needs. These conversations have promoted the development of the nurse-service user relationship and has fostered joint decision making. This service has also led to a reduction in the clinic DNA (did not attend) rate to 3.8%.

***"I felt that I was listened to and was given plenty of time for my appointment. The staff were extremely friendly and caring towards me. I was given a lot of options and information about my care."***

## 10.6 Powys Living Well Service (PLWS)

The digital team in the Powys Living Well Service won the "Cohesive Communities Wales Award" at the first NHS Wales Sustainability Awards in 2024 for their partnerships with Powys County Council Libraries and Accessibility Powys. The partnership work, under the title of "Breaking Down Barriers - Supporting people to access digital healthcare in rural Powys" involves providing digital support to service users across Powys ranging from reassurance and coaching on using technology through to arranging loans of iPads from a local library or even providing individual support within their home. In all cases, their approach seeks to reduce the stigma attached to requesting support. All support provided is free to access and is available to anyone engaging with the Health Board, regardless of their health condition or socio-economic situation.



The service was also shortlisted in the "Healthier Wales Award" category at the NHS Wales Sustainability Awards in the "Person Centred Care" category at the 2024 NHS Wales Awards, for their work in delivering a co-produced service to support people in Powys experiencing long-term health conditions. Over 95% of people using the service state that they feel involved in the decisions about their care, leading to a better experience and better outcomes. By taking a Digital First approach, the service has reduced the typical waiting time for first appointments by 50% and driven a significant reduction in their environmental impact by reducing the need for travel and the volume of materials being printed, whilst delivering accessible and person-centred care.

## 10.7 Therapies and Health Care Sciences

Therapies and Healthcare Science Services capture patient feedback using questionnaires on Civica (Patient Experience Survey System). The response rate was initially low in all services, so in March 2025, Muscular Skeletal Physiotherapy (MSK) implemented a text message when patients were discharged from the service with a link to the patient experience questionnaire to capture their feedback. This had a significant impact on the number of responses received.

The responses received during 2024-2025 showed 95.76% would recommend the service to others and 89% were either satisfied or very satisfied that the service met their needs.

Some positive feedback on the MSK Physiotherapy service included:

*"The physiotherapist has really helped my mobility, and I was shown and helped by being shown all the best exercises" and*

*"My physiotherapist was all that you could wish for. He listened carefully and was specific / clear when giving instructions."*

A new Frailty Allied Health Professionals service was implemented during 2024-2025. This service supports people staying well at home, early discharge from hospital and helps to prevent unnecessary hospital admissions. The service has received a number of positive comments, examples include:

.... was excellent during the visit to our home today. Explained how the services were available and has arranged a further visit next week. It was nice to have someone who listened and was sympathetic to my wife's problems. Thank you.

...A very nice young lady she helped with choices on what pieces of equipment would be to my advantage. 10 out of 10.

...Practitioner was lovely and very caring really appreciated the service

...Today has been helpful. I was not sure what this would be about, and I was a bit anxious, but you put me at ease right away. I would recommend this service it has been wonderful.

In April 2024 the Orthotic service transferred to the Therapies Hub to support their appointments and arrangement of appliances. Their Did Not Attend (DNA) rate in 23/24 was 10.45%. Following the introduction of text reminders for appointments DNAs have significantly reduced to 5.25% in 24/25 as patients have the option to cancel their appointments if required and the Therapies Hub are able to utilise cancelled slots. This has improved service efficiency, and several positive compliments have been received including:

***A patient's daughter called into the Therapies Hub today and explained to another member of the team that the patient had sadly passed away at the weekend. She wanted to express her gratitude and thank the member of staff personally for their help with her father's appointments in such a kind and helpful manner.***

Following the successful implementation of an online form for Audiology service users to request replacement batteries and tubes, Lymphoedema have implemented a similar form for patients to request additional prescribed garments. Feedback from the Service Lead has noted that the form is working well. This not only makes it easier for patients to request new prescriptions, but it also helps staff and the service to handle demand more effectively and efficiently.

Speech and Language Therapy (SLT) have implemented national Therapy Outcome Measures (TOMS) which review impairment, activity, participation, wellbeing and carer wellbeing. This has been supported by the Royal College of Speech and Language Therapy with an online tool (ROOT) to help the service capture the data. From the data collected to date for the adult SLT service, 58% have improved in their impairment score, 55% in their activity scores, 43% in their participation and 43% improved in their wellbeing.

## 10.8 Dementia

The All-Wales Dementia Care Pathway of Standards superseded the previous Dementia Action Plan for Wales in 2022. The Standards were developed with over 1800 people in Wales to establish what people believe will make a positive difference to dementia care in Wales. Powys Teaching Health Board have worked collaboratively with Powys County Council and third sector partners to embed the standards and improve dementia care in Powys ([Dementia Care - NHS Wales Executive](#)).

Four task groups were developed to progress the requirements of the Dementia Care Pathways of Standards with their focus being on community engagement, memory services including learning disabilities, the Dementia Friendly Hospital Charter and workforce and organisational development.

The outcomes of the task groups have meant that:

- Engagement projects in an identified community established what good dementia care meant to that community. The group also engaged with communities across Powys to develop a job description for a new Dementia Navigator role which will commence in May 2025.
- Memory services saw an increase in diagnostic rates and a reduction in waiting times for a diagnosis of dementia. Prevention and intervention programs have also commenced to support families following diagnosis. The feedback from people who have attended these services has been very positive and teams are working to ensure there is a consistent offer across Powys.
- The Dementia Friendly Hospital Charter focused on developing dementia friendly environments with wards being decorated in dementia friendly colour schemes to support orientation. Bronllys Hospital Outpatient's Department was decorated in a colour scheme to support living with dementia who have commented about the positive effect this has had when visiting outpatient clinics. Plans are in place to replicate the improvements in all outpatient department and ward corridors.

Meaningful activities on the wards enhance their admission and keep people active and involved during their stay and reduce the risk of de-conditioning and prolonged admission.

- The workforce group has focused on dementia training and has seen dementia awareness training for staff mandated in eight departments across the Health Board. Powys Teaching Health Board have also worked in partnership with local authority colleagues to develop a digital training resource in a dementia e-book, which will give staff the skills they need to support people living with dementia. This will be rolled out in 2025-2026.

At a national level, Powys Teaching Health Board are involved in developing the next Dementia Action Plan for Wales with the NHS Executive team, this is due to be launched late in 2025 or spring 2026.

### Improvements to Bronllys Outpatient Department:

As part of the Dementia Friendly Hospital Charter work, the Health Board is looking at the environment that people living with dementia may come into contact with. This started in early 2024 with the refurbishment of the outpatient's corridor at Bronllys Hospital. This new environment scheme will be rolled out to all Powys Teaching Health Board ward and outpatient corridors during 2025-2026.



The Dementia Friendly Hospital Charter requires that *“the environment is comfortable, empowering and promotes independence. Hospital planning and maintenance incorporates dementia friendly areas and there is support from all departments to design, achieve and upkeep them.”*

Principles of the environmental section of the charter include:

- People living with dementia and staff work together.
- Signage, symbols, and markers support navigation and are consistent throughout a region’s hospitals.
- Adaptations are made to support people living with dementia.
- The environment helps people to see, hear and communicate better and promote independence.

Colour schemes also support people who are neurodivergent and living with a visual impairment.

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## 11.0 Safeguarding

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

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

Measuring the effectiveness of health services and their contribution to safeguarding adults and children is difficult and complex. Annually, Powys Teaching Health Boards Safeguarding Service coordinates the completion of an NHS Wales Safeguarding Maturity Matrix (SMM) self-assessment which enables scrutiny of the effectiveness, innovation, quality, learning and risks within safeguarding and leads to the development of a safeguarding improvement plan. There are 6 Standards within the assessment tool:

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

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

Powys Teaching Health Board's 2024-2025 Safeguarding Maturity Matrix Improvement Plan has been reported on quarterly to the Health Boards Safeguarding Strategic Group. Most of the actions have been completed, any that remain open will be reviewed and where applicable, carried forward into 2025-2026.

## 12.0 Recommendations from External Reviews and Inspection

### Health Inspectorate Wales

During 2024-2025 Health Inspectorate Wales (HIW) undertook 2 inspections of services at Clywedog Ward, Llandrindod Wells Hospital Team [Llandrindod Wells County War Memorial Hospital | Healthcare Inspectorate Wales](#) and Newtown Community Mental Health [Newtown Community Mental Health Team | Healthcare Inspectorate Wales](#)

## Clywedog Ward

Health Inspectorate Wales recommended that the service could improve in the following areas:

- Ensure structured therapeutic activity provided for service users
- The environment of care issues are addressed.

HIW reported service was responsive to patient worries with opportunities for patients and their relatives to provide feedback and raise any concerns.

Overall, HIW found the ward environment to be calm and quiet, with positive and respectful interactions between staff and patients noted. All patients that we spoke with agreed that staff treated them with dignity and respect. However, the ward lacked environmental stimuli.

## Newtown Community Mental Health Team

Health Inspectorate Wales recommend that the service could improve in the following areas:

- Ensure a person centred and empowering approach to the provision of care and support is fully embedded across the service and that care documentation consistently reflects service users' views on how they wish to be cared for
- Ensure all service users and their carers are aware of how to access support and advice outside of normal office opening hours
- Ensure service users are offered the option of receiving service through the medium of Welsh and that this is consistently recorded within care notes
- Update the Community Mental Health Team (CMHT) web page to ensure the information reflects the CMHT's current address and contact details.

They also reported that the service did well in the following areas:

- Single point of access to services
- Service users' involvement in the assessment and care planning process
- Availability of health promotion material to include smoking cessation advice and support

Overall service users spoken with during the inspection were generally satisfied with the care and support that they received. They felt listened to and that their views and wishes were considered during the care planning process. Service users reported generally satisfactory experiences when accessing services and that they were involved in the assessment and care planning process. The report did note that care documentation did not always reflect the person-centered planning and provision, and service users' views were not always consistently recorded within care treatment plans.








## Welsh Risk Pool

The Welsh Risk Pool (WRP) Assessment process provides a framework for the analysis of an organisation's compliance with the WRP Reimbursement Procedures, the requirements of the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, the Health & Social Care (Quality & Engagement) (Wales) Act 2020 and other national policies and procedures related to the Putting Things Right sector. Following a review in 2023, the 2024 programme of WRP assessments includes a specific area for assessment in relation to Inquests which is in acknowledgement of the increased work in this area. The scope of the review related to policies and procedures in place and matters opened, under investigation, or closed between 1 January 2024 to 31 March 2024; this included 1010 incidents reported including

- Management of Concerns (Incidents)
- Management of Concerns (Complaints & Enquiries)
- Redress Case Management
- Claims Case Management
- Inquest & Coronial Inquiry Management
- Organisational Learning
- WRP Reimbursement Process

The review found that there were still challenges in the timely closure of National Reportable Incidents (NRI) and Duty of Candour (DoC incidents, however, the quality of the outcomes had improved. The Assessment noted recommendations from the previous review which had not been addressed. The overall Assessment noted positive, sustained changes in practice. Putting Things Right (PTR) was considered to be led by the small Corporate Quality and Safety Team to a high standard, with several areas of exemplar practice identified.

Ten recommendations were made (including three previous recommendations to be completed), which have been incorporated into a Health Board action.

Management of Concerns (Incidents)	REASONABLE ASSURANCE	
Management of Concerns (Complaints & Enquiries)	SUBSTANTIAL ASSURANCE	
Redress Case Management	SUBSTANTIAL ASSURANCE	
Claims Case Management	SUBSTANTIAL ASSURANCE	
Inquest Case Management	SUBSTANTIAL ASSURANCE	
Organisational Learning and Learning from Events	SUBSTANTIAL ASSURANCE	
WRP Reimbursement Process	SUBSTANTIAL ASSURANCE	
<b>NOTES</b>		
<p>The Assessment Team were pleased to note that the changes in practice which had preceded the previous WRP Assessment had been sustained. The operation of PTR was considered to be led by the small corporate team to a high standard. While there is a smaller volume of each type of matter in this organisation, the corresponding resources are equally limited and therefore the team are working efficiently and effectively. There are a number of areas of exemplar practice.</p> <p>Through embedding of further processes, outlined in the existing recommendations to monitor compliance with incident management principles, the Health Board can expect to increase assurance in this area also.</p>		

## 13.0 Speaking up Safely Framework

The Speaking up Safely Framework was circulated to NHS Wales Chief Executives at the end of August 2023. The purpose was to support Health Boards to reflect on their quality and safety systems. The Framework was in response to high-profile cases, which served as a stark reminder of the requirement to ensure that everyone working in the NHS feel safe and confident to speak up about anything that gets in the way of delivering safe, high-quality care.

In response, the Health Board established a working group to carry out the internal action plan which was created to meet the thirteen requirements in the Speaking Up Safely Framework. Over the past twelve months most actions have been completed and there remains a clear commitment to the ongoing development of a culture where staff feel safe to raise concerns. The actions through the last year have been:

- Development of the 'Our Voice' portal as a single place where staff can raise concerns.
- Development and delivery of a specific Speaking up Safely training session to provide a toolkit of discussions that can take place in team meetings.
- A clear process for any concerns raised to be considered and managed by the most appropriate senior manager.
- The creation of the Speaking Up Safely Steering Group which meets quarterly to understand trends of concerns raised, understand any barriers to raise concern and direct further actions to continuously improve the culture.
- Annual reporting through to the Workforce and Culture Committee to assure progress.

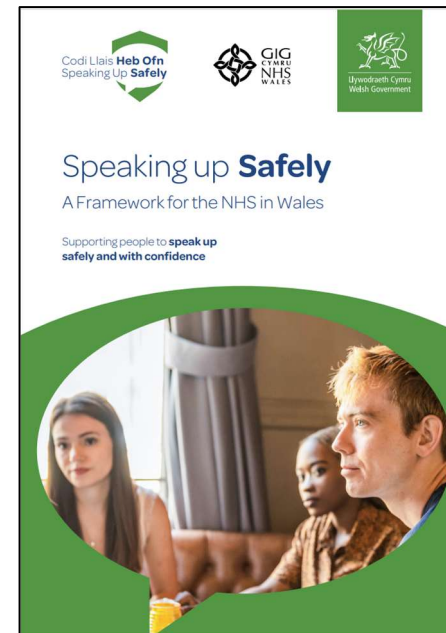
[Speaking up Safely: A Framework for the NHS in Wales](#)

## 14.0 Commissioned Services

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

Powys Teaching Health Board is responsible for planning, providing, and commissioning healthcare services to improve the health and wellbeing of the people of Powys. To ensure that the best possible health and wellbeing outcomes are achieved for Powys residents and that services are provided to the necessary standards, the Health Board sets out in its framework for improving quality and performance processes to provide assurance on the comprehensive implementation of its Integrated Medium-Term Plan (IMTP).

The objective of this framework is to ensure that information is available which enables the Board and other key personnel to understand, monitor and assess the organisation's performance, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery.



The IQPF applies to all activities in all parts of the Health Board. The scope therefore includes all services the Health Board provides and those commissioned in County and out of County.

The key purpose of the framework is to:

- Define roles and responsibilities for managing and improving performance.
- Describe the structures required to deliver robust quality care, performance management and improvement.
- Set out the processes of a quality management system which will support quality improvement, quality planning and quality control through proactive problem solving and risk management.

In order that the Health Board can robustly assess performance across all aspects of service and delivery it is vital that an integrated approach is adopted with a focus on the necessary attributes and coverage requirements of performance management and reporting processes.

The coverage requirements below set out the areas which inform assurance processes, and which must be considered and evaluated within the framework of organisational performance.

Coverage	Description
<b>Core Areas</b>	
Access to Care and Timeliness	Assurance of timely and appropriate access to health care services to achieve the best health outcomes within agreed targets.
Quality, Safety and Patient Experience	Assurance against national and locally set quality and safety measures of care ensuring services are safe, personal, effective and continuously improving.  Assurance through listening and responding to patient and carer feedback along with complaints and concerns and the development of Patient Reported Outcomes Measure (PROMS) and Patient Reported Experience Measures (PREMS).
Finance & Value	Assurance that services are improving efficiency and productivity, and financial plans are being delivered.  Prudent or value-based health care approach.
Workforce and Culture	Assurance that PTHB has a motivated and sustainable workforce that is well-trained.

## Attributes of the Framework for Improving Performance

Attribute	Description
Link to Aims & Strategic Objectives	Clear links to strategic aims, objectives, and annual priorities to ensure delivery of plans and support prioritisation processes.
Exception Reporting	Reporting of poor or challenging performance through effective and comprehensive exception reporting.
Scorecard Reporting	Supporting enhanced understanding of organisational performance through a high-level overview.
Qualitative & Quantitative	A mix of quantitative indicators and data supported by concise qualitative contextual information providing insight into influences on performance.
Timely Information	Consistently updating information and managing the timeliness of information to ensure up to date analysis of performance and resolution of issues.
Managing Risk	Using risk registers and assurance frameworks (corporate and local) to inform performance improvement decisions.
Analytics	Looking beyond results to interpret and communicate meaningful patterns in data.
Forecasting	Predicting future positions and anticipating risks through forecasting.
Benchmarking	Contextualising performance through comparison to best practice and peers and identifying areas for improvement.
Targets / Measures	Setting challenging, achievable, and meaningful targets to monitor performance, celebrate improvement and reinforce purpose linked to strategic direction.
Performance Trajectories	Indicating expected timescales of delivery and to enable regular monitoring of performance.
Performance Against Targets	Using status scales to effectively communicate performance against plan/target/trajectory.
Targeted Performance Improvement Planning	Clear action plans in place to ensure mitigating actions and performance recovery are delivered.
Responsibility & Accountability	Accountable leads identified for actions to ensure delivery.
Escalation & De-escalation	Review escalations pulling out "performance hotspots". Focus upon accountability through management intervention - actions, consequences, tolerances, incentives

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

### Quality Planning

- Understanding population need & design of services, policies, structures, systems to meet those needs.
- Quality Control and Quality Assurance need to feed into Quality Planning.
- Reflect government strategies and targets.

## Quality Control

- Processes in place to monitor performance in real time & take action when required standards not met.
- Control processes owned by those directly providing the service with skills and permission to address performance issues within their control.
- Quantitative and qualitative measures with appropriate escalation measures.

## Quality Improvement

- Cycles of experimentation informed by ongoing reflection using both quantitative and qualitative data.
- Practical iterative tests of change to learn, implement and scale improvements in quality of services and patient outcomes

## Quality Assurance

- Verify that quality control is maintained and that performance is evaluated.
- Effective structures, systems and standards to provide clear line of sight across the Health Board to give assurance internally and externally to stakeholders, that desired improvements to services and population outcomes are being achieved and sustained

## Performance and Assurance via Commissioning Oversight Assurance Group (COAG) and Contract Quality, Performance and Review Meetings (CQPRMs)

For the services PTHB commissions (contracts) from external NHS service providers, the Commissioning Oversight and Assurance Group (COAG) and the Contract Quality, Performance and Review Meetings held internally and with the commissioned providers, ensure there are mechanisms in place to oversee the arrangements for the contractual performance monitoring of PTHB Commissioned Services, including focus on quality outcomes and patient experience.

PTHB works collaboratively with their Commissioned Service providers to review:

- Analysis of relevant data including demand and capacity of service, NHS Wales and NHS England Performance Framework adherence, workforce availability/cost, trends, areas of concern, and opportunities for improvement
- Identification and discussion on specific challenges and issues that impact the performance of services.
- Review and monitoring of action plans that address the identified challenges and outline the steps required for improvement.
- Integrated performance updates across each provider the Health Board commissions from, which gives greater insight into the services residents are receiving out of county.

All elements of the information provided, reported and reviewed through the CQPRM meetings will be utilised within organisational performance management processes to help inform the future delivery and development of services by PTHB.

## 15.0 Overseas Nurse Recruitment

Over the last few years, Powys Teaching Health Board, along with other Welsh Health Boards have been recruiting nurses from overseas, specifically from India.

In 2024 Powys Teaching Health Board successfully recruited Adult Nurses and Medics.

A further cohort has been recruited, undertaking their training in February and March of 2025. This latest cohort, who will be based in Brecon War Memorial Hospital completed their training and have received their Nursing and Midwifery Council personal identification number (PIN) number.

The nurses are employed on a permanent basis providing continuity of high-quality patient care.

The program sits alongside the Health Board's work to attract local young people into the health and care sectors. This latter work is done in partnership with Powys County Council (under the flag of the Powys Regional Partnership Board) through the Powys Health, Care and Social Care Academy, which currently has sites in Bronllys and Llandrindod Wells and is looking to open in Newtown in the coming years.



"We have noticed that community hospital nursing is different in quite a few ways to my home. In community hospitals, surgery would be taking place, for example hysterectomies and c-sections whereas here I notice we are providing care to a lot more people with dementia."

Overseas Nurse

"We've had a warm welcome from the local community – this area is a nice, safe place to live; a calm and quiet area."

Overseas Nurse

"We feel very lucky to have had our six internationally educated nurses join our team. They are all truly lovely and a perfect fit with our team and they have all worked so hard to pass their OSCE's. We are very proud to have them."

Ward Manager

"Overseas colleagues join us in PTHB community hospitals. They bring a wealth of nursing knowledge and expertise, and every cohort allows continued support to our existing overseas nurses which will support retention of these valued staff members"

Community Services Manager

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## 16.0 Future Developments

### Digital transformation set to improve hospital care for patients in Powys

Powys Teaching Health Board has been working through 2024-2025 to lay the groundwork for a new and exciting digital transformation. This will be a significant step forward towards a safer and more efficient prescribing and medicines administration in hospitals. Further work will be undertaken in 2025-2026 to complete the implementation of this system.

The Health Board has chosen Better as its technology partner to support delivery of the electronic Prescribing and Medicines Administration (ePMA), which will revolutionise medicines management within the Health Board's community hospitals and other healthcare settings.

This new digital system will streamline prescribing by replacing the use of paper in hospitals and freeing up time for clinicians. ePMA will help to ensure that information is captured accurately, is up to date and readily available, reducing the risk of medication errors and improve patient care.

The implementation of ePMA in Wales is a key part of the national [Digital Medicines](#) Programme led by Digital Health and Care Wales (DHCW) and supported and funded by Welsh Government.

### Looking Forward Quality Priorities 2025/2026

The following priorities reflect the issues and learning of the Health Board during 2024/25 through collaboration with services across the Health Board, under the auspices of the Health Boards Quality Management System and the Integrated Medium-Term Plan (IMTP). The IMTP sets out the key priorities of the organisation and how these will be achieved. The four main priority themes are:

- Strengthening our Quality Management System
- Improving the Health Board quality performance position
- Improving feedback opportunities and learning events from patient experience
- Continued improvements to patient safety

### Strengthening our Quality Management Approach How we will improve our performance

- Ensure that all safety reviews are completed in line with the NHS Wales policy on patient safety and management and the Health Board Incident Management Framework.
- Ensure that all service users and their relatives are afforded timely opportunity to contribute their experience to patient safety reviews.

- Ensure that feedback is provided to all staff throughout an incident review.
- Strengthen the quality and safety structure at service level to include a review of training provision and quality metrics that inform performance and culture of patient safety management.
- Continue to evolve and improve the Integrated Quality Report to Board.

### **How improvements will be measured and monitored**

- In 2025-2026 undertake a review of the Incident Management Framework and associated training to ensure it remains commensurate with Welsh Government legislation.
- By December 2025, audit patient safety investigations to ensure consistency with staff and family engagement and feedback.
- The staff survey results on quality and safety structures, knowledge and implementation.

### **Improving the Health Board quality performance position**

#### **How we will improve our performance**

- Continue to evolve and improve our use of performance monitoring IT platforms to improve patient outcomes.
- Continued implementation of the Bereavement Assurance Framework and the People's Experience Framework.
- Reviewing the Health Boards quality assurance process for responses to concerns and patient safety incidents under the auspices of Putting Things Right and Duty of Candour.
- Improving reporting performance on Nationally Reportable Incidents.
- Improving Concerns response times within 30 working days.

### **How improvements will be measured and monitored**

- Use of performance data to inform the Board through bi-monthly updates on Duty or Candour and Nationally Reported Incidents.
- Quarterly updates on the People's Experience Framework, engagement with services and patients and feedback through CIVICA, via the People's Experience Steering Group.
- Bi-annually reporting to the Welsh Government on continued progress and priority actions on the Bereavement Assurance Framework.
- By December 2025 a review of quality assurance processes will be undertaken to improve response times for concerns and incidents under the Duty of Candour and Putting Things Right

### **Improving feedback opportunities and learning events from patient experience**

#### **How we will improve our performance**

- Embedding and implementing the People's Experience Framework across the Health Board
- Engaging with stakeholders for people's experience to evolve and mature the Health Board's position on obtaining feedback and documenting patient stories.
- Improve the Health Board's use of SMS messages for obtaining feedback across all services.
- Maturing the Health Board repository for organisation-wide learning from experience.

- Obtain and present more patient stories to aid service improvement.

### **How improvements will be measured and monitored**

- Completion of the People’s Experience Framework self-assessment to create an action plan for implementation of the Framework.
- Creation of a Health Board strategy to implement the People’s Experience Framework through collaboration with staff and key-stakeholders by September 2025.
- Auditing the use of SMS messages across all services to target areas of improvement.
- Supporting services in acquiring patient stories in a digital format for sharing and presenting to the Board.
- Continued engagement with our community to understand and hear opinions on service developments and people’s experiences.
- Quarterly comparisons on the percentage of patient feedback received and themes identified.

### **Continued Improvements to Patient Safety**

#### **How we will improve our performance**

- Review training to ensure all staff are equipped to manage and investigate patient safety incidents to the best of their ability.
- Audit of incident management across the Health Board.
- Thematic reviews of patient safety incidents to target areas for improvement.
- Continued rollout of Dementia friendly environments.

### **How improvements will be measured and monitored**

- Thematic reviews will be reported through the quarterly Integrated Quality Report to the Board.
- There will be a weekly audit and communication to all services of patient safety incidents, ensuring the timely investigation and where necessary escalation, in line with Duty of Candour reporting.
- Ensure that Incident management training is accessible online by September 2025.
- To ensure that all historical patient safety NRI investigations (pre-2025) are closed by November 2025.
- Monthly reporting of patient safety incidents through IQPF.

### **Conclusion**

Over the past 12 months, the Health Board has demonstrated its unwavering commitment to providing excellent patient care through a strong focus on collaboration and continuous service improvement. These achievements have only been possible through the power of co-production, working alongside dedicated staff, valued stakeholders, and the communities of Powys.

The health board is proud of what has been achieved, not just in the progress made, but in how it has been made: through shared effort, open dialogue and a deep commitment to doing what is right for the Powys communities. This includes the Health Board’s ability to listen, adapt, and learn from experience. This approach ensures that services are responsive, inclusive, and truly centered around the needs of those the Health Board serve.

As the Health Board looks ahead, it remains dedicated to building on this momentum, continuing the journey with partners and communities,

delivering a real and lasting impact for the people of Powys, and sharing future achievements in the coming year.

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Powys Teaching  
Health Board

**Agenda item: 4.6**

**BOARD** **24 SEPTEMBER 2025**

<b>Subject:</b>	<b>Nurse Staffing Act Report</b>
<b>Approved and presented by:</b>	Claire Roche, Executive Director of Nursing, Quality, Women and Family Health
<b>Prepared by:</b>	Executive Director of Nursing, Quality, Women and Family Health
<b>Other Committees and meetings considered at:</b>	Executive Committee - 03 September 2025 who supported the report to the Board.

**PURPOSE:**

This paper provides an annual update on the work, actions, and processes in place to ensure that Powys Teaching Health Board complies with the requirements of the Nurse Staffing Levels (Wales) Act 2016. This document offers assurance for the reporting period of 2024/2025.

**RECOMMENDATION(S):**

The Board is asked to:

1. Take **ASSURANCE** that the Health Board meets its statutory requirements under Section 25A of "The Act".
2. Take **ASSURANCE** that arrangements are in place to ensure that Powys Teaching Health Board (PTHB) is meeting its requirement to consider outcomes for Powys patients receiving care from other providers, which may be affected by nurse staffing levels in commissioned services.

<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y	Y	Y

**ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:**

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

**EXECUTIVE SUMMARY:**

The Nurse Staffing Levels (Wales) Act 2016 places duty to have regard to providing sufficient nurses as per the Nurse Staffing Levels (Wales) Act 2016.

All Health Boards must:

- a) ensure sufficient nurses to enable nurses to care for patients sensitively, and
- b) when securing the provision of nursing services, ensure that there are sufficient nurses to allow the nurses time to care for patients sensitively.

This report provides assurance that Powys Teaching Health Board was compliant with the requirements under the Nurse Staffing Levels (Wales) Act 2016 for the duration of 2024/25.

**DETAILED BACKGROUND AND ASSESSMENT:**

The Nurse Staffing Level (Wales) Act became law in Wales in March 2016. The Act requires health service bodies to make provision for an appropriate nurse staffing level wherever nursing services are provided, and to ensure that they are providing sufficient nurses to allow them time to care for patients sensitively. This requirement extends to anywhere NHS Wales provides or commissions a third party to provide nurses. The Health Board has a role, as both a provider and commissioner of healthcare, for the residents of Powys Teaching Health Board (PTHB).

The Act consists of five sections:

<b>Section 25A</b> Duty to have regard for providing sufficient nurses.	Places an overarching responsibility upon the health board, to ensure they have robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisations. This duty came into effect in April 2017.
<b>Section 25B</b> Duty to calculate and take steps to maintain nurse staffing levels.	Requires the health board to calculate and take reasonable steps to maintain the nurse staffing levels in all adult acute medical and surgical wards, and paediatric in-patient wards. The health board is also required to inform patients of the nurse staffing level.
<b>Section 25C</b> Nurse staffing levels: method and calculation.	Requires the health board to use a triangulated methodology to calculate the nurse staffing level in all adult acute medical and surgical wards, and paediatric in-patient wards. These duties came into effect in April 2018
<b>Section 25D</b> Nurse staffing levels: guidance.	Section 25D of the Act required that Welsh Government devise statutory guidance to support 'the Act'. The initial statutory guidance document was issued in 2017 with a revised document issued in February 2021 to reflect the extension of 'the Act' to include paediatric in-patient wards.

**Section 25E**

Nurse staffing levels: reports.

Section 25E requires the health boards to report their compliance in maintaining the nurse staffing level for all wards to which Section 25B pertains. The health board must submit a three-yearly report to Welsh Government. To achieve this three-year report, the health board requires an annual report presented to the Board outlining compliance with 'the Act', any impact upon the quality of care where the nurse staffing level was not maintained and the actions taken in response to this.

All wards in Powys are covered by 25A. Although the Health Board is not required as per Section 25B duties; the overarching principles and guidance are followed to align Powys Teaching Health Board to all other health boards and trusts in Wales.

The Act requires a "designated person" to calculate the nurse staffing level for any setting. In view of the requirement to exercise nursing professional judgement when calculating nurse staffing levels, the designated person should be registered with the Nursing and Midwifery Council and understand the complexities of setting a nurse staffing level in the clinical environment. The Executive Director of Nursing, Quality, Women and Family Health is identified as the 'designated person' for Powys Teaching Health Board.

**Methodology for Reviewing Staffing Levels**

Operational Guidance was developed for participating organisations that had adult acute medical and surgical wards and whilst this *does not* apply to Powys Teaching Health Board, the Executive Director of Nursing, Quality, Women and Family Health has adopted this to align the Health Board process to this methodology.

Section 25C of the Nurse Staffing (Wales) Act 2016 refers to the triangulation methodology by which Nurse Staffing Levels are to be calculated and this is illustrated below:



- **Patient Acuity.** An estimate of the amount of care a patient requires based on the intensity, complexity and unpredictability of their holistic needs. In Wales the Welsh Level of Care is the tool used to assist nurses in measuring the acuity and dependency of their patients
- **Quality Indicators.** A measure of factors that relate to the delivery of nursing care and are used to demonstrate whether the department delivers good outcomes for patients and staff.
- **Professional judgement.** Involves the nurses applying their knowledge, skills and experience in a way which is informed by professional standards, law and ethical principles to develop a decision on the factors which influence clinical decision-making in relation to patient safety.

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**Ward Establishment Reviews 2024-25**

Between January 2025 and February 2025, ward establishment reviews were undertaken in all inpatient services in Powys. This was a desktop review which included consideration to the planned changes to roster patterns and the ongoing work regarding the reduction in the Health Boards use of agency staff. The reviews included the Executive Director of Nursing, Quality, Women and Family Health, Assistant Director of Nursing and the Head of Nursing (either for the Community Service Group or Mental Health or nominated representative).

All in-patient ward areas have agreed levels of nurse staffing for both Registered Nurses and Health Care Support Workers.

Plans are in place for the 2025/26 Annual Establishment reviews. The review will include a triangulation of data at a service and organisational level. The timing of the review has considered providing sufficient time for the temporary service change to embed. Planned staffing levels will be scrutinised and reviewed by a panel with senior representation to include Deputy Director level representation from Nursing, People and Culture and Finance Directorates. The recommended outcome will then be presented to the Executive Director of Nursing, Quality, Women and Family Health as the confirmed designated person.

### **Safe-Care**

In quarter 2 of 2023/24 Safe-Care was deployed into all adult inpatient Community Service wards. This provides real-time data in relation to staffing, skill mix and patient acuity. Safe-Care allows the ward user to record whether staffing was appropriate to meet the needs of the patients on a shift-by-shift basis. Wards in Powys capture the census data once daily in the morning and overall completeness of the data being reported in Q1 24/25 was 86%. Current acuity data shows that on average 88.01% of patients require defined care pathways or complex nursing care (Welsh Level of Care 2 or 3), and 11.66% requiring urgent or one-to-one care (Welsh Level of Care 4 or 5), with only 0.33% requiring routine care (Welsh Level of Care 1).

Safe-Care data and intelligence will inform the revised approach to establishment reviews in 2025/26.

### **Nursing Workforce: Recruitment and Retention**

25A of the Act places an overarching responsibility upon the Health Board to ensure they have robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisations.

The Health Board has worked to maximise the recruitment and retention of nurses and a programme of work is in place to reduce variable spend and in supporting the All-Wales Nurse Retention Plan. This includes:

- Annual workforce projections and subsequent planning is undertaken which informs the annual education commissioning submission as well as the

development of future nursing workforce pipelines (International Educated Nurses, Aspiring Nurse Programme).

- Roster optimisation – ensuring that all rosters are completed in line with the Rostering Policy (HR090).
- Maximising opportunities for healthcare support worker development through Level 4 Certificate in Healthcare Practice qualification, as a fast-track route for healthcare support workers employed by the organisation into pre-registration nurse training, to ensure that we are able “grow our own”, options available include Open University and Part-Time Bachelor of Nursing routes.
- Ongoing successful international recruitment.
- A streamlined fast track recruitment process for bank workers.
- Recruitment of a Workforce Retention Lead to support the recruitment and retention of staff aligning outcomes with the Nurse Retention Plan set out by HEIW.

### Assurance of Nurse Staffing in Commissioned Services

The Health Board commissions secondary care and specialised community services for Powys residents from other organisations in NHS Wales and NHS England.

Services are currently commissioned from:

NHS Wales	NHS England
<ul style="list-style-type: none"> <li>• Aneurin Bevan UHB</li> <li>• Betsi Cadwaladr UHB</li> <li>• Cardiff &amp; Vale UHB</li> <li>• Cwm Taf Morgannwg UHB</li> <li>• Hywel Dda UHB</li> <li>• Swansea Bay UHB</li> <li>• Velindre NHS Trust</li> </ul>	<ul style="list-style-type: none"> <li>• Gloucestershire Hospitals NHS Trust</li> <li>• Sandwell &amp; West Birmingham NHS Trust</li> <li>• Shrewsbury and Telford NHS Trust</li> <li>• Wolverhampton NHS Trust</li> <li>• Worcester Acute Hospitals NHS Trust</li> <li>• Wye Valley NHS Trust</li> <li>• Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust</li> <li>• Shropshire Community Health NHS Trust</li> </ul>

### NHS Wales Commissioned Services

Section 25B of the Nurse Staffing Levels (Wales) Act 2016 guidance states that the nurse staffing levels should be reviewed at least every six months when entering the workforce planning tool data; when there is a change of use/service that is likely to alter the nurse staffing level; or if the designated person deems it necessary. As part of the Nurse Staffing Levels (Wales) Act 2016 Public Board papers should annually include the nurse staffing level of each individual ward to which sections 25B to 25E of the Act apply.

The All-Wales Executive Nurse Director Peer Group approve the quality indicators for reporting period. The current indicators are listed below:

- Avoidable hospital acquired pressure damage.
- Falls resulting in moderate harm, serious harm, or death.
- Medication errors resulting in moderate harm, severe harm, death & never events.
- Any complaints received about nursing care.
- Paediatric inpatient wards also include infiltration/extraversion injuries as part of their care quality indicator measurements.

All Health Boards in Wales submitted an Annual Nurse Staffing Levels Assurance Report to their respective Boards in May 2025. The reports provide details of the processes and governance in place, details of their calculations for staffing levels in 25B wards in addition to their recruitment and retention of the nursing workforce.

### **English Commissioned Services**

In England, there is no law related to nurse staffing. English commissioned providers do not have a nurse staffing act, although the National Quality Board set out guidance with expectations for nursing and midwifery staffing to assist NHS provider boards make local decisions that will deliver high-quality care for patients within the available staffing resources.

PTHB also has the Integrated Quality and Performance Framework (IQPF), incorporating the Commissioning Assurance Framework, which sets out the framework for improving performance processes to provide assurance to the Board (for services PTHB provides and commissions) on the delivery of quality, patient-centred services.

The Quality and Safety Team, and Commissioning Team, attend regular Contract Quality Performance and Review Meetings. The consideration of nurse staffing levels is a key component of this. Any serious concern would trigger the Head of Quality and Safety to attend the relevant incident panel meeting. A combined approach involving the Quality and Safety, and Commissioning Teams, are involved in the response, closely liaising with the commissioned service. A raised concern can also be triggered through the Ombudsman, Medical Examiner, and inquests through HM Coroner's Office.

### **Conclusion**

Section 25A of the Nurse Staffing Levels (Wales) Act 2016 sets out the responsibilities of each health board to ensure that there are appropriate nurse staffing levels across their respective organisations to ensure safe, effective, and timely care to patients across all its nursing services. This report assures that in line with statutory guidance, the Health Board is compliant with the requirements and is maturing the process for nurse staffing reviews across all nursing services, demonstrating the commitment to having 'regard to the importance of providing sufficient nurses to allow time for the nurses to care for patients sensitively'.

### **NEXT STEPS:**

1. Undertake an audit of the implementation of Safe-Care during Quarter 3 2025/26
2. Undertake establishment reviews for 2025/26 which are planned during Quarter 4
3. Continue to monitor contracts to ensure that all NHS commissioned service providers share details with the Health Board to provide assurance on their nurse staffing levels.



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**Agenda item: 4.7**

**BOARD** **24 SEPTEMBER 2025**

<b>Subject:</b>	<b>Covid and Influenza Vaccination Programme 2025/26</b>
<b>Approved and presented by:</b>	Mererid Bowley, Executive Director of Public Health
<b>Prepared by:</b>	Deputy Head of Service: Immunisation and Vaccination
<b>Other Committees and meetings considered at:</b>	Executive Committee - 06 August 2025 who approved the plan for COVID-19 and Influenza Programme for 2025/26.

**PURPOSE:**

The purpose of this paper is to inform Board members of the:

- Plan for delivering COVID-19 to eligible population groups in line with Welsh Government and the Joint Committee on Vaccination and Immunisation guidance.
- Plan for delivering the Autumn/Winter Influenza immunisation programme to eligible population groups in line with Welsh Government and the Joint Committee on Vaccination and Immunisation guidance.

**RECOMMENDATION(S):**

The Board is asked to:

- **NOTE** the National changes made to the flu and COVID-19 Immunisation programmes
- **NOTE** the new vaccine supply arrangements of central distribution of vaccine for the Adult National Influenza Immunisation Programme 2025-2026
- **NOTE** the blended delivery models and complex logistics to deploy the COVID-19 and influenza programmes, and that 'agile' deployment throughout the delivery phase to maximise uptake rates
- Take **ASSURANCE** that the Health Board has in place an appropriate plan for the COVID-19 and Influenza Programme for 2025/26 and that delivery will be continually monitored and adapted to maximise uptake.

<b>Approve</b>	<b>Discuss</b>	<b>Note</b>
Y	N	Y

## ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	Vaccination is a vital tool in helping to mitigate the effects of respiratory viruses circulating in the community, protecting the vulnerable and supporting the resilience of the NHS and care systems.  The hub and spoke model of the Vaccination service delivery enables citizens to receive appointments at community hospitals and community settings across Powys.
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	Y	
7. Put Digital First	N	
8. Transforming in Partnership	N	

## EXECUTIVE SUMMARY:

Vaccination is a vital tool in helping to mitigate the effects of respiratory viruses circulating in the community, protecting the vulnerable and supporting the resilience of the NHS and care systems.

### **Covid-19 Vaccination Programme**

The JCVI announced their advice for COVID-19 vaccination in 2025 and Spring 2026 on 14 November 2024 (available at hyperlink [JCVI statement on COVID-19 vaccination in 2025 and spring 2026 - GOV.UK](#)).

A Welsh Health Circular (WHC) was issued to Health Boards on the 26 June 2025, setting out the COVID-19 Autumn Vaccination Programme 2025 (available at hyperlink [The national COVID-19 vaccination programme autumn 2025 \(WHC/2025/022\) \[HTML\] | GOV.WALES](#))

The programme will commence on 01 October 2025 and conclude on 31 January 2026. This is a shorter duration than previous Autumn and Winter campaigns. Health boards should actively issue first appointment invitations to all eligible people to receive a vaccination as early as possible in the programme but by no later than 31 December. 'Mop up' activity, including recall and follow-up opportunities where the first offer of vaccination is not taken up, can start as early as required to meet local needs but should aim to conclude as early as possible in 2026.

### **Flu Vaccination Programme**

The JCVI released guidance on the National flu immunisation programme 2025 to 2026 on 19 February 2025 (available at hyperlink [National flu immunisation programme 2025 to 2026 letter - GOV.UK](#))

Following this, a WHC was issued to Health Boards on 05 June 2025 setting out detailed guidance for the national influenza immunisation programme in Wales (available at hyperlink [The national influenza immunisation programme 2025 to 2026 \(WHC/2025/020\) \[HTML\] | GOV.WALES](#))

This will be the first programme where the adult influenza vaccine has been procured centrally by NHS Wales Shared Services Partnership on behalf of

Welsh Government, and will be supplied directly to GP Practices and Pharmacies who are providing NHS flu vaccinations for eligible adults. This is a significant change to previous years where primary care providers have procured their own supply of the influenza vaccine for use with eligible patients. This will involve the Health Board co-ordinating the deployment of the vaccine to providers.

The flu vaccination programme will begin in September for children and pregnant women, with the adult programme commencing on 01 October 2025, and conclude by 31 March 2026.

## **AUTUMN COVID-19 VACCINATION PROGRAMME**

The Autumn COVID-19 Vaccination Programme is guided by the latest clinical and scientific evidence, and the latest advice from, the Chief Medical Officer for Wales and the Joint Committee on Vaccination and Immunisation (JCVI).

The final JCVI guidance for the COVID-19 vaccination programmes in 2025 and Spring 2026 was published on 14 November 2024. This advice was accepted by the Welsh Government and a Welsh Health Circular for the Autumn 2025 programme was issued on 26 June 2025.

The COVID-19 Autumn programme will start on 01 October 2025 and will conclude on 31 January 2026.

The JCVI guidance sets out the eligible population for the COVID-19 Autumn Programme in 2025, targeting vaccination of those groups who continue to be at higher risk of serious disease from COVID-19. The eligible groups, as set out by the JCVI guidance, are as follows:

- immunosuppressed persons aged 6 months and over
- care home residents
- adults 75 years and over on 31 January 2026.

It is expected that COVID-19 vaccines will continue to be updated to match circulating variants on a yearly basis. JCVI advises that, when possible, the latest updated vaccine should be used in a vaccination campaign, provided this does not delay the start of the campaign.

For the Autumn 2025 COVID-19 Vaccination programme, the Pfizer-BioNTech mRNA (Comirnaty) vaccine will be utilised, with the vaccine dose appropriate to age group

- 12 years and older: 30 micrograms
- 5 years to 11 years: 10 micrograms
- 6 months to 4 years: 3 micrograms.

In addition, the JCVI Committee advises that the vaccine should usually be offered no earlier than around 6 months after the last vaccine dose, although

operational flexibility around the timing of vaccination in relation to the last vaccine dose is considered appropriate (with a minimum interval of 3 months between doses).

The 2025 Autumn programme will be the first in which health and social care staff are not eligible to receive a COVID-19 Vaccination. On 4 June 2025, Health Boards received a letter from the Deputy Chief Medical Officer, which asked organisations to consider whether there are staff groups in our employment who we may wish to offer an occupational health COVID-19 Vaccine. In such cases, responsibility for procuring the vaccine will fall to the employer. In response to this letter, Vaccine Preventable Disease Programme (VPDP) provided advice to Health Boards, stating that they would not recommend routine vaccination of staff working with those at most risk because it is unlikely that it will deliver the secondary benefits required. There are only very limited primary benefits as the staff themselves are not at increased risk of harm. Similarly, they would not recommend routine vaccination of staff working with COVID patients who may transmit it to vulnerable family members for the same reason. This advice was accepted at Executive Committee meeting of 06<sup>th</sup> August 2025.

### **AUTUMN COVID-19 VACCINATION PROGRAMME DELIVERY**

A blended delivery model is being deployed for the Autumn Covid-19 programme incorporating vaccination centres, community clinics, District Nursing and Ward Teams.

The deployment model for Autumn 2025 has been planned to promote equity of uptake of vaccinations. The Service has increased availability of clinics in communities across Powys to improve accessibility to vaccinations and reduce travel distance for residents. Uptake data will continue to be monitored throughout the campaign with the aim of reducing inequity of uptake between the most and least deprived areas, with further 'pop-up' community clinics organised in targeted areas.

The deployment plan commences with residents of care homes for older adults on 01 October 2025. The programme will then invite Powys residents to vaccination appointments in priority group order, ensuring that those most at risk from harm if infected with the virus are prioritised for vaccination. Eligible groups will initially be invited to attend an appointment at one of the main vaccination centres in Newtown or Bronllys, or a clinic in the local community. District Nursing staff will offer vaccination to individuals who are designated housebound.

Please see delivery summary plan at Appendix 1.

### **The National Influenza Immunisation Programme 2025 to 2026**

On 05 June 2025, the Welsh Government issues a Welsh Health Circular ([The national influenza immunisation programme 2025 to 2026 \(WHC/2025/020\) \[HTML\] | GOV.WALES](#)) which sets out detailed guidance on the influenza (flu) programme for the coming Autumn/Winter. The Welsh Government has set an ambition to maximise uptake and ensure equity in the delivery of the flu vaccination programme.

The Welsh Health Circular outlines that Health Boards should aim to achieve high levels of coverage as early as possible in the programme and monitor progress closely, taking remedial action where uptake trajectories are not being achieved.

The eligible groups, as set out in the WHC for the flu vaccination programme 2025/26, are as follows:

- children aged two and three years on 31 August 2025
- school aged children from reception to year 11 (inclusive)
- people aged 6 months to 64 years in a clinical risk group
- people aged 65 years and older (age on 31 March 2026)
- all adult residents in Welsh prisons
- pregnant women
- carers of a person whose health or welfare may be at risk if the carer falls ill
- frontline health and social care workers
- people experiencing homelessness
- household contacts of the immunocompromised
- poultry workers.

More information on these groups is available at [Eligible groups in the 2025 to 2026 flu immunisation programme \[HTML\] | GOV.WALES](#)

The vaccines for use in Wales in the 2025/26 season for the different age cohorts are as follows:

- Those aged 65 years and over – aTIV (adjuvanted Trivalent Influenza Vaccine)
- Those aged 18 to 64 years (including pregnant women) – TIVc (Trivalent cell culture Influenza Vaccine)
- Children aged 2 to 17 years – LAIV (Live Attenuated Influenza Vaccine)
- Children aged 2 to 17 Years who are contraindicated for or decline LAIV – TIVc
- Children aged 6 months – 2 years in risk groups – TIVc.

## Adult Flu Vaccination Programme

Primary Care providers (GMS and Community Pharmacy) have been commissioned to deliver the adult flu vaccination programme under a Primary Care (Contracted Services): Immunisation (PCCS:I) specification. All 16 GP Practices and 22 Community Pharmacies across Powys have signed up to participate in the flu vaccination programme 2025/26.

Under the PCCS:I, all providers delivering the adult flu vaccination programme in Wales, will be required to use a single system which is the newly improved Welsh Immunisation System to digitally record flu vaccinations administered to adults.

In accordance with the JCVI advice based on best clinical evidence for vaccine efficacy and waning, the adult flu vaccination programme will commence on 01 October 2025.

The Welsh Government uptake target for of at least 65% of older adults being vaccinated by 01 December 2025 and 75% by the end of the programme on 31 March 2026.

For people aged under 65 years of age in a clinical risk group eligible for flu vaccination, the uptake ambition remains at 75%. Welsh Government has set an expectation that at least 37% of people in clinical risk groups have been vaccinated by 01 December 2025, with a trajectory towards 75% by the end of the programme.

Where the expectations on vaccine uptake have not been met by 01 December 2025, Health Boards will be expected to commence "mop up" activities immediately, alongside primary care contractor activity.

### **Children's Flu Vaccination Programme**

Starting as soon as Live Attenuated Influenza Vaccine (LAIV) becomes available in September, two and three-year-olds along with school aged children should be vaccinated as quickly as possible, to help protect them and to reduce community transmission of flu to vulnerable groups.

The ambition set out in the Welsh Health Circular is to achieve 75% uptake amongst these groups in the 2025/26 programme.

### **Flu Vaccination Delivery in Powys**

#### **Adults and Clinically Vulnerable**

All 16 GP Practices and all 22 pharmacies across Powys have been commissioned to deliver flu vaccination to eligible adult groups, commencing on 01 October 2025.

Care Home Residents are offered vaccination by their GP, with District Nursing Teams delivering to patients identified as housebound.

### **Pregnant Women**

The Health Board will offer pregnant women the flu vaccination through the Midwifery Service which has been hailed as best practice at a national level. Pregnant women will also be able to access flu vaccination through their GP Practice. In line with JCVI guidance, released on 13 February 2025 ([National flu immunisation programme 2025 to 2026 letter - GOV.UK](#)), vaccination of pregnant women will begin in September, as soon as the vaccine is available.

### **Health and Social Care Workers**

Powys Teaching Health Board employed staff are being invited for flu vaccination through the Health Board Vaccination Service. The delivery model will also utilise a peer vaccinator model, as well as vaccination service "walkabouts" at Health Board sites across Powys.

Staff who are involved in supporting the delivery of the NHS services in a patient facing role may be vaccinated at the GP practice where they are registered as a patient.

Staff with regular client contact working in adult residential care homes, nursing care homes and children's hospices and staff providing domiciliary care, will continue to be eligible for free flu vaccination and will receive this at community pharmacies across Powys.

### **Poultry Workers**

Vaccinations for poultry workers will be offered by community pharmacies in line with Welsh Government directive.

### **Childhood**

GP Practices are delivering the influenza programme to two- and three-year-olds, and those children aged 6 months to 2 years who are in a clinical at-risk group.

The Welsh Health Circular identifies that uptake for this cohort continues to lag behind the uptake seen in school aged children. When the vaccine becomes available, two and three-year-olds (age on 31 August 2025) should be actively called by their GP Practice and offered vaccination as soon as possible, to help protect them and to reduce flu transmission in the community to other vulnerable groups.

The uptake in children aged two and three years old in Powys Health Board during 2024 to 2025 was 53.2%. This was the highest uptake when comparing to other Health Boards across Wales, and above the Wales average of 43.6%. Additional actions are being implemented to increase uptake in 2025/26, including offering support to GP Practices to offer 'child friendly' clinics, writing directly to all parents/guardians of this group informing them of eligibility, and increasing awareness of importance and eligibility of vaccination through pre-school settings.

Vaccination of all school children from reception class to year 11, will be delivered by the School Health Nursing Service. Delivery will take place in a school setting, which has previously proved successful in Powys. In the 2024/25 flu vaccination season, uptake in children in reception class to year 6 at 76.1% (Wales average 61.6%) and uptake in children in school years 7-11 at 63.8% (Wales average 51.7%).

Please see delivery plan at Appendix 2.

#### **NEXT STEPS:**

- Flu vaccination programme delivery will commence in Powys Teaching Health Board in September for children and pregnant women, followed by eligible adults on 01 October 2025.
- Delivery of the COVID-19 vaccination programme will commence on 01 October in Care Homes for older adults.
- Uptake levels for both COVID-19 and the flu vaccination programme will be monitored closely throughout the Autumn/Winter period, with the deployment of both programmes remaining "agile" to offer vaccinations to eligible population groups as quickly as possible, in line with Welsh Government guidance.

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## IMPACT ASSESSMENT

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

### QUALITY:

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

### EQUALITY:

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

*Vaccination will be offered to eligible groups as defined by Welsh Government and the JCVI. This will positively impact on those in eligible groups, pregnant women and anyone in a clinically 'at risk' group.*

*There will be consideration given to ensuring equity of access to vaccinations throughout the campaign.*

### RISK ASSESSMENT:

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

*There is a risk to reputation of non-delivery. There is a financial and operational risk should the cold chain for vaccinations be compromised or should WG financial or operational support for the programmes change. There is a clinical risk should delivery of vaccination be compromised.*

*Risks will be minimised through regular updates to Executive Committee (through the Executive Director of Public Health) and through Public Health Directorate quality assurance structures.*

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**Appendix 1: Plan on a Page: COVID-19 Autumn Vaccination Programme Delivery**

**PTHB COVID 19 Autumn 2025 Vaccination Delivery Model**

**PTHB Delivery of COVID-19 Vaccination 2025**

Key Information	Clinic Locations	Care Home Delivery	Mobile provision
<p><b>Eligible Cohorts</b></p> <p>Individuals aged 6 months and over who are immunosuppressed</p> <p>Residents in a care home for older adults</p> <p>Adults aged 75 years and over</p> <p>Approximately 22,971 citizens eligible in Powys, of which 22,227 are “opted in” to receive their COVID Vaccination.</p>	<p><b>Newtown Vaccination Centre</b></p> <p><b>Bronllys Vaccination Centre</b></p> <p><b>Bro Ddyfi Hospital, Machynlleth</b></p> <p><b>COWSHAAC, Welshpool</b></p> <p><b>Knucklas Community Centre, Knighton</b></p> <p><b>The Pavilion, Llandrindod</b></p> <p><b>Glan Irfon Health and Care Centre, Builth Wells</b></p> <p><b>Ystradgynlais Rugby Club, Ystradgynlais</b></p>	<p><b>Care homes for older adults</b></p> <p>Nurses from the vaccination service will commence Powys care home visits in August 2025 to complete Mental Capacity Assessments (MCA) and make Best Interest decisions for residents, where this is required. This is in line with National Best Practice and all nurses in the vaccination service have completed MCA training.</p> <p>Care Home Vaccination visits will commence on 1 October 2025.</p> <p>The vaccination service will continue to offer care home vaccinations throughout the duration of the Autumn 2025 programme to ensure that any new residents are given the opportunity to receive vaccination.</p>	<p><b>People who are housebound</b></p> <p>PTHB District Nurse teams are providing vaccination at home for those who are designated as housebound</p> <p><b>Inpatients</b></p> <p>The community services team will vaccinate any eligible citizens who are on PTHB inpatient wards during the COVID-19 Autumn Vaccination Programme</p>
<p>The COVID-19 Autumn vaccination programme will run from 1 October 2025 to 31 January 2026.</p> <p>The first 2 weeks of delivery will concentrate on care home vaccination visits, followed by appointments through vaccination clinics across Powys from 15 October 2025</p> <p>Invitations will be sent to all “opted in” citizens irrespective of previous vaccinations. Citizens will be invited in priority group order;</p> <ul style="list-style-type: none"> <li>· Immunosuppressed citizens</li> <li>· Adults aged 80 years and over</li> <li>· Adults aged 75 years and over</li> </ul> <p>All citizens will receive a vaccination appointment prior to December 2025, with “mop up” activity commencing in December 2025</p>	<p>Regular clinics will be held in each of our clinic locations, with the aim being that citizens will be invited to their most local clinic for their vaccination appointment.</p> <p>We would encourage citizens to contact us if an alternative location, or appointment slot is needed.</p>		

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## Appendix 2: Plan on a Page: Flu Vaccination Programme Delivery 2025 to 2026

### PTHB Influenza Programme 2025 to 2026

#### PTHB Delivery of Influenza Programme 2025 to 2026

Key Information	GP Practice	Community Pharmacies	PTHB
<p><b>Eligible Cohorts</b></p> <ul style="list-style-type: none"> <li>children aged two and three years on 31 August 2025</li> <li>school aged children from reception to year 11 (inclusive)</li> <li>people aged 6 months to 64 years in a clinical risk group</li> <li>people aged 65 years and older (age on 31 March 2026)</li> <li>all adult residents in Welsh prisons</li> <li>pregnant women</li> <li>carers of a person whose health or welfare may be at risk if the carer falls ill</li> <li>frontline health and social care workers</li> <li>people experiencing homelessness</li> <li>household contacts of the immunocompromised</li> <li>poultry workers</li> </ul> <p>Approximately 79,147 citizens eligible in Powys</p> <p>The programme will begin in September 2025 for children and pregnant women, followed by the adult programme which will commence on 1 October 2025. Both programmes will conclude on 31 March 2026.</p> <p>Uptake target for all eligible groups is 75%</p> <p>By 1 December 2025;</p> <ul style="list-style-type: none"> <li>65% for people aged 65 years and over</li> <li>37% for people aged 6 months to 64 years in a clinical risk group</li> </ul>	<p>Delivering to;</p> <ul style="list-style-type: none"> <li>Children aged 6 months to 2 years in a clinical risk group</li> <li>Children aged 2-3 years of age</li> <li>People aged 17-64 years in a clinical risk group</li> <li>People aged 65 years and older (age on 31 March 2026)</li> <li>Pregnant women (if not received with midwife)</li> <li>School aged children in a clinical risk group if preference is to receive at GP</li> <li>Primary care staff (including dentists and optometrists and locum GPs) who are registered with the practice</li> </ul> <p>Vaccination for children and pregnant women to begin in September as soon as vaccination is available.</p> <p>All 16 GP Practices in Powys have submitted Expressions of Interest to deliver flu vaccination to eligible adults commencing on 1 October 2025</p>	<p>Delivering to;</p> <ul style="list-style-type: none"> <li>People aged 17-64 years in a clinical risk group</li> <li>People aged 65 years and older (age on 31 March 2026)</li> <li>Staff working in adult residential homes, nursing care homes and children's hospices</li> <li>Staff providing domiciliary care</li> <li>Poultry workers</li> </ul> <p>All 23 pharmacies in Powys have submitted expressions of interest to deliver flu vaccination to eligible adults commencing on 1 October 2025</p>	<p>Delivering to;</p> <ul style="list-style-type: none"> <li>PTHB staff</li> <li>School aged children (Reception to Year 11)</li> <li>Patients on a ward in PTHB</li> <li>People who are identified as housebound</li> <li>Pregnant women</li> </ul> <p>The Vaccination Service will be monitoring uptake in all eligible groups and will provide support to contractors where they are not on a trajectory to meet the uptake targets by 1 December 2025 or the 75% target by 31 March 2026.</p> <p><b>Pregnant Women</b> Pregnant women in Powys will be offered flu vaccination at their midwife appointment by PTHB Maternity services</p> <p><b>School Nursing Service</b> The School Nursing service will be running their school influenza vaccination programme from WC 16 September 2025. There will also be clinics offered for Home Educated Children</p> <p><b>Inpatients</b> The community services team will vaccinate any eligible citizens who are on PTHB inpatient wards during the Influenza Programme 2025 to 2026</p> <p><b>People who are housebound</b> PTHB District Nurse teams are providing vaccination at home for those who are designated as housebound</p>

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**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 5.1**

<b>BOARD</b>	<b>DATE</b> <b>24 SEPTEMBER 2025</b>
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<b>Subject:</b>	<b>SUMMARY OF JOINT COMMITTEE ACTIVITY</b>
<b>Approved and presented by:</b>	Hayley Thomas, Chief Executive
<b>Prepared by:</b>	Head of Corporate Governance
<b>Other Committees and meetings considered at:</b>	Information contained in the papers appended to this report have been considered by the relevant joint committees.

**PURPOSE:**

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).

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

**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 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:**

Objective	Alignment
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 15 July 2025. The papers for this meeting are available at [Meeting Dates and Papers - NHS Wales Joint Commissioning Committee](#)

The minutes from the meeting held on 15 July 2025 are attached at **Appendix A**.

### **Mid Wales Joint Committee for Health and Social Care (MWJC)**

The Mid Wales Joint Committee for Health and Social Care held a virtual meeting on 04 April 2025. The papers for this meeting are available at [Joint Committee Meetings - Mid Wales Joint Committee](#). No meetings of the MWJC have been held since that meeting.

A Rural Health and Care Conference is scheduled for 11 and 12 November 2025 examining 'Innovation and Improvement – advances in the delivery of rural health, care and wellbeing services'. This will be a hybrid event both in person and virtual.

## 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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**Confirmed Minutes of the  
NHS Wales Joint Commissioning Committee Meeting  
held in public on  
Tuesday 15 July 2025**

Microsoft Teams and In Person at Willowford

**Members:**

Ian Green (Chair)	(IG)	Lay Member, NHS Wales JCC (In Person)
Susan Elsmore	(SE)	Lay Member, NHS Wales JCC (In Person)
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg University Health Board
Shameem Nawaz	(SN)	Lay Member, NHS Wales JCC (In Person)
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan University Health Board (In Person)
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale University Health Board
Nia Roberts	(NR)	Lay Member, NHS Wales JCC
Carol Shillabeer	(CB)	Chief Executive Officer, Betsi Cadwaladr University Health Board
Hayley Thomas	(HT)	Chief Executive Officer, Powys Teaching Health Board
Paul Worthington	(PW)	Lay Member, NHS Wales JCC (In Person)

**Associate Member:**

Huw George	(HG)	Interim Chief Commissioner, NHS Wales JCC (In Person)
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**Deputies:**

Lee Davies	(LD)	Executive Director of Strategy and Planning, Hywel Dda University Health Board (In Person)
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**In Attendance:**

Stacey Taylor	(ST)	Deputy Chief Commissioner and Director of Finance and Value, NHS Wales JCC (In Person)
Carole Bell	(CB)	Director of Nursing & Quality, NHS Wales JCC (In Person)
Iolo Doull	(ID)	Medical Director, NHS Wales JCC (In Person)
Adrian Clarke	(AC)	Interim Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups, NHS Wales JCC (In Person)
Gavin Owen	(GO)	Deputy Director of Commissioning for Ambulance Services and 111, NHS Wales JCC (In Person)
Melanie Wilkey	(MW)	Director of Commissioning for Specialised Services, NHS Wales JCC (In Person)
Karen Stapleton	(KS)	Deputy Director of Strategy, Swansea Bay University Health Board (In Person)

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Rachel Marsh (RM) Executive Director of Strategy, Planning and Performance, Welsh Ambulance Service University NHS Trust

Liam Williams (LW) Executive Director of Quality and Nursing, Welsh Ambulance Services University NHS Trust

Matthew Edwards (ME) Acting Assistant Corporate Secretary, NHS Wales JCC (In Person)

**Observing:**

Aimee Osborne (AO) Graduate Trainee

**Apologies:**

Jason Killens (JK) Chief Executive, Welsh Ambulance Services University NHS Trust

Nick Wood (NW) Deputy Chief Executive NHS Wales, Welsh Government

Georgina Galletly (GG) Director of Corporate, Planning and Strategy, NHS Wales JCC

Mandy Rayani (MR) Lay Member, NHS Wales JCC

Philip Kloer (PK) Chief Executive Officer, Hywel Dda University Health Board

Ross Whitehead (RW) Director of Commissioning for Ambulance Services and 111, NHS Wales JCC

Abigail Harris (AH) Chief Executive Officer, Swansea Bay University Health Board,

Angela Mutlow (AM) Director of Operations, Llais

**Minutes:**

Gareth Mitchell (GM) Corporate Governance Manager, NHS Wales JCC

The meeting opened at 9:30am

Min Ref	Agenda Item
	<b>Preliminary Matters</b>
JCC25/027	<p><b>1.1 Welcome and Introductions</b></p> <p>The Chair, Ian Green (IG) welcomed Members, attendees and observers to the Public meeting and introductions were made.</p> <p>There were no objections to the meeting being recorded which would be available on the NHS Wales Joint Commissioning Committee (NWJCC) website following the meeting. It was noted that a quorum had been achieved.</p>
JCC25/028	<p><b>1.2 Apologies for Absence</b></p> <p>Apologies for absence were noted as above.</p>

Min Ref	Agenda Item
JCC25/029	<p><b>1.3 Declarations of Interest</b></p> <p>There were no additional declarations of interest relating to the items for discussion on the agenda.</p>
JCC25/030	<p><b>1.4 Minutes of Meeting held on 20 May 2025 and Matters Arising</b></p> <p>The minutes of the JC meeting held on 20 May 2025 were received and <b>approved</b> as a true and accurate record of the meeting. There were no matters arising.</p>
JCC25/031	<p><b>1.5 Action Log</b></p> <p>Members <b>noted</b> the progress on the actions outlined on the action log and <b>agreed</b> the completion of the actions marked as 'closed'.</p> <p>Members <b>noted</b> that some of the remaining open risks were scheduled for future Joint Commissioning Committee (JC) Strategy Sessions and that a date had been scheduled to visit the Mother and Baby Unit at Tonna Hospital.</p>
<b>Setting the Scene</b>	
JCC25/032	<p><b>2.1 Learning from Patient Experience</b></p> <p>Liam Williams shared a patient story from the Welsh Ambulance Services University NHS Trust (WAST). The story was told from the perspective of the Maxwell family who had suffered a family death due to a six-hour delay in ambulance arrival. The Maxwell family stated that they had since begun the complaints process against WAST in an effort to ensure that this did not happen again.</p> <p>Members noted the changes that have been made in the ambulance service since the Maxwell family's experience.</p> <p><b>ACTION:</b> IG agreed to write to the Maxwell family to express the JC's condolences, to thank the family for sharing their story and to let them know that changes have since been made including the introduction of a new service model.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the patient story.</li> </ul>
JCC25/033	<p><b>2.2 Chair's Report</b></p> <p>The Chair's Report was received and Members noted the key meetings attended in the last period and the updates provided.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul>

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Min Ref	Agenda Item
JCC25/034	<p><b>2.3 Chief Commissioner’s Report</b></p> <p>The Chief Commissioner’s Report was received. Members noted:</p> <ul style="list-style-type: none"> <li>• The good progress being made in terms of recruitment that would impact in September/October 2025</li> <li>• A noticeable uptake in attendance at the Chief Commissioner’s Collaborative Commissioning Leadership Group (CCLG) following the conversation at the previous JC meeting</li> <li>• The work programme within the NWJCC Foundation Plan and, as expected, the need to reassess the workplan and priorities as the year had developed</li> <li>• Work being undertaken in relation to National Commissioning Arrangements for Third Sector Organisations, Continuing Health Care including Direct Payments and Sexual Assault Referral Centres and that updates would be brought to future meetings.</li> </ul> <p>Members discussed:</p> <ul style="list-style-type: none"> <li>• A lack of capacity to address core issues, such finance and performance. It was noted that there had not been much of a change since the last meeting but that this would change as people worked their notice and commenced with the NWJCC</li> <li>• The need to ensure there was a balance between delivering the priorities in the NWJCC Foundation Plan and in responding to additional requests and new pieces of work</li> <li>• The need for a standard agenda item at the CCLG providing an update on delivery against the NWJCC Foundation Plan.</li> </ul> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul>
JCC25/035	<p><b>2.4 NHS Wales Joint Committee Risk Register – May 2025</b></p> <p>The NHS Wales Joint Committee Risk Register – May 2025 Report was received. Members noted:</p> <ul style="list-style-type: none"> <li>• That the Risk Register would be presented to the CTMUHB Audit, Risk and Assurance Committee in August 2025</li> <li>• That each risk had been assigned to either the Quality, Safety and Outcomes (QSO) or the Planning, Performance and Finance (PPF) Sub-Committees, with each group’s role to monitor and scrutinise risks and to provide assurance to JC Members</li> <li>• The risk summary identified 19 risks (with a score of 15 or above) of which 17 were commissioning risks from across the portfolio. The two remaining risks were corporate risks</li> <li>• Four new commissioning risks had been added</li> </ul>

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	<p>That a number of activities occurred in June and early July 2025 which would enable the NWJCC to review and adjust the risk ratings that would be reflected in the next update.</p> <p>Members discussed:</p> <ul style="list-style-type: none"> <li>• That whilst there had been many actions, no risks had been de-escalated or closed</li> <li>• That Cardiff and Vale University Health Board (CVUHB) neonatal risks were featured on the Risk Register because the neonatal service was currently in escalation</li> <li>• That further work was scheduled to be undertaken to determine NWJCC's risk appetite, to understand the risk landscape and to ensure a robust approach to risk management at the JC Strategy Session in December 2025.</li> </ul> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report; and</li> <li>• <b>Approve</b> the NWJCC Risk Register as of 31 May 2025.</li> </ul>
JCC25/036	<p><b>2.5 Director of Commissioning for Ambulance Services and 111 Report</b></p> <p>The report from the Director of Commissioning for Ambulance Services and 111 was received. Members noted:</p> <ul style="list-style-type: none"> <li>• WAST successfully implemented a revised ambulance response model on 1 July 2025 as part of a 12-month pilot. This change reflected a strategic shift from time-based targets to clinically driven, outcome-focused care. The new response categories introduced included: <ul style="list-style-type: none"> <li>○ Purple Category: For patients in cardiac or respiratory arrest—highest priority</li> <li>○ Red Category: For patients at imminent risk of arrest without urgent intervention</li> </ul> </li> <li>• A debrief of the go-live process had been held with WAST, Welsh Government (WG) and NWJCC colleagues on 4 July and 11 July 2025 with no significant issues reported</li> <li>• A national ambulance handover taskforce had been established, with membership drawn from clinical executives from HBs. The forum met regularly and advised the Cabinet Secretary via the NHS Leadership Board.</li> <li>• Non-Emergency Patient Transport Services (NEPTS) Capacity Issues - Following the last JC meeting, a more detailed discussion took place at the CCLG meeting on 24 June 2025. The group provided clear direction to the Ambulance Services and 111 commissioning team on priority areas to improve capacity and availability. Further detailed work would be progressed through the NEPTS Delivery Assurance Group (DAG) and the JC would be kept updated when necessary</li> </ul>

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	<ul style="list-style-type: none"> <li>• That the NHS 111 Wales digital front-end, including the website and symptom checkers, were currently out of date and in need of improvement. This issue had been highlighted in the recent Audit Wales report on Urgent and Emergency Care. The NWJCC had worked with WG, the Six Goals Programme, and WAST to secure additional funding to accelerate improvements this year with a focus on exploring digital solutions.</li> </ul> <p>Members discussed:</p> <ul style="list-style-type: none"> <li>• That the outcome, for patients in cardiac and respiratory arrest, was now considered the top measure within the new performance framework. The rates within Wales were currently the lowest in the UK, so this was now the focus</li> <li>• The need to ensure that the work on the digital front-end was tied up with other pieces of work including the emergency care pathway to improve the experience of users of the service, with a workshop due to take place in August 2025</li> <li>• The impact of a significant number of outpatient cancellations between April and mid-June in Aneurin Bevan Health Board resulting from NEPTS which had been picked up with WAST. Members noted the opportunities that had been discussed at the recent CCLG including the roster review currently being undertaken by WAST and work to reduce the number of same day cancellations</li> <li>• Members noted that discussions have been held to combine the two strategic priorities within the NWJCC Foundation Plan relating to ambulance services</li> </ul> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul>
JCC25/037	<p><b>2.6 Director of Commissioning for Specialised Services Report</b></p> <p>The report from the Director of Commissioning for Specialised Services was received. Members noted:</p> <ul style="list-style-type: none"> <li>• The commencement of the CVUHB thrombectomy service on 1 July, the service will move to 24-hour thrombectomy services for South Wales patients to improve outcomes for patients by receiving more timely treatment</li> <li>• Correspondence to HBs to signal the intention to suspend the Hepato-Pancreato-Biliary Service Model Programme</li> <li>• The need for HBs to make their own commissioning arrangements for patients with severe acute pancreatitis</li> <li>• A new risk around Chimeric Antigen Receptor T-cell (CAR-T) and Joint Accreditation Committee of the European BMT Society (JACIE) accreditation, with mitigations being worked</li> </ul>

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	<p>through with CVUHB colleagues. Concerns related to facilities, not the quality of the service. The risk of non-accreditation was noted as high and would result in a higher number of patients requiring commissioned care form elsewhere and, as such, would be a risk to the NWJCC's overall commissioning position.</p> <p>Members discussed:</p> <ul style="list-style-type: none"> <li>• The need for a conversation at QSO Sub-Committee to ensure mitigations were correct and also to ensure Members were fully sighted on these matters</li> <li>• That CAR-T and Bone Marrow Transplant (BMT) need to be looked at separately as there may not be capacity in NHS England to take BMT patients in England</li> <li>• The need to balance the risk and the need for further conversations on this matter</li> <li>• Concern around the waiting times for obesity surgery at Salford Royal Hospital and the escalation of this matter. While the waiting times were a cause for concern with the service, it was noted that there were currently no quality concerns with the service.</li> </ul> <p><b>Action:</b> Update on the CAR-T risk, mitigations and accreditation process to be provided to the QSO Sub-Committee and the next JC meeting.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the specialised commissioning updates summarised in this report; and</li> <li>• <b>Note</b> the summary of specialised risks described, mindful that these were managed and services in escalation were reported to the NWJCC QSO Sub-Committee for detailed scrutiny.</li> </ul>
JCC25/038	<p><b>2.7 Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups Report</b></p> <p>The report from the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups was received. Members noted:</p> <ul style="list-style-type: none"> <li>• Care Home Framework Agreement – with changes to procurement regulations and the current Agreement expiring at the end of March 2026, engagement had been undertaken with stakeholders and key changes made to the new Agreement. The framework needed to be in place by April 2026. The need to include Directors of Planning and Finance in the work around the Care Home Framework Agreement was noted.</li> </ul>

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	<ul style="list-style-type: none"> <li>• That discussions were underway between the NWJCC and Public Health Wales on the hosting of the Traumatic Stress Wales service</li> <li>• That the NJWCC had met with colleagues from SBUHB regarding Caswell Clinic and Glanrhyd Hospital. The required remedial work following a fire had not yet commenced, it was indicated that the work would take between 12 and 18 months to complete. Options had been discussed and it was agreed that SBUHB would work through the options and attend the CCLG meeting in August 2025 to presenting the plan to mitigate the impact of medium secure beds for patients</li> <li>• The concern around occupancy (approximately 75%-80% occupancy) at both Caswell Clinic and Ty Llewellyn medium secure units. It was agreed that a standardised all-Wales approach would be adopted to address this.</li> </ul> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul>
	<p><b>Committee Briefing</b></p>
JCC25/039	<p><b>3.1 EMRTS Judicial Review Judgment</b></p> <p>A report on the EMRTS Judicial Review was received. Members noted:</p> <ul style="list-style-type: none"> <li>• That a judgement had been handed down on the 19 June 2025</li> <li>• That the claimant had submitted an application for permission to appeal and this had been responded to by the legal counsel for the defendants. As such, there was a need for the JC to continue to fully consider the outcome of the Judicial Review and await the outcome regarding the appeal process</li> <li>• That, should an appeal be granted, there would be further legal costs to be funded by the HBs and the risk of a prolonged appeals process.</li> </ul> <p>IG stated that an update would be provided at the JC Strategy Session in August 2025.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul>
	<p><b>Delivering the JCC Plan</b></p>
JCC25/041	<p><b>4.1 Financial Forecast and Risk</b></p> <p>The month 3 report on the NWJCC Financial Risks was received. Members noted:</p> <ul style="list-style-type: none"> <li>• The approval of the Financial Plan for 2025-26 as part of the NWJCC Foundation Plan (2025-26), based on a number of assumptions</li> </ul>

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	<ul style="list-style-type: none"> <li>• That the final NWJCC Financial Plan reflected an overall uplift of 4% and represented a challenging plan</li> <li>• The draft NWJCC financial position at Month 3 as an overspend of £1.3m with a forecast year-end overspend position of £3.7m with further risks of £16.6m</li> <li>• The emerging key variances from the plan and a number of risks and opportunities</li> <li>• A range of savings and efficiencies</li> </ul> <p>Members discussed:</p> <ul style="list-style-type: none"> <li>• The need to address the challenges with pace and rigour</li> <li>• That the NWJCC, as an organisation, was still not at a full complement of staff</li> <li>• The current risks in light of the additional programmes of work</li> <li>• The matter of cross-border referrals and WG funding, the need to understand if there was a more cost-effective means of caring for these patients.</li> </ul> <p>IG acknowledged that this was a challenging situation and stated that further conversations were needed with WG.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the month-end financial position for the first quarter</li> <li>• <b>Discuss</b> actions to mitigate the forecast overspend and potential risks.</li> </ul>
JCC25/042	<p><b>4.1 Financial Performance Report - Month 2 2025-2026</b></p> <p>The month 2 NWJCC Financial Performance Report was received. Members noted:</p> <ul style="list-style-type: none"> <li>• The financial position as an overspend of £1.7m</li> <li>• The appended Financial Position Report including risks to the position and commissioner and provider overviews.</li> </ul> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the month-end financial position.</li> </ul>
JCC25/043	<p><b>4.2 Combined NWJCC Performance Report</b></p> <p>The month 2 operational performance report was received. Members noted:</p> <ul style="list-style-type: none"> <li>• The report remained under development</li> <li>• The report detailed that Neurosurgery, Plastic Surgery and Bariatrics were a cause for concern.</li> <li>• The improved trajectory in ambulance handover delays however there was a need for ongoing conversations on performance monitoring and the improvement trajectory</li> <li>• That NWJCC sickness rates were being reduced and Personal and Development Review rates were now increasing.</li> </ul>

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	<p>Members discussed:</p> <ul style="list-style-type: none"> <li>• The need for continued development of the report to include a set of key indicators, to ensure the report was more transparent, easier to read and supported decision-making</li> <li>• The need to link the Risk Register with performance reporting through an assurance framework</li> <li>• The need to highlight what was going well</li> </ul> <p><b>Action:</b> Conversations around additional resource for performance reporting to be held. Update to be brought to the next meeting.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Discuss</b> the May 2025 Combined NWJCC Report; and</li> <li>• <b>Note</b> the on-going work to align indicators and metrics.</li> </ul>
JCC25/044	<p><b>4.3 Manchester Arena Inquiry: Review of R106 WAST Capability Report Update on Progress.</b></p> <p>The report was received and members noted that the R106 WAST Capability Report was developed in response to Recommendation 106 the Manchester Arena Inquiry. The report has identified critical failings in emergency response, coordination and capability. As a result, WAST undertook a detailed review of its preparedness and response functions (Recommendation 105), submitting the report to JC in line with national recommendations. The review of the Report had been prioritised as a key programme in the NWJCC's Foundation Plan and will include an independent expert review.</p> <p>Members discussed:</p> <ul style="list-style-type: none"> <li>• The approach being adopted by other ambulance services in NHS England</li> <li>• Conversations with providers regarding what HBs saw as WAST's responsibility and what they saw as WG's responsibility</li> <li>• The timescales for this work being influenced by the independent reviewer.</li> </ul> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the content of the report; and</li> <li>• <b>Note</b> the project risks outlined in the report.</li> </ul>
<b>Governance and Assurance</b>	
JCC25/045	<p><b>5.1 Corporate Governance Report</b></p> <p>The Corporate Governance Report was received. Members noted:</p> <ul style="list-style-type: none"> <li>• That the Accountability Report 2024-25 (Annual Governance Statement) would be presented to the CTMUHB Annual General Meeting (AGM) on 31 July 2025</li> </ul>

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	<ul style="list-style-type: none"> <li>The findings from the Annual Committee Effectiveness Survey and the key development areas. These related to the development of the NWJCC Strategy and ensuring a focus on population-based needs, continuation of the development of the NWJCC Risk Register and strengthening report-writing and the quality of papers.</li> </ul> <p>IG acknowledged the work that had been undertaken in relation to effective report writing, with further work scheduled.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li><b>Note</b> the report; and</li> <li><b>Note</b> the results of the NWJCC's Annual Committee Effectiveness Survey 2024-2025 and the key areas for development in 2025-2026.</li> </ul>
	<b>For Information</b>
JCC25/046	<p><b>6.1 Highlight Reports from the Joint Sub-Committees</b></p> <p>The highlight reports from the following recent Joint Sub-Committees were received:</p> <p><b>6.1.1 Audit Risk and Assurance Committee (ARAC)</b></p> <p><b>6.1.2 Quality, Safety and Outcomes Sub-Committee (QSO)</b></p> <p><b>6.1.3 Planning Performance and Finance Sub-Committee (PPF)</b></p> <p><b>6.1.4 Individual Patient Funding Request (IPFR) Panel</b></p> <p><b>6.1.5 Welsh Kidney Network (WKN)</b></p> <p>Members noted that feedback was awaited from the WKN Chair on the WKN Governance Report. A report would be brought to a future JC meeting, this was unlikely to be ready for the JC Strategy Session in August 2025.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li><b>Note</b> the content of the reports.</li> </ul>
	<b>Concluding Business</b>
JCC25/047	<p><b>7.1 Any Other Business</b></p> <p>There was no other business to report.</p>
JCC25/048	<p><b>7.2 Review of Meeting</b></p> <p>IG further confirmed that an 'In Committee' meeting would take place following the meeting in public.</p>
JCC25/049	<p><b>7.3 Date of Next Meeting</b></p> <p>The next routine meeting was scheduled for 16 September 2025 and the JC Strategy Session on 19 August 2025.</p>

The meeting concluded at 13:00.

**Chair's Signature:** .....

**Date:** .....

Confirmed

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**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 5.2**

**BOARD** **DATE OF MEETING:  
24 SEPTEMBER 2025**

<b>Subject:</b>	<b>SUMMARY OF PARTNERSHIP BOARD ACTIVITY</b>
<b>Approved and presented by:</b>	Hayley Thomas, Chief Executive
<b>Prepared by:</b>	Head of Corporate Governance
<b>Other Committees and meetings considered at:</b>	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	Alignment
1. Focus on Wellbeing	Y	
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

## 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 17 July 2025. The papers for this meeting are available at: [Committee Schedule and Papers - NHS Wales Shared Services Partnership](#). The assurance report from the 17 July meeting is attached at **Appendix 1**.

The next meeting is scheduled for 30 September 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 \(moderngov.co.uk\)](#)

The PSB has not met since the July meeting of Board. The next meeting is scheduled for 25 September 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 have not met since the last meeting of Board in July. The RPB are next scheduled to meet on 16 October 2025.

Board to Cabinet Forum (BCF)

The Board to Cabinet Forum is next scheduled to meet on 12 November 2025.

## 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**



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

<b>Reporting Committee</b>	<b>Shared Services Partnership Committee</b>
<b>Chaired by</b>	Professor Tracy Myhill OBE, NWSSP Chair
<b>Lead Executive</b>	Neil Frow OBE, Managing Director, NWSSP
<b>Author and contact details</b>	Roxann Davies, Corporate Services Manager and James Quance, Assistant Director of Corporate Services
<b>Date of meeting</b>	17 July 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:

- attending recent Chairs’ meetings, including a face-to-face session at Velindre University NHS Trust in May 2025. At this session, Jonathan Webb, NWSSP’s Head of Safety and Learning, delivered a comprehensive presentation on the Welsh Risk Pool, which received positive feedback and engagement from attendees;
- regular meetings with the NWSSP Managing Director and NWSSP Senior Leadership Group;
- meeting and corresponding with Simon Dean regarding the Governance and Accountability Review;
- meeting with Judith Paget, Director General for Health, Social Services & NHS Wales Chief Executive and Donna Mead, Chair of Velindre, focusing on hosting arrangements and relationships;
- ongoing discussions with Judith Paget and Velindre University NHS Trust colleagues to support and strengthen relationships between NWSSP and the host organisation;
- attending the Early Years Programme session, linked to the Anti-Racist Wales Action Plan which highlighted valuable learning from experience and the benefit of attending alongside the Chair of a differently governed arrangement; and
- sharing positive feedback arising from the Cabinet Secretary’s recent visit to IP5, which was well received.

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

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

- The Welsh Risk Pool Committee on 21 May 2025 ratified 297 cases totalling £20.6m in reimbursements. Progress was noted regarding digital consent, the All-Wales Venous Thromboembolism (VTE) Strategy, Maternity and Neonatal Education and Training Wales (MoNET), and legal service improvements at BCUHB. NHS indemnity was approved for WAST’s Call Prioritisation Streaming System (CPSS) and a Symptom Checker system.
- NWSSP achieved a balanced year-end position, returning £3.6m to health boards. The current year also starts in balance, although the impact of changes to National

Insurance presents a challenge which remains under review. Risk pool pressures and emerging costs are being discussed with Directors of Finance.

- Audit Wales raised no issues regarding NWSSP in the audit of the Velindre University NHS Trust accounts, and the Head of Internal Audit Opinion provided reasonable assurance, supporting the Annual Governance Statement for 2024–25 and reflecting strong internal controls.
- A positive Joint Executive Team (JET) meeting with Welsh Government confirmed no performance concerns, with encouraging feedback on NWSSP’s savings and initiatives. Formal feedback on the submitted Integrated Medium-Term Plan (IMTP) is awaited.
- The enabling works for the South-East RadioPharmacy were completed, with cleanroom installation underway and go-live scheduled for April 2026. Medicines and Healthcare products Regulatory Agency (MHRA) engagement continues, with thanks extended to Swansea Bay and Cardiff & Vale University Health Boards for their continued support.
- A site selection workshop for the South-West Hub development reduced the longlist from six, with strategic considerations including storage and regional collaboration. Engagement continues with Hywel Dda and Swansea Bay UHBs.
- Investment in the Laundry Service has driven significant progress, with plans in place to manage plant shutdowns without disruption and cost-saving opportunities through workload redistribution being identified.
- The Medical Examiner Service has aligned performance metrics with English regions. Additional resources are improving case handling, with further work underway on practitioner engagement and winter resilience planning.
- Welsh Government have confirmed their PPE Stockholding policy, which NWSSP is implementing with PHW support on fit testing.
- Recent infrastructure projects include solar PV installation at Matrix House and EV charger deployment at IP5. All TEF bids for 2025/26–2026/27 were successful, with further estate upgrades underway.
- The Cabinet Secretary’s visit to IP5 on 4 June was positive, highlighting NWSSP’s regional capacity and the impact of approved business cases, supporting future capital bids.
- Executive-level engagement continues with Cwm Taf Morgannwg, Swansea Bay and Aneurin Bevan University Health Boards, with plans to extend engagement to all Health Boards and Special Health Authorities.
- NWSSP won Best Sustainability Network for the Welsh Health Environmental Forum (WHEF) at the NHS Wales Sustainability Awards and has submitted further nominations for national and UK-wide recognition.

The Committee **NOTED** and **DISCUSSED** the Managing Director’s Report.

## Deep Dive

**Operational Planning for the Central Procurement of Flu Vaccines** – The Committee received a comprehensive update on NWSSP’s preparations for the 2025 flu vaccination programme, delivered through a co-ordinated approach involving Pharmacy, Procurement, and Supply Chain Logistics and Transport (SCLT). The approach has previously been reported to the Committee and this deep dive provides an update on implementation and assurance over operational plans. The programme aligns with the Welsh Government’s 2022 commitment to centrally procure flu vaccines under the National Immunisation Framework, aiming to reduce waste, ensure equitable access, and achieve financial efficiencies through a Once for Wales procurement model.

A total of 912,000 vaccine doses have been procured for distribution to 1,083 sites across

Wales. Two vaccine types have been secured: adjuvanted trivalent (aTIV) for individuals aged 65 and over, and trivalent cell culture (TIVc) for those aged 18–64, including pregnant women and frontline staff.

Operational milestones are on track and orders were validated in spring to ensure appropriate fridge capacity and minimise waste. The first inbound delivery to IP5 is scheduled for early August, with four phased deliveries planned through to mid-September. All sites will receive stock in readiness for the campaign start date of 1 October 2025.

To support delivery, two modular cold rooms have been installed at IP5 with validated temperature control (2–8°C), which are designed for outdoor use. A minor roof leak has been addressed through additional sealing and contingency storage is available on the second floor. The packing capacity enables processing of up to 50 site orders per day, with outbound storage prepared for dispatch.

Delivery prioritisation has been structured to ensure timely access for high-priority cohorts. Health Board occupational sites will receive stock first, followed by BCUHB (due to geographical spread), HDUHB and then South Wales sites. All deliveries are scheduled to be completed by mid/end September.

Additional logistics resources have been secured, including dual-zone refrigerated vans and increased staffing across relevant NWSSP teams. Delivery routes have been optimised to reduce unnecessary mileage and improve environmental efficiency, with 65% of deliveries to be made using electric vehicles.

All recipient sites have confirmed fridge capacity and delivery preferences. Amendments to orders are not permitted post-submission, although cancellations are accepted. In the event of technical issues, sites are advised to liaise with their respective Health Boards.

The Committee was assured that the cold storage infrastructure is fit for purpose and that robust, scalable processes are in place under NWSSP's Wholesale Dealers Authorisation. Extensive temperature mapping and validation has been undertaken to ensure full regulatory compliance. Building on NWSSP's successful delivery and management of over 10.3 million vaccines to date, the programme benefits from experienced teams, MHRA-regulated service, and enhanced operational capacity to support successful implementation.

The Committee **DISCUSSED** the Deep Dive of Operational Planning for the Central Procurement of Flu Vaccines and **SUPPORTED**

### Items for Approval

**Transforming Access to Medicines Service (TrAMs) Programme Board Terms of Reference (ToR)** - The revised ToR were presented, with key updates including broader representation from Health Boards and Trusts and the introduction of a quorum. These changes support the accelerated implementation of the new RadioPharmacy Service. Feedback highlighted the need for clearer distinction between governance structures, improved clarity on roles and decision-making and consideration of trade union representation. Further refinement is underway, with approval deferred to September 2025. The current ToR remain in effect until superseded.

The Committee resolved to **DEFER APPROVAL** to the Committee's next meeting on 30 September 2025.

**NWSSP Student Awards Services' Service Level Agreement (SLA) 2025** – The SLA formalises the arrangement with Health Education and Improvement Wales (HEIW) following an internal audit recommendation. Originally established before HEIW's formation, the service will now be governed under a recurring review framework. HEIW confirmed support and is working with NWSSP to improve validation of bursary tie-in conditions. While not directly affecting the SLA, this aims to streamline post-qualification employment tracking. The importance of aligning student output with workforce needs was also reaffirmed.

The Committee **APPROVED** the NWSSP Student Awards Services' SLA 2025.

### Items for Noting and Discussion

**NWSSP Decarbonisation and Adaptation Activity Update** - The Committee received an update on NWSSP's progress against the NHS Wales Decarbonisation Strategic Delivery Plan, which targets a 16% carbon reduction by 2025 and 34% by 2030. The programme, spanning six strategic workstreams, is currently amber-rated, with Welsh Government assessing performance as green/amber. Key achievements include solar photovoltaic (PV) installation, electric vehicle (EV) infrastructure rollout, increased uptake of low-emission vehicles and a pilot heat recovery system. A procurement initiative is projected to deliver significant cost and carbon savings. Challenges persist around transport infrastructure, procurement pressures and limited capital. Planned actions focus on risk adaptation, review of logistics, EV strategy development, energy feasibility studies and promoting sustainable supply chains.

The Committee **NOTED** the NWSSP Decarbonisation and Adaptation Activity Update.

### Finance, Performance, People, Programme and Governance Updates

**NWSSP Annual Review 2024-25** – The Committee received the NWSSP Annual Review 2024-25 for noting and endorsement, subject to minor post-drafting amendments. The document serves as an important mechanism for providing assurance to customers and partners by reflecting NWSSP's activity over the reporting period and is a non-statutory requirement. The document incorporates Committee feedback, offering a more balanced narrative that includes lessons learned, challenges and areas for improvement. Committee Members welcomed the enhanced format and presentation, particularly the inclusion of partner feedback and acknowledgement of operational challenges.

Committee Members resolved to **ENDORSE** the NWSSP Annual Review 2024-25, save for Velindre who opted to **NOTE** the document, pending the outcome of the ongoing Welsh Government Accountability and Governance Review.

**Finance Report** – The financial position to the end of June 2025, was reported as a surplus of £1.741m, primarily due to recruitment delays in vaccination programmes. £0.744m of this is required to offset the shortfall in funding for increased Employers National Insurance Contributions, which remains a recurrent pressure. The financial position is subject to confirmation of £10.438m in pay award funding for 2024/25 and 2025/26, representing a significant risk to the financial plan. Capital expenditure totals £0.584m against a limit of £8.094m, with £5.5m allocated to the RadioPharmacy project. Discretionary capital has been reduced due to NWSSP's 30% contribution to eight approved Targeted Estates Funding schemes.

Welsh Risk Pool expenditure is £11.187m, down from £18.981m last year, but revised

forecasts suggest costs may rise to £187.5m, requiring a £78m contribution. This reflects a rise in high-value claims, including six over £5m. The financial risk remains unconfirmed, and forecasting is under review. Committee Members affirmed that continued monitoring and consistency in approach across organisations will be required as the risk evolves.

**People and Organisational Development Report** – The Committee received the latest workforce update to 31 May 2025 and the key messages detailed in the overarching report were:

- Sickness absence remained stable overall and reported consistently below the NHS Wales sickness rate, with NWSSP reporting the third lowest rate in comparison to similar sized NHS Wales organisations.
- Headcount remained static (excluding SLE) and decreased slightly overall, with increases anticipated in August and September due to onboarding of trainees under the Single Lead Employer model.
- Turnover decreased to 9.04% (excluding SLE) and 21.19% overall, reflecting ongoing retention efforts.
- Statutory and mandatory training compliance remains high at 92.65% (excluding SLE) and PADR compliance, whilst slightly reduced, remains strong at 82.10%, which will be a key focus in upcoming quarterly divisional reviews. Both metrics saw NWSSP reporting the second highest rate in comparison to similar sized NHS Wales organisations.
- Strong recruitment performance was highlighted with NWSSP ranking second highest in NHS Wales for both metrics and time to hire improving significantly to 54.4 days, with five of seven recruitment KPIs now being met.
- Bank usage has decreased and agency spend remains at zero for the second consecutive month.
- Staff experience activity focused on improving induction compliance, embedding development programmes and promoting psychological safety. Key initiatives included Compassionate Cultures training, Speaking Up Safely rollout, and the launch of “Supporting You” Roadshows. Work on the Employee Value Proposition progressed through enhanced employer branding and widening access initiatives.

**Performance Information Report** - Key Performance Indicators (KPIs) from February to May 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 38 of 40 high-level indicators achieving target, which were explained in detail in the overarching report. Professional influence benefits generated by NWSSP amounted to £19m at the end of May 2025, reflecting NWSSP’s continued impact across procurement, estates, legal and financial services. Quarter 1 performance reports will be shared with partners at the end of July 2025, followed by discussions to review service delivery, exchange feedback and address any issues or compliments.

**Outcome Measures Report** – The report focused on outcomes aligned to NWSSP’s strategic objectives across services, people and value. It continues to demonstrate progress in evidencing NWSSP’s impact, with high levels of customer and employee satisfaction, positive professional influence and contributions to decarbonisation and the foundational economy. Measures such as procurement savings, internal promotions and electric vehicle usage show sustained positive trends. A ‘Voice of the Customer’ has been introduced to capture feedback from quarterly engagement with NHS Wales Directors of Finance and Workforce., informing service improvements and highlighting key themes for review by the Senior Leadership Group. Areas for development include benchmarking, system improvements, and enhancing qualitative feedback.

**Transformation Management Office Update Report** – The Committee received an

update on the Transformation Management Office, following its rebranding to reflect a combined focus on project delivery and service transformation. The overarching report indicates a stable position, with 24 initiatives currently being tracked, of which 18 are rated green, 5 amber and 1 red. The Primary Care Workforce Intelligence System (PCWIS) has progressed from red to amber status, with implementation now underway across all primary care sectors. The TrAMS Programme remains the only red-rated initiative due to ongoing regulatory, resourcing and infrastructure challenges. Overall, 75% of projects are rated green, with several nearing completion, reflecting steady progress across the transformation portfolio.

**NWSSP Corporate Risk Register** – The position was reported as stable and the Register continues to be scrutinised regularly at each Senior Leadership Group meeting. The latest position identifies 17 risks for action, comprising four red, twelve amber and one yellow-rated risk. In addition, four risks are recorded for monitoring, including one amber and three yellow. The overarching report also outlines four emerging risks currently under consideration.

**NWSSP Annual Governance Statement 2024-25** – The Statement was presented to the Committee in its finalised version, for noting, having previously received a draft of the document for comment at its May meeting. It provides an overview of the governance, risk management and internal control arrangements in place throughout the year. The document confirms that NWSSP continues to operate within a robust governance framework under its hosting arrangement with Velindre University NHS Trust, and in alignment with NHS Wales standards. It is issued by NWSSP Managing Director, as NWSSP's Accountable Officer, and has been produced consistently for the past 14 years. Guidance from Judith Paget was reiterated, confirming that current arrangements should continue unchanged and Committee Members reaffirmed the importance of the Statement in providing assurance.

**NWSSP Head of Internal Audit Opinion and Annual Report 2024-25** - The Committee received the Opinion and Annual Report, confirming Reasonable Assurance over NWSSP's governance, risk management and internal controls. During the year, 14 audit reviews were completed, including 3 with Substantial Assurance, 5 with Reasonable Assurance, 1 with Limited Assurance, and 5 advisory reviews. The Limited Assurance review related to Capital Equipping Procurement (Swansea Bay and Cwm Taf Morgannwg UHBs), with actions agreed to address identified weaknesses. The service remains fully compliant with Public Sector Internal Audit Standards and the audit plan was delivered in full. The Opinion supports the NWSSP Managing Director in forming his Annual Governance Statement and reflects a continued commitment to assurance, improvement, and transparency across NWSSP.

**NWSSP Audit Committee Annual Report 2024-25** – The Committee received the Annual Report which outlines the scope and outcomes of assurance activity over the year, confirming compliance with NHS Wales guidance and its Terms of Reference. Oversight was maintained across internal and external audit, counter fraud and risk management. Positive assurance was noted from Audit Wales and Internal Audit. Internal Audit issued 12 reports, with the majority receiving Substantial or Reasonable Assurance. Governance effectiveness was supported by regular updates and a member survey, which endorsed strong leadership and recommended appointing a third Independent Member. Going forward, the Committee remains focused on enhancing governance, risk oversight, and value for money.

The Committee **DISCUSSED** and **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 2 of 2025-26).
- Personal Protective Equipment (PPE) Report – May and June 2025.
- SSPC Forward Plan 2025-26.

In addition, the Committee received the following Annual Reports, for information:

- NWSSP Concerns and Complaints Annual Report 2024-25.
- NWSSP Conflicts of Interest Declarations, Gifts, Hospitality and Sponsorship Annual Report 2024-25.
- NWSSP Information Governance Annual Report 2024-25.
- NWSSP Welsh Language Annual Report 2024-25.
- NWSSP Local Counter Fraud Services Annual Report 2024-25.

## PRIVATE – PART B AGENDA

The Part B agenda included four items for approval and three items for noting, which were considered by the Committee.

### **Transforming Access to Medicines Service (TrAMs) Outline Business Case (OBC) –**

The TrAMs OBC was considered and discussed in detail, and approval was sought to submit the OBC to Welsh Government and then progress to completion of the Full Business Case (FBC) stage. The programme has received broad support from Committee Members, subject to resolution of caveats, which have been formally received and acknowledged with commitments to address prior to FBC submission. A recent workshop helped identify common themes and risks, which have been captured in an executive summary and will be addressed through further engagement and modelling work. Welsh Government indicated support for the programme. The Committee approved the OBC, subject to the caveats being addressed prior to submission of the Full Business Case.

The Committee **APPROVED** the TrAMs OBC, subject to the caveats outlined being addressed, prior to the submission of the Full Business Case.

### **IP5 Roof Over Cladding Business Justification Case (BJC) –**

The BJC was considered for roof and gutter repairs at the IP5 facility and the Committee was asked to approve the investment, with final endorsement to be sought if there were material changes via Chair's action in August 2025. The facility, which houses warehousing, laboratories and key services including TrAMS and RadioPharmacy, has experienced roof leaks impacting operations. Tender analysis is underway and will inform the final BJC submission and Welsh Government has indicated support, subject to review of final costs. Velindre Trust Board approval is also required, with Chair's action necessary due to governance timelines.

The Committee acknowledged the urgency and governance challenges and **APPROVED** the IP5 Roof Over Cladding BJC, subject to Chair's action being clearly recorded where appropriate.

**NWSSP Charnwood Court Lease Renewal** – The proposal to renew the lease for NWSSP's Headquarters lease at Charnwood Court, Nantgarw, was considered. Following Committee approval, the lease requires execution under the common seal of Velindre as a deed. Committee Members sought assurance on timely actioning of governance processes, particularly given the holiday period and imminent departure of Chair and Vice Chair of Velindre.

The Committee **APPROVED** the NWSSP Charnwood Court Lease Renewal, with confidence expressed in the arrangements to ensure continuity and timely execution.

**All Wales Supply of Energy (Gas and Electricity) - Proposed Transition to NHS England (NHSE) Basket Strategy** – The proposal to transition to the NHSE Basket Strategy was considered by the Committee. In addition to financial benefits, improved risk management and the approach being tailored to NHS operational needs, NHS Wales will gain representation on the trading board, enhancing its influence. The change does not alter administrative structures but aligns purchasing with NHS-specific patterns. The recommendation was supported by the Welsh Energy Group.

The Committee **APPROVED** the proposal to proceed with joining the NHS England basket by no later than 2028–29, with flexibility to join earlier if agreed by the Welsh Energy Group.

The following items were noted by the Committee:

- Employee Relations Update;
- Letter from Judith Paget regarding All Wales Influenza Vaccination Programme; and
- NHS Wales Emergency Planning, Resilience and Response (EPRR) Annual Report 2024-25.

In addition, the Committee received the Draft Welsh Energy Group Minutes of the meeting held on 15 May 2025, for information.

#### **Papers for Information**

**Draft Welsh Energy Group Minutes of Meeting Held on 15 May 2025** - The Committee received the Draft Welsh Energy Group Minutes of the meeting held on 15 May 2025, for information.

#### **Any Other Business (AOB)**

**Autumn Committee Development Day – 10 October 2025** - It was confirmed that the Autumn Committee Development Day is scheduled for Friday 10 October 2025 and suggestions for agenda items were welcomed.

**Rescheduled Meeting – 30 September 2025** - Committee Members were reminded that next meeting has been rescheduled from Thursday 18 September to Tuesday 30 September 2025.

#### **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**

Tuesday 30 September 2025, 10.00am to 12.00pm



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 5.3**

<b>BOARD</b>		<b>DATE</b> <b>24 SEPTEMBER 2025</b>
<b>Subject:</b>	<b>Summary of Activity of the Board’s Local Partnership Forum</b>	
<b>Approved and presented by:</b>	Debra Wood-Lawson, Executive Director of People and Culture	
<b>Prepared by:</b>	Head of Corporate Governance	
<b>Other Committees and meetings considered at:</b>	N/A	
<b>PURPOSE:</b>		
The purpose of this report is to provide the Board with an update on the work of the Board’s Local Partnership Forum.		
<b>RECOMMENDATION(S):</b>		
It is recommended that the Board <b>RECEIVES</b> the update report appended to this report.		
<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y	N	N

<b>ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:</b>		
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.

The Local Partnership Forum has not met since the update to Board in July 2025, the next scheduled meeting is the 6 October 2025. The next update will be presented to the Board on 26 November 2025.

## **IMPACT ASSESSMENT – NOT REQUIRED**

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

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Powys Teaching  
Health Board

**Agenda item: 5.4**

<b>BOARD</b>		<b>DATE:</b> <b>24 SEPTEMBER 2025</b>
<b>Subject:</b>	Powys Teaching Health Board Safeguarding Annual Report 2024-2025	
<b>Approved and presented by:</b>	Claire Roche Executive Director of Nursing, Quality, Womens and Family Health	
<b>Prepared by:</b>	Assistant Director of Nursing, Safeguarding	
<b>Other Committees and meetings considered at:</b>	Executive Committee 23 July 2025 Patient Experience, Quality and Safety Committee 31 July 2025 – who approved the report.	
<b>PURPOSE:</b>		
To present to Board, Powys Teaching Health Board’s Safeguarding Annual Report for 2024-2025.		
The Patient Experience, Quality and Safety Committee have approved the report on the 31 July, it is provided to the Board for assurance.		
<b>RECOMMENDATION(S):</b>		
The Board is asked to take <b>ASSURANCE</b> from the Safeguarding Annual Report <b>NOTING</b> the Patient Experience, Quality and Safety Committee have approved the report.		
<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y	N	Y

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

## EXECUTIVE SUMMARY:

PTHB Safeguarding Annual Report presents the key areas of development and achievement which have supported the Health Board to meet its statutory responsibilities for safeguarding during 2024/25. The report is aligned to the Standards of the Safeguarding Maturity Matrix (SMM); a self-assessment tool which addresses the interdependent strands regarding safeguarding; service quality improvement, compliance against agreed standards and learning from incidents and reviews.

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

The Safeguarding Team have been both visible and accessible across the Health Board driving change and improvements throughout 2024/25.

### Introduction

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

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

The Safeguarding Annual Report outlines, with some examples, how the safeguarding service is performing and innovating to deliver an accessible, research led service. It provides an update on safeguarding practice improvements and challenges during 2024/25 and identifies safeguarding priorities for 2025/26. The Safeguarding Team continues to build on what has already been achieved to ensure PTHB and all contracted services, fully meet their statutory responsibilities for preventing harm, and to act in a timely way on concerns raised about the welfare of people who reside, work or visit Powys.

### Key Achievements include

- Competition of the JICPA and Child Practice Review action plans.
- Safeguarding Management app went Live
- There is evidence of strong multi-agency partnership working to safeguard people from operational teams through to the various safeguarding boards.
- Multiple workstreams which co-produce multi-agency safeguarding training and guidance
- Completion of the National Safeguarding Review which will drive improvements and raise safeguarding to be more visible
- The Safeguarding Team is accessible with contacts into the Safeguarding HUB at its highest since the HUB was created
- Successful delivery of childhood injury training
- PREVENT training mandated for specific staff groups
- Voice of children looked after key in driving forward a service that listens and acts on what they tell us

### Challenges Identified

- The vast and varied safeguarding landscape
- The complexity of the safeguarding concerns raised, and the subsequent level of support required by the Safeguarding Team
- Achieving compliance in safeguarding Level 3 safeguarding training
- Limited Assurance MCA DoLS audit
- Repeated themes noted within National Safeguarding Reviews

### Key Safeguarding Themes

- Neglect and Emotional Harm: Remain high among referrals for children and adults.
- Self-neglect and Domestic Abuse: Ongoing key themes in adult safeguarding referrals.
- Highest level of safeguarding reports recorded since Health Board data has been collected
- Increase in the number of children on Powys Child Protection Register
- Process in how we Learn from safeguarding reviews is changing

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## **Safeguarding Priorities for 2025/26**

- i. Engage in the National Strengthening Safeguarding Review Implementation Programme and all four subgroups (commissioned by CNO & WG)
- ii. Roll out new updated PREVENT Guidance and monitor mandatory training compliance
- iii. Implement the Multi Agency Safeguarding Supervision Model with our statutory partners
- iv. Participate in a Regional Neglect Tool Kit Pilot with Health Visitors and School Nurses
- v. Review the Level 3 Safeguarding Training Passport, considering merging adult and child passport and developing/designing an electronic Safeguarding Workbook.
- vi. The Corporate Parenting Charter has been signed by PTHB. The principles now need embedding across the HB
- vii. Extend the reach of the safeguarding service using Pod Casts
- viii. Roll out the National Childrens Looked After and Carers Surveys via CIVICA
- ix. Progress the MCA Internal Audit management action plan

## **IMPACT ASSESSMENT**

Not required

# Powys Teaching Health Board Safeguarding Annual Report 2024 - 2025

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# Foreword

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I am delighted to present Powys Teaching Health Boards Safeguarding Annual Report for 2024-25

The Annual Report illustrates the Health Boards commitment to Safeguarding and supports our maturing safeguarding journey in strengthening and embedding our safeguarding processes, building and maintaining a confident and competent workforce, ensuring safeguarding support and advice is available to all our staff, building and maintaining key multiagency partnerships and embracing the Health Boards overarching learning culture, by sharing safeguarding messages and learning with a focus on quality improvement.

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

I wish to thank all our dedicated staff, our supportive partners, the Executive Team and the Board who continue to work so positively with us to make Powys Teaching Health Board a safer place to work and Powys a safer place to live.

Claire Roche

Executive Director of Nursing, Quality, Women & Family Health



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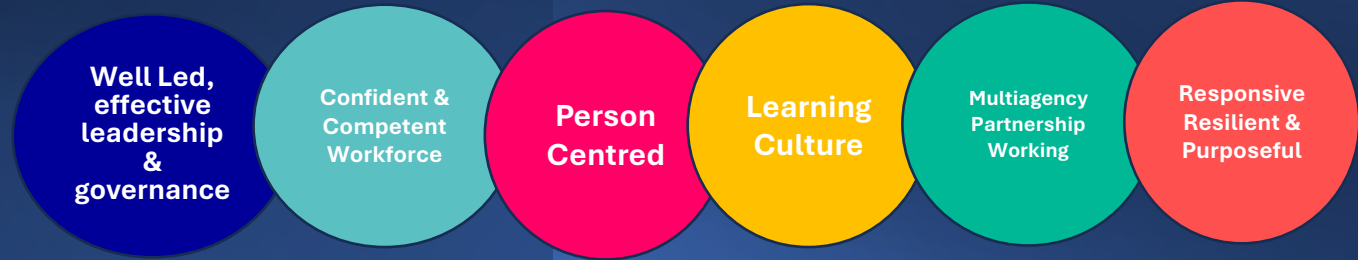
# Introduction

Powys Teaching Health Board (PTHB) is responsible for providing health care for approximately 133,600 people living throughout Powys, this includes health services both provided by and commissioned on behalf of PTHB. The Health Board employs around 2,500 staff which include over 500 bank staff. Care is delivered across a network of services and practitioners. The geography and rurality can make access to some services a challenge and requires the Health Board to be innovative and creative to ensure Powys residents have timely access to high quality services to meet their needs. PTHB is uniquely positioned as Powys accounts for a quarter of the land mass in Wales and borders several other Welsh and English Health Boards and Trusts.

## **Powys Teaching Health Board is committed to;**

- ❖ ensuring safeguarding is part of its core business. The Health Board recognises that safeguarding children and adults at risk is a complex and shared responsibility that requires all employees and contracted services to have the competencies to safeguard our patients, families and communities and develop strong, effective joint working relationships with partner agencies and colleagues.
- ❖ being a trusted, safe organisation where all children and adults at risk of harm, abuse or neglect are safeguarded by staff who feel empowered, valued and supported. Working collaboratively and innovatively with our patients and their families to ensure the best support and outcome is achieved.
- ❖ supporting people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, exploitation, avoidable harm, and neglect. Staff will share concerns quickly and appropriately; the Health Board will learn and improve when something goes wrong.
- ❖ working in partnership to support the strategic priorities of the Mid and West Wales Safeguarding Board, the Violence Against Women, Domestic Abuse and Sexual Violence Board and the National Safeguarding Network.
- ❖ each year review how the Health Board is performing against the Safeguarding Maturity Matrix Standards and review qualitative and quantitative data to drive discussions regarding the delivery of safe, timely, effective, efficient, equitable and person-centred health care in the context of a learning culture, with the overall aim of improving the quality of safeguarding in PTHB, leading to improved outcomes for the people who live, work and visit Powys.
- ❖ provide excellent care at the heart of the community, listening to children and adults must be central to the delivery of care. Safeguarding will be guided by the Health Boards values, alongside the relevant safeguarding legislation.

# NHS Wales Safeguarding Maturity Matrix



NHS Wales has an essential role in ensuring that all adults and children receive the care, support and services they need to promote a healthier, safer and fairer Wales, however, measuring the effectiveness of health services and their contribution to safeguarding adults and children is difficult and complex. The Safeguarding Maturity Matrix (SMM) is a self-assessment tool which enables scrutiny of the effectiveness, innovation, quality, learning and risks within safeguarding. There are 6 Standards within the assessment tool;

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

Powys Teaching Health Board's 2024-25 Safeguarding Maturity Matrix Improvement Plan has been reported on quarterly to PTHB Safeguarding Strategic Group. Most of the actions have been completed, any that remain incomplete will be carried over into 2025-26



# SMM Standard; Well Led- Effective Leadership & Governance

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

Well Led,  
Effective  
Leadership &  
Governance

## Within this section;

Governance and Lines of Accountability

Powys Teaching Health Board Safeguarding Strategic Group  
Governance

Safeguarding Quality Assurance

Safeguarding Legislation and Drivers

PTHB Safeguarding Polices, Protocols & Guidance Documents

Inspections and Audits

Strengthening Safeguarding Health Review



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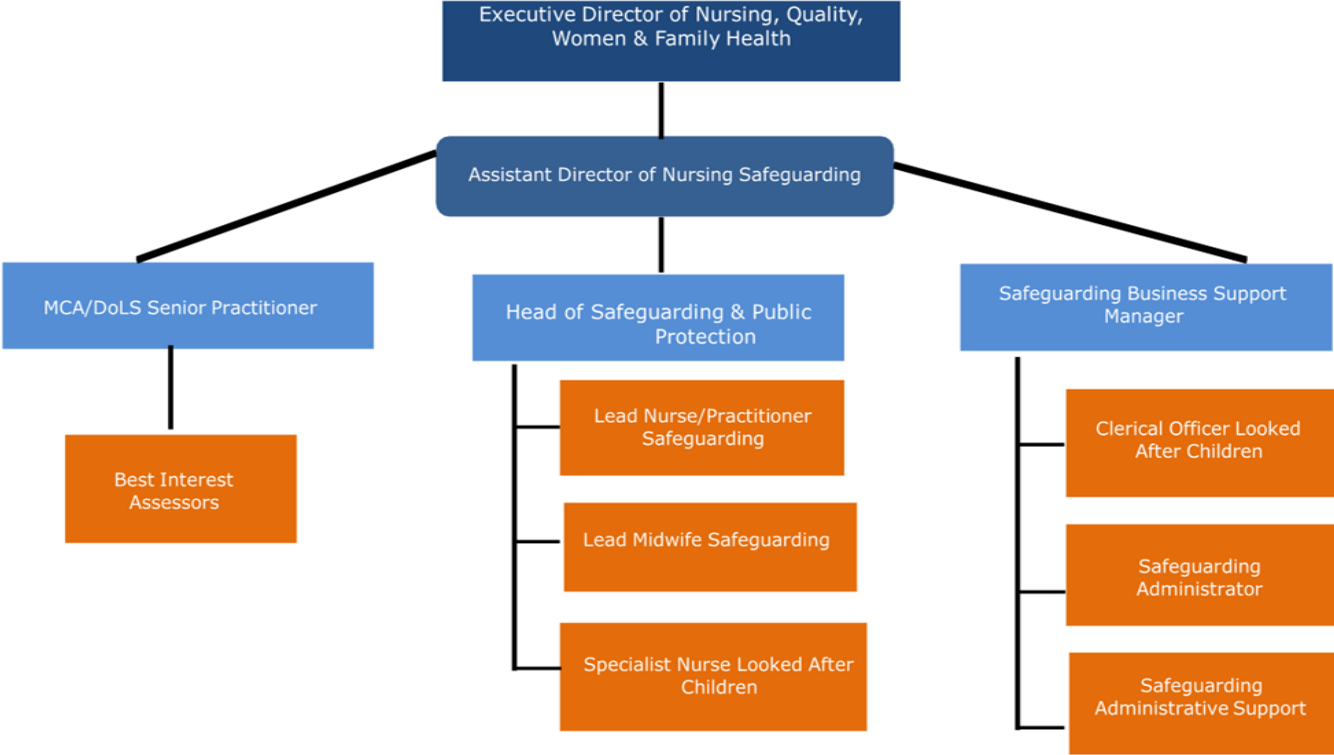
# Governance & Lines of Accountability

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

## PTHB Governance Reporting Structure

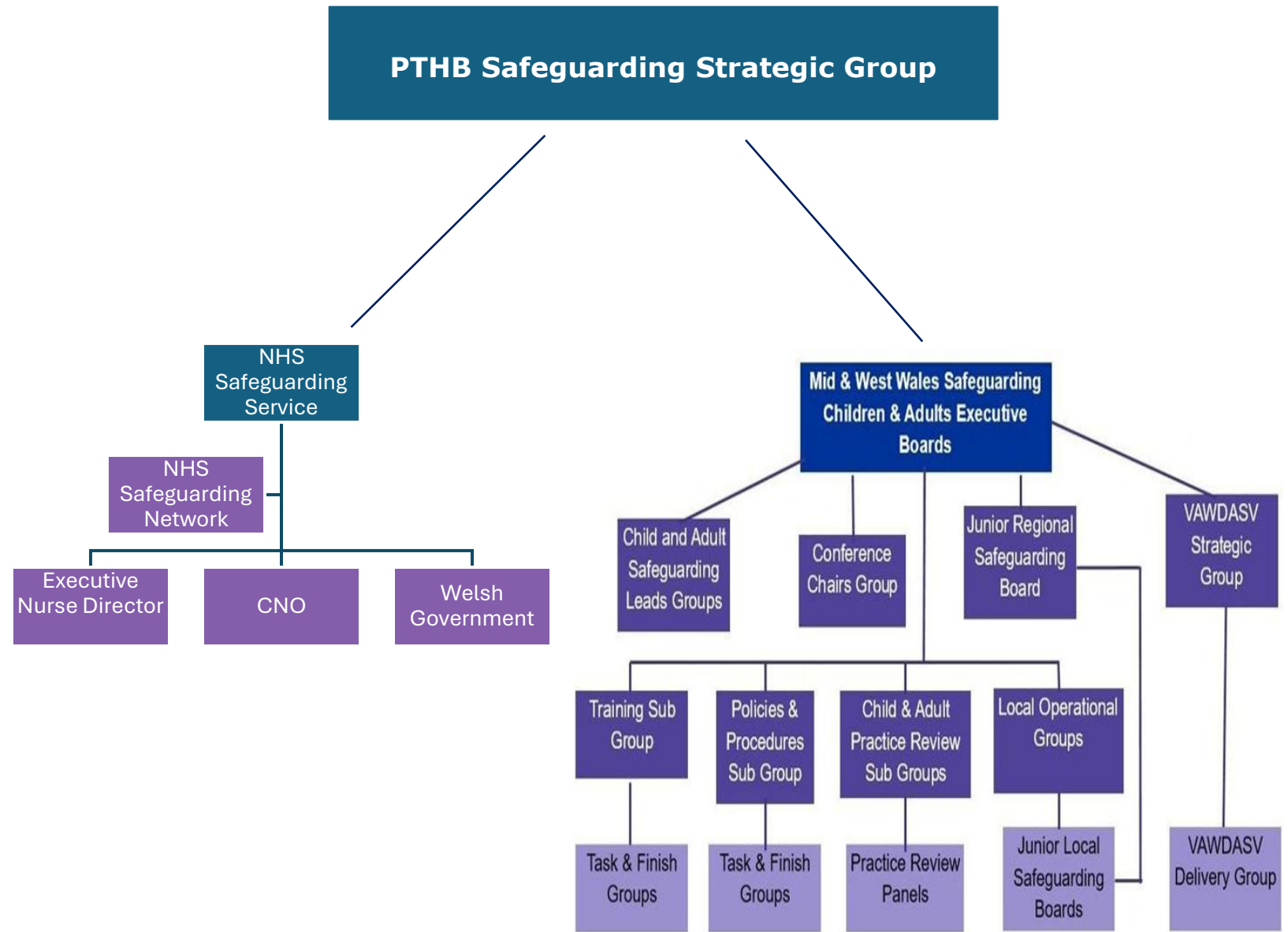


## Powys Teaching Health Board Safeguarding Team Structure



# Powys Teaching Health Board Safeguarding Strategic Group

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



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# Safeguarding Quality Assurance

## PTHB Safeguarding Management Application Goes Live

The implementation of the Safeguarding Management App has resulted in notable improved operational efficiency and effectiveness across key activities including safeguarding quality, assurance and accountability. By optimising workflows and reducing manual intervention to produce metrics to monitor and evaluate the effectiveness of safeguarding practices the team can now focus on more strategic and value-driven tasks enhancing overall quality using the outputs of the App

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Prior to the introduction of the App, several processes required significant manual effort and extended time commitments to produce safeguarding metrics. The revised approach has streamlined these tasks, reducing the complexity and margin for error while allowing for quicker execution. Areas of improvement include:

**Administrative Processes:** Routine tasks that previously required multiple steps have been simplified, leading to faster completion and reduced administrative overhead

**Data Management:** Improved data handling processes now allow for more efficient collection, analysis, and reporting, minimising the time spent on repetitive tasks.

**Decision-Making:** The reduction of time spent on routine activities facilitates faster access to information, supporting quicker and more informed decisions.

### **Impact on Operational Efficiency**

The time savings achieved have led to several tangible benefits, including:

- 1. Increased Capacity:** With less time spent on manual processes, the team can allocate more resources to complex or high-priority work.
- 2. Improved Accuracy:** Automation reduces the likelihood of errors, enhancing the quality and reliability of outputs.
- 3. Enhanced Responsiveness:** Faster processing times allow for quicker responses to internal and external requests.

These efficiencies contribute to a more agile and responsive operational environment, ultimately supporting better service delivery and long-term sustainability.

Continued monitoring and refinement will ensure that these measures remain effective and can be further enhanced to meet evolving organisational needs.

# Safeguarding Quality Assurance

## Quarterly Safeguarding Team Audits, Reviews and Spot Checks

During each quarter throughout 2024-25 the safeguarding team completed quarterly audits, reviews or spot checks. The outcome of this activity informs what is working well and where improvements, developments or changes can be made. The Audits, reviews and spot checks include;



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# Safeguarding Legislation and Drivers

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

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

# PTHB Safeguarding Policies, Protocols & Guidance Documents

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



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# Inspections and Audits: NWSSP NHS Internal Audit and Assurance of MCA DoLS

In January 2025 PTHB received the NHS Wales Internal Audit of MCA DoLS which gave overall limited assurance. The audit determined key matters arising and recommended three high priority actions and three medium priority actions.

## The matters requiring management attention include:

- ❖ Review of the DoLS Policy;
- ❖ Ensuring appropriate on-going provision of training around the Managing Authority responsibilities;
- ❖ Contractor supplied Best Interest Assessors should have their qualifications confirmed periodically;
- ❖ Establishing a sustainable approach for the future delivery of the DoLS Supervisory Body role;
- ❖ Improvement to the process and timeliness for authorisation of DoLS applications; and
- ❖ Case tracking and Management Information could be improved with qualitative data as well as quantitative.

The outcome from the audit was as expected. Following a previous MCA DoLS gap analysis undertaken in 2024, interim measures were put in place, however, not sustainable. In response to the audit and gap analysis, a business case to support the development of a Supervisory Body is progressing through the Health Boards Investment Benefit Group (Business case approved by Executive Committee in early 2025/2026), Executive support for the business case will enable the identified improvement work to commence in 2025/26

Limited



Some matters require management attention in control design or compliance.

**Low to moderate impact** on residual risk exposure until resolved

## Assurance summary<sup>1</sup>

Objectives	Assurance
1 Policy and procedure documentation	Reasonable
2 Training and Accreditation	Reasonable
3 Process Operation	Limited
4 Reporting	Limited

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

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

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## **The scope of the JICPA was to review:**

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

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

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

The JICPA identified four specific actions for PTHB which have been managed within the Safeguarding Operational Group with quarterly progress provided into PTHB Safeguarding Strategic Group.

**During 2024-25 all the improvements identified have been completed.**

# Inspections and Audits: Mid & West Wales Child Practice Review – CYSUR 3 2021 Update

On the 14<sup>th</sup> of March 2024, Mid and West Safeguarding Board published the Concise Child Practice Review on their website. The review made 9 recommendations for the Mid and West Wales Safeguarding Board partner agencies, 4 of the recommendations were specific for Powys Teaching Health Board. The recommendations were translated into an Action Plan which was approved by the Mid and West Wales Safeguarding Board in May 2024.

The Action Plan has been monitored within the Health Board's Safeguarding Practice Improvement Group, which reports to the Safeguarding Strategic Group. Regionally, PTHB have provided quarterly progress reports on all actions at both the Multi-Agency Regional Safeguarding Operational Group the Mid and West Wales Safeguarding Board.

**During 2024-25 all the improvements identified have been completed.**



# Examples of the Improvements Implemented from both the JICPA & the Child Practice Review include:

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- ❖ Review and focus on Safeguarding Children Level 3 Training compliance – compliance as of March 2025 when compared to the same period in 23/24 has improved from 59% to 77%
- ❖ PTHB Safeguarding Team, Powys County Council Children Services & Education colleagues have designed and developed and a Multi Agency Safeguarding Supervision Process. This process will enable facilitated multi agency supervision sessions with practitioners who are working with children at risk of harm and are listed on Powys Children Services Child Protection Register. Certain set criteria must initiate Multi Agency Supervision, for example, periods of child protection registration that exceed 15 months, repeat child protection registrations, cases where there is drift, no progress in managing/reducing risks, professional disagreement and majority decisions regarding child protection registration.
- ❖ Practitioners encouraged, reminded and supported to be professionally curious. Professional Curiosity Training available to practitioners.
- ❖ Children Not Brought to appointments Policy in place, children services in the Health Board undertake monthly audits of children not brought to appointments. The Safeguarding Team are engaged in a national piece of work being led by the NHS Wales National Safeguarding Service to develop an All Wales Was Not Brought Guidance.
- ❖ Audit of multi agency responses to child protection case conferences
- ❖ Ongoing review of how the voices of children are captured and heard within safeguarding activity
- ❖ PTHB Safeguarding Team have supported the establishment of NHS England Safeguarding and NHS Wales Safeguarding six monthly Connection Forum. The aim of the Forum is to provide support, advice and share learning between NHS England and NHS Wales, whereby they share boarders. The purpose of the Forum is:
  - To provide leadership for the commissioning process in relation to the Safeguarding agenda with a regional and integrated care system context.
  - To understand, discuss and act on factors that affect the successful delivery of the safeguarding programme and projects within it.
  - To broker relationships with stakeholders internally and externally.
  - To discuss cross-boarder issues and share learning.

# Examples of the Improvements Implemented from both the JICPA & the Child Practice Review include:

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In March 2025 PTHB Safeguarding Team launched Pick up the Phone Campaign, an electronic poster encouraging staff to go **back to basics! Pick Up the Phone and have a conversation** with colleagues across Health Boards in Wales and our borders and with our partner agencies. The idea for this came from NHS England running the Campaign and gave consent for us to use and adapt.

## Pick Up the Phone Campaign

Over many years various Regional Safeguarding Adult and Child Practice Reviews, National Safeguarding Reviews and Joint Inspections consistently highlight similar themes and areas for improvement across many services. These themes include practitioners working in silos, not sharing timely, relevant and proportionate information and not having professional curiosity.

To support and remind staff across the Health Board of these key findings, PTHB Safeguarding Team designed an electronic poster encouraging staff to go **back to basics! Pick Up the Phone and have a conversation** with colleagues across Health Boards in Wales and our borders and with our partner agencies.

**The Poster Campaign** was launched in March 2025 on Powys Teaching Health Boards socials including Facebook, Powys Announcements and the Health Boards Safeguarding Intranet Page News Feed, it has been sent to all safeguarding strategic and operational group members for onwards sharing, our Primary Care Academy and Primary Care Services.

The Safeguarding Team will highlight the **Pick Up the Phone** message at all opportunities including safeguarding supervision, training and while attending Service Group team meetings.

Themes from Safeguarding Practice Reviews in Wales are telling us that practitioners should speak to each other, share information and be professionally curious.

Let's go back to basics & have a conversation

## PICK UP THE PHONE

to colleagues across Health Boards in Wales & our borders & our partner agencies

MWWSB Adult Practice Reviews

MWWSB Child Practice Reviews

Myth Busting Information Sharing

Professional Curiosity Bitesize

Was Not Brought Animation

CIW Rapid Review of Child Protection

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Remember! Doing the Basic Things Well  
Helps Keep People Safe



# Examples of the Improvements Implemented from both the JICPA & the Child Practice Review include:

- ❖ A referral Pathway for Powys children into a National Paediatric Lymphoedema Service already existed, the service is hosted by Swansea Bay University Health Board (SBUHB). A Standard Operating Process (SOP) has been developed which sets out improved communication, monitoring and documentation processes both internally and between Powys Teaching Health Board and the National Lymphoedema Service.
- ❖ Challenges were also identified as the National Service follows SBUHB's *Was Not Brought* process which is different to PTHB's. The new SOP addresses this issue. The development of a National *Was not Brought Guidance* will alleviate this issue.
- ❖ Primary Care are represented at PTHB Safeguarding Strategic Group with clear communication pathways to share learning which includes the Primary Care Academy.
- ❖ A whole system approach to healthy weight is one of three priority objectives within Powys Wellbeing Plan. [The Powys Well-being Plan - Powys County Council](#)
- ❖ Powys Teaching Health Board, Powys Children Service and Integrated Disability Service (IDS) have worked together to develop pathways and improve coordination and collaboration which includes

IDS reviewed its Early Help and closure processes. IDS & social care case closure process updates all health professionals open to a child, and in IDS details of when a child may need additional support at transition points, alongside details of how to re-refer into social care services

Health and IDS are providing increased information to children and families about charitable organisations, both have updated their web pages to contain more information

IDS and Adult social care have a transition pathway for children open to IDS which health professional's attend

A review of the triage process to take place. Community paediatric triage is in place and has an MDT health presence

Health have recruited to a specific home-schooled nurse role to support home educated children.  
IDS updated the disability register form and it's available on new web pages

# Strengthening Safeguarding in Health Review

The **Safeguarding in Health Review** was commissioned by Welsh Government to review of the effectiveness of safeguarding arrangements in NHS Wales, thus ensuring that the Welsh Government (the CNO, Director General/Chief Executive NHS Wales and Ministers) have sufficient, meaningful assurance that the NHS in Wales is delivering against its statutory safeguarding duties. The Strengthening Safeguarding in Health Review final report was received in January 2025

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## Background

With the establishment of the NHS Executive and the enactment of the Health Social Care (Quality and engagement) (Wales) Act 2020, it was considered now is the right time to reflect on how arrangements could be strengthened and /or enhanced giving particular focus on developing a safeguarding quality management system with supporting architecture in the NHS in Wales, to provide oversight on the effectiveness of Safeguarding arrangements in health, at a system level.

Over the past ten years throughout Wales, several high-profile safeguarding Adult and Child Practice Reviews, inspection reports and safeguarding publications have been published, however, assessing whether the recommended interventions and actions have been effectively implemented is a challenge. Additionally, ensuring that significant lessons are consistently applied across all relevant health settings, rather than just where the issue was first identified, is equally complex which presents a risk.

## Findings

The final Safeguarding in Health Review report acknowledges the remit of safeguarding is vast and challenging within the NHS, which is complex and where there are thousands of touch points with the public every year, some of whom will already be vulnerable to abuse or neglect or who may become vulnerable by virtue of presenting to health services.

The review provides well-informed insights including structural adjustments and other modifications that may be necessary to improve systems and practices within NHS Wales.

A Safeguarding in Health Oversight Group has been established to take forward to the recommendations.

# Strengthening Safeguarding in Health Review

## Agreed recommendations which will be taken forward in 2025/26

**Safeguarding Quality & Safety/learning Framework:** Establish a robust system for continuous learning and improvement in safeguarding arrangements in health. This framework will include mechanisms for sharing best practices, learning from incidents, and ensuring that all staff are adequately trained and supported in their safeguarding roles managing and overseeing safeguarding practices within NHS Wales.

**Quality Statement & Safeguarding Metrics:** Provide clear guidelines on safeguarding objectives and expected outcomes and develop metrics to monitor and evaluate the effectiveness of safeguarding practices. The Quality Statement & Safeguarding Metrics will provide a clear and concise description of what good quality safeguarding should look like within NHS Wales. This statement will be accompanied by a set of metrics that can be used to monitor and evaluate the effectiveness of safeguarding practices, providing early warning signals for any issues.

**Safeguarding Quality, Assurance & Accountability Framework:** Ensure that safeguarding practices are effectively implemented, monitored, and evaluated for continuous improvement. Framework focuses on ensuring that safeguarding practices are not only implemented effectively but also monitored and evaluated for continuous improvement. This framework will include mechanisms for accountability and assurance, ensuring that health boards and trusts are held responsible for their safeguarding duties reporting to IQPD and JET meetings

**Digital Tracking: System** to track actions from reviews, inspections, and reports at both organizational and national levels in NHS Wales. This three-year digital programme will involve key statutory partners and address the need for improved information sharing between agencies.

# SMM Standard; Confident and competent Workforce

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

Confident &  
Competent  
Workforce

## **Within this section;**

Safeguarding Supervision, Advice and Support  
NHS Wales National Safeguarding Service (NSS)  
Safeguarding Training and Development  
Safeguarding Processes



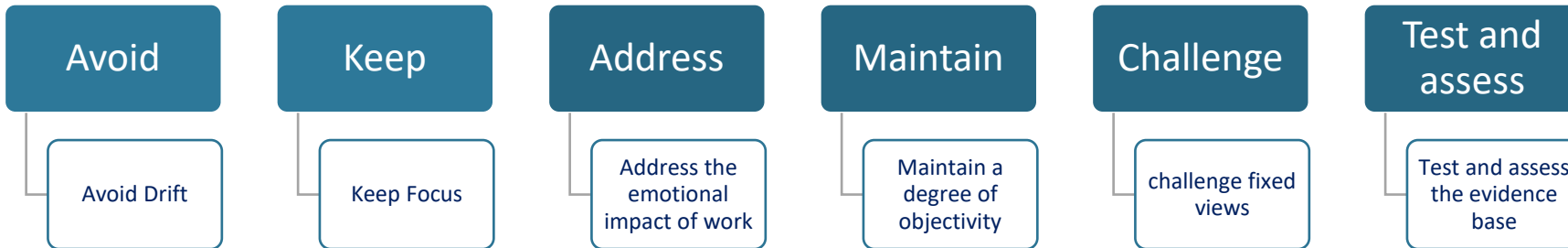
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# Safeguarding Supervision, Advice & Support

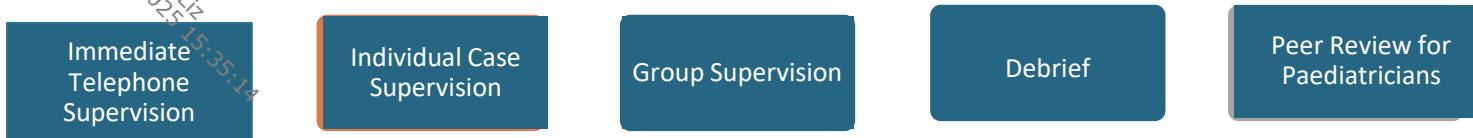
Any situation where there are concerns about the safety of a child or adult is unlikely to be simple and will involve making sense of complex and often contradictory information. Managing uncertainty and risk has implications for working with emotions as well as enabling reflection and practical application of skills. Safeguarding supervision and support are essential to the delivery of system-wide quality services that are safe, effective, person-centred, timely, efficient, equitable and occur within a learning culture.

The Intercollegiate Document for Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019 and the Intercollegiate Document, Adult Safeguarding: Roles and Competencies for Health Care Staff 2024 state that all health staff should have access to and participate in safeguarding supervision and/or peer review which should be as appropriate to role.

## Safeguarding Supervision should support to;



## Types of Safeguarding Supervision available to PTHB staff include;





# NHS Wales National Safeguarding Service (NSS)

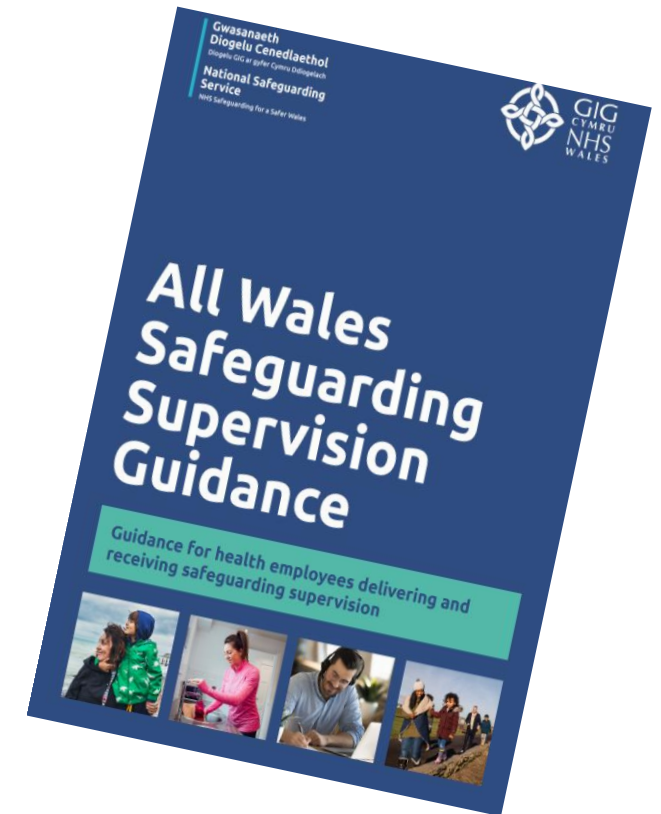
## All Wales Safeguarding Supervision Guidance

Launched by the NSS in Collaboration with NHS Wales Heads of Safeguarding

In the context of the changing safeguarding landscape because of the pandemic, the cost-of-living crisis and other global factors, there has been an increase in the numbers of children and adults in the UK referred to local authorities. This has presented as additional and sustained increases in safeguarding workload, including the complexity of cases. In managing such intensity and change, NHS organization's require resilient health care systems (Behrens et al 2022). The All-Wales Safeguarding Supervision guidance identifies what good quality safeguarding supervision looks like and how it can support the development of resilient practitioners.

The negative emotional impact of safeguarding work has been recognised for many years (Ferguson 2005; Newman and Vasey, 2020) in that, where a worker's emotional responses cause increased anxiety, this may lead to an approach whereby the worker manages anxiety by opting for simple explanations and solutions to presenting situations (Wallbank and Wonnacott, 2015). This presents significant concerns when addressing and responding to complexity within safeguarding. In this context, the complexity of safeguarding scenarios may cause practitioners to feel overwhelmed and decisions difficult to make; conversely, they may strive to respond without optimal professional curiosity. Both approaches can lead to ineffective analysis and decision making.

PTHB have aligned the Supervision Standard Operating Process inline with this guidance



# Safeguarding Supervision, Advice & Support

PTHB Safeguarding Team, Powys County Council Children Services and Education colleagues have designed and developed a Multi Agency Safeguarding Supervision Process. This process will enable facilitated multi agency supervision sessions with practitioners who are working with children at risk of harm and are listed on Powys Children Services Child Protection Register and a certain set of criteria has been met. The Guidance will be promoted and its use and outcomes monitored during 2025-26

## Purpose of Multi Agency Supervision

The purpose of this guidance is to provide a framework for reflection using the Multi-Agency Supervision model.

The aim of Multi-Agency Supervision is not about accessing additional funding/services, it works on the principles of encouraging multi-agency reflection to enhance relationships and the effectiveness of plans, thereby improving outcomes for children.

Multi-agency supervision will provide practitioners working with the family the time and space to review the case including the current plan and give them the opportunity to reflect and consider if there are alternative options that may help the case move forward. This may include exploration of what is going well and ensuring that all risks are identified and addressed.

Multi-agency supervision will only be provided when the case status meets the required criteria and will support staff to inform decision making and strengthen how we can work with children and families to address need and risk.

Multi-agency supervision sessions are facilitated by lead practitioners from Children's Services, Powys Teaching Health Board (PTHB) & Education

## Criteria

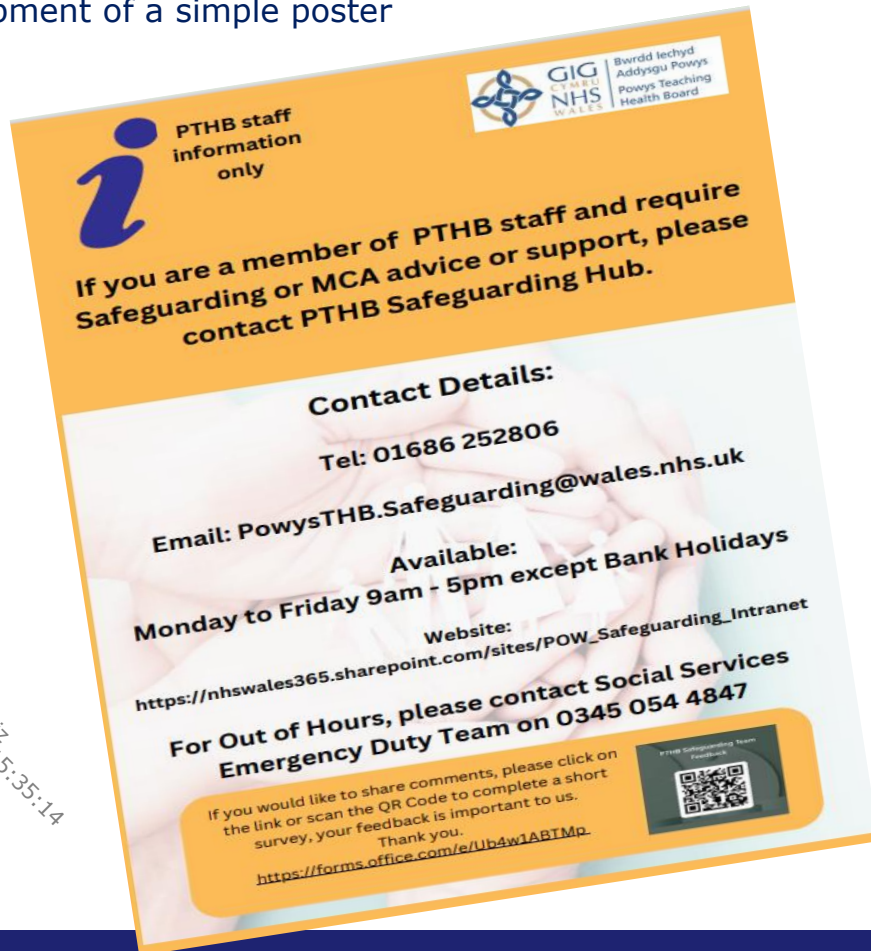
A Multi-Agency Supervision can be requested if the following criteria are met:

- ❖ **The child is subject to their second period of child protection registration**
- ❖ **Cases where there are regular split decisions amongst core group members**
- ❖ **Complex cases with evidence of drift**
- ❖ **Cases where Child Protection planning is not coming together and practitioners feel 'stuck' as how best to proceed**
- ❖ **The child has been subject to an extended period of registration in excess of 18 months**
- ❖ **Cases where there is evidence of disguised compliance or challenges engaging the family.**



# Safeguarding Supervision, Advice & Support

Following the Safeguarding Leads visiting clinical areas it was noted there was no visible, easy to read information to guide staff about contacting the Safeguarding Hub, this led to the development of a simple poster



The Safeguarding Team always welcome feedback on the service we offer across the Health Board. Limited responses are received via the QR Code



## What we do well?

- Supportive and clear information and guidance
- Signpost
- Support offered via hub is helpful
- Always on hand and approachable

## What could we do better?

- A break in between the 2-hour supervision session
- Access to safeguarding hub on the weekend

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# Safeguarding Training & Development

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

During 2024-2025 the Safeguarding Team delivered a variety of training sessions over MS Teams

Additional multi agency training is circulated across PTHB via Training Tuesday, with additional learning resources available on PTHB Safeguarding Intranet Page: [\*\*Safeguarding & Public Protection - Home \(sharepoint.com\)\*\*](#)

Safeguarding training compliance is reported quarterly to both the Strategic & Operational Safeguarding Groups. During the year work has been undertaken to review training packages & PTHB's competency passport, review and realign ESR and put a system in place to send reminders to staff regarding non-compliance with an escalation pathway to managers. This work has taken longer than anticipated, it has been completed with the consultation and cooperation of managers and leads. Improvement has been seen with Children Level 3, however, Adults Level 3 remains below the target of 85%. Work continues to achieve compliance

	Target	Q1	Q2	Q3	Q4
Safeguarding Adults Level 1	85%	88.49%	90.49%	90.82%	91.26%
Safeguarding Adults Level 2	85%	93.13%	93.74%	90.03%	91.94%
Safeguarding Adults Level 3	85%	42.15%	40.34%	45.42%	47.46%
Safeguarding Adults Level 4	85%	83.33%	83.33%	83.33%	83.33%
Safeguarding Children Level 1	85%	88.41%	90.29%	90.73%	90.66%
Safeguarding Children Level 2	85%	92.50%	92.87%	92.84%	93.30%
Safeguarding Children Level 3	85%	64.57%	66.07%	67.43%	76.74%
Safeguarding Children Level 4	85%	83.33%	83.33%	83.33%	71.43%
VAWDASV Group 1	85%	85.89%	87.31%	87.28%	88.46%
VAWDASV Ask & Act Group 2	85%	69.68%	71.23%	71.13%	71.29%

## Training Delivered by the Safeguarding Team in 2024-25 & Feedback Themes



**3 Level 3 children training to 42 staff**

**6 Level 3 adult training to 236 staff**

**12 Ask & Act training to 379 staff**

**4 Childhood Injury training to 58 staff**

**6 Mental Capacity Act Level 3 to 29 staff**

# Safeguarding Training & Development

Local, Regional and National Developments in 2024–25 include

- ❖ The Intercollegiate Document (ICD) rewrite for *Safeguarding Adults: Roles & Competencies for Healthcare Staff* was launched. **Adults ICD.**
- ❖ The Royal College of General Practitioners have published a **Safeguarding Standards for General Practice** document on 1<sup>st</sup> October 2024, with changed training requirements, no longer based on hours but instead based on the principles of adult learning.
- ❖ PTHB Safeguarding team are working with Primary Care Academy to support with safeguarding training within primary care. Dates planned to deliver training at Protected Learning Sessions which includes PTHB Named Doctor for Safeguarding delivering training on Childhood Injuries
- ❖ Development of the Safeguarding and Public Protection page on PTHB Internet page **Safeguarding & Public Protection - Powys Teaching Health Board (nhs.wales)**
- ❖ Safeguarding Leads have a programme whereby they attend team meetings twice a year
- ❖ Quarterly Mid & West Wales Safeguarding Board Newsletters  
: <https://www.cysur.wales/newsletter/> one of which contains a piece on the work of PTHB Children Looked After Specialist Nurses
- ❖ National Safeguarding Week provided an opportunity for multi agency partners to come together where they were able to network, reflect, learn and consider how regionally we continue to keep people safe from harm
- ❖ PREVENT Awareness mandatory training agreed for PTHB practitioners providing care to children/adults at risk of being radicalised



# Safeguarding Process

Safe Recruitment  
Allegations Made Against Staff in a  
Position  
of Trust  
Resolution of professional Differences  
Pressure Care  
Falls

## Safe Recruitment

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

## Allegations Made Against Staff in a Position of Trust

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

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

## Resolution of Professional Differences

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

## Pressure Care

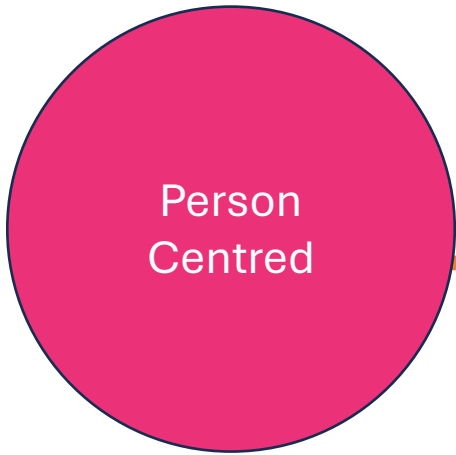
PTHB has a policy in place to support the prevention & management of pressure damage. The policy objective is to ensure appropriate care & management is provided to individuals at risk of or to those who have sustained pressure damage. All pressure damage found must be reported via RL Datix clinical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

## Falls

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

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

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## **SMM Standard; Person Centred**

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

### **Within this section;**

Safeguarding Children

Child Protection Register

Child Protection Medicals

Childhood Injuries Training

Child Exploitation

Looked After Children

PRUDiC (Procedural Response to Unexpected Death in Childhood)

Safeguarding Adults

Mental Capacity Act 2005

Pressure Ulcers

Inpatient Falls

Immediate Rapid Response

Public Protection and Offender Management

Violence Against Women, Domestic Abuse & Sexual Violence (VAWDASV)



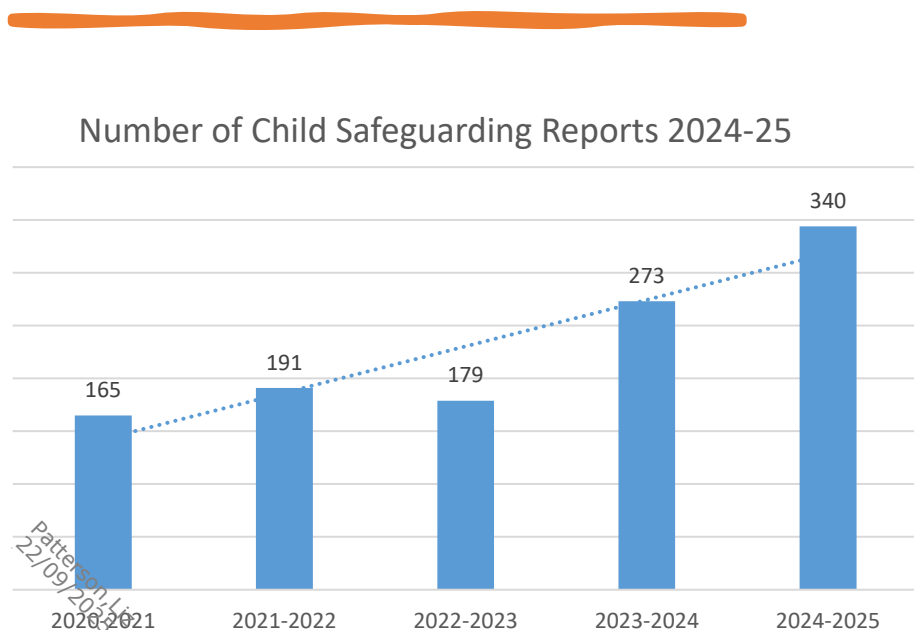
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# Safeguarding Children

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

340 Safeguarding reports were made by PTHB staff in 2024-25. This has more than doubled over the last 5 years. This rise may be due to several factors including improved data collection and reporting, a more visible and accessible Safeguarding Team including access to the Safeguarding HUB. Post pandemic reports increased when children & family's re engaged with services and the impact of the cost-of-living crisis.

30% of safeguarding reports were for concerns about Neglect



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

All safeguarding reports are quality assured by the Safeguarding Team

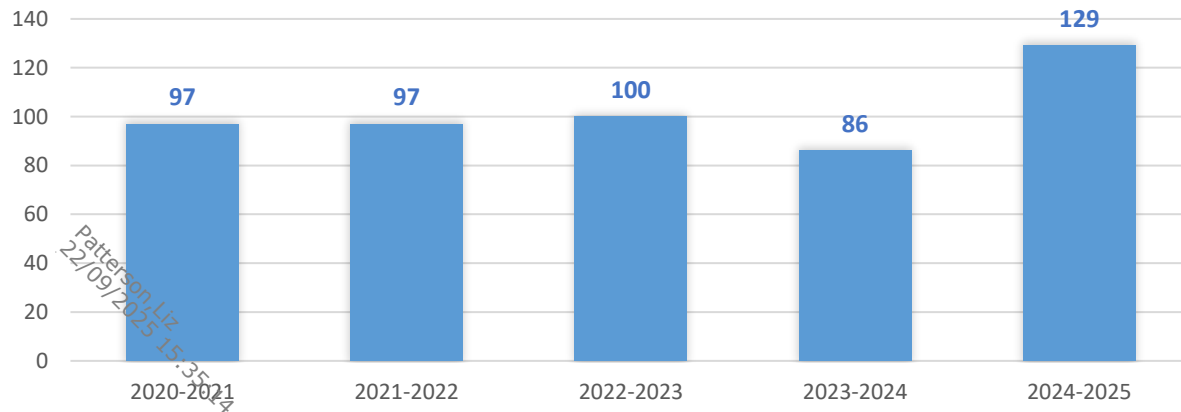
# Child Protection Register

When a child protection case conference concludes a child/ren are suffering or likely to suffer significant harm from abuse and /or neglect, their name is added to the Local Authority's Child Protection Register. This is always a multi agency decision. The Safeguarding Team receive daily updates from Powys Local Authority of all children whose names have been added to or removed from Powys Local Authority Child Protection Register. This information is shared with practitioners, GP'S and Shrop Doc

## Child Protection Register

The number of children on Powys Children Protection Register children with care and support and protection plans was 129 as of 31.03.25. There has been a significant increase in the past 12 months which is being monitored within the local multi professional safeguarding group. When benchmarked against the most recently published Welsh data, the number of Powys children on the CPR per 10k population is just below that of the National Average.

**NUMBER OF CHILDREN ON CHILD POWYS PROTECTION REGISTER AS OF END OF EACH FINANCIAL YEAR**



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

The highest category of registration as of the 31.03.25 was Emotional or Psychological Abuse

# Child Protection Medical Data

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

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

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

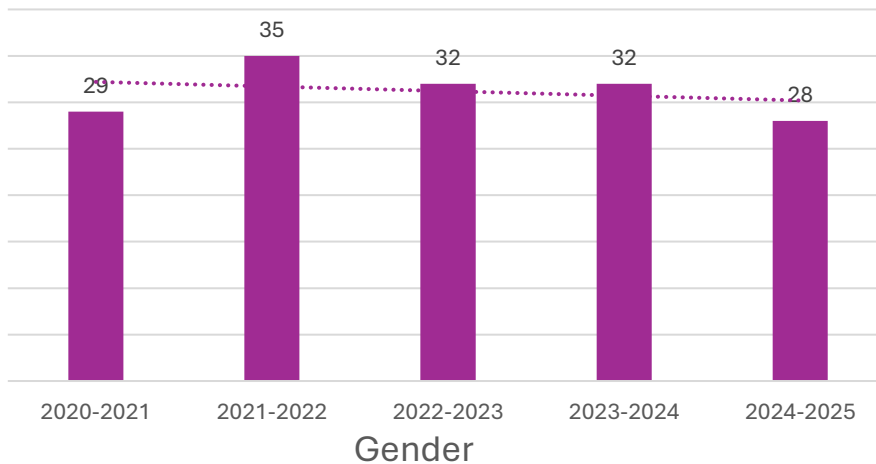
Throughout 2024-2025 there were 28 Child

Throughout 2024-25 there were 28 Child Protection Medicals undertaken on Powys Children. This is comparable to the numbers undertaken each year since 2020. 15 were male and 13 female. 17 were under 5 years of age and 11 aged between 5 and 17 years. 24 of the 28 medicals undertaken were due to concerns regarding physical abuse, followed by 4 for other reasons.

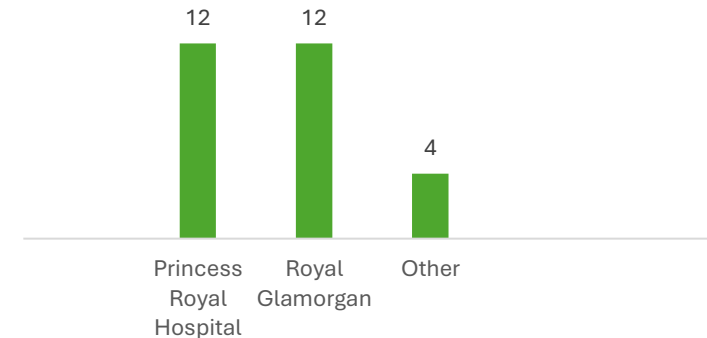
PTHB Named Doctor for Child Protection attends Child Protection Peer Review

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

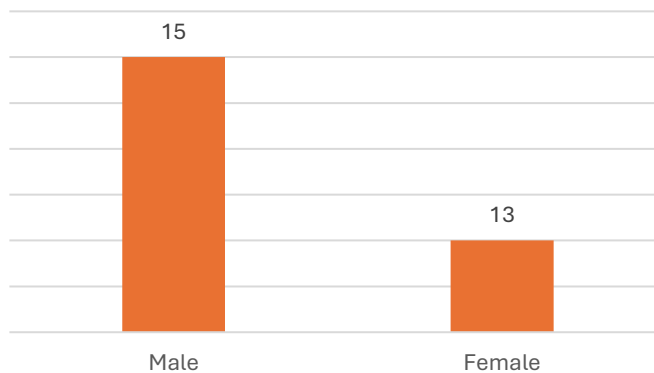
Number of Child Protection Medicals



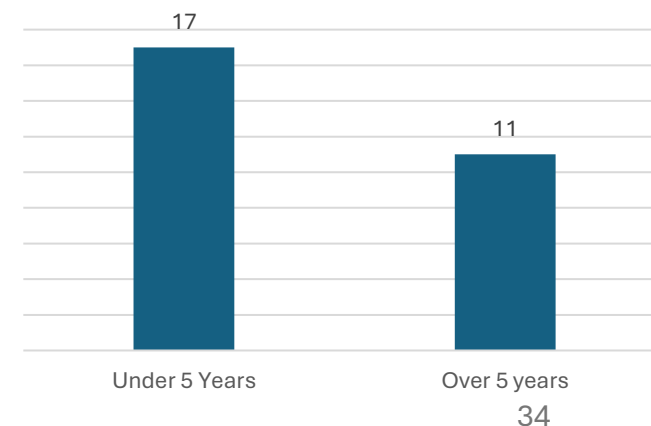
Place medical undertaken



Gender



Age of Child



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# Childhood Injuries Training

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

Throughout the year PTHB Named Dr for Child Protection has planned and delivered multi- agency training on Childhood Injuries.

A Childhood Injury 7-minute briefing has been developed to support the training.

Sessions have been attended by frontline health practitioners, social workers, education staff and police officers

The training has received positive feedback.

Further sessions are planned for 2025-26

**Childhood Injury & PA 7 MB final 2024**

**Physical Abuse 7 Minute Briefing**

**1 Physical Abuse**  
Physical abuse is a cause of significant morbidity & mortality in children, especially in babies and infants who are at highest risk of death & serious injury. Those who are not independently mobile, unable to tell someone what is happening and children with disabilities are more vulnerable to abuse.

Practitioners should use professional curiosity in assessing injuries in children & seek further opinions. Particularly where they are concerned that explanations given do not fit with developmental abilities, injuries or presenting problems.

Understanding of research on injuries & physical abuse in children is important in developing professional knowledge, leading to improved recognition and service responses in this field.

**2 Bruising**  
Bruising is strongly related to mobility. Once mobile & walking independently, children can sustain bruises from everyday activities BUT bruises are the commonest presenting feature of inflicted injury in childhood. Be concerned about any bruising in BABIES and children who are NOT independently mobile. Abusive bruises can be anywhere. They are found predominantly on the face, head, neck, ear, & cheeks, also trunk, buttocks, arms, AWAY from bony prominences. Abusive bruises may reflect imprints of item used, be in clusters, have petechiae (pin-prick bruises). Bruises cannot be aged by visual assessment or colour & this should not be attempted.

**3 Fractures**  
Fractures occur in up to a third of physical abuse cases. Most abusive fractures are in babies and young children (80% in those under age 18 months). Abusive fractures are often "occult" which means there may be no or few outward signs of injury. Symptoms in young children can be minimal or non-specific, thus easily mistaken for other problems. Skeletal imaging guidance allows for the increased need for investigation in young children where physical abuse is suspected.

Abusive fractures can be multiple & of different ages. Specialised medical tests are needed to diagnose them accurately.

**4 Abusive Head Trauma**  
Abusive head trauma (AHT) is the commonest cause of death in child abuse with high mortality (30%) & residual morbidity in 50% of survivors such as cerebral palsy, epilepsy, visual, learning & behavioural problems. Presentation can be clinically indistinct & medical tests are needed as per guidance to detect & exclude AHT. This involves neuroimaging, skeletal survey, blood tests and specialist eye examination.

**7 Physical**  
Physical abuse, can also present with injuries to the mouth, lips tongue & teeth. Human bites are always inflicted injuries, which may or may not be abusive in nature. Many human bites are not recognised as such and dismissed as bruises or other injuries. Bites offer the potential to identify the perpetrator if salivary DNA is identified, & very rarely, clear dental characteristics can assist.

Nosebleeds are a rare presentation in children aged less than two years, however they are significantly associated with asphyxiation, either intentional or unintentional. Young children presenting with asphyxia may have no symptoms or can show altered skin colour, respiratory distress, altered heart rate, and possible Apparent Life-Threatening Events (ALTE) or brief resolved unexplained event (BRUE).

**6 Burns & Scalds**  
Most burns & scalds in children result from unintentional injury with the majority involving varying degrees of parental inattention. An estimated 10% are secondary to maltreatment with the majority thought to be due to neglect. 70% of intentional burns & scalds occur in children under three years. Scalds are the most common intentional burn injury. Research shows particular patterns of burns in physical abuse. Specialist clinical assessments & further medical & radiological investigation of young children with suspected abuse may be required. Skin disorders, caused by internal or external environmental factors, may mimic appearances of intentional burns.

**5 Internal Organ Injury**  
Internal organ injuries are the second commonest cause of fatal physical abuse in children after AHT. Abusive internal organ injuries are also an important cause of mortality in young children. History, symptoms & external clinical signs can be minimal or non-specific. Absence of bruising does not preclude serious internal injury. Clinicians should have a low index of suspicion in young or unconscious children where abuse suspected. Specialist medical tests & imaging should be considered especially in AHT. Almost every organ of the body reported as having been injured due to physical abuse.

# Development of All Wales Child Protection Medical Proforma & Child Protection Medical Leaflets

A national Royal College of Paediatric Child Health (RCPCH) audit of child protection medical assessments identified areas for improvement around consent and provided recommendations to our partner agencies.

In response to the audit the Wales Lead Doctors for Safeguarding (WLDS) group:

- ❖ redesigned and develop a Once for Wales Child Protection medical proforma with an improved section on consent and included a *Preliminary Paediatric Opinion* sheet to improve clarity and reduce ambiguity in recommendations to partner agencies.
- ❖ designed an All-Wales Child & Family & Guardians Child Protection Medical information leaflet which should be used to inform consent.
- ❖ Wrote a Standard Operating Procedure (SOP) for Child Protection Medical Assessments

All were launched by the National Safeguarding Network in Spring 2025

**Child Protection Medical Information for children and Families**

This information leaflet is for Children and families to understand what to expect in a child protection medical

**Tests and Checks that may be required**

**General examination -**

**Why am I being seen today?**

Someone is worried you might have been hurt. A children's doctor needs to see you to check.

**What happens?**

The Doctor will explain what will happen. An Adult will be there to look after you.

The Doctor will explain that they need to ask questions about your health and check you over.

It is normal to feel a bit nervous, but the check doesn't hurt. The Doctors and nurses are there to listen to you and your Parent/carer.

**What happens next?**

Some Children need further tests and may require a stay in hospital

If you have to go to the hospital, your parent or carer can be there. This sometimes takes a few days.

Worker and Doctor will decide a plan and what will happen next.

**Useful information**

**NSPCC**  
[Keeping children safe | NSPCC](#)  
 0800 800500

**Child Line**  
[Childline | Childline](#)  
 0800 1111

**NYAS**  
[Home | NYAS | National Youth Advocacy Service](#)  
 0800 0801001

# Child Exploitation



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

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

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

A PTHB Safeguarding Lead attends all MACE meetings

During 2024-25, 25 children were referred into the NRM (National Referral Mechanism) process

# Children Looked After

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

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

Throughout 2024-2025 PTHB Clinical Nurse Specialist for Children Looked After and Health Visitors continued to work flexibly around the needs of the child, offering advice and support to both children, foster carers and professionals. This includes completing CLA health assessments, attending LAC reviews, pathway planning for 16+ children and strategy meetings. The views of the children are captured during their statutory health assessment and help to shape the child's Health Plan

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# Children Looked After Performance Data

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

354 CLA Health Assessments completed by Powys Looked After Children Clinical Nurse Specialists & Health Visitors

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

85% were completed within statutory timescales, delays were mainly due to accommodating the needs of the children and Foster carers availability. There has been a significant improvement in receiving timely consent for Powys Local Authority

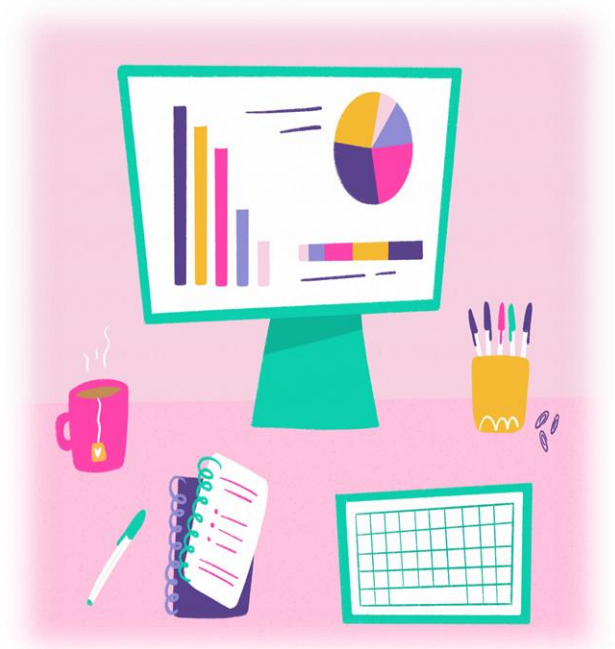
271 Health Assessments were with children from Powys

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

62 were completed by another Health Boards Child Looked After Team

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

15 Unaccompanied Asylum Seeker Children (UASC) are being supported by PTHB CLA Team.



# Luck/Lwc event at the Senedd 12 November 2024: Voices of the care experience children and young people to showcase their thoughts and feelings to produce an insightful exhibition & recommendations

The girls from the HOPE girls' rights group, who were the primary contributors, agreed on five key recommendations:

- 1. Training for Foster carers.** We would like training to include therapeutic techniques and Mental Health First Aid training to better equip Foster Carers to deal with the often-complex emotions and ways that young people express themselves.
- 2. Being able to participate in packing our own belongings.** We would like there to be mechanisms in place to enable us to pack our own belongings. Whether this be helping a social worker/foster carer or writing a list of the belongings we expect to see in our new home.
- 3. Belongings should be packed in bags and suitcases not black bags.** We would like there to be a commitment from government that all children and young people in care should have appropriate bags and suitcases to move their belongings.
- 4. Participation in our care. We would like to be included in our own care meetings.** We would like the guidance to be stronger on what should happen to include us in our own care. Guidance is weak, we need more.
- 5. Emotional Literacy and therapeutic support.** We would like to see more group therapeutic work happening in school and better emotional literacy sessions for all children and young people. We want Wales to be a country where all children have the words to describe how they are feeling and express themselves prior to anything traumatic happening to them.

Work is underway within the Local Authority to address the recommendations made by the girls, this includes the development of a Participation Champion Group managed by Powys Local Authority and stopping the use of carrier/black bags for possessions – all children now have a suitable bag.

**Participation Champion**

**What is a Champion?**  
The proponent for young peoples voices within your team

**Role of the Champion**

- At every team meeting, ask what your young people are saying is important to them and views on our service
- Attend a Teams meeting with other champions once a month bringing their voice
- Work co-productively with other Champions
- Relay to your team what the Children's Services Youth Led Strategy Committee have discussed
- Attend a CS Youth led Committee meet once every quarter if necessary

**Qualities of a Champion**

- An ardent advocate for young peoples wishes and feelings
- Dynamic in practice and approach
- Willing to kindly and co-productively hold Children's Services to account on behalf of our young people
- Focused on whats strong, not just what's wrong
- Understands that Participation is much more than asking for voice, it is a culture.
- Determined, bold and tenacious

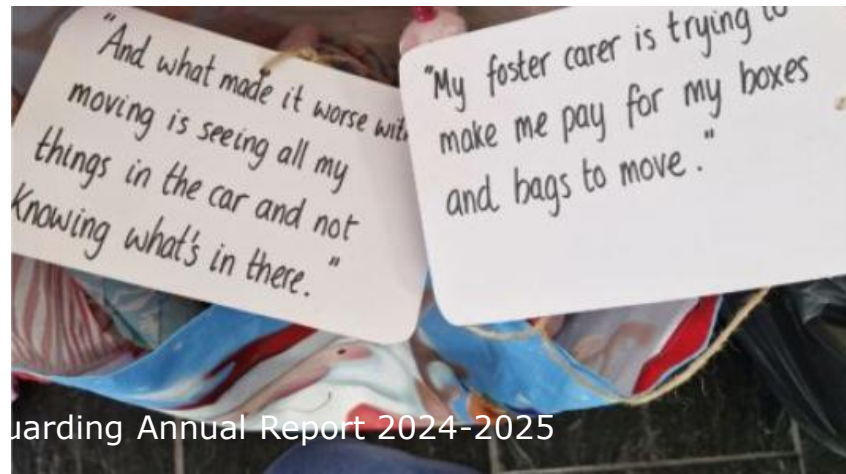
# Care Experienced Children: Art, Poetry & Quotes from the LUCK Event

The event was attended by Helen Wear Children's Looked After Clinical Nurse Specialist in Powys Teaching Health Board; Helen writes:

The Childrens Commissioner for Wales invited groups from around Wales into a foster carer's 'home', we were then asked to wear headphones to hear the voices of care experienced children.

As we walked through the 'homes' the children described their experiences of placement moves and unfamiliar surroundings. We saw and heard how the children felt and saw themselves by seeing their belongings piled up in black bags, drawers full of deeply personal belongings with no safe place for them to be kept, and some of their property being lost

The emotions and feelings of the care experienced children was evident, some had produced very powerful art, poetry and quotes to express themselves



**My social worker has seen my bras! That just hit me then, my social worker has seen my bras!"**

**"You should be asked before your stuff is packed"**

**"Social workers and foster carers might not see the importance of your stuff"**

# Children Looked After Launch of National Questionnaire

## Listening for Change

As part of the identified need to develop person experience feedback within safeguarding for shaping services and triangulation of data, a national survey has been developed with stakeholders and crucially with care experienced young people supported by Voices From Care Cymru – a national organisation dedicated to upholding the rights of care experienced children and young people.

## Developing a Person-Centred Service

The survey will be used to seek feedback in relation to the statutory health assessments of looked after children and their carers. The aim is to establish a person-centred service, using real time data to drive service improvement that includes what matters to looked after children and their carers, and ensure that the voice of vulnerable children and young people is integral to service provision. The survey will permit standardised responses on satisfaction of service delivery as well as identification of wellbeing themes and trends, access to services and quality improvement.

## Surveys

Three surveys have been designed for children and for carers. Questions focus on the core values including dignity, respect, safety and if the children and young people feel involved in decisions made in respect of their health, that they feel valued and safe and that they have had information shared with them in an age-appropriate format. There is also a free text box to suggest improvements. The survey has been built using the CIVICA platform and surveys are available currently in both English and Welsh. Future developments may include providing the surveys in other languages, easy read format and British sign language

## Next Steps

Every Child Looked After and their carer will be given the opportunity to complete the survey via a QR code following their statutory health assessment. PTHB will be responsible for collating and analysing their own data and reporting back key indicators to the National Children Looked After Steering Group, a subgroup of the National Safeguarding Network. This will allow themes to be analysed at both a Health Board and national level allowing for specific local and national service developments.

**The survey went live in April 2025**

**PTHB has a process in place to share the QR Code and monitor responses**

# Removing Profit from Children's Care

Health and Social Care (Wales) 2025 Bill received Royal Assent in March 2025

The new law, passed by the Senedd, will improve services for children, families and disabled people. Wales is the first UK nation to legislate to **end private profit in children's residential and foster care**. Care for looked after children will only be provided by the public sector, charitable or not-for-profit organisations in the future. This will ensure that money going into the system is reinvested into children's welfare, rather than taken as profit for shareholders.

## Four key takeaways



From 1 April 2026 a new law will start to come into force in Wales, this will eventually stop all children's homes and fostering services in Wales from making private profit.

The law will be phased in to minimise any disruption to children and carers and make sure that it achieves its intended benefits

WG will be working with local councils, care providers, agencies, trade unions and children's groups as the changes are introduced. WG want to support any affected providers and their employees in making decisions that are right for them.

WG will work with the sector including looked after children, to manage the changes in a smooth and seamless manner.



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# Procedural Response to Unexpected Death in Childhood (PRUDiC)

[phw.nhs.wales/services-and-teams/national-safeguarding-service/safeguarding-latest-guidance/specific-group-guidance/prudic-pdf/](https://phw.nhs.wales/services-and-teams/national-safeguarding-service/safeguarding-latest-guidance/specific-group-guidance/prudic-pdf/)

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

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

During 2024-25, all unexpected child deaths were managed under the PRUDiC Procedure.

To accompany the revised PRUDiC guidance, national information leaflets for both professionals & families have been developed in consultation with parents with lived experience, alongside health, education representatives, this process has supported the information to be clear and compassionately communicated to all those affected by the death of a child

[PRUDiC Information for Families Leaflet](#)

[PRUDiC Information for Professionals Leaflet](#)

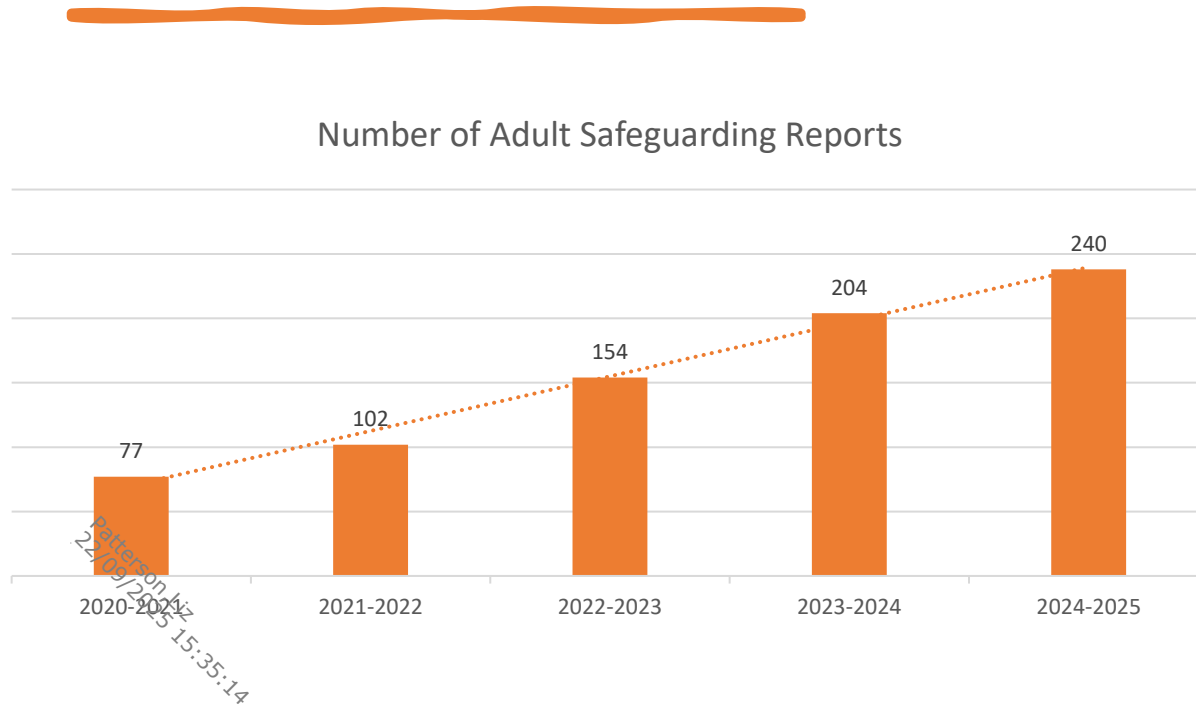


# Safeguarding Adults

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

240 Safeguarding reports were made by PTHB staff in 2024-2025. This has year on year increased over the last 5 years. This rise may be due to several factors including improved data collection and reporting, a more visible and accessible Safeguarding team including the Safeguarding HUB. Post pandemic reports increased when adults and family's re engaged with services and the impact of the cost-of-living crisis.

32% of reports were for concerns about Neglect followed by 14% for concerns relating to domestic abuse



All safeguarding reports are quality assured by the Safeguarding Team



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

# The Mental Capacity Act 2005 (MCA)



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MCA provides safeguards for people lacking capacity for specific decisions at the time they need to take them. It puts the individual who lacks capacity at the centre of decision making and stresses the importance to support individual's make their own decisions. The MCA identifies the steps required to assess capacity and what is required to determine best interests.

The MCA also recognises adults with capacity have the right to make decisions that others may regard as unwise, for example refusing medical treatment. Within the MCA 2005 are the Deprivation of Liberty Safeguards (MCA DoLS).

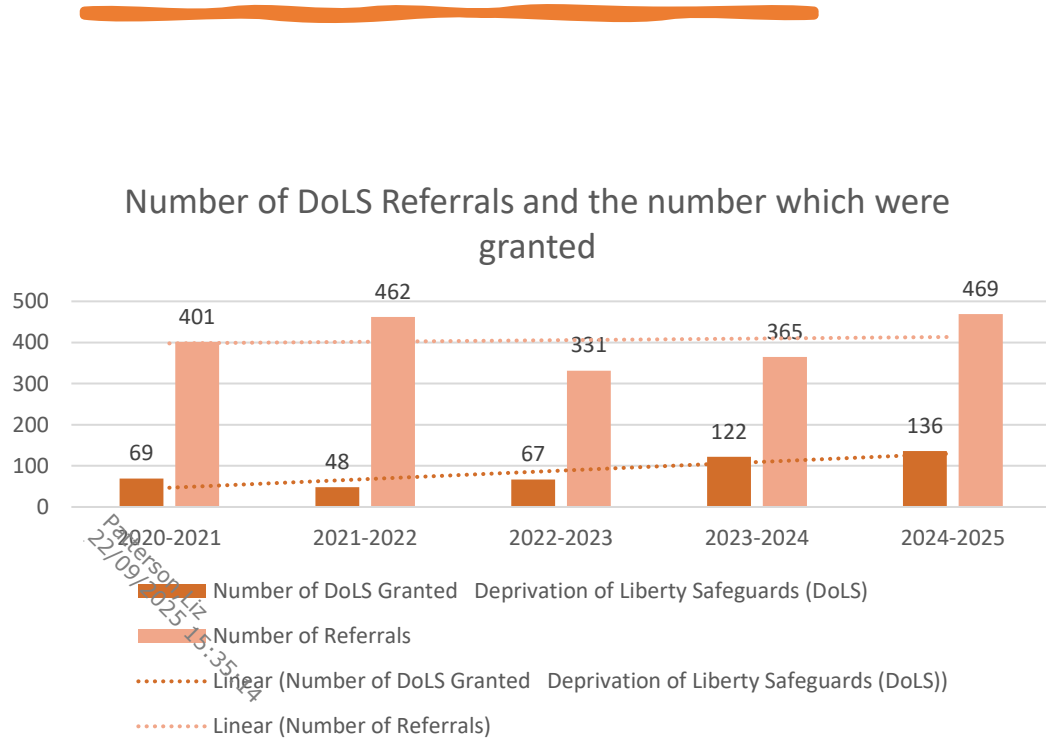
MCA DoLS provides a legal process to authorise an adult who meets the criteria, who may become, or are being deprived of their liberty in a care home or hospital setting. These safeguards are for people who lack capacity to decide where they need to reside to receive treatment and/or care and need to be deprived of their liberty, in their best interests.

By following this process, authorisation of a deprivation of liberty can be achieved. This will ensure that the managing authority is Human Rights Act compliant having identified an interference with article 5.

The Mental Capacity (Amendment) Act 2019 has not been implemented. No further updates are available and preparatory work has ceased.

# MCA Performance and Activity

The number of DoLS applications have fluctuated since 2020 with 2024-25 seeing the highest number of referrals at **469** in the past 5 years. The total figure is the lowest in Wales, however when applications are viewed per 100,000 adult population, Powys have the third highest. In addition, PTHB has the highest number of applications received from outside Wales due to the number of services commissioned from England, other Health Boards do not have to manage this level. Powys has an ageing community and 88% of applications are received from people aged over 65. PTHB must be prepared for higher numbers of applications in future years.



## PTHB Deprivation of Liberty Safeguards (DoLS) Activity 2024-25

	Q1	Q2	Q3	Q4
No. of referrals for the period	86	100	149	134
No. granted	31	42	30	33
No. allocated to external BIA's	37	48	22	54
No. allocated to internal BIA's	22	16	19	26
No. withdrawn/not granted	54	65	105	89
No. of standard/renewal referrals for the period	8	10	5	11
No. of urgent referrals for the period	77	89	99	123
No. objecting	22	21	26	48
Total outstanding applications	33	35	40	22

# MCA Roadshow 2024/25

The roadshow has completed its tour of PTHB hospital sites, promoting the MCA, resources, MCA policy, and Safeguarding Hub. At each site, service and teams were linked in with, resources, asked questioned and engaged in conversation to promote the Mental Capacity Act. There was also useful networking of those already skilled around the MCA.



**Mental Capacity - 3 stages**

**1. Functional**  
Is the person able to make a particular decision? (Yes/No/2)

**2. Diagnostic**  
Is there an impairment/disturbance in the functioning of the person's mind or brain? (Yes/No/2)

**3. Causative Nexus**  
Is the person's inability to make the decision because of the identified impairment/disturbance?

**PTHB Safeguarding Team hosted a Mental Capacity Act Roadshow event within the health board.**

**This was an opportunity to raise awareness about the Mental Capacity Act. We highlighted essential patient rights that need considering to uphold Human Rights and promote autonomy.**

This initial event in a series was held in Breccon Hospital foyer providing opportunity for staff and visitors to learn more about the Mental Capacity Act.

The aim of the Safeguarding's Team is to continue this promotion throughout the health board over the autumn. We are promoting the Mental Capacity Act to be essential in care delivery within Powys Teaching Health Board.

Our colleagues, Chrislie Owens, Sarah O'Sullivan, Rachel Lewis and Vanessa Owen have developed a card for staff that attaches to their ID lanyard. This prompts the 3 stages to assess mental capacity for a particular decision along with the 5 principles. They have worked on promotional material to support this event. This includes practice support posters of how to undertake a capacity assessment that were shared to departments across the hospital site on the day. Other resources include a 7 minute briefing, how to access MCA advice and they provided highlights of the updated MCA policy. Awareness was raised that the resources are on the intranet and available to staff.

We teamed up with dementia lead nurse Heather Wenban to promote this important area. We encouraged reflection, asking whether staff have sufficient confidence in this area. We signposted staff to all the resources available, to increase knowledge and skills around the Mental Capacity Act.

Heather Wenban, Chrislie Owens, Sarah O'Sullivan

**Mental Capacity Assessment**

Mental Capacity Assessment is a three stage process:

<b>Stage One</b> Functional	Is the person able to make a particular decision? If they cannot, go to Stage 2
<b>Stage Two</b> Diagnostic	Is there an impairment or disturbance in the functioning of the person's mind or brain? If so go to Stage 3
<b>Stage Three</b> Causative Nexus	Is the person's inability to make the decision because of the identified impairment or disturbance?

**Stage One**

Assess whether the person can do the following in relation to the decision in question:

- Understand information given to them about the decision that needs to be made
- Retain that information long enough to be able to make the decision
- Use and weigh this information as part of the decision making process
- Communication their decision - this could be by talking, sign language, or using a communication aid or system to communicate their message

**Stage Two**

The person must have an impairment or disturbance of the mind or brain. This means that they have an illness or condition which affects their thinking and decision making. This can be permanent or a temporary condition such as the influence of drugs, alcohol, shock or acute illness. This does not need to be an established diagnosis but you must provide evidence of why you believe that this person has an impairment.

**Stage Three**

It is now a requirement to justify why you believe that the person's inability to make the decision relates to the impairment of the mind or brain.

This is because we need to separate decisions caused by lack of mental capacity from other factors like coercive influence from another person, indecisiveness, unwise choices or strongly held beliefs.

**NO DECISION ABOUT ME WITHOUT ME**

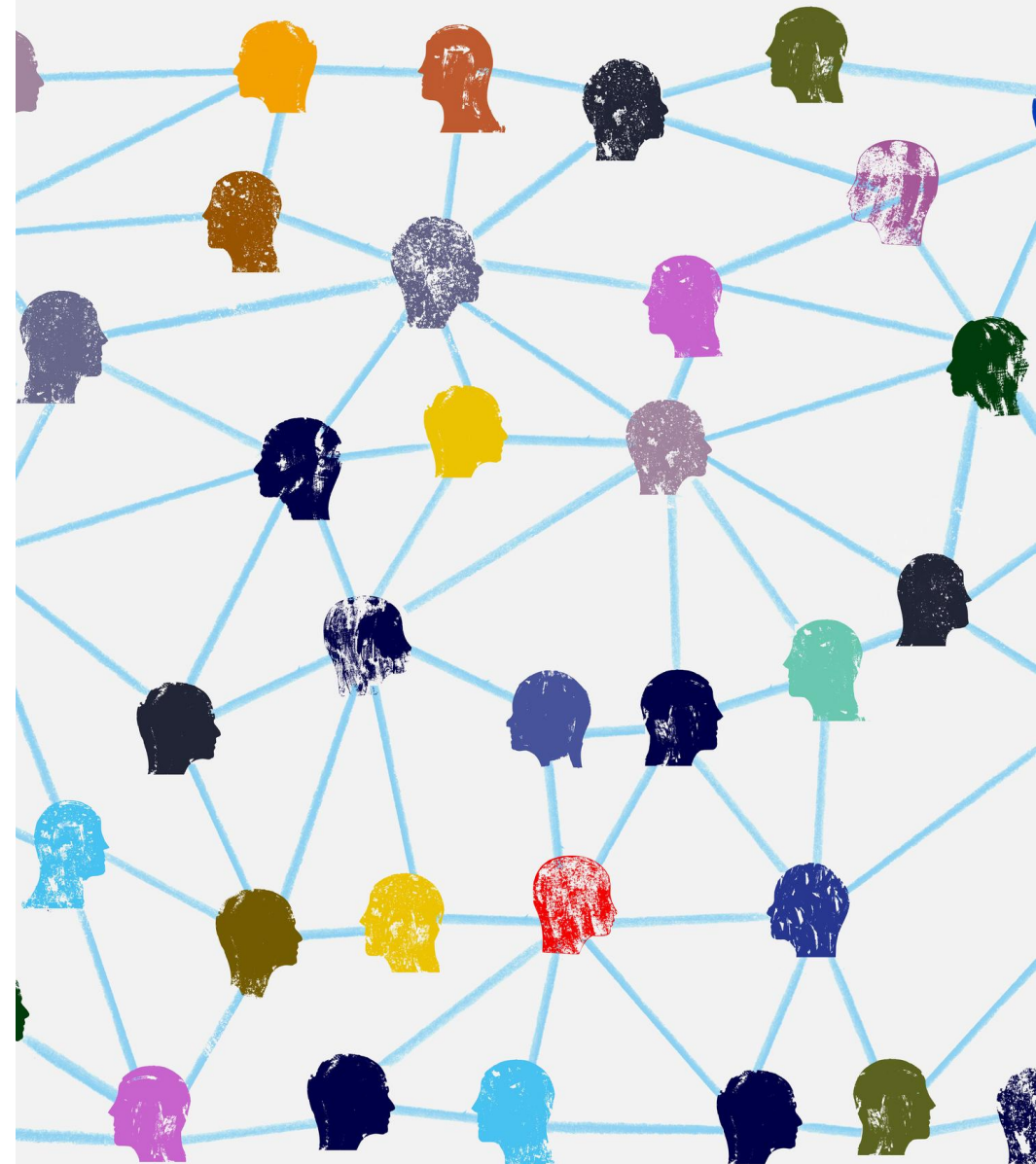
THE FIVE PRINCIPLES OF THE MENTAL CAPACITY ACT 2005

1. Presume I have capacity - Can I make the decision myself?
2. Support me to make the decision. What would make it easier for me to understand?
3. Just because I make unwise decisions doesn't mean I lack capacity.
4. If I can't make the decision, any decision made for me must be in MY best interests.
5. Make sure the decision is the least restrictive option.

# NHS Wales Safeguarding Network

## MCA Improvement Group has achieved:

- ❖ Quarterly meeting's which link MCA professionals from NHS Wales together, to seek clarification and share learning across the network
- ❖ Developed an All Wales MCA Leads TEAMS channel to share information and facilitate work streams
- ❖ Updated online MCA level 1 & 2 training and continue to work on developing MCA level 3 training with view to have an All-Wales agreement for use across NHS Wales with accompanying guidance on who should receive this training and its frequency
- ❖ Updated joint DoLS form 1/1a which is being piloted in Health Boards
- ❖ Engaged with Welsh Government to raise ongoing challenges regarding the lack of guidance following the halting of Liberty Protection Safeguards
- ❖ Reviewed the data requirements for MCA DoLS and offer advise on an improved national data set
- ❖ Scope design, develop and pilot of an All Wales Recording of a Capacity Assessment form



# In Patient Falls Review Huddles

During October 2024, a new process for reviewing all in-patient falls commenced, for each fall a huddle is convened. In attendance is the Ward Manager, Community Service Manager, and Governance Lead, this aim is to met within 72 hours of the fall. All huddles are transcribed to ensure openness and transparency.

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A review of all huddles in the 6 months the process has been in place has drawn out themes for learning and identified good practice

Between October to March 2024-26; 228 falls were reviewed; 6 falls were deemed as avoidable where no injuries were sustained from these falls. 5 injuries sustained from in-patient falls that were deemed as unavoidable, no omissions in the care were identified.

## **Themes from Review learning**

The need to improve recording of a lying & standing blood pressure, by Mid December 2024, questions prompting lying/standing blood pressure were added to clinical paperwork, which has been successful in aiding this procedure to be embedded within clinical practice. Over a 6-month period there was quarter a 36% drop in this being a learning outcome for the falls being reviewed.

Non updating a post fall clinical note saw an 11% increase into quarter 4, this prompted targeted work to improve this practice.

Ensuring that relatives are informed of falls and documenting this discussion.

When patients have an unwitnessed fall and take anti-coagulant medication, it is good practice to transfer for a clinical review in a District General Hospital. When this is not advised by a Clinician for a valid reason, we must ensure that clinicians document this clearly in patient records.

## **Good Practice**

Falls review huddles are ensuring that in-patient falls are reviewed timely and learning identified at the point of the fall. This learning is disseminated to all staff to support the sharing of best practice and improve patient safety and care.

Embedding the recording of lying & standing blood pressure into clinical practice as part of falls assessment.

# Hospital-Acquired Pressure Ulcer

Pressure Ulcer Review Panels are held monthly and include representation for the safeguarding team. All grade 3 and above pressure ulcers are reviewed and a determination agreed. Learning themes are gathered and presented as a quarterly report which is disseminated to all teams. If avoidable pressure ulcers are deemed as moderate harm, then they are managed via the Duty of Candour/Nationally Reportable Incident (NRI) process.

- ❖ During 2024-25 there were 3 moderate harm avoidable pressure ulcers which triggered the Duty of Candour process.
- ❖ A further 3 avoidable pressure ulcers that have been reported as a National Reportable Incident.

## Learning themes

- ❖ to ensure patient pressure ulcer prevention risk assessments and care planning are completed in a timely manner
- ❖ to ensure that all patient wounds are regularly photographed
- ❖ to have a consistent knowledge base across all staff around the grading and identifying of pressure ulcers
- ❖ to have a consistent approach to identifying patients in last year of life to provide anticipatory pressure relieving equipment
- ❖ to improve documenting the advice, information, literature and conversations with patients/family/carers around pressure ulcer prevention
- ❖ to improve timely Datix reporting within 24 hours
- ❖ to ensure capacity assessments are undertaken where there are concerns a patient lacks mental capacity



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

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

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

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

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

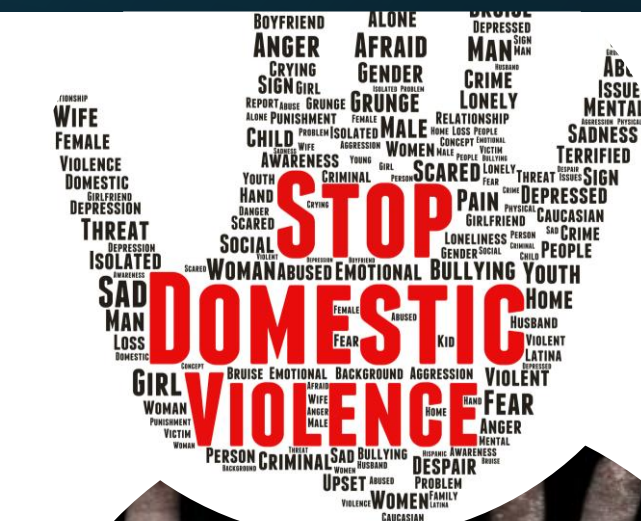
Modern Slavery is the illegal exploitation of people for personal or commercial gain.

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

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

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

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



# PTHB Domestic Abuse Data: PTHB Safeguarding Team:

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

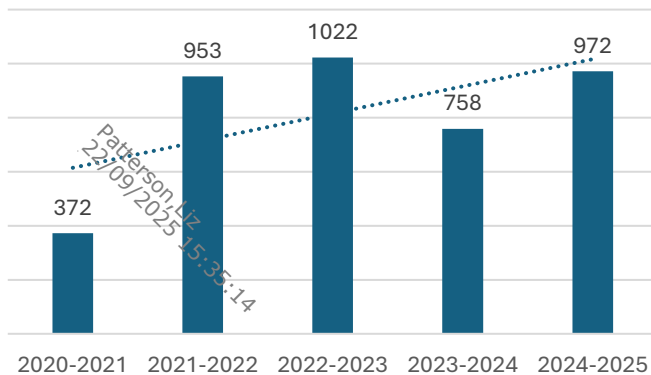
attends daily **Domestic Discussion (DD)** a multi-agency conference call where all high-risk victims of domestic abuse are discussed within 48 hours of a domestic incident, enabling earlier intervention, joint decision making & a timely response around the Domestic Violence Disclosure Scheme. High-risk case requires additional safety planning via the Multi Agency Risk Assessment Conference process (MARAC)

**Domestic Abuse Multi Agency Risk Assessment Conferences (MARAC)** are victim focused conferences where agencies share information on the highest risk victims of all types of abuse. A safety plan for each victim is developed.

**During 2024-25** there were **972** Public Protection Notifications received into PTHB Safeguarding Hub from the Police which were shared with the appropriate GP, Health Visitor & School Nurse Hub and Midwifery

**Trend:** this is an increase of **28%** from 2023-2024

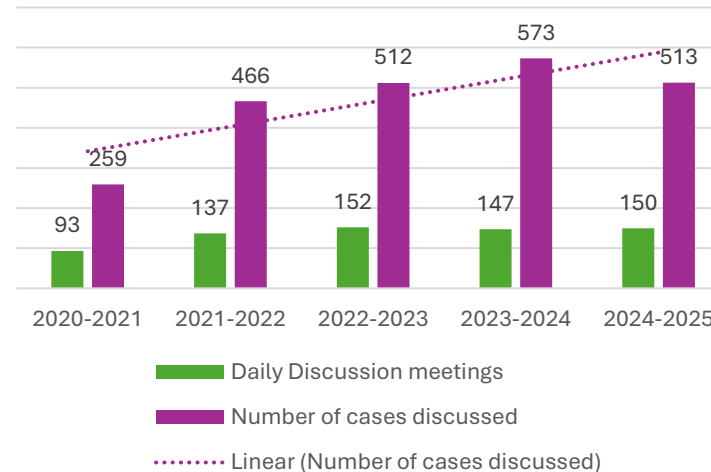
Number of Public Protection Notifications Received 2024-25



**During 2024-25** there were **513** cases discussed at Domestic Discussions. PTHB Safeguarding Hub contributed to DD

**Trend:** this is a decrease of victims discussed of **10%** from 2024-2025

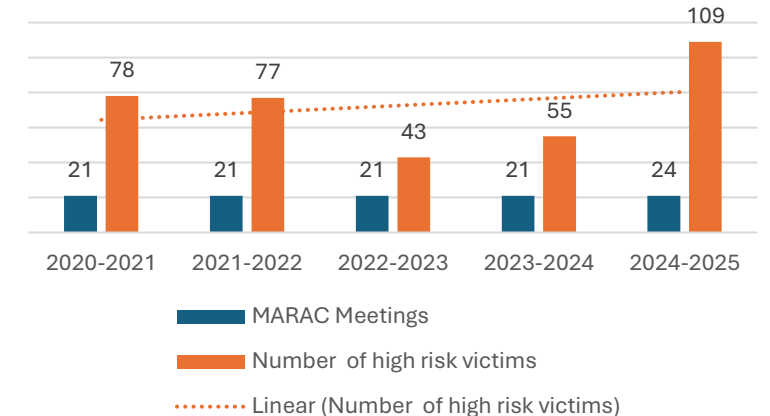
Number of Daily Discussion Meetings and Cases discussed 2024-25



**During 2024-25** there were **109** high risk victims. PTHB Safeguarding Leads attended all MARAC's

**Trend:** this is an increase of victims discussed of **98%** from 2024-2025. This is likely to be due to some agencies not attending DD resulting in victims progressing to MARAC, this is being addressed regionally

Number of MARAC Meetings and Number of High Risk Victims 2024-25



# The Menopause and Domestic Abuse

Learning from a Domestic Homicide Review in a neighboring Health Board highlighted a link between domestic abuse and the menopause. The Review highlighted Menopause Research from Nuffield Health (2017) found that approximately 13 million women in the U.K are either peri- or post-menopausal, approximately two-thirds of whom say there is a general lack of support and understanding regarding menopause. The British Menopause Society (2017) found that 50% of women said their menopause symptoms had impacted their home life. Where their partners were surveyed, a third of partners reported conflicts arising because they lacked understanding of what their partners were going through.

National statistics (2020) suggest nearly four in ten (39%) women killed by men in the UK are in the 36-55 age range (Femicide Census, 2020). This means they are potentially at a stage of perimenopause or menopause. Where menopause and domestic abuse have been explored in tandem, researchers have found that experience of emotional abuse within the context of domestic abuse may heighten menopause symptoms.

## Why is this significant?

Menopause related health appointments offer opportunity with women who may not otherwise disclose or identify their experiences as domestic abuse:

- Ask about domestic abuse and/or relationships in all menopause related appointments.
- Consider additional barriers midlife and older women face to disclosing domestic abuse.
- Use follow up appointments to build trust, encourage disclosure and offer support
- Signpost to appropriate specialist services, including those for older women and services run by and for Black and minoritised women

With this knowledge, PTHB Safeguarding Team

- ❖ adapted the Menopause and Domestic Abuse 7MB which has been shared with staff
- ❖ Linked with Occupational Health to ensure pathway to DA support services are shared on our menopause information for staff and ensued viv up have up to date information on local support services

**Menopause and Domestic Abuse**  
With thanks to Hywel Dda University Health Board

**1 Context - Menopause**  
Research from Nuffield Health (2017) found that approximately 13 million women in the UK are either peri- or post-menopausal, approximately two-thirds of whom say there is a general lack of support and understanding regarding menopause.  
The British Menopause Society (2017) found that 50% of women said their menopause symptoms had impacted their home life.  
Where their partners were surveyed, a third of partners reported conflicts arising because they lacked understanding of what their partners were going through.

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• Use follow up appointments to build trust, encourage disclosure and offer support  
• Signpost to appropriate specialist services, including those for older women and services run by and for Black and minoritised women

**4 Physical Health Symptoms**  
Sexual health symptoms including loss of libido may be experienced differently for survivors of sexual violence, or escalating domestic abuse. Changes such as loss of skin elasticity and weight gain may affect survivors' confidence and may be used by abusers to isolate or criticise.

**5 Voice of Survivors**  
"Menopause is an ideal moment for intervention because that was where I just thought I can't do this anymore."  
"I think there were lots of moments in my life where I wish people had picked up on the signals and you know, can I intervene? The GPs can read the signs, they can offer the options for supporting it."

**6 Where can I find out more?**  
Menopause and Domestic Abuse: Brief Guidance for Staff and Clinicians in General  
0800 80 10 800

**7 Minute Briefing**

**Menopause Helpline Now Available**  
Once assessed, you will be offered:  
• Dedicated menopause resources and psychoeducation information  
• Referral to a specialist menopause clinic  
• Referral to menopause support groups  
To access the helpline, call 03300 577043 today  
Call charges excluded

# Process for the Immediate Rapid Response to Incidents of Suspected Suicide

Regional Guidance sets out arrangements to provide a rapid, multi-agency response to managing the consequences and impact of suspected incidents of suicide for children and adults across the Mid and West Wales region and is complementary and supportive of, but does not replace, other protocols and processes, i.e. Wales Safeguarding Procedures, Procedural Response to Unexpected Deaths in Childhood (PRUDIC), Emergency Planning Processes and Critical Incidents in Schools

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The impact of a suicide can be far-reaching, both within a family and within friendships and communities. Mid and West Wales is not unique in Wales within the context of known rising levels of suicide in recent years, both for children and adults across the region. Any unexpected death can cause a “ripple effect” spanning long periods of time. Individuals and groups can all be impacted by an unexpected death and as a result, some of those individuals can be vulnerable to experiencing harm or even death as a result. This can include but is not limited to, immediate and extended family members, peers and members of the community.

The role and purpose the Rapid Response Model is to quickly identify those most vulnerable and who are likely to be significantly impacted by the death. This provides agencies and practitioners with an opportunity to identify what support, and services may need to be provided to those effected, to prevent further harm or death.

The Immediate Rapid Response Model **is not** a forum that seeks to understand the sequence of events, missed opportunities or what lessons we can learn from practice. Many other regional forums and processes exist that provide platforms to explore these issues, it is important the meeting stays within the parameters of its primary purpose and function. The chair of the meeting has a critical role in ensuring the discussion remains focussed and within boundaries.

During 2024-25, 20 suspected suicides have been managed using the Rapid Response model. PTHB are represented by the Safeguarding Team and Suicide Prevention, Harm Reduction Team. Resources are available to support the bereaved and promote post vention work.

[guidance-for-a-rapid-response-to-incidents-of-suspected-suicide.pdf](#) (updated January 2025)

# Public Protection and Offender Management

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

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

Statutory Agencies have worked together under the new **Serious Violence Duty (SVD) 2023** to deliver the Mid and West Wales Serious Violence Strategy and plan [Link](#)

**Contest is the UK's overarching response to Terrorism** [CONTEST 3.0 \(publishing.service.gov.uk\)](#), its aim is to reduce the risk to the UK, overseas interests and UK Citizens from terrorism. CONTEST provides a strategic framework of four work strands known as the 4 P's:

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

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

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

**PREVENT training is not mandatory in Wales, however, PTHB have mandated PREVENT awareness for groups of practitioners who are most likely to provide health care to children and/or adults who are vulnerable to radicalisation.**

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

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

# SMM Standard; Learning Culture

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



Learning  
Culture

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## Within this section;

Incident Management System and Processes

Management of Learning from Reviews

Themes and Learning from the Reviews during 2024 - 2025

Single Unified Safeguarding Review (SUSR)



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# Incident management system and Process

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

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

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

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

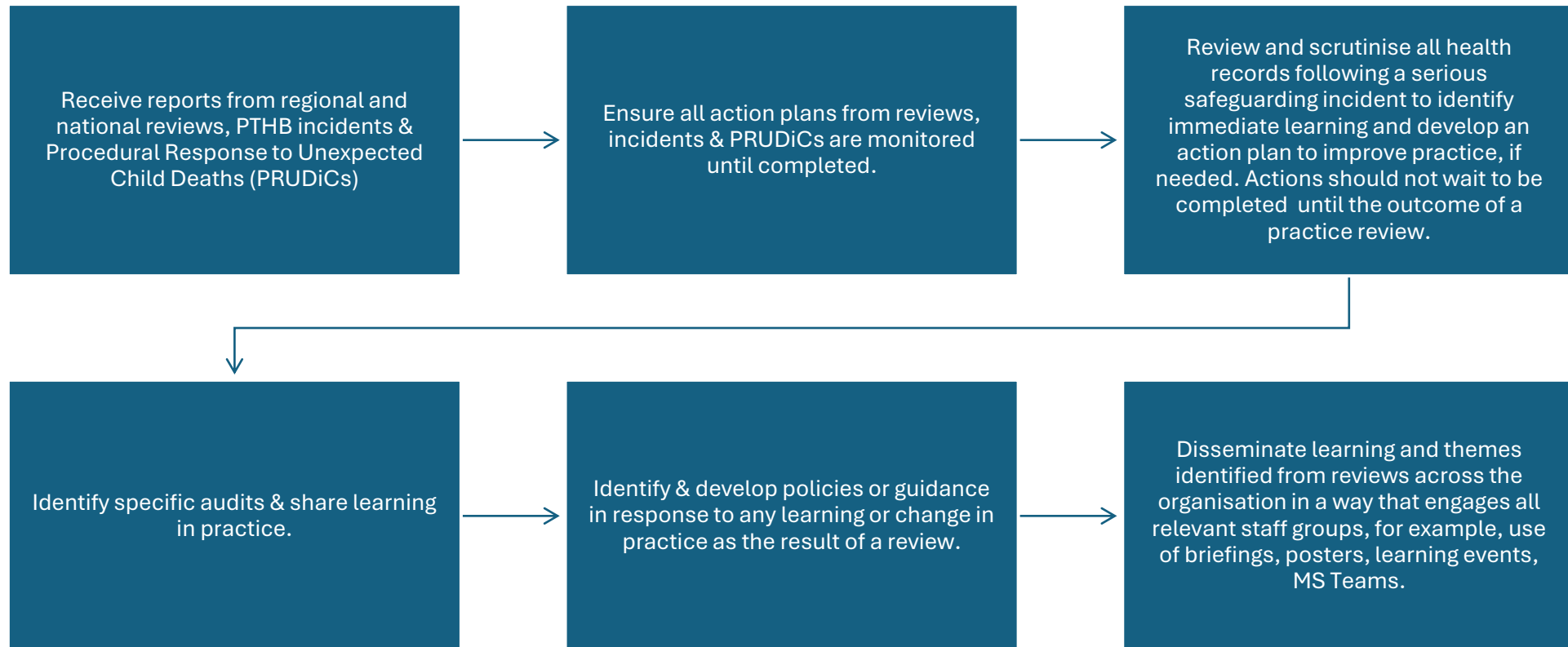
The IMF follows the principles of a “Just Culture” guide, ensuring that all processes avoid blame in the investigation process. The IMF also explores human factors and psychological safety to ensure that staff are supported to engage throughout the process (including with safeguarding, practice reviews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

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

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

# Management of Learning from Reviews in PTHB

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



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# Themes and Learning from the Multi Agency Reviews during 2024 - 2025

## Themes and Learning

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

## How the Themes and Learning is shared

- ❖ Training Packs updated
- ❖ Use of short Videos
- ❖ Safeguarding attend Service Group/Team meetings
- ❖ 7 minute briefings
- ❖ Safeguarding Newsletter
- ❖ Safeguarding Intranet Page
- ❖ Safeguarding Newsfeed
- ❖ Promote Regional Training Opportunities and Events
- ❖ Strategic & Operational Safeguarding Groups
- ❖ Supervision, Advice and Support Conversations
- ❖ Safeguarding Week

# SUSR Single Unified Safeguarding Review



**On the 1st October 2024, the SUSR was launched**

**SUSR Statutory Guidance :**

[single-unified-safeguarding-review-statutory-guidance.pdf](#)

[Single Unified Safeguarding Review statutory guidance: easy read \(gov.wales\)](#)

# SUSR: Single Unified Safeguarding Review

The Single Unified Safeguarding Review (SUSR) is a single review process incorporating all safeguarding reviews in Wales. The SUSR was launched on the 1st of October 2024, following 4 years of substantial cross-sector collaboration with partners including Safeguarding Boards, Community Safety Partnerships, the Home Office, Police and Crime Commissioners, Health and third sector organisations. Wales is the first country in the UK to take this new approach to safeguarding reviews. The SUSR process will be reviewed after 12 months to ensure that any changes required to improve the process are made

The SUSR will remove the need for multiple reviews when any life is lost or is significantly impacted through abuse, neglect, or violence.

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The SUSR framework replaces the Adult and Child Practice Review Guidance and must be used alongside current DHR Guidance and introduces Mental Health Homicide reviews and Offensive Weapon Homicide reviews into one single, proportionate and rigorous process



Combining Adult Practice, Child Practice, Mental Health Homicide, Domestic Homicide and Offensive Weapon Homicide reviews into one process will prevent the need for families to take part in multiple, often onerous and traumatising reviews & ensure the subject and family are at the heart of the process



The process allows multi-agency review teams to quickly identify learning; build a greater understanding of what happened during an incident and provide a clear action plan to improve services.



The SUSR will support learning throughout Wales. Central to this being achieved is the development of the Wales Safeguarding Repository. This digital repository stores all reviews and can be interrogated using social science and machine learning to extract learning, thematic information and good practice which can be used to deliver positive change in practice & prevent future harm

# SUSR: Single Unified Safeguarding Review: PTHB Process

SUSR Presentation shared at Safeguarding Strategic and Operational Groups

Communicate formal launch of the SUSR across the HB when this occurs

The SUSR guidance & Referral Form is available on PTHB Safeguarding Intranet page

All referrals for a SUSR must be discussed with PTHB Head of Safeguarding

PTHB Head of Safeguarding will share the referral with partner agencies, to gather their information prior to submitting the referral to the M&WWSB Practice Review Subgroup for their consideration. (PTHB represented on this group)

PTHB employees will not be able to be a Reviewer or Chair on a PTHB review, PTHB will however have to provide the most appropriate panel members, one of which must be a member of the Safeguarding Team.

The PTHB panel member must be able to have access to all relevant health records, be able to complete and analyse a health chronology, be able to participate in all panel meetings and have the knowledge and confidence to challenge and seek clarity on points / areas of uncertainty within the multiagency timeline

Training materials to support reviews have been developed and will be available to practitioners involved in Reviews

# SMM Standard; Multi Agency Partnership working

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

Multiagency  
Partnership  
Working

## Within this section;

Mid and West Wales Safeguarding Board

VAWDASV Strategic Group

NHS Wales Safeguarding Network

National Safeguarding Week

Multi Agency Partnerships: Working in Collaboration



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# Mid & West Wales Safeguarding Board

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

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

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

❖ **The Executive Boards** consist of senior managers from key statutory agencies. The Executive Boards' aim is to provide leadership and guidance to all its constituent agencies through the delivery of a series of strategic priorities for safeguarding activity and practice.

❖ **Local Operational Group** membership and structure of the LOGs mirror that of the Executive Boards. However, the primary objective of LOGs is to share, monitor and analyse safeguarding practice locally, in an open and transparent environment. LOGs seek to share and acknowledge examples of good safeguarding practice; in addition, they will professionally challenge and hold agencies to account

❖ **Regional Training Sub-Group** operates collaboratively and in conjunction with the Executive Boards. It seeks to support and guide the delivery of safeguarding training and learning. **Regional Policies & Procedures Sub-Group** operates collaboratively and in conjunction with the Executive Boards. The Group seeks to provide guidance to professionals via the development of regional safeguarding policy and procedure.

❖ **Through-Age Practice Review Sub-Group** considers referrals from agencies where a child or adult at risk has either died or suffered significant impairment of health and development as a result of abuse and/or neglect. Practice Reviews are undertaken by a multiagency group of professionals who collectively analyse information and identify any practice themes and lessons to learn.

## **The Boards priorities for 2024-25 were set during the annual board development day, these are themed into 4 main areas;**

❖ Develop a culture of collaboration and innovation across the partnership, which promotes a safe, skilled and resilient workforce

❖ Measure, evidence and understand the impact of this Board's work on professional practice, and how this improves outcomes for children and adults at risk

❖ Undertake systemic analysis of organisational performance and change to better understand its impact on children and adults at risk.

❖ Continue to influence and contribute to the national strategic agenda to support improvements in safeguarding legislation, guidance and policy

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

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

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

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

## The 6 Priorities of the Strategy are;

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

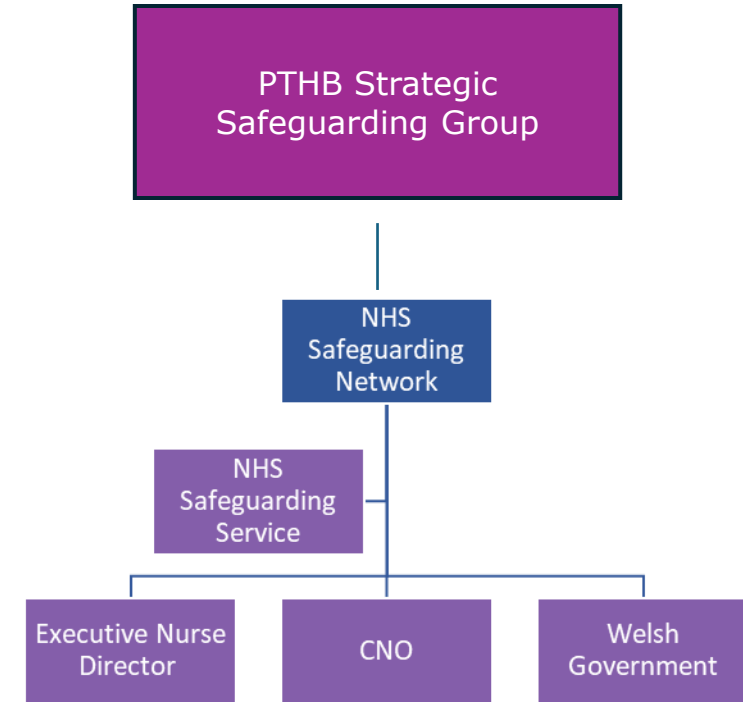
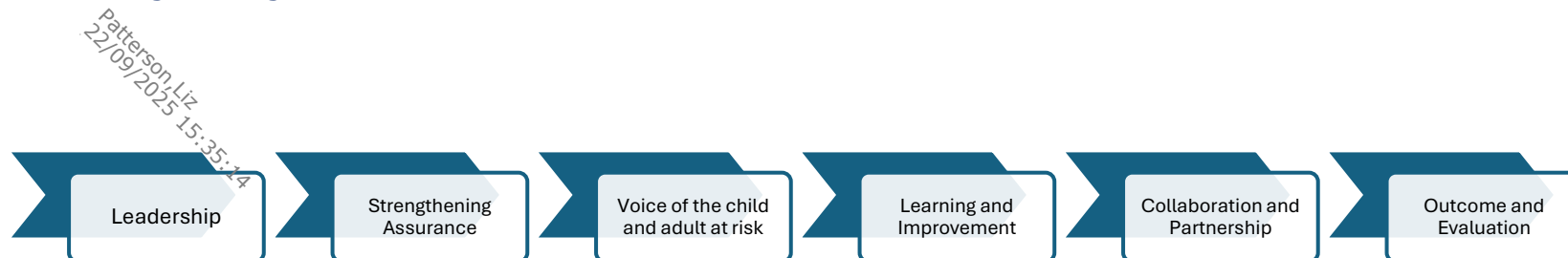


The NHS Wales National Safeguarding Service (NSS) drives and delivers strategic improvements across the NHS in Wales through leadership and collaboration, improvement tools and upskilling of the workforce, as well as embedding policy and research into practice. The NSS also coordinates the NHS Wales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

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

To enable this work and to deliver against a yearly work plan, strong partnerships are key. Powys Teaching Health Board are represented at the Safeguarding Network and actively contribute to the networks workplan

The Safeguarding Network Priorities for 2024-25 are;



# National Safeguarding Week: November 2024

National Safeguarding Week took place this year from 11 to 15 November 2024, with the theme of “The Right Help, at the Right Time”. Under this broad heading a wide-ranging programme was designed in response to some of the safeguarding themes and issues that have emerged across the Mid and West Wales region in the last year.

Throughout the week both in-person and online events were held, in the form of conferences and webinars that sought to raise awareness and highlight issues that currently affect children and adults at risk. These included:

## Regional Conference: Right Help at the Right Time.

The flagship event for the week was a Regional Conference: Right Help at the Right Time. This in-person event was hosted by Ceredigion Local Authority and held at the Medrus Conference Centre, Aberystwyth University. It included workshops that covered a variety of themes and offered a breadth of engaging content focussing on trauma informed practice using virtual reality, trauma recovery model: sequencing in practice & developing services to meet family’s needs.

The session offered engaging training on information sharing with a particular focus on data protection legislation within the content of safeguarding. The webinar also explored the barriers to information sharing, with a focus on the grey areas where there are worries and emerging concerns. The webinar also focused on some of the myths surrounding consent.

Several related resources are online to support further learning  
<https://cysur.wales/resource-hub/information-sharing/>



**Learning together  
from a thematic  
review of regional  
CPRs & MAPFs**

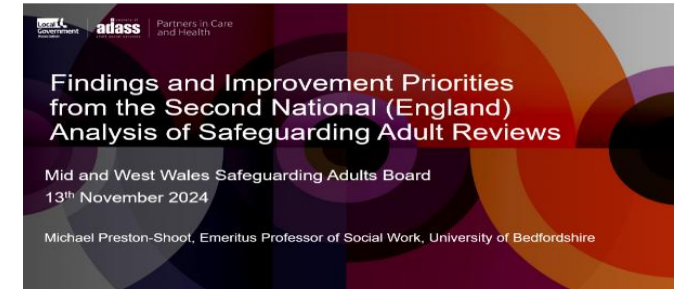


Dr Donna Peach & Dr Holly Gordon



This event was facilitated by Dr Donna Peach and Dr Holly Gordon. This regional webinar presented participants with key themes and messages from Child Practice Reviews undertaken in Mid and West Wales in recent years. It also considered key findings from recent national multi-agency inspection reports undertaken in Wales and considered the implications for multi-agency practitioners and managers in their roles of safeguarding children

This regional webinar drew on learning from 652 safeguarding adult reviews in England, identifying learning about the process of commissioning, undertaking and completing reviews. The webinar presented quantitative and qualitative findings about effective safeguarding practice and shortcomings and allowed participants to consider the relevance of the findings of the review, in respect of adult safeguarding practice in Wales. The event was facilitated by Professor Michael Preston-Shoot



Additional webinars were offered these included:

- **Understanding Spina Bifida and Hydrocephalus**, hosted by SHINE Cymru. This event offered an introduction to spina bifida and hydrocephalus with a case study approach to address the theme of the 'right help at the right time'.
- **Safeguarding Transgender Young People from Exploitation**, was hosted by the Children's Society. This event explored how barriers in society, can lead to us failing to protect trans and non-binary young people from exploitation and harm, and what we can do to overcome these in our practice and in our systems.
- **Listen up, Speak up Workshop**, was hosted by NSPCC. This session highlighted the NSPCC's free listen up, speak up, workshops. This training help attendees understand how to listen and speak up on behalf of children & empowers the attendee to support children in their communities.
- **Talk PANTS campaign**, was hosted by NSPCC. This session highlighted the NSPCC's Talk PANTS campaign, which is aimed at education professionals, teachers, early years practitioners and those with caring responsibilities for children aged 3-11, to have simple and age-appropriate conversations, that can help them keep children safe from sexual abuse.



**PTHB Safeguarding Team  
Represent the Health Board  
at a Wide Range of Boards,  
Groups, Forums and Meetings**

#### **National Meetings**

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

#### **Local Meetings**

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

#### **Regional Meetings**

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


#### **Health Board**

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

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# SMM Standard; Responsive, Resilient and Purposeful

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



Responsive,  
Resilient &  
Purposeful

Work is ongoing within the Safeguarding Team to build resilience and succession plan;

Opportunities are being given to all members of the Safeguarding Team to develop and enhance their interest in specific specialised area's and share their advanced knowledge across the team.

Regular Safeguarding Supervision is available to all the Safeguarding Team which builds strategies when dealing with complex, emotive and challenging cases.

As the safeguarding landscape continues to grow, there is a large volume of work locally, regionally and nationally, this gives opportunity for the whole team to experience safeguarding at a strategic level, working through new developments into the operational space. This also allows for networking across Wales, forming strong connections for support, sharing of ideas and collaboration.

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# Powys Teaching Health Board Safeguarding Priorities 2025-26

- ❖ Engage in the National Strengthening Safeguarding Review Implementation Programme and all 4 subgroups (commissioned by CNO & WG)
- ❖ Roll out new updated PREVENT Guidance and monitor mandatory Compliance
- ❖ Implement the Multi Agency Safeguarding Supervision Model with our statutory partners
- ❖ Participate in a Regional Neglect Tool Kit Pilot with Health Visitors and School Nurses
- ❖ Review the Level 3 Safeguarding Training Passport, considering merging adult and child passport and developing/designing an electronic Safeguarding Workbook. To use the same format for an e-newsletter
- ❖ The Corporate Parenting Charter has been signed by the HB. The principles now need embedded across the HB
- ❖ Extend the reach of the safeguarding service using Pod Casts
- ❖ Roll out the National Childrens Looked After and Carers Surveys via CIVICA
- ❖ Implement the MCA audit assurance management plan

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**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 5.5**

**BOARD** **24 SEPTEMBER 2025**

<b>Subject:</b>	South East Regional Joint Committee (RJC) Terms of Reference
<b>Approved and presented by:</b>	Helen Bushell, Director of Corporate Governance
<b>Prepared by:</b>	Director of Corporate Governance
<b>Other Committees and meetings considered at:</b>	The Chair, CEO and Executive Director of Planning, Performance and Commissioning have been involved in task and finish group discussions where the terms of reference have been discussed.

**PURPOSE AND SUMMARY:**

The Regional Joint Committee (RJC) for the South East of Wales is formed under the powers of the Welsh Ministers pursuant to the National Health Service (Wales) Act 2006. It is not a separate legal entity but a joint committee accountable to the Boards of the three constituent health boards (Aneurin Bevan, Cardiff and Vale and Cwm Taf Morganwg University Health Boards). Each Board delegates certain functions to the RJC, which is bound by these decisions under the schedule of delegated powers. The health boards retain ultimate responsibility for the planning and delivery of health services to their populations but may choose to be bound by a majority view at the joint committee.

The RJC's Terms of Reference includes a schedule of reserved and delegated powers which clarifies the division of responsibilities between the health boards and the RJC, ensuring clear governance and accountability.

The terms of reference are attached as appendix one and are subject to approval by the three Member Health Boards at their respective Board meetings in September 2025.

PTHB, via the Chair and CEO will confirm the attendee member from PTHB (which must be a Board member) in the coming weeks.

PTHB recognises the importance of the new RJC and is committed to playing its part, we do also recognise the nature of Powys as a commissioner around all of our borders, the significant requirement to work in partnership with a high number of partners in England and Wales. Resourcing requirements will need to be kept

under review, the Strategic Change Report received by the Planning, Partnerships and Population Health Committee will support this work.

The Board is asked to note that under Ministerial Direction, PTHB will also be an Associate Member of the South West Joint Committee, discussions are taking place with Swansea Bay and Hywel Dda University Health Boards in this regard.

**RECOMMENDATION(S):**

The PTHB Board is asked to:

- **NOTE** the terms of reference for RJC and **RECOGNISE** PTHB as an Associate member of the new Joint Committee.

Approve/Take Assurance	Discuss	Note
N	N	Y

**ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:**

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

**IMPACT ASSESSMENT – NOT REQUIRED**

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# SOUTH-EAST WALES REGIONAL JOINT COMMITTEE (RJC)

## TERMS OF REFERENCE & OPERATING ARRANGEMENTS

### Introduction

1. On 2 April 2025, the Cabinet Secretary for Health and Social Care directed Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board to establish a Regional Joint Committee (RJC) to exercise the facilitation and oversight of regional planning to drive effective collaboration and regional working. This direction is given pursuant to the Welsh Ministers' power in section 12(3) of the National Health Service (Wales) Act 2006.
2. For the purpose of these terms of reference, the three organisations comprising the RJC will be referred to as the health boards.
3. To enhance collaboration in integrated care, representatives from Powys Teaching Health Board and Velindre NHS Trust will be Associate Members of the RJC.
4. Additionally, a Welsh Government Official is to receive a standing invitation to observe all meetings of the Committee. This will usually be a member of the Health, Social Care, and Early Years Executive Directors Team. This will provide the Cabinet Secretary with confidence that there is an appropriate level of oversight and assurance from the Welsh Government in place.
5. The RJC is expected to bring greater focus on:
  - regional planning and delivery of service models.
  - improved outcomes and a reduction in inequalities in access.
  - potential for service transformation, including new workforce models.
  - establishing new relationships and/or resetting existing relationships.
  - exploring regional solutions to advance sustainable service provision
  - providing coordinated support to the health boards.

### Status

6. The RJC is to be established under the powers vested in Welsh Ministers under Section 12 of the National Health (Wales) Act 2006 which allows:
  - (1) Welsh Ministers to direct a Local Health Board to exercise in relation to its area:
    - (a) functions which were transferred to the National Assembly of Wales (now Welsh Government following the Government of Wales Act 2006) by the Health Authorities (Transfer of Functions, Staff, Property, Rights and Liabilities and Abolition) (Wales) Order 2003 (S.I. 2003/813 (W.98)),
    - (b) such other of their functions relating to the health service as are specified in the direction.
  - (2) The functions which may be specified in directions under subsection (1) include functions under enactments relating to mental health and care homes.
  - (3) The Welsh Ministers may give directions to a Local Health Board about its exercise of any functions.

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## Accountability, Responsibility and Authority

7. The RJC is established by, and ultimately accountable to, the Boards of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB.
8. As a joint committee of the three Health Boards, the RJC is not a separate legal entity from each of the LHBs.
9. The RJC shall report to each Board on its activities, to which it is formally accountable in respect of the exercise of the functions carried out on their behalf.
10. Ultimately, the three Health Boards remain accountable for planning, securing and delivering health services to their respective populations.
11. Each Health Board has delegated authority to the RJC for the exercise of certain functions, as set out within these Terms of Reference.
12. These RJC Terms of Reference form a schedule of each Health Board's own Standing Orders and have effect as if incorporated within them.
13. Where Health Boards have delegated functions to the RJC, each Health Board shall be bound by the decisions of the Joint Committee in accordance with the Schedule of Powers delegated to the RJC (**Appendix A**).

## Purpose of the RJC

14. The RJC has been established to:
  - (a) Create a step change in the effectiveness of arrangements to collaborate across the regional footprint in the interests of our shared population, marking a change in the way we work collectively as health boards.
  - (b) Provide collective leadership for the regional planning, commissioning, and delivery of services for the population served by the three health boards, considering the service challenges, financial challenges and population health needs of all three organisations.
  - (c) Establish a regional approach to the development of clinical services planning, aligned to regional population health needs assessments, to develop and deliver sustainable services in terms of achieving quality and outcome measures, workforce and financial sustainability.
  - (d) Identify priorities for the three health boards, where a regional approach will deliver benefit.
  - (e) Explore how the benefits of a regional health economy are harnessed to best serve the south-east Wales population of over 1.5million.
  - (f) Reduce unwarranted variation and inequality in health outcomes, access to services and experience at a regional population level.
  - (g) Be cognisant of the wider environment of health services in Wales, including the needs of those who use health services in the south-east Wales region but are from populations which are outside of the responsibility of the three health boards.

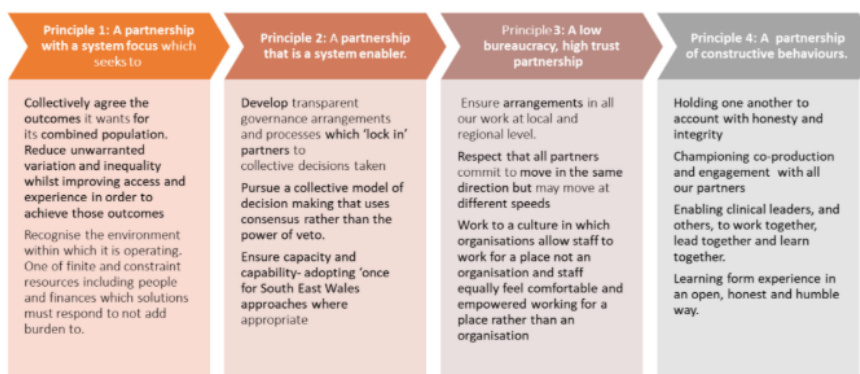
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**Objectives of the RJC**

15. In-line with delegated levels of authority and accountability (**Appendix A**), the RJC will specifically:
- a) Develop a regional programme of work, aligned to individual Health Board plans, to ensure the benefits of a regional health economy for a population of over 1.5million are realised.
  - b) Review baseline activity, based on individual Health Board clinical services plans, focusing on cost efficiencies, quality, and service fragility.
  - c) Develop and oversee an approach to prioritisation of capital programmes which underpin the regional health economy approach.
  - d) Consider and prioritise the regional projects included within the regional programme of work, approving Business Cases and identifying and agreeing to any further projects to be included in the regional programme.
  - e) Seek assurance that projects deliver against their outcomes and timescales, and deliver against the quality measures and programme benefits, as identified in their PIDs and or Business Cases.
  - f) Provide a vehicle to progress work programmes within the remit of the RJC without unnecessary recourse elsewhere to ensure pace.
  - g) Seek assurance that integrated impact assessments are undertaken of all planned service change programmes and embedded in the ways of working of the RJC.
  - h) Develop, implement and evaluate the required governance framework to deliver the regional programme of work, underpinning the RJC.
  - i) Consider any audit and review related activity relevant to the work of the RJC to inform learning and improvement.

**Partnership Principles**

16. As a strategic partnership of the three Health Boards in the region, the RJC will adopt and embed the following four partnership principles into its business and operating arrangements. The RJC will be:
- a) A partnership with a system focus which seeks to collectively agree the outcomes it wants for its combined population.
  - b) A partnership that is a system enabler.
  - c) A low bureaucracy, high trust partnership.
  - d) A partnership of constructive behaviors.



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<p><b>Chairing Arrangements</b></p>	<p><b>17.</b> The Chair of the RJC will be drawn from one of the Chairs of the three health boards and this position will rotate amongst the three chairs on an annual basis at the meeting of the RJC in April of each year. The RJC will be established in October 2025 and the first appointed Chair will serve until March 2027.</p> <p><b>18.</b> The other two health board Chairs will jointly become vice chairs of the RJC and will agree who deputises and presides at a meeting in the absence of the Chair.</p>
<p><b>Membership</b></p>	<p><b>19.</b> The RJC shall have the following members drawn from the three health boards, as follows:</p> <ul style="list-style-type: none"> <li>• Chairs of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3)</li> <li>• Vice Chairs, or 1 nominated Independent Member, of each of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3)</li> <li>• Chief Executives of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3)</li> <li>• 1 nominated Executive Director from each of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3)</li> </ul> <p><b>20.</b> With the permission of the Chair of the RJC, the members of the RJC set out above may nominate a substitute, equivalent Board Member (as defined above) to attend a meeting that they are unable to attend. The substitute may speak and vote on their behalf. The decision of the Chair regarding the authorisation of nominated substitutes is final.</p>
<p><b>Associate Membership</b></p>	<p><b>21.</b> The RJC shall have the following associate members, attending meetings on an ex-officio basis, without voting rights:</p> <ol style="list-style-type: none"> <li>a) A nominated Board Member of Powys Teaching Health Board (1)</li> <li>b) A nominated Board Member of Velindre NHS Trust (1)</li> </ol> <p><b>22.</b> With the permission of the Chair of the RJC, the associate members of the RJC set out above may nominate a substitute to attend a meeting that they are unable to attend. The substitute may speak on their behalf. The decision of the Chair regarding the authorisation of nominated substitutes is final.</p>

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<p><b>In Attendance</b></p>	<p><b>23.</b> At the discretion of the Chair of the RJC, the RJC may invite others to attend meetings, where this would assist it in its role and in the discharge of its duties. This may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>a) Employees of the three Health Boards as appropriate.</li> <li>b) The Senior Responsible Officers of RJC programmes.</li> <li>c) Representatives from the Health and Care system, including NHS Bodies and Local Authorities.</li> <li>d) Representatives from the Voluntary, Community and Social Enterprise sector.</li> <li>e) Representatives of Llais.</li> </ul> <p><b>24.</b> The RJC will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the RJC (whether directly or through the activities of bodies such as Llais) and to demonstrate openness and transparency in the conduct of business.</p> <p><b>25.</b> A Welsh Government Official will receive a standing invitation to observe all meetings of the RJC.</p>
<p><b>Accountable Officers</b></p>	<p><b>26.</b> Chief Executives of Health Boards are designated Accountable Officers, in-line with <a href="#">Managing Welsh Public Money</a>, and hold several personal responsibilities. Accountable Officers have a personal responsibility for: propriety and regularity of the public finances delegated to them; affordability and sustainability; value for money; management of opportunity and risk; learning from feedback; and accounting accurately.</p> <p><b>27.</b> The Chief Executive, as the Accountable Officer (Accounting Officer), of each respective Health Board is included within the membership of the RJC to ensure any decisions delegated from Boards to the RJC do not undermine the personal responsibilities Accountable Officers hold.</p> <p><b>28.</b> Accountable Officers will need to be cognisant of their responsibilities, as set out within <a href="#">Managing Welsh Public Money</a> (MWPM) and their respective Accountable Officer Memorandums, ensuring principles are applied to decision making, including:</p> <ul style="list-style-type: none"> <li>a) MWPM 3.8.5 – “There are sensitivities about the role of the Accounting Officer in a public body which is governed by an independent board, e.g. a charity or a company. The Accounting Officer, who will normally be a member of the board, must take care that his or her personal responsibilities do not conflict with his or her duties as a board member. In particular, the Accounting Officer should vote against any proposal which appears to cause such a conflict; it is not sufficient to abstain.”</li> <li>b) MWPM 3.8.6 – “Moreover, if the chair or board of such a public body is minded to instruct its Accounting Officer to carry out a course inconsistent with the standards in box 3.1, then the Accounting Officer should make his or her reservations clear, preferably in writing....”</li> </ul>

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**Working with Llais (Citizen Body for Health and Social Care)**

- 29. In exercising its responsibilities, the RJC shall ensure arrangements are in place to engage and co-operate with representatives of Llais as appropriate.
- 30. Part 4 of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1) (the 2020 Act) places a range of duties on Local Health Boards and Trusts in relation to the engagement and involvement of Llais in their operations, which are extended to the activities of the RJC.
- 31. The RJC will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning, developing, considering proposals for service change, in-line with delegated levels of authority.

**Delegated Functions and Powers**

- 32. When exercising any Delegated Functions, the RJC will ensure that it acts in accordance with, and that its decisions are informed by, the relevant policies and procedures which have been developed by the three health boards to support those functions and to inform the commissioning, provision and delivery of any relevant services.
- 33. Within the framework approved by each Health Board and set out within these RJC Terms of Reference, and subject to any directions that may be given by the Welsh Ministers; the RJC may make arrangements for certain functions to be carried out on its behalf, so that regional planning and delivery may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the RJC must set out clearly the terms and conditions upon which any delegation is made.
- 34. The RJC's determination of those matters that it will retain, and those that will be delegated to others shall be set out in **Appendix A**:
  - a) Schedule of matters reserved for the RJC; and a
  - b) Scheme of delegation to joint sub-Committees and others; all of which must be formally adopted by the RJC and approved by Health Boards as a schedule to their own Standing Orders.

**Sub-Committees, Groups and Panels**

- 35. The RJC may and, where approved by the LHB Boards jointly, or directed by Welsh Ministers, must appoint joint sub-Committees of the RJC either to undertake specific functions on the RJC's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).
- 36. This may also extend to:
  - a) Programme and Project Governance – Established to provide a framework for managing and controlling programmes and projects.
  - b) Expert Panels – Established to review and make technical recommendations on specific subjects which generally consist of experts with relevant knowledge and experience within a particular field.
  - c) Advisory Groups – Established to provide advice over an issue/range of subject matters which generally consists of an external chair and internal and/or external stakeholders to make recommendations on a specific issue.

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37. The RJC shall determine a governance structure that meets its own advisory and assurance needs and in doing so the needs of the three Health Boards. These would be set out within agreed Terms of Reference and Operating Arrangements, agreed by the RJC.

## Meetings

### *Scheduling meetings*

38. The RJC will ordinarily meet quarterly, and, as a minimum, shall meet on three occasions each year. Additional meetings may be convened on an exceptional basis at the discretion of the Chair.

39. The three Health Boards may ask the RJC to convene further meetings to discuss issues on which they want RJC advice, subject to the agreement of the Chair.

### *Quoracy*

40. In order for a meeting to be quorate there must be at least six members in attendance, which shall include:

- a) An Independent Member (Chair or Vice Chair) and an Executive member (CEO or other executive) from each of the three health boards.

41. If any member of the RJC has been disqualified from participating in an item on the agenda, because of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum. Nominated deputies who have been authorised by the Chair shall count towards quorum.

42. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

### *Voting*

43. The RJC will ordinarily reach conclusions by consensus. If this is not possible, the Chair may call a vote. Only members of the RJC Committee (or nominated substitute as set out in section 20) may vote; each Member is allowed one vote. The result of the vote will be recorded in minutes

44. Where there is no consensus and the likelihood of no consensus at a subsequent meeting, the Chair of the RJC will refer the decision to each Board of the three respective Health Boards for further consideration. If the same decision is not made by each of the three Health Boards, the dispute process (**Appendix B**) will be enacted.

45. Should a decision be referred to the three respective Health Boards as set out in section 44, the outcome of all three decisions will be reported to the next meeting of the RJC and recorded in minutes.

### *Papers and notice*

46. A minimum of seven clear days' notice of all meetings is required, which

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shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least five clear working days ahead of the meeting.

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47. On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Chair will give as much notice as possible to members. Urgent papers shall be permitted in exceptional circumstances at the discretion of the Chair.

#### *Virtual attendance*

48. It is for the Chair to decide whether the RJC will meet virtually. Where a meeting is not held virtually, the Chair may nevertheless agree that individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such a meeting. How a person has attended a meeting shall be specified in the meeting minutes.

#### *Recordings of meetings*

49. Except with the permission of the Chair, no person admitted to a meeting of the RJC shall be permitted to record the proceedings in any manner whatsoever, other than in writing.

#### *Minutes*

50. The minutes of meetings will be formally taken in the form of key points of debate, actions and decisions and a draft copy circulated to the members of the RJC together with the action log as soon after the meeting as practicable. The minutes shall be submitted for agreement at the next meeting.

#### *Governance support*

51. Governance Advice and Secretariat support for the RJC will be provided by the organisation from which the Chair is elected and will therefore rotate between the three Health Boards on an annual basis.

#### *Interpretation*

52. Where there is doubt as to the applicability or interpretation of the RJC's terms of reference and operating arrangements, the Chair of the RJC, with advice from the nominated Governance Advisor, shall have the final say, provided that the decision does not conflict with rights, liabilities or duties as prescribed by law.

#### *Confidential information*

53. Where confidential information is presented to the RJC all attendees will ensure that they treat that information appropriately considering any confidentiality requirements and information governance principles.

#### *Openness and Transparency*

54. As far as is practicably possible and appropriate, the RJC will meet in public to promote openness and transparency. A public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on each Health Boards website, where the papers supporting the public part of the agenda will be available.

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	<p>55. There will be occasions when some of the RJC’s business is more appropriately considered in private session; this is to ensure that any business considered is not prejudicial to public interest, commercial sensitivities and data protection.</p> <p>56. The final decision on whether business should be discussed in private or public session shall be made by the RJC Chair, having taken advice from the nominated Governance Advisor.</p>
<p><b>Conflicts of interest</b></p>	<p>57. Conflicts of interest will be managed in accordance with relevant policies and procedures and shall be consistent with the three health boards’ respective statutory duties and applicable national guidance.</p> <p>58. Where individual RJC members identify an interest in relation to any aspect of RJC business set out in the meeting agenda, that member must declare an interest at the start of the meeting. RJC members should seek advice from the Chair before the start of the meeting if they are in any doubt as to whether they should declare an interest at the meeting.</p> <p>59. All declarations of interest made at a meeting must be recorded in the Joint Committees minutes.</p> <p>60. It is the responsibility of the Chair, on behalf of the RJC, to determine the action to be taken in response to a declaration of interest declared. Where the Joint Committee Chair declares a personal interest, any decision on the action to be taken shall be made the Vice-Chair designated for that meeting.</p>
<p><b>Disputes</b></p>	<p>61. Where a dispute arises between the three health boards, which is connected to the operation of the RJC and its work, this shall be resolved in accordance with the dispute resolution procedure at <b>Appendix B</b>.</p>
<p><b>Behaviours and Conduct</b></p>	<p>62. Members will be expected to behave and conduct business in accordance with:</p> <ul style="list-style-type: none"> <li>a) The policies, procedures and governance documents that apply to their respective Health Board.</li> <li>b) Any collectively developed procedures or codes.</li> <li>c) The Values and Standards of Behaviour Framework of NHS Wales.</li> <li>d) The Nolan Principles</li> <li>e) Agreed partnership principles.</li> </ul> <p>63. Members must demonstrably consider equality diversity and inclusion implications of the decisions they make.</p> <p>64. Within the constraints of these Terms of Reference, RJC Members will act in the best interests of the population of the south-east Wales region, rather than representing the individual interests of an individual health board.</p>

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<b>Reporting Arrangements</b>	<b>65.</b> A copy of the meeting minutes of each meeting of the RJC, along with a summary report, shall be shared with the three Health Boards for information and assurance. The report shall set out matters discussed and pertinent issues, together with any recommendations and any matters which require disclosure, escalation, action or approval.
<b>Review</b>	<b>66.</b> The RJC will review its effectiveness at least annually on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference. The outcome of this will be included within the standing report to the three Health Boards set out in 65. <b>67.</b> These terms of reference, including membership and chairing arrangements, will be reviewed at least annually and more frequently if required. <b>68.</b> Any proposed amendments to these terms of reference will be submitted to the three Health Boards for approval.

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## SOUTH-EAST WALES REGIONAL JOINT COMMITTEE (RJC)

### SCHEME OF DELEGATION AND RESERVATION OF POWERS

The tables below set out a Framework of Reservation and Delegations anticipated in respect of RJC business.

Unless explicitly set out within the RJC's Terms of Reference and this Framework, everything is retained by the three Health Boards respectively. Where Health Boards have delegated functions to the RJC, each Health Board shall be bound by the decisions of the Joint Committee in accordance with the Schedule of Powers delegated to the RJC

This Framework will be kept under active review and, where appropriate, will be revised to take account of developments, review findings or other changes.

<b>A. MATTERS RELATING TO THE RJC, RESERVED FOR HEALTH BOARDS</b>		
REF.	AREA	MATTER
A1.	Operating Arrangements	Approve the Joint Committee's Terms of Reference and Operating Arrangements (the Governance Framework for the RJC)
A2.	Strategy & Planning	Approve the annual priorities and programme of work for regional developments, as recommended by the RJC
A3.	Strategy & Planning	Approve a Regional Commissioning Strategy, if recommended by the RJC, for inclusion in Health Board Integrated Medium-Term Plans
A4.	Strategy & Planning	Approve the overarching financial commitment and financial framework required to enable delivery of the priorities set for the RJC (A2 and A3)
A5.	Strategy & Planning	Approve Capital and Revenue Business Cases (prior to WG approval if required), within the framework of: <ul style="list-style-type: none"> <li>• The agreed annual priorities and programme of work for regional developments (A2)</li> <li>• The agreed Regional Commissioning Strategy (A3)</li> <li>• The overarching financial commitment and financial framework required to enable delivery of the priorities set for the RJC (A4)</li> </ul>
A6.	Strategy & Planning	Approve the commencement of formal engagement and consultation on significant service change proposals
A7.	Strategy & Planning	Approve significant service change proposals for implementation

<b>B. MATTERS RELATING TO THE RJC, DELEGATED FROM HEALTH BOARDS AND RESERVED FOR THE JOINT COMMITTEE</b>		
REF.	AREA	MATTER
B1.	Operating Arrangements	Develop, vary, and amend the Joint Committee's Terms of Reference and Operating Arrangements (the Governance Framework for the RJC) for Health Board approval
B2.	Operating Arrangements	Develop and Approve the Terms of Reference and Operating Arrangements for the following which are deemed necessary to support the RJC in the exercise of its functions:

		<ul style="list-style-type: none"> <li>• Programme and Project Governance – Established to provide a framework for managing and controlling programmes and projects.</li> <li>• Expert Panels – Established to review and make technical recommendations on specific subjects which generally consist of experts with relevant knowledge and experience within a particular field.</li> <li>• Advisory Groups – Established to provide advice over an issue/range of subject matters which generally consists of an external chair and internal and/or external stakeholders to make recommendations on a specific issue.</li> </ul>
B3.	Strategy & Planning	Develop and approve, prior to Health Board approval, the annual priorities and programme of work for regional developments, in line with the RJC's purpose and responsibilities
B4.	Strategy & Planning	Develop and approve, prior to Health Board approval, a Regional Commissioning Strategy, for inclusion in Health Board Integrated Medium-Term Plans, where it is required
B5.	Strategy & Planning	Determine, for Health Board approval, the required financial commitment and financial framework to enable delivery of the priorities set for the RJC (A2 and A3)
B6.	Strategy & Planning	Approve Capital and Revenue Business Cases (prior to WG approval if required), within the framework of: <ul style="list-style-type: none"> <li>• The agreed annual priorities and programme of work for regional developments (B3)</li> <li>• The agreed Regional Commissioning Strategy (B4)</li> <li>• The overarching financial commitment and financial framework required to enable delivery of the priorities set for the RJC (B5)</li> </ul>
B6.	Strategy & Planning	Develop significant service change proposals which relate to regional developments, for Health Board approval
B7.	Strategy & Planning	Develop arrangements for the commencement of formal engagement and consultation on service change proposals, for Health Board approval
B8.	Performance & Assurance	Receive reports from Senior Responsible Officers on progress and performance in the delivery of the RJC's priorities and programme of work, and approve action required, including improvement plans where required
B9.	Performance & Assurance	Receive assurance reports from the RJC's sub-Committees and groups on the delivery of those delegated programmes of work
B10.	Performance & Assurance	Receive audit and review reports related to the work of the RJC (in addition to consideration through Health Boards)

<b>C. MATTERS RELATING TO THE RJC, DELEGATED FROM THE JOINT COMMITTEE TO SUB-COMMITTEES, GROUPS AND OTHERS</b>		
REF.	AREA	MATTER
		<i>To be determined upon establishment of the RJC</i>

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## SOUTH-EAST WALES REGIONAL JOINT COMMITTEE (RJC)

## PROCESS FOR DISPUTES AND ARBITRATION

1. In accordance with the Terms of Reference for the RJC, Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board (the Health Boards) will seek to work cooperatively with each other as constituent members of the RJC and with the RJC as a whole. Where there is an impasse which cannot be resolved by means of conciliation between appropriate individuals, then as a last resort the following process should be followed.
2. In the event of any dispute between Health Boards relating to RJC business, all parties involved in the dispute must try to reach an agreement. This will involve meeting to discuss and trying to resolve the issues. All reasonable efforts must be made before escalating any disputed issues.
3. If a dispute cannot be resolved in accordance with the provisions of paragraph 2, the respective Health Board Chief Executive should have a further meeting with the two other Chief Executives of the RJC to determine if the matter can be resolved in-line with the partnership principles agreed within the RJC's Terms of Reference.
4. If a dispute cannot be resolved in accordance with the provisions of paragraph 3, the respective Health Board Chair should have a further meeting with the two other Health Board Chairs to determine if the matter can be resolved in-line with the partnership principles agreed within the RJC's Terms of Reference. The Health Board Chairs may wish to engage their respective wider Boards on this matter.
5. If a dispute still cannot be resolved in accordance with the provisions of paragraph 5, it shall be referred to the Welsh Government Director General for Health and Social Services and ultimately onwards to the Cabinet Secretary for Health and Social Services for resolution.

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Health Board

# Strategic Risk Summary

September 2025

*This report is a summary report from data provided to the July 2025 Board, it is provided for Board information and ease of reference in relation to the Board agenda.*

*The next planned update to the Board is scheduled for November 2025.*

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Strategic Risk Summary

## STRATEGIC RISK DASHBOARD – JULY 2025

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Risk Lead	Risk ID	Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	At Target ✓/✗	Lead Board Committee	Link to Strategic Priorities:
EDoFC &E	SRR 001	Financial Sustainability	The Health Board is unable to achieve its duty to achieve financial breakeven (and therefore sustainability).	4 x 5 = 20	→	Cautious	✗	Finance and Performance	Cross-cutting (All SPs and WBOs)
EDP&C	SRR 002	Innovation and Strategic Change	The Health Board is unable to successfully deliver and realise the benefits of transformation	3 x 4 = 12	*	Eager	✗	Planning, Partnerships and Population Health Committee	Several SPs and WBOs 4 and 8
EDPP&C	SRR 003	Performance and Service Sustainability	The Health Board is unable to respond to the demand for commissioned services	5 x 4 = 20	→	Open	✗	Patient Experience, Quality and Safety	SP 11 and WBO 8
EDPCC MH	SRR 004	Performance and Service Sustainability	The Health Board is unable to respond to the demand for provided services.	4 x 4 = 16	→	Open	✗	Patient Experience, Quality and Safety	Several SPs and WBOs 4 and 8
EDPCC MH	SRR 005	Performance and Service Sustainability	Primary Care is unable to respond to demand.	4 x 4 = 16	↓	Open	✗	Planning, Partnerships and Population Health Committee	Several SPs and WBOs 4 and 8
EDP&C	SRR 006	Workforce	The Health Board is unable to recruit and retain an appropriate workforce.	4 x 4 = 16	→	Cautious	✗	People and Culture	Cross-cutting (All SPs and WBOs)

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Risk Lead	Risk ID	Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	At Target ✓/✗	Lead Board Committee	Link to Strategic Priorities:
EDoFC &E	SRR 007	Quality	The care provided in some areas is compromised due to the health board's estate being not fit for purpose.	4 x 4 = 16	➔	Minimal	*	Finance and Performance	SP 09 and WBOs 1 and 4
EDPH	SRR 008	Innovation and Strategic Change	The Health Board is unable to shift to a primary prevention focused health care system	16	*	Eager	*	Planning, Partnerships and Population Health	SP 1 and WBO 1
EDPCC MH	SRR 009	Performance and Service Sustainability	The Health Board is unable to stabilise the growing implications of Continuing Health Care	4 x 4 = 16	*	Open	*	Finance and Performance	SP 6 and WBO 4
EDPH	SRR 010	Safety	The Health Board is unable to respond in a timely, efficient, and effective way to a major incident, or critical incident	4 x 4 = 16	*	Averse	*	Planning, Partnerships and Population Health	Cross-cutting (All SPs and WBOs)
EDAHP HS&D	SRR 011	Performance and Service Sustainability	Failure of Digital & Electrical Infrastructure in Powys (Internal & External) poses a risk to the delivery of care.	3 x 5 = 15	*	Open	*	Audit, Risk and Assurance	Cross-cutting (All SPs and WBOs)
DCG	SRR 012	Reputation and Public Confidence	The Health Board is unable to maintain and build public confidence in regard to service delivery and transformation in staff, patients, stakeholders and community.	3 x 5 = 15	*	Open	*	Finance and Performance	Cross-cutting (All SPs and WBOs)

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**KEY:**

<b>Executive Lead</b>	
<i>EDoFC&amp;E</i>	Executive Director of Finance, Capital and Estates
<i>EDP&amp;C</i>	Executive Director of People and Culture
<i>EDPP&amp;C</i>	Executive Director of Planning, Performance and Commissioning
<i>EDPCCMH</i>	Executive Director of Primary Care, Community and Mental Health
<i>EDPH</i>	Executive Director of Public Health
<i>EDAHPHS&amp;D</i>	Executive Director of Allied Health Professionals, Health Sciences and Digital
<i>DCG</i>	Director of Corporate Governance/Board Secretary
<i>CEO</i>	Chief Executive
<b>Trend</b>	
<b>*</b>	<b>New risk</b>
<b>→</b>	<b>Risk score unchanged since last report</b>
<b>↓</b>	<b>Risk score decreased since last report</b>
<b>↑</b>	<b>Risk score increased since last report</b>


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**RISK HEAT MAP – JULY 2025**

<b>Almost certain 5</b>				<b>SRR 003 – Commissioning</b>	
<b>Likely 4</b>				<b>SRR 004 – Provider SRR 005 – Primary Care SRR 006 – Workforce SRR 007 – Estate SRR 009 – CHC SRR 010 – Emergency Response</b>	<b>SRR 001 – Financial Balance</b>
<b>Possible 3</b>				<b>SRR 002 – Transformation</b>	<b>SRR 011 – Digital SRR 012 – Public Confidence</b>
<b>Unlikely 2</b>					
<b>Rare 1</b>					
<b>LIKELIHOOD X IMPACT</b>	<b>Insignificant 1</b>	<b>Minor 2</b>	<b>Moderate 3</b>	<b>Major 4</b>	<b>Catastrophic 5</b>

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**BOARD ASSURANCE FRAMEWORK DASHBOARD – JULY 2025**

<b>Strategic Risk</b>	<b>Inherent Score</b>	<b>Current Score</b>	<b>Target Score</b>	<b>Within Appetite</b>	<b>Adequacy of Controls</b> <i>Are we doing enough to manage the risk?</i>	<b>Effectiveness of Controls</b> <i>Is what we're doing having the desired impact?</i>	<b>Associated Assurance</b> <i>Based on what evidence?</i>
SRR 001: <b>Financial Balance</b> <i>EDoFC&amp;E</i>	20	20	8	<b>Cautious</b> 	Multiple Controls	Some control weaknesses	Assurance largely reasonable
SRR 002: <b>Transformation</b> <i>EDP&amp;C</i>	16	12	8	<b>Eager</b> <i>In appetite</i>	Multiple Controls	Controls largely effective	Assurance largely reasonable

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SRR 003: <b>Commissioning</b> <i>EDPP&amp;C</i>	20	20	12	Open <i>In appetite</i>	Multiple Controls	Some control weaknesses	Assurance largely reasonable/limited
SRR 004: <b>Provided Services</b> <i>EDPCCMH</i>	16	16	12	Open <i>In appetite</i>	Multiple Controls	Some control weaknesses	Assurance largely reasonable
SRR 005: <b>Primary Care</b> <i>EDPCCMH</i>	16	16	12	Open <i>In appetite</i>	Multiple Controls	Some control weaknesses	Assurance largely reasonable
SRR 006: <b>Workforce</b> <i>EDP&amp;C</i>	16	16	8	Cautious <i>In appetite</i>	Multiple Controls	Some control weaknesses	Assurance largely substantial
SRR 007: <b>Estate</b>	16	16	8	Minimal 	Multiple Controls	Some control weaknesses	Assurance largely substantial/

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<i>EDoFC&amp;E</i>							<b>reasonable</b>
SRR 008: <b>Prevention</b> <i>EDPH</i>	<b>20</b>	<b>16</b>	<b>6</b>	<b>Eager</b> <i>In appetite</i>	Some controls	Controls largely effective	Assurance largely reasonable
SRR 009: <b>Continuing Health Care</b> <i>EDPCCMH</i>	<b>16</b>	<b>16</b>	<b>9</b>	<b>Open</b> <i>In appetite</i>	Some controls	Some control weaknesses	Assurance largely reasonable
SRR 010: <b>Emergency Preparedness /Incident Response</b> <i>EDPH</i>	<b>16</b>	<b>16</b>	<b>12</b>	<b>Averse</b> 	Multiple Controls	Some control weaknesses	Assurance largely substantial
SRR 011: <b>Digital</b> <i>EDAHPHS&amp;D</i>	<b>20</b>	<b>15</b>	<b>12</b>	<b>Open</b> <i>In appetite</i>	Multiple Controls	Controls largely effective	Assurance largely reasonable

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SRR 012: <b>Public Confidence</b> <i>DCG</i>	<b>20</b>	<b>15</b>	<b>8</b>	<b>Open</b> <i>In appetite</i>	Multiple Controls	Controls largely effective	Assurance largely reasonable
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Key:

**Adequacy of Controls**

*Are we doing enough to manage the risk?*

**GREEN:** Multiple controls

**AMBER:** Some controls

**RED:** Limited/no controls

**Effectiveness of Controls**

*Is what we're doing working?*

**GREEN:** Controls largely effective

**AMBER:** Some control weaknesses

**RED:** Significant control weaknesses

**Control Assurance**

*Based on what evidence?*

**GREEN:** Assurance largely substantial

**AMBER:** Assurance largely reasonable

**RED:** Assurance largely limited

**GREY:** Insufficient assurance available



Risk outside Board appetite

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# Risk Appetite Summary

Strategic Risk	Main Risk Category	Appetite Level	Other associated risk categories
<b>SRR 001 – Financial Balance</b>	Financial Sustainability	Cautious	<ul style="list-style-type: none"> <li>Financial Governance, Financial Investment, Performance and Service Sustainability, Quality, Regulation and Compliance, and Reputation and Public Confidence.</li> </ul>
<b>SRR 002 - Transformation</b>	Innovation and Strategic Change	Eager	<ul style="list-style-type: none"> <li>Performance and Sustainability of Services, Regulation and Compliance and Safety</li> </ul>
<b>SRR 003 – Commissioning</b>	Performance and Service Sustainability	Open	<ul style="list-style-type: none"> <li>Quality, Safety, Partnerships, Performance and Sustainability of Services, Reputation and Public Confidence.</li> </ul>
<b>SRR 004 – Provider</b>	Performance and Service Sustainability	Open	<ul style="list-style-type: none"> <li>Quality, Safety, Workforce, Performance and Sustainability of Services.</li> </ul>
<b>SRR 005 – Primary care</b>	Performance and Service Sustainability	Open	<ul style="list-style-type: none"> <li>Quality, Safety, Partnerships, Performance and Sustainability of Services, Reputation and Public Confidence.</li> </ul>
<b>SRR 006 - Workforce</b>	Workforce	Cautious	<ul style="list-style-type: none"> <li>Quality, Safety, Regulation and Compliance and Reputation and Public Confidence.</li> </ul>

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# Risk Appetite Summary Cont.

Strategic Risk	Main Risk Category	Appetite Level	Other associated risk categories
<b>SRR 007 – Estate</b>	Quality	Minimal	<ul style="list-style-type: none"> <li>Safety, Regulation and Compliance, Reputation and Public Confidence and Financial Investment.</li> </ul>
<b>SRR 008 – Prevention</b>	Innovation and Strategic Change	Eager	<ul style="list-style-type: none"> <li>Quality, Workforce and Reputation and Public Confidence.</li> </ul>
<b>SRR 009 – CHC</b>	Performance and Service Sustainability	Open	<ul style="list-style-type: none"> <li>Financial Governance, Financial Sustainability, Partnerships, Quality, Reputation and Public Confidence and Regulation and Compliance.</li> </ul>
<b>SRR 010 – Emergency preparedness</b>	Safety	Averse	<ul style="list-style-type: none"> <li>Reputation and Public Confidence, and Regulation and Compliance</li> </ul>
<b>SRR 011 – Digital</b>	Performance and Service Sustainability	Open	<ul style="list-style-type: none"> <li>Quality, Safety, Regulation and Compliance and Reputation and Public Confidence.</li> </ul>
<b>SRR 012 – Public Confidence</b>	Reputation and Public Confidence	Open	<ul style="list-style-type: none"> <li>Innovation and Strategic Change</li> </ul>

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Board 2025-26										
Theme	Item Title	21/05/2025	25 June 2025 (Annual Accounts)	30/07/2025	24/09/2025	24/10/2025	26/11/2025	16/12/2025 In Cttee	28/01/2026	25/03/2026
Governance	Minutes of previous meeting	✓		✓	✓	✓	✓		✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓	✓	✓	✓	✓	✓
Listening and Learning	Patient Experience Story	✓		✗	✓		✓		✓	✓
Listening and Learning	Staff Experience Story	✓		✓	✗		✓		✓	✓
Governance	Update from Chair (inclu PSOW in Sept update)	✓		✓	✓		✓		✓	✓
Governance	Update from Vice-Chair	✓		✓	✓		✓		✓	✓
Governance	Update from Chief Executive	✓		✓	✓		✓		✓	✓
Governance	Assurance Reports of Board Committees	✓		✓	✓		✓		✓	✓
Governance	Board Action Log	✓		✓			✓		✓	✓
Risk	Strategic Risk Register	✓		✓	✓		✓			✓
Governance	Risk and BAF Dashboard update				✓				✓	
Risk	Risk Appetite	✓		✓						✓
Risk	Review of Risk Management arrangements						✓			
Governance	Assurance Reports of Board Partnership Arrangements	✓		✓	✓		✓		✓	✓
Governance	Assurance Reports of Joint Committees	✓		✓	✓		✓		✓	✓
Governance	Assurance Report of Local Partnership Forum	✓		✓	✓		✓		✓	✓
Governance	Committee Terms of Reference	✓								✓
Governance	Committee Work Plans	✓								✓
Governance	Board Work Programme	✓		✓	✓		✓		✓	✓
Governance	Standing Orders (as needed)									
Governance	Scheme of Delegation (as needed)									
Governance	Common Seal (as needed)									
Governance	Committee Membership Annual Review			✓						
Governance	Annual Assessment of Committee and Board Effectiveness	✓								
Governance	Committee Annual Reports	✓								
Governance	Speaking Up Safely and Raising Concerns Report	✓								
Governance	Board Assurance Framework	✓					✓			
Governance	BAF Dashboard	✓		✓			✓			✓
Governance	Structured Assessment								✓	
Governance	Review of Consent Agenda Protocol	✓								
Governance	Organisational Escalation - Finance and Performance Monitoring (Planning Maturity Matrix to Nov)	✓		✗			✓			✓
Planning	Integrated Plan Approach to development						✓			
Planning	Draft Integrated Plan								✓	
Planning	Integrated Plan 2026-2029									✓
Planning & Finance	Annual Delivery Plan 2025/26 including budget allocation and framework	✓								✓
Performance	Annual Delivery plan - by quarter	✓			✓		✓			✓
Performance	Primary Care Summary Report				✗		✓			✓
Planning	Winter Planning/Resilience						✓			
Planning	Winter vaccination programme				✓					

Partnerships	RPB Annual Report			✓						
Partnerships	RPB Delivery (6 monthly update) Date TBC									✓
Partnerships	PSB Wellbeing Plan (Future Generations Act). Next due 2027									
Partnerships	Partnership Governance Framework	✓					✓			
Population Health	Annual Report of Director of Public Health	✗			✓					
Performance	Integrated Performance & Quality Report	✓		✓	✓		✓		✓	✓
Finance	Annual Report and Financial Statements		✗	✓						
Finance	Financial Performance	✓		✓	✓		✓		✓	✓
Finance	Charitable Funds Annual Accounts and Report								✓	
Finance	Approve contracts and financial delegations above the CEOs limit (as needed)									
Partnerships	Llais Regional Director Report	✓		✓	✓		✓		✓	✓
Equality, Diversity & Inclusion	Equality, Diversity and Inclusion Annual Report 2024/25			✓						
Equality, Diversity & Inclusion	Strategic Equality Report									
Equality, Diversity & Inclusion	Welsh Language Annual Report	✓								
Compliance	Safeguarding Annual Report				✓					
Listening and Learning	Patient Experience Approach				✗		✓			
Compliance	Wellbeing of Future Generations Act Report			✗			✓			
Civil Contingencies	Major Incident and Emergency Response Plan (Taken In-Committee)			✓						
Civil Contingencies	NHS WALES EMERGENCY PLANNING, RESILIENCE & RESPONSE ANNUAL REPORT 2024/25 (taken In-Committee)			✓						
Planning	Corporate Business Continuity Plan (taken In-Committee)			✓						
Capital and Estates	Health and Safety Annual Report	✓								
Capital and Estates	Capital and Estates Strategy									✓
Digital	Digital First Annual Plan				✗		✓			
Transformation / Change	Temporary Service Changes	✓		✓						
Workforce	Nurse Staffing Levels				✓					
	Better Together Case for Change	✓		✓	✓		✓			
Governance	Annual summary of petitions received under Petitions Protocol				✓					
Governance	Standards of Behaviour Policy (Next due March 2027)									
Governance	Duty of Quality Annual Report				✓					
Performance	Ministerial Advisory Group Productivity and performance assessment			✓						
Governance	Joint Commissioning Committee - Revised IPFR Policy			✗			✓			
Governance	Joint Commissioning Committee - Revised Scheme of Delegation (Financial Delegations)			✓						

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	Strategic Commissioning Framework				✓					
	North Powys OBC						TBC	✓		
	Standing Financial Instructions (Executive delegation limits)						✓			
IN-COMMITTEE	SRR (IC risks)	✓		✓			✓		✓	✓
	Minutes of previous IC meeting	✓		✓	✓		✓		✓	✓
	RaTS Committee Annual Report			✓						
	Emergency Preparedness, Resilience and Response Annual Report			✓						
	Out of Hours Contract			✓	✓					✓
	Central Procurement of Out Patients Insourcing		✘							
	Rhayader GDS contract			✓						
	Crickhowell GDS contract						✓			
	Annual Plan 2024/25		✓	✓						

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**NHS**  
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Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

## Powys Teaching Health Board Glossary

(Last updated september 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
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
F&P	Finance and Performance Committee
GDS	General Dental Services

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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
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
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
OOC	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
P&C	People and Culture Committee

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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
RPB	Regional Partnership Board
RTT	Referral to Treatment
RTS	Routemap To Sustainability
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

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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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