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Powys Teaching
Health Board

Annual Report 2014/15

Powys Teaching Health Board



What you will find out in this annual report

This annual report will tell you about the type of organisation we are, what we do and how we are working to deliver excellent healthcare as well as planning for future challenges.

It will explain how important it is for us to work with and listen to our patients to deliver improved services that meet their needs, as well as providing better care closer to home. It will also report realistically on areas that we know need further improvement.

The health board's priorities are shaped by our Integrated Medium Term Plan (IMTP) which sets out our objectives and plans until 2018.

You can read the IMTP and also find out more about what we do on our website. www.powysthb.wales.nhs.uk

Annual Quality Statement

Our annual quality statement (AQS) which is published at the same time as the annual report provides further detail on what we are doing to make the best use of our resources to deliver safe, effective care that meets the needs of our patients.

The AQS 2014-2015 sets out what actions have been taken to continue to improve the quality of all our services. It also describes some of the challenges faced during the year and how these have helped to shape our priorities for 2015-2016.

You can read the AQS at www.powysthb.wales.nhs.uk/annual-report-aqs and copies are also available in printed format. To receive a copy please contact us.

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Welcome from the Chair and Chief Executive

As the new Chair and Chief Executive we are delighted to introduce Powys Teaching Health Board's Annual Report for 2014 -2015.

The Health Board is working continually to improve the health and wellbeing of the people of Powys and to provide effective health services for those who need them.

This report outlines the key developments and challenges during 2014/15 and gives a flavour of the future by looking at our priorities for 2015/16. We hope that you will enjoy reading about our work and consider getting more involved in health services as a result.

The year of 2014/15 has been one of change in leadership of the organisation. It is important to recognise that for half of the year the Chair of the Health Board was Mel Evans and the Chief Executive Officer was Bob Hudson until February 2015. We are hugely grateful to both Mel and Bob for their hard work and commitment to Powys.

There are a number of key achievements that we would like to highlight that indicates how well we are doing in improving health and providing effective health services:

- This year we saw Glan Irfon Health and Social Care Centre become fully operational. There has been much interest in this development which demonstrates the close working between health and social services, alongside local people. The feedback from those who have used the new service is very positive and our thanks go to everyone who has been involved in making this a success.
- We have continued to implement the Virtual Ward in South Powys and will be rolling it out across the whole of the county. There have been huge benefits to people who have used this service and to staff who have been involved in it. It has been so successful that it was recognised as the overall winner of the

NHS Wales Awards in July 2015. This work demonstrates the strength of primary care services and our commitment to integrated working. You can read more about this work on page 12 of this report.

- The Health Board has worked closely with Welsh Government and others to find a better funding arrangement for Powys. We are pleased to report that the outcome of this work has been successful and although we are living in challenging financial times, an improved financial position can be reported.
- We made an important decision in our Board in February 2015 relating to mental health services, and will provide more of the mental health services ourselves rather than commission these from other organisations outside of Powys. This means that we will be able to work closely with Powys County Council and be more flexible in the way in which services can be provided in the longer term. New services such as internet based therapy have been introduced, as well as the provision of care closer to home.
- Our staff engagement programme 'Chat 2 Change' has been developed during the year and has been successful in developing our organisation's Values and Behaviours. Recognising that our health services are run by people for people, our values and behaviours will shape our success as judged by those we work with including patients, carers, staff and other colleagues. We are very proud of the work staff do right across Powys and increasingly there is wider recognition of this. Veronica Jarman, Sister at Llanidloes Hospital for example has achieved the Royal College of Nursing Nurse of the Year 2014 – demonstrating commitment to caring for older people and in being an excellent role model to others. (See page 10 to read more on this)

Whilst 2014/15 has been a successful year, we recognise that there are challenges

in ensuring we can effectively improve health and wellbeing and provide excellent healthcare services.

We continue to live in a period of financial austerity. Evidence indicates that during the next ten years demand for health services will continue to grow significantly. With tight budgets this will mean that health services will have to change to cope with the demand. We recognise that change can be difficult and this is why we will need to work closely with the people of Powys, key partners such as Powys County Council and the Voluntary Sector, our own staff and staff we work with from other organisations, to help shape the changes required for the future.

We want to see tangible improvement in the health and wellbeing of people in Powys and we want to see inequalities reduced. However, we know we can't do that alone and we will be encouraging and supporting people to take responsibility and make positive decisions about their health and lifestyle.

There are also significant workforce challenges that need to be overcome. A shortage of doctors and nurses is affecting the way in which health services, both in Powys and outside of it, are provided. This means NHS organisations are having to change services that serve our population. As a Health Board we will be playing a full

role in ensuring that any proposed changes are carefully considered and offer the best solution possible. We will, of course, need to work closely with our communities in doing so.

We continue to want to deliver as many services as possible close to home. We are working well to achieve this as you will read throughout the report, however we will need to step up our efforts over the coming year. This will mean that we need to continue to improve our facilities and the technology to support this.

Finally, we would like to thank all those people who help us to deliver the best possible care and services throughout the year. Our volunteers, including Leagues of Friends; our staff in hospitals and the community; our Board members, senior leaders and managers; our colleagues in Powys County Council and Powys Association of Voluntary Organisations; our colleagues in primary care, in commissioned services such as district general hospitals outside of Powys; community leaders and colleagues in Welsh Government. We know that success relies on working together for the people of Powys and we look forward to continuing this relationship with you all as we move forward into 2015/16 and beyond.

Carol Shillabeer, Chief Executive (left) and Vivienne Harpwood, Chair (right)



About us

Powys Teaching Health Board has a budget of £281 million to deliver healthcare services to the people of Powys.

As a rural health board with 133,000 people living across an area that is a quarter of Wales, we provide as many services as possible locally. This is mainly through GPs and other primary care services, community hospitals and community services.

As we don't have a District General Hospital, we work closely with other organisations in Wales and England to provide services for the local population. We are always striving to bring as many services back into Powys as possible, including assessments and follow ups after treatment.

We are governed by a Board of Executive Directors and Independent Members who make decisions about all services and care provided in the area. Details of all meetings and papers are available on our website www.powysthb.wales.nhs.uk

The Board is chaired by Vivienne Harpwood and led by Chief Executive Carol Shillabeer.

During 2014/15, we continued to drive forward our vision and ambition to deliver 'truly integrated care centred on the individual'. We have focused on plans to transform our services to bring better healthcare closer to home.

All of our work is based on our values and aims of:

- Improving health and wellbeing
- Ensuring the right access to the right services at the right time in the right place
- Striving for excellence
- Involving the people of Powys
- Making every pound count
- Valuing, supporting and developing our staff

The organisation has continued to develop a system of governance and assurance. The Board sets the strategic objectives, monitors progress, agrees actions to achieve these objectives, and ensures appropriate controls are in place and working properly throughout the organisation.

New Chief Executive

Carol Shillabeer was appointed Chief Executive in March 2015, after spending five years as Director of Nursing at the Health Board. She was made Interim Chief Executive in December 2014, after previous Chief Executive Bob Hudson moved to take up the post of Director of the NHS Wales Collaborative.

With a background in both senior clinical and managerial posts, Carol has varied service experience including women and children's services, mental health and general medicine. She is also currently the Vice Chair of the Nursing and Midwifery Council, the professional regulator of nurses and midwives in the UK.

New Chair

Vivienne Harpwood was appointed Chair of the Health Board in October 2014 after Mel Evans announced he was stepping down from the role. She previously served as Vice Chair of Cwm Taf University Health Board for four years and Vice Chair of Velindre NHS Trust for eight years.

She has extensive knowledge of the Welsh NHS and has recently chaired the Wales Cancer Research UK Centre Governance Board and been a member of the Wales National Information Governance Advisory Board.

She was also a member of the Wilson Committee on NHS Complaints, which made recommendations leading to the present complaints systems, and the Wales Organ Donation Expert Reference Panel.

As a rural health board we aim to provide as many services as close to home as possible



Key achievements during 2014/15

We are committed to improving our services and finding new ways of providing the best possible care to our patients, whilst openly acknowledging the challenges we face. A key focus for us is to provide care as close to home as possible.

This section provides highlights of some of our key achievements and areas of progress during 2014/15.

New X-ray department opens in Brecon

A new X-ray department opened in Brecon Hospital following a £300,000 investment from Welsh Government and is providing care closer to home for patients.

The unit has the latest equipment allowing a wider range of patient examinations to take place and sees around 120 patients each week.

It also enables X-rays to be sent instantly to Nevill Hall Hospital in Abergavenny when specialist help is required, without the patient having to travel.

New outpatients department in Newtown Hospital

A new outpatients department was opened in Newtown Hospital in May 2014 thanks to a significant donation from the League of Friends.

The new unit ensures that patients are seen in a modern facility with access to all the equipment and staff that they need.

It has also enabled additional out-patient services to be provided including orthopaedics clinics, clinical musculoskeletal assessment and treatment service (CMATS), specialist physiotherapy and podiatry, rheumatology clinics, cervical screening and abdominal aortic aneurysm screening.

Brecon Radiography team in the new X-ray department



New 'quiet room' for mental health patients at Bronllys

A new Wellness and Recovery Learning Centre was opened in Felindre Mental Health Ward at Bronllys Hospital in June 2014.

The room offers patients somewhere they can go to be quiet, meditate and access information on recovery, medication and other topics at their own pace. The room was developed following requests from patients and has been paid for by a number of organisations including the Big Lottery, PAVO (Powys Association of Voluntary Organisations), the Hospital League of Friends and The Felindre Legacy Trust.

Patient Joel Leaman said "Having the new quiet room is a real bonus for patients on the ward. When I was admitted last year I just needed a short period where I could be away from the stress of the world around me but wanted to be able to manage and research my own treatment. The quiet room will allow other patients to do this and will aid their recovery"

PAVO has managed the project and helped to drive the concept of Wellness and Recovery Learning Centres across the county.

Leg clubs win NHS Wales Award!

A project led by the Health Board's district nursing team to improve care in the community for patients with leg ulcers won the Improving Quality Through Better Use of Resources NHS Wales Award in July 2014.

Awards judges were impressed at the impact made by the creation of a number of specialist leg clubs which enable patients with leg ulcers to receive treatment collectively in a local community venue rather than in their own home.



Leg club team with their NHS Wales award

The new way of delivering care has improved the healing of ulcers and saved more than £700,000 in district nursing costs.

More than 2,300 patients are now members of the leg clubs and it has had a positive impact on their self-esteem.

Jackie Griffin, Tissue Viability Clinical Nurse Specialist, who led the project, said, "I'm really pleased that the work of everyone involved in the leg club scheme has been recognised by this award."

"The leg clubs not only allow people to receive their treatment in a friendly setting, but they also help the community by bringing people together."

"The work is a great example of co-production, listening to patients about what really meets their care and wellbeing needs and delivering care closer to home."

New home for children's speech and language services in Brecon

Specialist speech and language therapy services for children have moved into the Children's Centre in Breconshire War Memorial Hospital.

The move ensures that all children's services are now provided from one centre, making it easier for patients to access seamless care and improving their overall experience.

The old annex in the hospital car park which previously housed the speech and therapy services has been demolished and replaced with a modern office space for staff.

Powys nurse wins Wales Nurse of the Year Award

Llanidloes Day Hospital Sister Veronica Jarman was named Nurse of the Year at the Royal College of Nursing Wales Awards in November.

Ms Jarman was initially nominated for the Commissioner for Older People's Award which she won and was then named as the overall Nurse of the Year too.

She was recognised for her work to improve the use of the Day Hospital to ensure it became a central hub where a range of health and social care services are provided to help elderly and frail patients, and those with chronic conditions.

Penrallt Unit works in close partnership with Graham Davis Ward, outpatients department and community services to provide seamless care for patients locally.

Presenting the award, Tina Donnelly, Director of Royal College of Nursing Wales, said, "Veronica is a very special person. She looks at how patients are treated with respect and compassion, and ensures that it continues in the community. Veronica should continue to be an inspiration to younger nurses."

Veronica Jarman receiving her Nurse of the Year award





Welshpool midwife Julia Rogers with Carla, the mum who nominated her for the 2015 Midwife of the Year award.

Midwife of the Year Award for Wales

Welshpool Midwife Julia Rogers won the Midwife of the Year Award for Wales at the Royal College of Midwives Awards.

The judging panel were specifically looking for midwives who had made a significant impact on women's birth experiences before, during and after labour, and highlighted Julia's care as exemplary.

NHS Advancing Healthcare Awards

The Orthopaedic Physiotherapy service in Mid Powys was shortlisted for the NHS Advancing Healthcare awards in the category of 'Improving quality: measuring and demonstrating impact'.

The team were recognised for their work on improving care for patients with Carpel Tunnel and effectively using resources to deliver a better experience.

Charitable donations

The health board is very grateful to the many people whose fundraising activities and donations have helped to improve services for patients across Powys. Here are just a couple of examples.

Brecons Lion Club donated more than £3,000 for a flexible laryngoscope that enables doctors to easily look at a patient's airway, including the nose, the throat and vocal cords, checking for polyps, cancers and other problems. The new equipment will allow more examinations to be carried out each week in Brecon, reducing the need for patients to travel out of the area.

The family of Sid Docker, from Llanidloes, who passed away recently, donated three nebulisers in his memory to help respiratory patients.

Mr Docker suffered from respiratory difficulties and relied on a nebuliser to ease his breathing and ensure he didn't have to go into hospital. His family wanted to ensure other patients could benefit from the same treatment and remain in their own homes as much as possible.

Improvements to patient care and services

Work has continued to further improve patient care and services across Powys, particularly in primary care and the community. These developments have aimed to increase the amount of care available locally, reducing the number of referrals to secondary care and the associated time and travel that our residents have had to make to access care. Here are some the highlights of progress made during the past year.

Roll out of the virtual ward

The virtual ward project, which helps at risk and elderly patients to receive better care and remain at home, avoiding admission to hospital, has now been rolled out across Powys.

The work, which has been developed in three community hospitals, was initially introduced in South Powys in 2012.

The virtual ward operates in the same way as a normal hospital ward except that the patient stays comfortably and safely in their own home.

Patient Sybil Davies, who recently benefited from the service said, "Previously I have spent three weeks in hospital, they looked after me there, but it was not my home and that is where I want to be cared for. The virtual ward team has looked after me fantastically well and with the help of my husband and family, I am now able to continue to be at home and part of the community where I live"

District Nurse, Eira Price, visits Sybil Davies, a Virtual Ward patient at home



It brings together a team of staff, working across health and social care, to discuss the most appropriate care for a patient.

The new co-ordinated approach is enabling more people to be successfully treated in their own home and has led to a 12% drop in emergency admissions to hospitals, resulting in a £342,000 saving for the health board.

To find out more about the virtual ward watch our video www.youtube.com/watch?v=iP9ldRhXNEQ

New local rheumatology outpatient service

The Health Board has worked in partnership with Cwm Taf University Health Board to develop a new Rheumatology service.

The service, led by a Consultant Rheumatologist, was set up in September 2014 to provide outpatient clinics in Ystradgynlais Community Hospital and Breconshire War Memorial Hospital.

It provides shared care services, supported by appropriate protocols, in conjunction with the South Powys locality GPs. It also provides telephone advice and training to the locality GPs, and those patients who require an infusion service are only required to make the 30 minute journey to Prince Charles Hospital in Merthyr.

This service has been greatly welcomed by GPs, patients and staff at the hospital and outpatient activity levels have risen from 29 new outpatients in 2013/2014 to 100 new outpatients from September 2014 to March 2015.

Specialist ear care service

The health board has appointed an Ear Specialist Nurse to ensure patients who have ear wax problems can be treated locally rather than being referred to a District General Hospital outside of Powys.

The new service has ensured patients are diagnosed and treated quickly, rather than having three to four appointments as had occurred previously.

It has been welcomed by patients and the graph on the right shows the activity since the service began in November.

Increased respiratory specialist nurse service

Three extra nurses have recently been appointed to extend the reach of the Respiratory Nursing Service in South Powys.

Demand for respiratory care has remained high in this area and it was decided to increase the service to ensure more patients could be treated locally and within faster timescales.

The team have now been in place for four months and we will be looking to see what early improvements and results have been achieved.

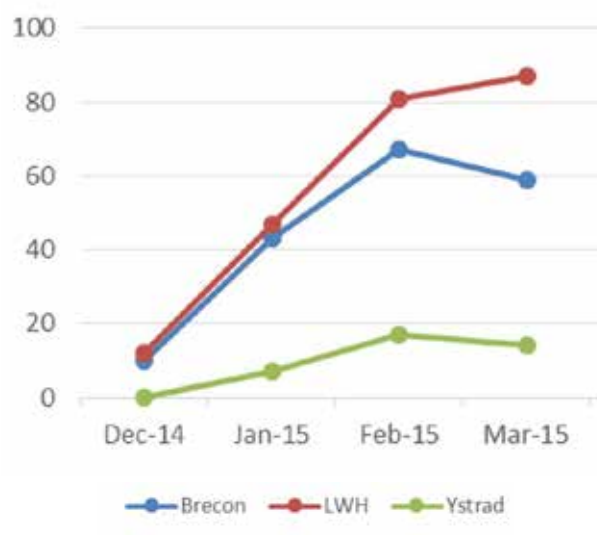
Improved Minor Injuries Unit in Ystradgynlais

The appointment of two nurse practitioners has helped to ensure the Minor Injuries Unit in Ystradgynlais Hospital is now constantly open between 08.30 -16.00 Monday to Friday.

As a result of the improved service, attendance has increased by over 150% which in turn has helped to reduce the number of Powys patients attending the accident and emergency department in Morriston Hospital, Swansea.

The new nurse practitioners have also been able to offer teaching and support to other departments within Ystradgynlais Hospital and participated in the virtual ward.

Ear Care Specialist Nurse
Monthly Referral Source



Mobile MRI service pilot

A mobile Magnetic Resonance Imaging (MRI) service has been piloted in Bronllys to assess the long term benefits and impact on current waiting times for patients in neighbouring district general hospitals, which are exceeding the national target.

In March 2015, a mobile MRI unit was located next to the Concert Hall at Bronllys Hospital for six days, operating from 8am to 6.30pm. During this time, 130 scans were completed on 121 patients.

Referrals were received from GPs in Mid and South Powys and visiting consultants based within Brecon Hospital. Suitable low risk Powys patients were also diverted to the unit from Aneurin Bevan University Health Board to help reduce their waiting time pressures and increase capacity within their services.

Following an evaluation of the pilot, it can be concluded that;

- patients were happier to travel to a community hospital site for a scan than a District General Hospital outside of Powys where there are issues with parking
- the mobile solution had a significant impact on waiting times compared to the current arrangements with the neighbouring district general hospital

Further consideration will now be made about taking forward the project.

GP practices

A number of developments have been implemented in GP practices and clusters across Powys. This includes;

- plans in place across all localities linked to actions within the Health Board's Integrated Medium Term Plan. More information is available on the website at www.powysthb.wales.nhs.uk
- improved working arrangements leading to greater integration between GPs and community hospitals and community teams such as the virtual ward
- increased use of the electronic referral system with 12 out of 17 practices now using it
- patients with rheumatoid arthritis are now able to receive their treatment from their GP rather than travelling to a district general hospital

Mobile MRI unit at Bronllys Hospital



Oral surgery improvements

A new intermediate oral surgery service has been introduced to reduce the number of patients having to travel outside of Powys to receive treatment.

Initially the service acceptance criteria was limited to complex and surgical extractions which accounts for a significant number of referrals into a maxillofacial hospital unit. The service proved cost saving in less than 12 months.

It has now increased to accept all referrals appropriate to the speciality of maxillofacial surgery following an assessment with a consultant maxillofacial surgeon.

The consultant works alongside colleagues in the community dental service including an experienced senior dental officer in oral surgery. The consultant also provides teaching to junior colleagues. Although the consultant only visits one day per month on average, the service can run three days a week with this support.

All procedures that can be done in the primary and community setting are being carried out. This has enhanced the community dental service and provides more job satisfaction to the whole team. The patients can be seen in a local setting which reduces travelling for patients and the service reduces secondary care costs.

Further plans are in place to increase access through the recruitment of another specialist.

Improvements in nursing

The Fundamentals of Care (FOC) Standards (2003) have been developed and implemented to improve the quality of health and social care for patients and service users in Wales. Each year, the NHS in Wales undertakes a national audit of care and service delivery against the 12 Fundamentals of Care Standards.

The audit helps the Health Board to understand its performance in some areas of adult nursing including Community Inpatient wards, Outpatients, Day Hospitals, Minor Injury units, Day Surgery and Endoscopy. It also helps to critically highlight those areas where we can make improvements. Importantly both people who use services and those that deliver services have their say in how well collectively we are doing.

During 2014/15, 29 areas undertook the audit along with District Nursing who piloted the audit with a view to implementing in the future.

The Audit shows the Health Board has made considerable improvement, achieving a high standard in seven areas with four listed as inconsistently met. There are now no areas where the Health Board is below the required standard.

The audit itself tells us that overall standards are high, however there remains room for improvement in some areas.

Operational Questions Overall Summary		2013 FOC Audit	2014 FOC Audit	Imp. %
Standard 1	Communication and Information	▲ 79	● 85	▲ 6
Standard 2&5	Respecting People and Relationships	▲ 74	● 88	▲ 14
Standard 3	Ensuring Safety	▲ 67	● 95	▲ 28
Standard 4	Promoting Independence	● 86	● 89	▲ 3
Standard 6	Rest & Sleep	▲ 76	▲ 81	▲ 5
Standard 7	Ensuring Comfort & Alleviating Pain	▲ 56	▲ 77	▲ 21
Standard 8	Personal Hygiene, Appearance and Foot Care	▲ 67	▲ 71	▲ 4
Standard 9	Eating and Drinking	▲ 80	● 88	▲ 8
Standard 10	Oral Health and Hygiene	◆ 42	▲ 78	▲ 36
Standard 11	Toileting Needs	▲ 60	● 86	▲ 26
Standard 12	Preventing Pressure Sores	▲ 78	● 90	▲ 12

Involving people and working with communities

We are committed to engaging and involving local people in our planning of key service improvements and change. We want to hear your views and learn from your experiences to help influence and shape our future decisions.

We are also keen to work with our communities and stakeholders to ensure we are providing services that meet people's needs.

Putting things right

As a health board, we recognise the value of listening to our patients and making improvements, based on what they tell us.

Our Putting Things Right Team manages all patient concerns and complaints, including providing support during an investigation and explaining outcomes.

If the health board believes that care has failed, a consideration for redress is made.

The local community health council also promotes learning from our complaints and ensures improvement actions are carried out.

During 2014/15 we received 131 complaints and further information on this can be found in our Annual Quality Statement on our website www.powysthb.wales.nhs.uk

If you do feel dissatisfied with treatment or care you have received, please raise your concern with the member of staff at the time and they will do their best to put it right immediately.

For further information visit our website www.powysthb.wales.nhs.uk/complaints

Compliments

It's also important to note that staff across the health board receive hundreds of messages of appreciation and thanks throughout the year. Some of these are

posted on our staff intranet site and our internet site, which has a dedicated page for members of the public to share experiences, compliments and thanks.

*Compliments paid include:
"I had an eye op in Brecon last night and the caring, the professionalism is beyond compare. I thank staff for the great care. Beyond fabulous"
and
"I would like to thank the staff... at the Larches at Ystradgynlais for all their help they have given me since my accident"*

Working with the Community Health Council

We work closely with Powys Community Health Council (CHC), an independent statutory organisation that acts as a voice for patients and the public. It is also an NHS watchdog for all aspects of care and services.



Powys CHC replaced Brecknock and Radnor CHC and Montgomeryshire CHC on 1 April 2015.

The health board and the CHC work together to discuss the delivery and

development of the services we provide. We also welcome reports from the CHC in our public meetings and are grateful for their ongoing advice, challenge and support.

To find out more about the CHC visit www.wales.nhs.uk/sitesplus/1144/home

Working with Powys County Council

The Health Board and Powys County Council has continued to work closely together to further develop the shared commitment and plans for a more integrated approach to services for people across Powys. This includes, in particular, closer relationships between health and social care to improve support for local people and creating stronger communities.

Building upon the platform of the One Powys Plan, further opportunities are currently being developed, including a specific focus on Organisational Development and Human Resources as a fundamental basis for joint working.

Read more at www.powys.gov.uk/en/democracy/one-powys-plan

Mid Wales Healthcare Collaborative

The Mid Wales Healthcare Collaborative was formally launched by Health and Social Services Minister Mark Drakeford at a conference on 12th March 2015.

A wide variety of speakers shared their developments in rural healthcare which were well received by the audience of almost 200 people including members of the public, patient groups, Health Board staff and Local Government colleagues.

The first meeting of the Mid Wales Collaborative was held in May 2015 and both our Chair and Chief Executive met the Collaborative Independent Chairs to give background on the work of the Health Board to inform their work.

Visit the Mid Wales Healthcare Collaborative website at www.wales.nhs.uk/midwalescollaborative

Wales for Africa

The Health Board's links with Kenya continued during 2014/15 when two members of staff visited a number of

Mid Wales Healthcare Collaborative conference, March 2015



communities to deliver specialist training and work with children with cerebral palsy.

Our staff have developed close ties with health workers in Kenya, in particular in Molo, through their involvement in the Brecon Molo Community Partnership, established in 2007.

The link aims to support community education and development in primary and secondary health care settings, schools and programmes. The recent visit included;

- Helping the team deliver practical training in the design and use of devices to help young children with Cerebral Palsy
- Discussing and evaluating the impact of training delivered by Powys midwives previously on improving childbirth and maternal health

- Further development of training for local maternity staff to ensure fewer families suffer the loss of women following childbirth or a newborn baby.

Communicating with our patients, the public and our staff

Each year we continue to work on improving the way we communicate with our patients, the public and staff.

Here are just a few examples of some of the different methods we used to ensure we informed and engaged with the people who deliver and use our services.

Our new website - www.powysthb.wales.nhs.uk



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Latest News

Chief Medical Officer calls on young people to have MenACWY vaccine
1 August 2015
Chief Medical Officer Dr Ruth Hussey is calling on young people to have the meningitis ACWY vaccine, which is being introduced in Wales from Monday.

Minister visits pioneering dementia care project in Raglan
29 July 2015

'At Ease' Veterans' Garden at Bronllys Hospital
29 July 2015

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Events

August Board Meeting
26 August 2015

Annual General Meeting
TBC

October Board Meeting
21 October 2015



Latest Tweet

RT: @PowysFalls: Haven't heard of the #WobbleChallenge? You will soon
@PAVOtweets @1000LivesPlus
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@PowysCC @CRPowys
@FreedomLeisure

Wed, 05 Aug 2015 at 07:09

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'At Ease' Veterans' Garden at Bronllys Hospital

A new 'At Ease' Veterans' Garden was opened by Kirsty Williams last week at Bronllys Hospital to provide an outdoor therapy space for veterans and other patients on the Bronllys Hospital site.

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Powys teaching Health Board is responsible for meeting the health and wellbeing needs of the people of Powys, mid Wales. As a rural health board with around 133,000 people living across an area that is a quarter of Wales, we provide as many services as possible locally. This is mainly through GPs and other primary care services, community hospitals and community services.

As we don't have a District General Hospital, we work closely with other organisations in Wales and England to provide services for the people of Powys. We always strive to bring as many services back into Powys as possible including assessment and follow ups after treatment. The health board also works closely with Powys County Council and the voluntary sector to meet the needs of the community.

Your views are important to us. We want to involve local people in helping us to transform services that meet their needs and aim to bring healthcare closer to home. We hope you like our new website and find it useful. If you have any comments, or requests for information which you would like to see online, please let us know.



Staying Healthy



Minor Injury Units



Hospitals and Centres



Feedback

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Local Health Services

To browse local health services by type click on the links below:



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[Other Hospitals](#)
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Emergency & Out of Hours Services



If you become unwell or are injured, make sure you choose the right NHS service to ensure access to the best treatment.

Further information on Emergency & Out of Hours Services in Powys.



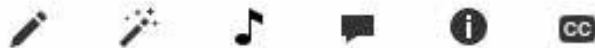
STOP SMOKING WALES
FREEPHONE 0800 085 2219

Thinking about quitting? Visit Stop Smoking Wales or visit your local pharmacy for information, advice and support

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Analytics

Video Manager

Our YouTube channel - www.youtube.com/PowysTHB

Improvements to communications

In July 2014 Communications moved directorates from Planning to Workforce and a Communications Assistant was recruited in October 2014.

An independent review of communications was commissioned to assess the needs and capacity of the department with a set of recommendations presented to the Board in December 2014.

Following on from this review, and with the additional resource now available, a series of communications projects are now underway, starting with a complete rebuild of the health board's website which will be launched at the 2015 AGM.

During 2014/15 we have:

- issued 60 press releases
- issued 39 written media statements
- recorded 470 Press cuttings

- achieved 449 followers on Facebook (up from 212 in 2013/14)
- reached 11,500 people with a single Facebook post in January 2015 (Choose Well)
- achieved 1,200 followers on Twitter (up from 500 in 2013/14)
- developed a flu vaccination campaign which included a promotional video for people over 65 years of age and press releases promoting the vaccine to all eligible groups
- worked with the Powys County Council communications team to raise awareness of a number of joint community programmes including a video on the Glan Irfon Health and Social Care Centre and stories on Leg clubs and dementia
- promoted best practice and good news stories with staff and stakeholders through the staff magazine

Our new website is available at www.powysthb.wales.nhs.uk

Improving health and wellbeing

Our public health team continued to target improvements in the health of our local population during 2014/15 including support in areas such as stopping smoking, tackling obesity and ensuring people received appropriate immunisations to help them keep well and avoid disease.

Here are some of the highlights of work we are doing to help people lead healthier, happier lifestyles.

Making every contact count

In 2014/15 there has been further development and expansion of the Powys Making Every Contact Count (MECC) programme.

MECC encourages conversations based on effective models of behaviour change which range from brief advice, to more advanced behaviour change techniques. It aims to empower individuals in Powys to make healthier lifestyle choices and overcome some of the wider social factors that influence health such as where we live, where we work and our economic circumstances.

A great deal of awareness raising has taken place, with a number of support sessions for staff and partners delivered by the Powys Public Health Team. These sessions have resulted in more staff and partners being given the tools and skills necessary to support people to make healthier choices about their lifestyle. Taking the programme further, MECC is now also being rolled out into the pre-school setting with training to be delivered in Flying Start areas during 2015.

The MECC programme is still at an early stage of being developed and implemented locally so data is not yet available on the difference this has made to local people or communities. However, we do know that brief advice interventions

are grounded in research, effective, quick and a cost-effective way of helping people to lead more healthy lifestyles.

Health champions

Two local smoking cessation champions were identified to support our Stop Smoking campaign in October 2014.

In addition, the Healthy Schools service worked with schools to identify a number of school co-ordinators/champions within schools. The Community Food and Nutrition Skills Level 2 course was also delivered in a number of locations to qualify those who attended to deliver Level 1 courses ('Get Cooking' and 'Foodwise'), creating a number of local food champions.

Identifying, training and working with health champions in our communities is one of the key lifestyle actions listed in the One Powys Plan www.powys.gov.uk/en/democracy/one-powys-plan

Healthy schools

The Healthy Schools programme continued to expand during 2014/15 with nearly 100 schools participating.

It was also pleasing to note that four Powys schools became the first in Wales to gain a National Quality Award for Healthy Schools following assessment from Welsh Government in 2014/15.

The award looked at seven health themes, through leadership and communication, curriculum, ethos and environment, and family and community, with emphasis on the importance of pupil participation in key areas of school life.

The successful schools were;

- Llanfyllin High School (the only successful secondary school),
- Llangorse Church in Wales School,
- Newbridge on Wye Church in Wales School and
- Carreghofa Primary School.

All schools received training, workshops and support from the Healthy Schools team who worked with them to gain the Powys Excellence Award before applying for the national award.

Helping people to stop smoking

Despite the positive picture in Powys where there are fewer smokers than in other health boards in Wales, tobacco still remains the single greatest cause of preventable death.

As a result, reducing smoking through workplace initiatives, public promotion campaigns, targeting communities with high smoking rates, and increasing access to stop smoking services remained a key focus for activity in 2014/15.

The Powys Public Health Team worked with workplaces to promote both the Stoptober campaign and No Smoking Day. A communications strategy was implemented to promote access to smoking cessation services through workplace newsletters, intranet and internet sources. Work with midwives took place to promote smoking

cessation pathways and increase referrals, including training all midwives in brief interventions and supplying monitors to accurately assess the smoking status of pregnant women.

In addition, monthly meetings have also been held with Stop Smoking Wales, leading to service improvements including increased flexibility, accessibility and promotion of stop smoking clinics in Powys. Engagement with GPs has also been prioritised to increase awareness of smoking cessation services, including the development of a bespoke smoking cessation referral resources pack for GP practices. Finally, all health visitors have been trained in the benefits of smoke free homes.

All of these measures are designed to prevent new smokers, and ensure those who do smoke are able to access specialist cessation support wherever and whenever they need it. Driving down smoking rates will continue to be a high priority to improve health and wellbeing in 2015/16.

Powys' Public Health team promoting Stoptober



Childhood obesity

Reducing childhood obesity continues to be a key priority for the Health Board. Although the percentage of children in reception year who are overweight or obese in Powys is the second lowest of all the health boards in Wales, almost one in four children are still starting school overweight or obese.

To address this, in 2014/15 we developed a range of interventions in partnership with communities, increased the opportunities for physical activity, developed healthy and active lifestyle champions in communities, and promoted healthy eating and the increased consumption of fruit and vegetables.

The Powys Healthy Schools Scheme has continued to implement and support the 'Food and Fitness' topic, a new weight management programme (FoodWise) has been rolled out across Powys, and a FoodWise referral pathway implemented.

A total of 19 Community Food and Nutrition Skills training courses have been delivered and 137 people have successfully completed community food and nutrition skills training courses which will support them as individuals, and their families and communities, to have a healthier diet and improved health outcomes.

Immunising children protects them from a range of illnesses and diseases



Immunisation coverage: children

Overall, childhood vaccination uptake rates in Powys are increasing and are similar to those across Wales.

In 2014/15 the Health Board achieved the vaccination uptake target of 95% for most of the routine childhood vaccinations in one year olds and two year olds although overall uptake rates were lower amongst older children.

The percentage of four year olds up to date with routine vaccinations at the end of 2014/15 was the third highest of all health boards at 88.9% and compares favourably with the overall percentage for Wales (86.1%).

The most recent data for childhood immunisations in the final quarter of 2014/15 showed:

- 96.9% uptake for 5-in-1 vaccine at age 1
(Wales average: 96.9%)
- 96.9% uptake for MenC vaccine at age 1
(Wales average: 97.8%)
- 94.8% uptake for MMR1 at age 2
(Wales average: 95.5%)
- 96.1% uptake for PCV age 2
(Wales average: 95.9%)
- 95.8% uptake for HibMenC Booster at age 2
(Wales average: 95.2%)
- 93.5% uptake for pre-school Booster in 5 year olds
(Wales average: 93.6%)
- 91.3% uptake of MMR2 in 5 year olds
(Wales average: 93.6%)

Although we have not achieved the 95% target for MMR uptake in 16 year olds, we have made real progress towards this over the past two years. The latest figures (January to March 2015) show that 91% of 16 year olds have had both doses of their MMR vaccination compared to 84.9% in the same period of 2014 and 73.3% in the same period of 2013.

Immunisation coverage: flu

The uptake of flu vaccination improved amongst healthcare staff to 48.6% by the end of Feb 2015, which is a 6.2% increase on the previous year. Amongst those healthcare staff with direct patient contact the uptake was 50.4%.

However, further work is required to increase uptake in those over 65yrs from the year end position of 66.6%. Flu vaccination in at risk patients under 65yrs is also an area that continues to be a priority.

Flu vaccination uptake among pregnant women was an area of relative success in 2014/15, with an uptake of 46.6% exceeding the national average.

A comprehensive flu vaccination plan was put in place to provide a co-ordinated approach to flu vaccination of at risk groups and health and social care staff in Powys. Joint work was also carried out with Powys County Council to promote flu immunisation rates in care homes. Staff vaccination for frontline healthcare workers was provided via drop-in clinics, appointments and flu link workers based at community hospital sites.

Mental Health

In 2014/15, the Health Board focused on the following six priorities to improve mental health services for people in Powys:

- Driving forward the multi agency strategy "Hearts and Minds: Together for Mental Health in Powys"
- Strengthening and reviewing mental health services commissioned by the NHS
- Taking forward the Project Board on the future of NHS Management Arrangements for adult mental health services within Powys
- Ensuring compliance with legalities including the Mental Health (Wales) Measure 2010 and Deprivation of Liberty Safeguards

- Leading the implementation of the Dementia Plan
- Continuing healthcare for mental health patients and Child and Adolescent Mental Health Services

Most mental health services are provided within primary health care and we are continually seeking to ensure that more services can be delivered in or close to GP surgeries. We are also working to ensure that access to services for adults is based on need not age, that there are more alternatives to hospital admission and more integrated services.

As of March 2015, 81.5% of patients in our Local Primary Mental Health Support Services (LPMHSS) were assessed within 28 days (against a target of 80%) and 82.6% of interventions undertaken were within 56 days (against a target of 90%).

This is an improvement on the 2013/14 figures, but further work is being undertaken to build on this.

Crisis Resolution Home Treatment Services (CRHTS) for adults were also made equally accessible across Powys enabling support to be delivered at home rather than in hospital. During 2014-15, 84.7% of referrals to CRHTS resulted in support being provided at home which led to a significant reduction in hospital admissions.

Further improvements were also made in Child and Adolescent Mental Health Services with the establishment of a crisis assessment team which offers an alternative to hospital admission for children and young people with serious conditions such as eating disorders.

The internet counselling service funded by the Health Board known as 'Kooth'

also saw 490 new registrations and 472 counselling sessions delivered.

In February 2015, the Board approved a decision to directly manage mental health NHS staff already working within Powys including those providing Local Primary Mental Health Services; community mental health services; crisis resolution services; and staff already working on wards in Powys hospitals.

Beating the Blues

A new online support for people living with depression was launched by the Health Board.

Harold Proctor, project lead, said "Beating the Blues is a useful tool for the treatment of people feeling stressed, depressed or anxious. The programme teaches them strategies to help them cope and helps users to understand the link between how they think and how that influences their feelings and behaviours."

Beating the Blues enables patients to take a greater role in the management of their condition through computer-based Cognitive Behavioural Therapy.

Patients can be referred for Beating the Blues by their GP via the primary mental health team.

The online Cognitive Behavioural Therapy programme will be implemented over three years.



Beating the blues online CBT

Improving health and wellbeing



Valuing and supporting our staff

The Health Board is committed to caring for and investing in our staff, alongside our services, to ensure that we are able to support the high quality care and excellence we strive to achieve.

We are on a journey to embed strong values and behaviours, and set out the things that we believe are important in the way we live and work. We want to make Powys a great place to work and somewhere that makes a real difference for our patients and staff.

Staff excellence awards

Each year the Health Board holds Excellence Awards to recognise and reward the work of our staff and volunteers. The event on March 26, 2015 brought together over 100 people and recognised achievements in eight award categories.

The winners of the Excellence Awards were:

- Health, Safety and Wellbeing Award – Anna James-Davies, Administrative Assistant, Estates and Works Bronllys
- Leading the Way Award - Elizabeth Hammond and Leslie Davies, Hotel Service Staff, Glan Irfon and Llandrindod Wells Hospital
- Learning Award - Lynda Rowe, Paediatric Physiotherapist
- Making a Difference Award - Jayne Price, Lead Medicine Management Pharmacist, Bronllys
- Seamlessly Working Together Award - Clare Lines, Assistant Lead Director for Children and Strategic Lead for Mental Health and the Virtual Ward Teams of South Powys
- Supportive Colleague Award - Rosie Mellerick-Wheeler, Learning and Development Assistant

- Team of the Year Award - Llewellyn Ward Team and North Powys Specialist Palliative Care Team
- Volunteer Award - Hear to Help and Dial a Ride, Llanidloes

The work of the Chat to Change Champions was also recognised at the event with the Values and Behaviours Framework (see more on pages 27-28) being launched for views and feedback.

Staff flu vaccination

Staff flu vaccination uptake increased from 42.4% in 2013/14 to 50.4% in 2014/15 with Powys leading the way in Wales and surpassing the Welsh Government target for the percentage of clinical staff having been vaccinated.

The importance of flu vaccination is widely publicised to staff by various means, including the intranet, social media and key meetings and conferences.

Staff health and wellbeing

For a number of years the Health Board has provided its workforce with a range of activity and initiatives to support staff health and wellbeing. Much of this activity has been driven by the Corporate Health Standard, which forms the national mark of quality for health and wellbeing in the workplace. The organisation achieved the Gold Award in 2011 and is committed to working towards achieving the Platinum Award.

During the year, we continued to promote a new approach to attendance management. The change saw a rebranding of sickness absence management to attendance management. The Workforce and Organisational Development team focused on supporting compliance against policy and training and support to managers to deliver against it through better controls and improvement actions.

The new approach has seen a steady improvement in attendance, with sickness absence levels falling month on month from October 2014.

Sickness absence

Rolling sickness has continued to exceed the set target of 4.42% over the last two years, however it has also shown a steady downward trend with a percentage of 4.79% in March 2015 compared with 4.97% in March 2014. Actual sickness has fluctuated between 3.85% and 5.55% over the last two years, consistently falling below 5% in the last five months.

In 2014/2015 20,703 working days were lost due to sickness which equates to approximately 57 members of staff being absent from work. This is a reduction of nine from 2013/14 when 24,157 working days were lost.

Staff profile

As of March 2015, the total number of staff employed by the Health Board stood at 1537 and 1206.27 Full Time Equivalent (FTE). The table below provides a breakdown of the staff groups we employ excluding hosted services, such as the Community Health Council and All Wales Continuing Care.

Since April 2014 there has been an increase of 14.67 FTE, 12.93 FTE of which was within Admin and Clerical.

The pay bill accounts for approximately £47.5million or 19% of the total revenue

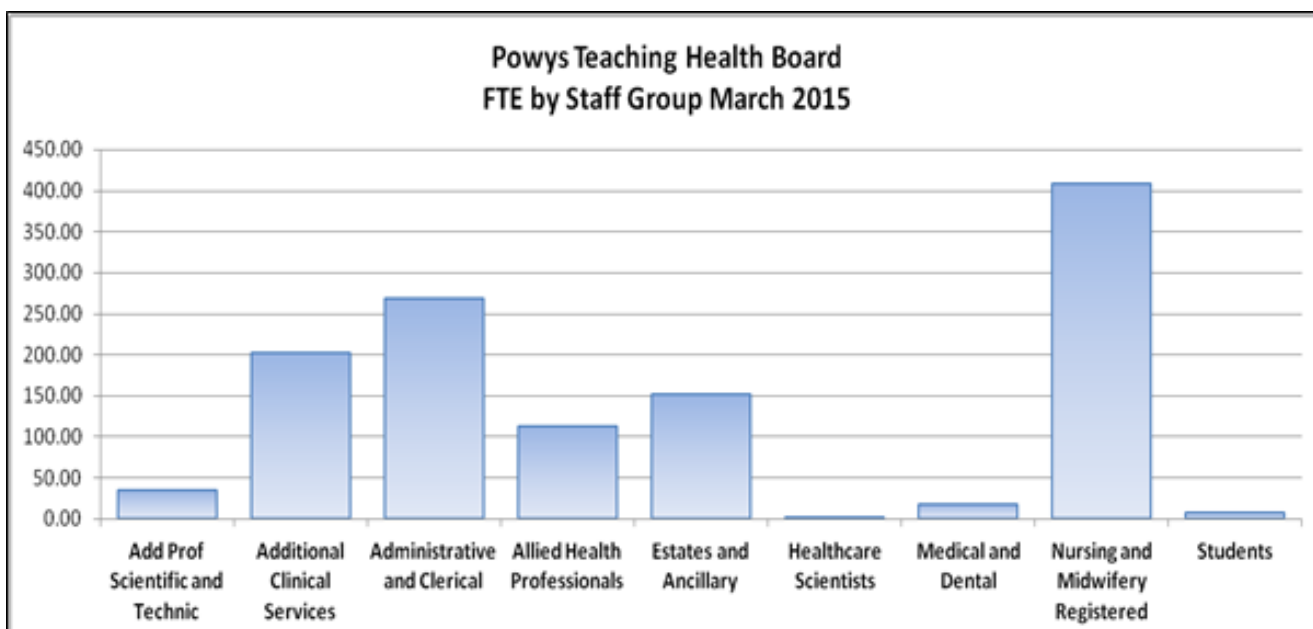
budget. This is significantly different from the pay costs of other NHS Wales organisations which typically account for 70-80% of total budget and variable pay around 11 – 15%.

Key characteristics of the workforce profile include:

- 62% of the workforce are part-time, 63% of Nursing & Midwifery registered staff work part-time
- 28% of staff are aged over age 55, and 12% over 60. Particular concerns relate to Ancillary, Estates and Works, Registered Nursing and Midwifery, Allied Health professionals and GPs. Over the next five years the Health Board could lose nearly 46% (559 FTE) of its workforce based on this age profile. This is both a risk and an opportunity for redesign
- turnover for 2014/2015 was 7% which equates to 84 FTE in a full year. The workforce predominantly lives and works in Powys and given the economic context this low turnover rate is unlikely to change for the foreseeable future

Values and behaviours

As part of the Health Board's staff engagement strategy, 'Chat to Change', we have engaged with our staff to identify the values and behaviours that describe the 'way we do things in Powys'. The values and associated behaviours were developed at three Chat to Change



workshops that were held in September and October 2014.

They have been further developed by the Chat to Change Champions and the values are listed below surrounding the Health Board's vision statement.

Our values

Our values are the things that we believe are important in the way we live and work. They are our "guiding principles"

- all of the values have equal status
- values are usually invisible (like a iceberg, they are the ice below the water)
- values on their own can be meaningless, if they are not matched to our behaviours

Our behaviours

- behaviours are the things that we do and say, the way that we act
- behaviours are visible (like an iceberg, they are the ice above the water)

- our behaviours impact on how we feel about ourselves and how we make others feel
- when the things that you do and the way that you behave match our values, life is usually good – we are satisfied and content. When behaviours don't match values, that's when things feel wrong and can be a source of dissatisfaction and unhappiness.

Chat to Change is all about making Powys a great place to work and making a real difference for patients and staff. To achieve this, it is important that we start at making sure we have a firm foundation to build on with values and behaviours that apply to all staff and that are understood by all.

Further information on Chat to Change can be found in our Annual Quality Statement www.powysthb.wales.nhs.uk/annual-report-aqs

Our values and behaviours



Staff recently made a short film explaining why they love their jobs. This can be viewed on our YouTube channel, www.youtube.com/PowysTHB

Valuing and supporting our staff



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

I love my job because...

Looking forward

We are delighted that the Minister for Health and Social Services has formally approved our three year Integrated Medium Term Plan for the period 2015 – 2018. This is a sign that we are clear about the needs of people in Powys and committed to improving health and wellbeing by providing excellent health and care services as close to home as possible.

We will be looking to achieve this during 2015/16 by making improvements in a number of areas including:

Promoting health and wellbeing

We will work with people to reduce the numbers of people who smoke in Powys; increase the uptake of flu immunisation as well as childhood vaccinations; and help to reduce the number of children who are obese.

Ensuring the right access to services

We will keep working with GPs, dentists, opticians, pharmacists and others to provide more services in local communities wherever possible. We will also improve the way we work with those organisations that we buy services from, including specifically

Promoting the Flu vaccine to at risk groups including pregnant women





Recognising success at the staff excellence awards

District General Hospital services, aiming where possible for more services to be provided in Powys. Improvements to services for older people is a priority and we will work closely with Powys County Council in particular on this. Mental health services will continue to be a key priority as we work with others to improve service provision locally in particular, this include a focus on dementia care services.

Striving for excellence

We will focus on improving patients' experience of the care they receive and this also includes caring for the carer. Listening to people and learning from their experience, whether positive or negative, will help us make improvements to services – both within Powys and in services we buy for our population.

We will also make further improvements to the hospitals, clinics and facilities we have, ensuring they comply with both safety regulations and are suitable for patient care. There will be renewed focus this year on ensuring that we govern the Health Board well.

We will improve the way in which we ensure equalities and Welsh language are considered, and implement the new Health and Care Standards issued by Welsh Government.

Involving the people of Powys

We will work with the people of Powys and other key stakeholders to help ensure that we are influencing future services for our population. We will be engaging with

people in the development of services in Shropshire, South Wales and Mid Wales for example, as well as starting a conversation with people about the changes they would like to see in locally provided services. We will also be focusing on working more closely with Powys County Council, and will increasingly take a shared approach to providing services where this brings benefits.

Making every pound count

We know that finances remain very tight and that we will need to work carefully to ensure we are spending the money we receive well. We will make savings where we can to ensure we can balance the books and also look to invest in the things that can have the greatest effect on the health and wellbeing of the population.

Always with our staff

We will continue to prioritise our work on staff engagement given that the staff of Powys are critical to improving health and health services.

We will work hard to recruit the right people into our services, help them to have a positive work experience and support them to bring new ideas and improvements in services into practice.

We will continue to focus on team working and extend this where possible to working more closely with colleagues from Powys County Council.

To find out more about our IMTP please visit our website at

www.powysthb.wales.nhs.uk

Living within our means

As with all public sector organisations in Wales, it has been a challenging financial year. There was no financial uplift allocated by the Welsh Government to the NHS in Wales at the start of the financial year.

Overview

Within this context, PTHB needed to prepare a plan which identified how it would contain costs for the increasing demand for healthcare generated by our rapidly aging population, within the allocation provided.

Given the health board's historic underlying financial pressures which for many years have been supported non recurrently by Welsh Government, the health board's first Integrated Medium Term Plan (IMTP) – a new statutory requirement for health boards in Wales in 2014/15, identified that the health board would not be able to live within its means over the coming three year period.

The IMTP submitted to Welsh Government in April 2014 identified that the health board would not be able to repay the deficit position of £19M carried over from 2013/14 nor be able to close the anticipated in-year financial pressures of £25M. A total combined anticipated in-year deficit position in 2014/15 of £44M. The IMTP further identified that based on the revenue income confirmed at that time by Welsh Government over the medium term, the health board would not be able to live within its means for the following 2 financial years, 2015/16 – 2016/17. This message was consistent with two independent reviews commissioned during 2013/14, that without strategic assistance the health board would not have the means / opportunity to reduce costs to live within the allocation confirmed at that time by Welsh Government.

Within the plan submitted to Welsh Government in May 2014, PTHB put together a £5.6M (2.3%) in-year savings programme (£17.2M over the life of the IMTP) which was focused on reducing unnecessary spend through improving the quality and standard of care provided to our population. The programme was built on the plans already in place within the health board and further refined through the independent review conclusions.

As a result of not being able to prepare a balanced financial plan over the medium term, the Welsh Government did not provide approval of the plan.

However, in December 2014, PTHB received additional in-year financial support from the Welsh Government of the anticipated (and realised) in-year pressures of £25 million and further received confirmation that the deficit incurred in 2013/14 of £19M would not need to be recovered. This action by Welsh Government reflected their recognition of the structural funding requirement to meet demands and cost pressures in 2014/15 and as a result, the health board was able to balance the in-year financial plan as prepared in April 2014 and against which the health board achieved break even performance at year end.

Achievement of statutory duties

As referenced above, a new statutory duty for Health Boards in Wales came into effect from 1st April 2014 as set out in the National Health Service Finance (Wales) Act 2014. The Act amended the financial duties of Local Health Boards under Section 175 of the National Health Service (Wales) Act 2006. From the 1st April 2014 Section 175 of the National Health Services (Wales) Act places two financial duties on Local Health Boards.

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years.
- A duty under section 175 (2a) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under Section 175 (1) while improving the health of the people for whom it is responsible, and the provision of healthcare to such people, and for that plan to be submitted and approved by Welsh Ministers.

As described above, PTHB submitted an integrated Medium Term Plan for the period 2014/15 – 2016/17 in accordance with the planning directions issued by the Welsh Ministers but because the financial plan did not provide evidence that the health board would be able to contain expenditure within the revenue income notified by Welsh Government at that time, the Minister for Health and Social Services did not approve the plan. Therefore PTHB did not meet its statutory financial duty under section 175 (2A) of the National Health Service (Wales) Act 2006.

Other statutory duties were met in year, these were

- Contain revenue costs within permitted limits (following in-year funding by Welsh Government)
- Contain capital costs within permitted limits
- Contain cash within permitted limits

PTHB did not meet the administrative target of payment of 95% of the number of non-NHS creditors within 30 days this year due to an upgraded finance system being implemented during April 2014 which limited the facility for the PTHB to make payments for most of April 2014.

The summarised Annual Accounts presented at the end of this report set out our performance against our statutory and administrative financial targets.

How we spend our money

In terms of how we spend our money, we use our resources across a range of services providing healthcare to the population of Powys. Our total gross expenditure in 2014/2015 was £281 million, this was split between

- primary care services i.e. general practitioners, dentists, pharmacies and opticians,
- our own directly provided services
- a range of in-county services provided by other statutory and independent sector organisations and
- healthcare secured from a range of NHS organisations beyond our borders.

We also host certain functions on behalf of the rest of Wales i.e. the Community Health Councils, NISCHIR.

The chart on the following page describes how our expenditure was split between these categories in 2014/2015.

Forward look

The Health Board's Financial Strategy has for some time been based on a dual approach of ensuring efficiency in delivery in the context of current service delivery models and also seeking to structurally review how and where services are delivered, ensuring quality, sustainability as well as efficiency in any proposed solution.

As set out above, the savings programme in 2014/15 was reflective of the independent reviews commissioned the year previous. However, given these were high level reviews the health board commissioned a further in-depth review during 2014/15 with the remit of modelling at a more granular level the likely impact of growth and demand over the coming 10 years and the scale of opportunities to limit the impact through reviewing the health board's current compliance with recognised best practice and further challenging our existing service models for delivery to prepare for the coming 10 years. The results of the review did not materially change the overall health board's assumptions of the scale of opportunity for improvements

but did provide a more in-depth view of where the opportunities for improvement may lie.

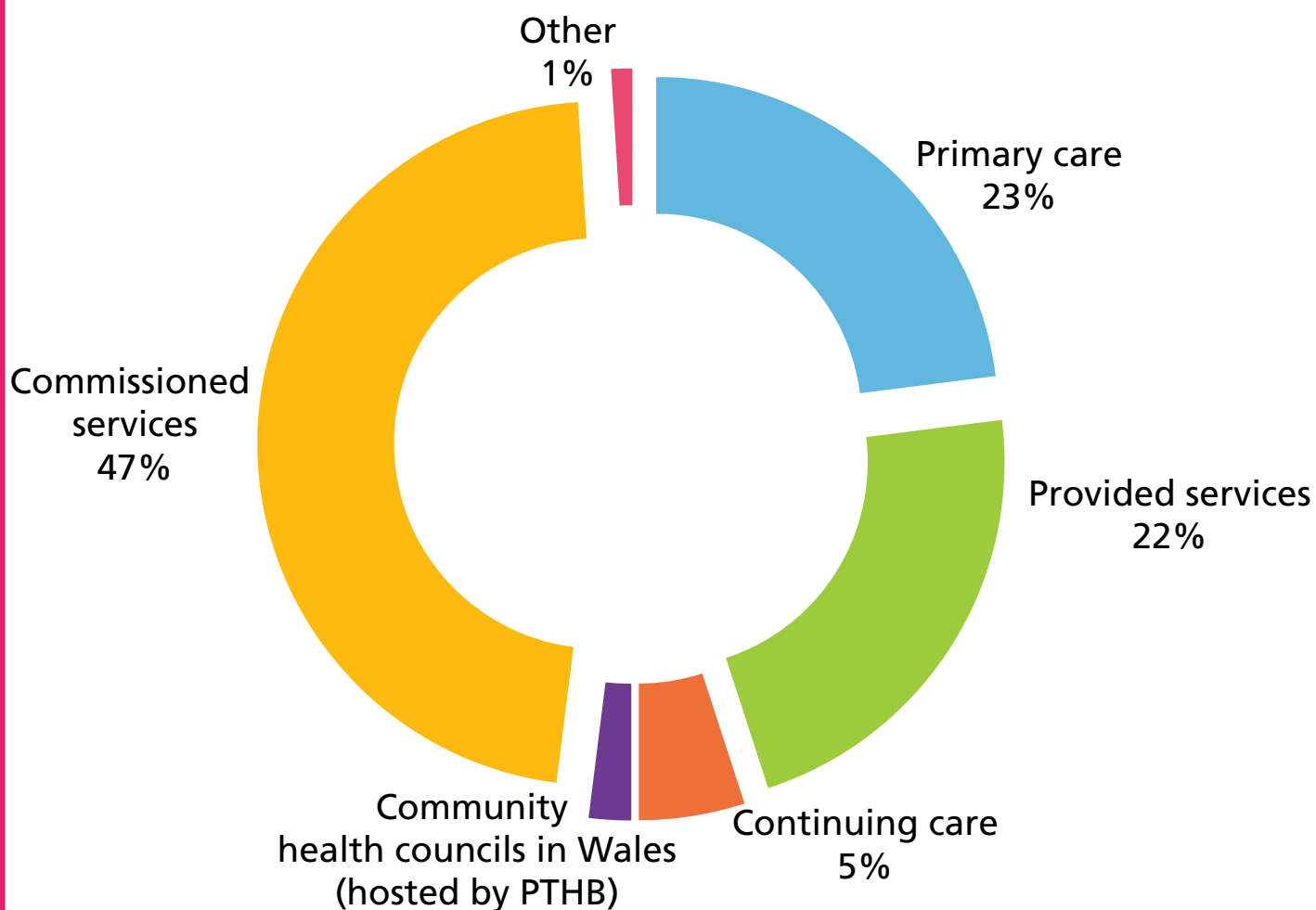
Further, the Heath Board received confirmation during 2014/15 that Welsh Government would be making recurrent for the life of the refreshed 2015/16 IMTP the additional £25M allocation received in 2014/15.

The combination of these two factors have meant that the health board has been able to prepare a balanced IMTP for the period 2015/16 – 2017/18. This was

submitted to Welsh Government in March 2015 and received ministerial approval in June 2015.

This Annual Report only includes summary financial statements, further information which may be needed for a fuller understanding of the health board's financial position and performance can be obtained from the Annual Accounts which are available on request to the Director of Finance. They are also available on the health board's website.

Where we spend our money



Statement of Comprehensive Net Expenditure for the year ended 31 March 2015

	2014-15	2013-14
	£'000	£'000
Expenditure on Primary Healthcare Services	59,777	59,058
Expenditure on healthcare from other providers	147,056	139,521
Expenditure on Hospital and Community Health Services	74,085	74,898
	280,918	273,477
Less: Miscellaneous Income	13,990	14,154
PTHB net operating costs before interest and other gains and losses	266,928	259,323
Investment Income	0	0
Other (Gains) / Losses	(9)	0
Finance Costs	137	181
Net Operating costs for the financial year	267,056	259,504

Achievement of Operational Financial Balance

	2014-15
	£'000
PTHBs performance for the year ended 31 March 2014 is as follows:	
Net operating costs for the financial year	267,056
Less general ophthalmic services expenditure and other non-cash limited expenditure	-811
Less revenue consequences of bringing PFI schemes onto SoFP	0
Total Operating Expenses	267,867
Revenue Resource Allocation	267,906
Under/ (over) spend against Revenue Resource Limit	39

Statement of Financial Position as at 31 March 2015

	2014-15 £'000	2013-14 £'000
Non-current assets		
Property, plant and equipment	63,584	60,189
Intangible assets	0	0
Trade and other receivables	28,096	26,244
Other financial assets	0	0
Total non-current assets	91,680	86,433
Current assets		
Inventories	122	146
Trade and other receivables	5,539	10,268
Other financial assets	0	0
Cash and cash equivalents	902	259
	6,563	10,673
Non-current assets classified as "Held for Sale"	0	0
Total current assets	6,563	10,673
Total assets	98,243	97,106
Current Liabilities		
Trade and other payables	29,150	28,113
Other financial liabilities	0	0
Provisions	3,881	7,621
Total Current Liabilities	33,031	35,734
Net current assets / (liabilities)	(26,468)	(25,061)
Non-current liabilities		
Trade and other payables	0	0
Other financial liabilities	0	0
Provisions	35,315	33,309
Total non-current liabilities	35,315	33,309
Total assets employed	29,897	28,063
Financed by:		
Taxpayers' equity		
General Fund	(1,510)	(1,453)
Revaluation reserve	31,407	29,516
Total taxpayers' equity	29,897	28,063

The financial statements were approved by the Board on the 24th June 2015 and signed on its behalf by:



Carol Shillabeer
Chief Executive

24 June 2015

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2015

	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
Changes in taxpayers equity for 2014-15			
Balance at 1 April 2014	(1,453)	29,516	28,063
Net operating cost for the year	(267,056)		(267,056)
Net gain / (loss) on revaluation of property, plant and equipment	0	2,073	2,073
Net gain / (loss) on revaluation of intangible assets	0	0	0
Net gain / (loss) on revaluation of financial assets	0	0	0
Net gain / (loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Movements in other reserves	0	0	0
Transfers between reserves	182	(182)	0
Release of reserves to SoCNE	0	0	0
Transfers to/from PTHB's	0	0	0
Total recognised income and expense for 2014-15	(266,874)	1,891	(264,983)
Net Welsh Government Funding	266,817		266,817
Balance at 31 March 2015	(1,510)	31,407	29,897

Statement of Cash flows for year ended 31 March 2015

	2014-15 £'000	2013-14 £'000
Cash Flows from operating activities		
Net operating cost for the financial year	(267,056)	(259,504)
Movements in Working Capital	3,401	(15,112)
Other cash flow adjustments	6,379	27,603
Provisions utilised	(5,931)	(7,364)
Net cash outflow from operating activities	(263,207)	(254,377)
Cash Flows from investing activities		
Purchase of property, plant and equipment	(3,128)	(2,508)
Proceeds from disposal of property, plant and equipment	161	260
Purchase of intangible assets	0	0
Proceeds from disposal of intangible assets	0	0
Payment for other financial assets	0	0
Proceeds from disposal of other financial assets	0	0
Payment for other assets	0	0
Proceeds from disposal of other assets	0	0
Net cash inflow / (outflow) from investing activities	(2,967)	(2,248)
Net cash inflow / (outflow) before financing	(266,174)	(256,625)
Cash flows from financing activities		
Welsh Government funding (including capital)	266,817	256,724
Capital receipts surrendered	0	0
Capital grants received	0	0
Capital element of payments in respect of finance leased and on-SoFP	0	0
Cash transferred (to) / from other NHS bodies	0	0
Net Financing	266,817	256,724
Net increase / (decrease) in cash and cash equivalents	643	99
Cash and cash equivalents (and bank overdrafts) at 1 April 2014	259	160
Cash and cash equivalents (and bank overdrafts) at 31 March 2015	902	259

Addendum to Statement of Cash Flows

Other cash flow adjustments	2014-15 £'000	2013-14 £'000
Depreciation	2,533	2,574
Amortisation	0	0
(Gains) / Loss on Disposal	(9)	0
Impairments and reversals	(154)	2,797
Release of PFI deferred credits	0	0
Donated assets received credited to revenue but non-cash	(188)	(87)
Government Grant assets received credited to revenue but non-cash	0	0
Non-cash movements in provisions	4,197	22,319
Total	6,379	27,603

Movements in working capital	2014-15 £'000	2013-14 £'000
(Increase) / decrease in inventories	24	8
(Increase) / decrease in trade and other receivables – non current	(1,852)	(18,522)
(Increase) / decrease in trade and other receivables – current	4,729	3,974
Increase / (decrease) in trade and other payables – non current	0	0
Increase / (decrease) in trade and other payables – current	1,037	(812)
Total	3,938	(15,352)
Adjustment for accrual movements in fixed assets – creditors	(569)	224
Adjustment for accrual movements in fixed assets – debtors	32	16
Other adjustments	0	0
	3,401	(15,112)

Cash and cash equivalents	2014-15 £'000	2013-14 £'000
Balance at 1 April	259	160
Net change in cash and cash equivalent balances	643	99
Balance at 31 March	902	259
Made up of:		
Cash held at GBS	941	241
Commercial banks	(39)	18
Cash in hand	0	0
Current Investments	0	0
Cash and cash equivalents as in Statement of Financial Position	902	259
Bank Overdraft – GBS	0	0
Bank Overdraft – Commercial Accounts	0	0
Cash and cash equivalents as in Statement of Cash Flows	902	259

Capital Resource Limit

	2014-15 £'000
PTHB is required to keep within its Capital Resource Limit:	
Gross capital expenditure	3,853
Add: Losses on disposals of donated assets	0
Less: NBV of property, plant and equipment and intangible assets disposed	(152)
Less: Capital Grants received	0
Less: Donations received	(188)
Charge against Capital Resource Limit	3,513
Capital Resource Limit	3,515
(Over) / Underspend against Capital Resource Limit	2

Salary and pension entitlements of senior managers

The following notes relate to the tables on the next few pages.

* Please note that Mr. Robert Hudson's salary remuneration for 2014/15 included arrears of pay of £1,666 relating to 2013/14

** Please note that Dr. Amanda Smith's salary remuneration for 2014 /15 included arrears of pay of £5,000 relating to 2013/14 and £300 Long Service Award Payment

*** Please note that Mr. Alan Lawrie is currently in the process of transferring from the NHS Scotland Pension Scheme to the NHS Pension Scheme (England & Wales), therefore NHS Pension Scheme (England & Wales) are currently unable to supply complete figures, this return has been compiled using details obtained from the previous employer in NHS Scotland

The Remuneration Report now contains a Single Total Figure of Remuneration, this is a different way of presenting the remuneration for each individual for the year. The table used is similar to that used previously and the salary and benefits in kind elements are unchanged. The amount of pension benefits for the year which contributes to the single total figure is calculated using a similar method used to that used to derive pension values for

tax purposes, and is based on information received from NHS BSA Pensions Agency.

The value of pension benefits is calculated as follows: (real increase in pension*x20)+(real increase in any lump sum)-(contributions made by member)

*excluding increases due to inflation or any increase or decrease due to a transfer of pension rights

The Single Total Figure of Remuneration is not an amount which has been paid to an individual by PTHB during the year, it is a calculation which uses information from the pension benefit table. These figures can be influenced by many factors e.g. changes in a persons salary, whether or not they choose to make additional contributions to the pension scheme from their pay and other valuation factors affecting the pension scheme as a whole.

Our training team helps to ensure that all staff maintain their skills

Living within our means



Name and Title	2014-15					
	Salary (bands of £5,000) £000	Benefits in Kind (taxable) to nearest £100 £00	Performance Pay and Bonuses (bands of £5,000) £000	Long Term Performance Pay and Bonuses (bands of £5,000) £000	All Pensions Related Benefits Salary (bands of £2,500) £000	Single Total Remuneration (bands of £5,000) £000
Executive Directors						
Carol Shillabeer – Chief Executive (Commenced 23rd March 2015), Interim Chief Executive (Commenced 9th February 2015 until 22nd March 2015) and Director of Nursing	105 - 110	0	0	0	7.5 - 10.0	115 - 120
Andrew Cottom – Chief Executive (Until 25th October 2013)	0	0	0	0	0	0
Robert Hudson – Chief Executive (From 25th November 2013 to 6th February 2015)*	125 - 130	0	0	0	40.0 – 42.5	170 - 175
Catherine Woodward – Acting Medical Director (Commenced 1st November 2014) and Director of Public Health (Commenced 6th April 2013)	155 - 160	0	0	0	117.5 – 120.0	275 - 280
Brendan Lloyd – Director of Medical Services (Until 31st October 2014)	75 - 80	0	0	0	22.5 – 25.0	100 - 105
Rebecca Richards – Director of Finance	95 - 100	0	0	0	5.0 – 7.5	105 - 110
Bruce Whitear – Director of Planning and Performance (Commenced 10th July 2014) and Interim Director of Planning (Until 9th July 2014)	85 - 90	0	0	0	135.0 – 137.5	225 - 230
Julie Rowles – Director of Workforce and Organisational Development (Commenced 1st March 2014)	95 - 100	14	0	0	150.0 – 152.5	250 - 255
Amanda Smith – Director of Therapies and Health Science **	100 - 105	0	0	0	42.5 – 45.0	140 - 145
Alan Lawrie – Director of Primary and Community Care (Commenced 1st December 2014)***	30 - 35	0	0	0	0	30 - 35
Sumina Azam – Interim Director of Public Health (Commenced 1st April 2012 until 30th June 2013)	0	0	0	0	0	0
Joanna Davies – Director of Workforce and Organisational Development (Commenced 16th January 2012 until 30th June 2013)	0	0	0	0	0	0

2013-14						
Salary (bands of £5,000) £000	Benefits in Kind (taxable) to nearest £100 £00	Performance Pay and Bonuses (bands of £5,000) £000	Long Term Performance Pay and Bonuses (bands of £5,000) £000	All Pensions Related Benefits Salary (bands of £2,500) £000	Single Total Remuneration (bands of £5,000) £000	
95 - 100	0	0	0	5.0 – 7.5	100 - 105	
75 - 80	0	0	0	0	75 - 80	
50 - 55	0	0	0	10.0 – 12.5	60 - 65	
145 - 150	0	0	0	5.0 – 7.5	155 - 160	
135 - 140	0	0	0	0	135 - 140	
95 - 100	0	0	0	0.0 – 2.5	100 - 105	
70 - 75	0	0	0	10.0 – 12.5	80 - 85	
5 - 10	1	0	0	0	5 - 10	
90 - 95	0	0	0	7.5 – 10.0	95 - 100	
0	0	0	0	0	0	
25 - 30	0	0	0	0	25 - 30	
20 - 25	0	0	0	25.0 – 27.5	45 - 50	

Name and Title	2014-15					
	Salary (bands of £5,000) £000	Benefits in Kind (taxable) to nearest £100 £00	Performance Pay and Bonuses (bands of £5,000) £000	Long Term Performance Pay and Bonuses (bands of £5,000) £000	All Pensions Related Benefits Salary (bands of £2,500) £000	Single Total Remuneration (bands of £5,000) £000
Non – Officer Members						
Professor Vivienne Harpwood – Chair (Commenced 1st October 2014)	20 - 25	0	0	0	0	20 - 25
Mel Evans – Chair (Until 31st August 2014)	20 - 25	0	0	0	0	20 - 25
Melanie Davies – Vice Chair (Commenced 28th May 2014)	25 - 30	0	0	0	0	25 - 30
Jo Mussen – Vice Chair (Until 31st March 2014)	0	0	0	0	0	0
Matthew Dorrance – Independent Member (Local Authority – Commenced 17th December 2014)	0 - 5	0	0	0	0	0 - 5
Patricia Buchan – Independent Member (Third Sector – Commenced 11th April 2014)	5 - 10	0	0	0	0	5 - 10
Paul Dummer – Independent Member (University)	5 - 10	0	0	0	0	5 - 10
Roger Eagle – Independent Member (Legal)	5 - 10	0	0	0	0	5 - 10
Andrew Leonard – Independent Member (Voluntary Sector/ Community)	5 - 10	0	0	0	0	5 - 10
Mark Baird – Independent Member (ICT)	5 - 10	0	0	0	0	5 - 10
Gyles Palmer – Independent Member (Capital Estates)	5 - 10	0	0	0	0	5 - 10
Gareth Jones – Independent Member (Finance)	5 - 10	0	0	0	0	5 - 10
Gloria Jones-Powell – Independent Member (Third Sector) – (Until 31st March 2014)	0	0	0	0	0	0
Rosemarie Harris – Independent Member (Local Authority) – (Until 16th June 2013)	0	0	0	0	0	0

2013-14						
Salary (bands of £5,000) £000	Benefits in Kind (taxable) to nearest £100 £00	Performance Pay and Bonuses (bands of £5,000) £000	Long Term Performance Pay and Bonuses (bands of £5,000) £000	All Pensions Related Benefits Salary (bands of £2,500) £000	Single Total Remuneration (bands of £5,000) £000	
0	0	0	0	0	0	0
45 - 50	0	0	0	0	0	45 - 50
0	0	0	0	0	0	0
30 - 35	0	0	0	0	0	30 - 35
0	0	0	0	0	0	0
0	0	0	0	0	0	0
5 - 10	0	0	0	0	0	5 - 10
5 - 10	0	0	0	0	0	5 - 10
5 - 10	0	0	0	0	0	5 - 10
5 - 10	0	0	0	0	0	5 - 10
5 - 10	0	0	0	0	0	5 - 10
5 - 10	0	0	0	0	0	5 - 10
0 - 5	0	0	0	0	0	0 - 5

Pension Benefits

Name and Title	Real increase in pension at age 60	Real Increase in pension lump sum at aged 60	Total accrued pension at age 60 at 31 March 2015	Lump sum at aged 60 related to accrued pension at 31 March 2015	Cash Equivalent transfer value at 31 March 2015	Cash Equivalent transfer value at 31 March 2014
	£2.5k bands £000	£2.5k bands £000	£5k bands £000	£5k bands £000	£000	£000
Executive directors						
Robert Hudson – Chief Executive (From 25th November 2013 to 6th February 2015)*	2.5-5.0	0	10-15	0	201	150
Brendan Lloyd – Director of Medical Services (Until 31st October 2014)***	0.0-2.5	2.5-5.0	25-30	80-85	548	497
Rebecca Richards – Director of Finance	0.0-2.5	2.5-5.0	30-35	90-95	468	436
Carol Shillabeer – Chief Executive (Commenced 23rd March 2015), Interim Chief Executive (Commenced 9th February 2015 until 22nd March 2015) and Director of Nursing	0.0-2.5	2.5-5.0	25-30	75-80	408	467
Amanda Smith – Director of Therapies and Health Science	0.0-2.5	5.0-7.5	25-30	80-85	533	465
Julie Rowles – Director of Workforce and Organisational Development (Commenced 1st March 2014)	5.0-7.5	20.0-22.5	35-40	115-120	672	524
Bruce Whitear – Director of Planning (From 10th July 2014), Interim Director of Planning (until 9th July 2014)	5.0-7.5	17.5-20.0	25-30	85-90	501	372
Alan Lawrie – Director of Primary and Community Care (Commenced 1st December 2014)**	0.0-2.5	0.0-2.5	40-45	120-125	728	693
Catherine Woodward – Acting Medical Director (Commenced 1st November 2014) and Director of Public Health (Commenced 6th April 2013)	5.0-7.5	17.5-20.0	60-65	180-185	1,184	1,020

As Non-Officer members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

Real increase in Cash equivalent transfer value	Employer's contribution to stakeholder pension
£000	£000
49	0
45	0
26	0
-65	0
63	0
142	0
124	0
9	0
152	0

These calculations are provided by the NHS Pensions Agency and are based on the standard pensionable age of 60.

For Directors marked * figures relate to pensionable age of 65

** Please note that Mr. Alan Lawrie is currently in the process of transferring from the NHS Scotland Pension Scheme to the NHS Pension Scheme (England & Wales), therefore NHS Pension Scheme (England & Wales) are currently unable to supply complete figures, this return has been compiled using details obtained from the previous employer in NHS Scotland.

*** Please note that Mr. Brendan Lloyd's cash equivalent transfer value at 31st March has been restated based on information provided to PTHB by the NHS Pension Scheme (England & Wales).

As Non Officer members do not receive pensionable remuneration, there will be no entries in respect of Non Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and their other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS scheme. They also include any additional pension benefit accrued to the member as a result if their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV – This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Reporting of other compensation scheme – exit packages

Exit packages cost band (including any special payment element)	2014-15				2013-14	
	Number of compulsory redundancies, Whole numbers only	Number of other departures, Whole numbers only	Total number of exit packages, Whole numbers only	Number of departures where special payments have been made Whole numbers only	Total number of exit packages, Whole numbers only	
less than £10,000	0	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0	0
£25,000 to £50,000	0	1	1	0	0	1
£50,000 to £100,000	0	0	0	0	0	0
£100,000 to £150,000	0	1	1	0	0	0
£150,000 to £200,000	0	0	0	0	0	0
more than £200,000	0	0	0	0	0	0
Total	0	2	2	0	0	1

Exit packages cost band (including any special payment element)	2014-15				2013-14	
	Cost of compulsory redundancies £'s	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages	
less than £10,000	0	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0	0
£25,000 to £50,000	0	28,252	28,252	0	0	41,420
£50,000 to £100,000	0	0	0	0	0	0
£100,000 to £150,000	0	108,000	108,000	0	0	0
£150,000 to £200,000	0	0	0	0	0	0
more than £200,000	0	0	0	0	0	0
Total	0	136,252	136,252	0	0	41,420

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Exit costs in this note are accounted for in full in the year of departure. Where PTHB has agreed early retirements, the additional costs are met by PTHB and not by the NHS Pension Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

This disclosure reports the number and value of exit packages taken by staff leaving in the year. Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

Remuneration relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in PTHB in the financial year 2014-15 was £155,000 - £160,000

(2013-14, £155,000 - £150,000). This was 6.1 times (2013-14, 5.7) the median remuneration of the workforce, which was £25,765 (2013-14, £25,839).

The banded remuneration of the Chief Executive in PTHB in the financial year 2014-15 was £150,000 - £155,000 (2013/14 £145,000 - £150,000). This was 5.9 times (2013-14, 5.7) the median remuneration of the workforce, which was £25,765 (2013-14, £25,839).

In 2014-15, 0 (2013-14, 1) employees received remuneration in excess of the highest-paid director. Remuneration for staff ranged from £190 to £156,000 (2013-14 £1,500 to £161,500).

Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Overtime payments should be included for the calculation of both elements of the relationship.

Tax assurance for off-payroll appointees

The table below shows all off-payroll engagements as of 31 March 2015, for more than £220 per day and that last for longer than six months.

PTHB has received assurance from the relevant employing organisation that income tax and national insurance

No. of existing engagements as of 31 March 2015	1
Of which...	
No. that have existed for less than one year at time of reporting.	0
No. that have existed for between one and two years at time of reporting.	0
No. that have existed for between two and three years at time of reporting.	1
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0
No. of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015	0
No. of the above which include contractual clauses giving the department the right to request assurance in relation to income tax and National Insurance obligations	0
No. for whom assurance has been requested	1
Of which...	
No. for whom assurance has been received	1
No. for whom assurance has not been received	0
No. that have been terminated as a result of assurance not being received.	0

obligations are being accounted for the above individual.

There have been no off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2014 and 31 March 2015

Public sector payment policy – measure of compliance

Prompt payment code – measure of compliance

The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI

prompt payment code and Government Accounting rules. The Welsh Government has set as part of the health board financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 day of delivery.

PTHB has not met the administrative target of payment of 95% of the number of non-NHS creditors within 30 days this year.

PTHB has seen a decrease in achievement of this target during 2014/15 due to an upgraded finance system being implemented during April 2014 which limited the facility for PTHB to make payments for most of April 2014.

	2014-15 Number	2014-15 £000	2013-14 Number	2013-14 £000
NHS				
Total bills paid	2,660	130,990	2,779	123,657
Total bills paid within target	1,692	117,856	2,422	120,318
Percentage of bills paid within target	63.6%	90.0%	87.2%	97.3%
Non-NHS				
Total bills paid	30,447	87,788	31,306	84,016
Total bills paid within target	25,825	77,169	29,161	82,892
Percentage of bills paid within target	84.8%	87.9%	93.1%	98.7%
Total				
Total bills paid	33,107	218,778	34,085	207,673
Total bills paid within target	27,517	195,025	31,583	203,210
Percentage of bills paid within target	83.1%	89.1%	92.7%	97.9%

The Late Payment of Commercial Debts (Interest) Act 1998

	2013-14 £	2012-13 £
Amounts included within finance costs from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0
Total	0	0

Related party transactions

Total value of transactions with Board members and key senior staff in 2014-15.

During the year none of the board members or members of the key management staff or other related parties has undertaken any material transactions with PTHB.

There have been no related party transactions with Welsh Ministers.

Payments to related party £	Receipts from related party £	Amounts owed to related party £	Amounts due from related party £
0	0	0	0

The Welsh Government is regarded as a related party. During the year Powys Teaching Health Board has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely;

	Payments to related party £000	Receipts from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	7	273,230	1	130
Abertawe Bro Morgannwg University Local Health Board	10,168	1,419	377	132
Aneurin Bevan Local Health Board	19,603	927	304	46
Betsi Cadwaladr Local Health Board	6,024	711	788	137
Cardiff & Vale University Local Health Board	1,901	26	241	11
Cwm Taf University Local Health Board	1,662	60	283	39
Hywel Dda University Local Health Board	7,686	633	361	247
Public Health Wales NHS Trust	154	173	21	43
Velindre NHS Trust	2,053	281	88	76
Welsh Ambulance Services NHS Trust	516	62	14	57
WHSSC (hosted by Cwm Taf Local Health Board)	29,547	174	626	115

A number of PTHB's Board members had interests in related parties this year as follows:

Name	Details	Interests
Councillor Melanie Davies	Vice Chair	Councillor, Powys County Council
Councillor Matthew Dorrance	Independent Member	Councillor, Powys County Council
Patricia Buchan	Independent Member	Health & Social Care Facilitator – Powys Association of Voluntary
Organisations		
Amanda Lewis	Associate Member	Strategic Director of People, Powys County Council

The value of transactions with these bodies are as follows:

Powys Associations of Voluntary Organisations £0.132M

Powys County Council £5.852M

PTHB has hosted the following functions on behalf of NHS Wales on which it receives income from the Welsh Government and other Local Health Boards;

- Residual Clinical Negligence,
- Community Health Councils,
- Continuing Care Case Administration,
- National Institute for Social Care and Health Research (NISCHR).

PTHB also has material transactions with English NHS Trusts with whom it commissions healthcare including;

- Shrewsbury and Telford NHS Trust
- Wye Valley NHS Trust
- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

PTHB has also received items donated from the PTHB Charitable fund, for which the Board is the Corporate Trustee.

Annual Governance Statement

1 - Scope of responsibility

The Board is accountable for Governance, Risk Management and Internal Control. As Accountable Officer and Chief Executive of the Board, I have responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and this organisation's assets for which I am personally responsible. These are carried out in accordance with the responsibilities assigned by the Accounting Officer of NHS Wales.

In addition to the functions relating to the health and well being of the population of Powys, Powys Teaching Health Board (PTHB) is also accountable for the Community Health Councils in Wales and clinical negligence claims of the former Health Authorities in Wales. PTHB also hosts functions of Continuing Care Case Administration and National Institute of Social and Health Care Research (NISCHR) for which it receives funding from the Welsh Government

As Accountable Officer I have a prescribed accountability link to the Director General, NHS Wales, for the delivery of key regulatory and performance measures against which the organisation is assessed. These have taken the form of meetings between our Executive Teams (Health Board and Welsh Government) and individual performance review with the Director General based on agreed objectives. As these achievements and risks to performance targets are discussed, action to address adverse performance and their associated impacts are agreed.

2 - Governance of PTHB

2.1 The Board

The principal role of PTHB Board is to exercise strong leadership, direction and control, including:-

- Setting the strategic direction of the organisation;
- Establishing and upholding the governance and accountability framework, including its values and standards of behaviour;
- Ensuring delivery of the aims and objectives of the organisation through effective challenge and scrutiny of PTHB performance across all areas of responsibility.

The Board functions as a corporate decision making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board.

The Board is supported by the Corporate Governance Manager (Board Secretary), who acts as principle advisor on all aspects of corporate governance within the health board.

All Health Boards in Wales must agree Standing Orders for the regulation of proceedings and business. They are designed to translate the statutory requirements set out in PTHB (Constitution, Membership and Procedures) (Wales) Regulations 2009 into day to day operating practice, and, together with the adoption of

- a scheme of matters reserved to the Board;
- a scheme of delegations to officers and others; and
- Standing Financial Instructions,

they provide the regulatory framework for the business conduct of the health board and define - its 'ways of working'. These documents, together with the range of

corporate policies set by the Board make up the Governance Framework.

Although as Chief Executive I retain accountability, the Scheme of Delegation as approved by the Board reflects the responsibilities and accountabilities delegated to Executive Directors for the delivery of the health board's objectives, whilst ensuring that high standards of public accountability, probity and performance are maintained.

The governance structure of the health board accords with the Welsh Government's Governance e-manual & Citizen Centred Governance Principles in that the seven principles together with their key objectives provide the regulatory framework for the business conduct of PTHB and define its 'ways of working'. These arrangements support the principles included in H M Treasury's "Corporate Governance in Central Government Departments: Code of good practice 2011".

The Board has been constituted to comply with the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009. In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Board members also fulfil a number of Champion roles where they act as ambassadors for these matters.

The Board Members and their role as champions and on the Board's committees are set out in Appendix 1.

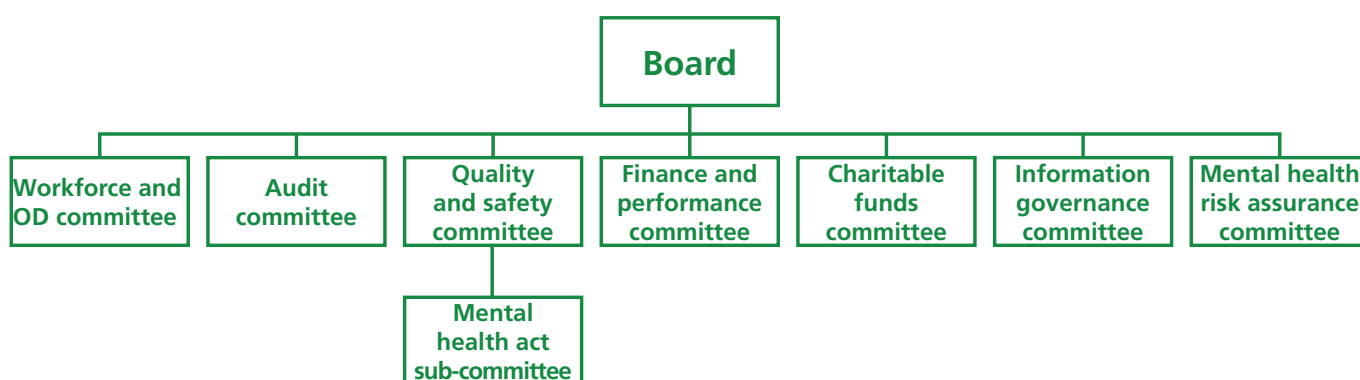
During 2014/15, the Board received a number of documents/strategies for approval, discussion documents to inform the strategic direction of the organisation and documents providing the Board with assurances in respect of its work. The key documents approved by the Board (June 2014) were the Annual Plan 2014/15 and the 3-Year Plan 2014-17. The Annual Plan articulated the organisation's ambitions and high-level strategic objectives for 2014/15. The 3-year Plan set out the strategic vision and direction of the organisation.

The Board, functioning as a corporate decision making body, has regularly considered assurance reports on the financial position, integrated performance and risks, whilst also receiving updates on key issues such as Public Health Initiatives, Mental Health Services and National Delivery Plans. It also received regular assurance reports from its Committees, providing assurances on key risks, controls and matters of concern.

The Board is accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and has been supported in this role by the work of its main assurance committees.

2.2 The Committees of the Board

During 2014/15 there were seven Board Committees and one sub-Committee in the discharge of functions as set out in diagram 1 below:



Quality & Safety Committee

The role of the Quality and Safety Committee is to provide: evidence-based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare; and assurance to the Board in relation to PTHB's arrangements for safeguarding and improving the quality and safety of patient-centred healthcare in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales.

To fulfil the role of the Quality and Safety Committee effectively, the Committee established its Workplan for 2014/15. The Workplan ensured that throughout the year the Board received assurances that in relation to all aspects of quality and safety:-

- the organisation, at all levels, has a citizen-centred approach, putting patients, patient safety and safeguarding above all other considerations;
- the care planned or provided across the breadth of the organisation's functions is consistently applied, based on sound evidence, clinically effective and meeting agreed standards;
- the organisation, at all levels, has the right systems and processes in place to deliver, from a patient's perspective – efficient, effective, timely and safe services;
- the workforce is appropriately selected trained, supported and responsive to the needs of the service, ensuring that professional standards and registration/revalidation requirements are maintained;
- there is an ethos of continual quality improvement and regular methods of updating the workforce in the skills needed to demonstrate quality improvement throughout the organisation;
- risks are actively identified and robustly managed at all levels of the organisation;

- there is continuous improvement in the standard of quality and safety across the whole organisation – continuously monitored through the Standards for Health Services;
- recommendations made by internal and external reviewers are considered and acted upon on a timely basis; and
- lessons are learned from patient safety incidents, complaints and claims.

Mental Health Act sub-Committee

The purpose of the Mental Health Act sub-Committee is to: monitor the administration of the Mental Health Act and related legislation for the population of Powys; monitor compliance with the Mental Health Act Code of Practice; and advise the Board, via the Quality and Safety Committee, of any areas of concern.

During 2014/15, the Mental Health Act sub-Committee provided the Board, via the Quality & Safety Committee, with assurances in respect of the exercise of delegated functions in relation to the Mental Health Act and the training requirements of those exercising the functions.

Mental Health Services Risk Assurance Committee

The purpose of the Mental Health Services Risk Assurance Committee is to provide the Board with assurances in respect of escalated risks in respect of Mental Health Services provision in North Powys.

During 2014/15, the Committee considered and agreed actions to address risks and concerns escalated to the Committee in respect of Mental Health Services Provision in North Powys and maintained oversight of the organisation's Management Action Plan to mitigate identified risks.

The Committee did not identify any additional risks over and above those previously identified for escalation to the Board. During the year, the Committee became fully assured that the risks identified had stabilised and it was therefore agreed that the future of the Committee be considered by the Board. In April 2015, the Board agreed to stand down the Mental Health Services

Risk Assurance Committee and establish and Mental Health Services Assurance Committee to focus on all aspects of Mental Health Services across the County.

Workforce & OD Committee

The purpose of this Committee is to provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to all matters relating to the staff and staffing of PTHB. This Committee also provides assurance to the Board in relation to PTHB's arrangements for all issues relating to human resources, workforce development and organisational development in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales; and in relation to PTHB's arrangements for issues relating to Equality, Diversity and Human Rights and Welsh Language.

The Workforce & OD Committee also fulfils the role of a Remuneration & Terms of Service Committee and therefore provides: advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government; and assurance to the Board in relation to PTHB's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

To fulfil the role of the Workforce & OD Committee effectively, the Committee established its Workplan for 2014/15. The Workplan ensured that throughout the year the Board received assurances that in relation to all aspects of workforce and organisational development:-

- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- the organisation, at all levels has the right workforce systems and processes in place to deliver, from a patients perspective, efficient, effective, timely and safe services;

- the workforce is appropriately selected, trained, supported and responsive to the needs of the service, ensuring that professional standards and registration/ revalidation requirements are maintained;
- there is an ethos of continuous quality improvement and regular methods of updating the workforce in the skills needed to demonstrate quality improvement throughout the organisation;
- there is good team working, collaboration and partnership working to provide the best possible outcomes for citizens;
- partnership working with staff representatives is visible, meaningful and an integral part of leaders' and managers roles within PTHB;
- risks are actively identified and robustly managed at all levels of the organisation;
- decisions are based upon valid, accurate, complete and timely data and information;
- there is continuous improvement in the standard of workforce planning across the whole organisation;
- organisational development intervention supports delivery of the strategic direction of change required; and
- organisational health and workforce health feature prominently in the Board's focus.

Information Governance Committee

The purpose of the Information Governance Committee is to provide: evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the: quality and integrity; safety and security; and appropriate access and use of information (including patient and personal information) to support its provision of high quality healthcare; and assurance to the Board in relation to PTHB's arrangements for creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information in accordance with its: stated objectives; legislative

responsibilities, e.g., the Data Protection Act and Freedom of Information Act; and any relevant requirements and standards determined for the NHS in Wales.

To fulfil the role of the Information Governance Committee effectively, the Committee established its Workplan for 2014/15. The Workplan ensured that throughout the year the Board received assurances that in relation to all aspects of information governance:-

- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- the organisation, at all levels has a citizen centred approach, striking an appropriate balance between openness and confidentiality in the management and use of information;
- the handling and use of information and information systems across the organisation is consistent, and based upon agreed standards;
- the workforce is appropriately selected, trained, supported and responsive to requirements in relation to the effective handling and use of information – consistent with the interests of patients and the public;
- there is effective collaboration with partner organisations and other stakeholders in relation to the sharing of information in a controlled manner, to provide the best possible outcomes for its citizens (in accordance with the Wales Accord for the Sharing of Personal Information and Caldicott requirements);
- risks are actively identified and robustly managed at all levels of the organisation;
- the integrity of data and information is protected, ensuring valid, accurate, complete and timely data and information is available to support decision making across the organisation;
- there is continuous improvement in the handling, management and use of information across the whole organisation;
- PTHB is meeting its legislative responsibilities, e.g., Data Protection

and Freedom of Information Acts, as well as complying with national Information Governance policies and guidance;

- all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of information, and in particular that:
 - Sources of internal assurance are reliable, and have the capacity and capability to deliver;
 - Recommendations made by internal and external reviewers are considered and acted upon on a timely basis; and
 - Lessons are learned from breaches in the safe, secure and effective use of information, as identified for example through reported incidents, complaints and claims.

The quality of data reported to the Board is considered adequate and there have been no matters of concern raised that would suggest otherwise. The Information Governance Committee will continue to receive assurances that information is validated and accurate. For commissioned services, the Information Governance Committee has requested assurances in respect of contractual arrangements in respect of information sharing arrangements.

I can confirm that the health board has had no lapses in security data that have warranted reporting to the Information Commissioners Office in 2014/15.

Finance & Performance Committee

The purpose of the Finance & Performance Committee is to provide: evidence-based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to financial management and performance; and evidence-based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the reviewing, monitoring and improving PTHB performance against specific performance measures, as determined by the Board. The Committee also provides assurance to the Board in

relation to: PTHB's financial planning, financial performance and financial forecasting; and the achievement against PTHB's plans and objectives determined by the Board.

To fulfil the role of the Finance & Performance Committee effectively, the Committee established its Workplan for 2014/15. The Workplan ensured that throughout the year the Board received assurances in respect of:-

- risks facing the organisation in respect of capital requirements which will have an impact in future capital planning assumptions
- delegated revenue budgets to budget holders, based on the medium term financial plan approved by the board,
- implementation of the budget, ensuring that the budget is understood, accepted and owned by localities and directorates;
- monthly financial performance, including review of materialised risks and adverse financial performance,
- financial risks to PTHB, both in terms of the year to date and forecast position;
- PTHB's revenue forecast position and the basis and judgements upon which it has been reported;
- corrective actions necessary and being undertaken by the Executive to ensure delivery of the financial plan;
- performance against the health board's cash limit
- material items within the health board's balance sheet noting areas for opportunity or risk
- performance against the Public Sector Payment Policy and actions being undertaken by the health board to ensure compliance with best practice standards
- progress against the Capital programme, agreeing variations and risks;
- performance of the health board against best practice indicators for non pay
- PTHB's Performance Management Framework, ensuring appropriate information is provided to the Board

to accurately determine its level of assurance against its determined objectives;

- PTHB's performance against appropriate performance measures and KPIs outlined in the Board's Annual Plan; and
- management action where the mitigation of risk and/or performance is not in line with target, and to ensure that action plans are implemented.

Audit Committee

The purpose of the Audit Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of PTHB's assurance framework - to support them in their decision taking and in discharging their accountabilities for securing the achievement of PTHB's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

To fulfil the role of the Audit Committee effectively, the Committee established its Workplan for 2014/15. The Workplan ensured that throughout the year the Board received assurances that:-

- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;
- there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;
- there is an effective clinical audit and quality improvement function that meets the standards set for the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Quality & Safety Committee;
- there are effective arrangements in place to secure active, ongoing

assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's committees;

- the work carried out by key sources of external assurance, in particular, but not limited to the HB's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity;
- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply;
- the systems for financial reporting to the Board, including those of budgetary control, are effective; and that
- the results of audit and assurance work specific to the HB, and the implications of the findings of wider audit and assurance activity relevant to the HB's operations, are appropriately considered and acted upon to secure the ongoing development and

improvement of the organisations governance arrangements.

Charitable Funds Committee

Powys Teaching Health Board was appointed as corporate trustee of the charitable funds by virtue of the Local Health Boards (Establishment and Dissolution) (Wales) Order 2009 and the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 and that its Board serves as its agent in the administration of the charitable funds held by the HB. The purpose of the Charitable Funds Committee is to make and monitor arrangements for the control and management of PTHB's Charitable Funds. The Director of Finance has prime responsibility for PTHB's Charitable Funds as defined in PTHB's Standing Financial Instructions. The Committee recommended to the Board for approval the Charitable Funds Annual Report and Accounts for the year ended 31 March 2014 in December 2014.

Table 1 sets out the schedules of dates by which the board and its committees met. All meetings were quorate, however, had there been any meetings which were inquorate, escalation arrangements were in place to ensure that any matters of significant concern that could not be

Table 1: Schedule of meetings 2014/15

Board	16 Apr	25 June	20 Aug	22 Oct	17 Dec	25 Feb	
Audit	6 May	3 June	8 July	16 Sep	11 Nov	20 Jan	10 Mar
Charitable funds			8 July		11 Nov		
Quality and safety			22 July	14 Aug	9 Oct	11 Dec	12 Feb
Finance and performance			13 Aug	30 Oct	4 Dec	5 Feb	
Workforce and OD			12 Aug		9 Dec	17 Feb	
Information governance			22 July	2 Sep		13 Jan	
Mental health risk			31 July		24 Nov		

brought to the attention of the Committee could be raised with PTHB Chair.

2.3 Other Delegated committees

Within the Board's scheme of delegation, it uses committee and Boards hosted by other organisations within which PTHB are full members. These committees and Boards are used to discharge a range of functions delivered on behalf of the health board and as set out below.

Joint Committees:

Welsh Health Specialised Services Committee (WHSSC) & Emergency Ambulance Services Committee (EASC)

The Welsh Health Specialised Services Committee and the Emergency Ambulance Services Committee are joint committees of each PTHB in Wales, established under the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35) and 2014 (2014/9 (w.9)) (the WHSSC Directions) and the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8 (W.8)) (the EASC Directions).

The function of the Welsh Health Specialised Services Joint Committee is to plan and secure specialised and tertiary services. The specialised and tertiary services are listed as an annex to the WHSSC Directions and are subject to variations to those functions agreed from time to time by the Joint Committee.

The function of the Emergency Ambulance Services Joint Committee is to plan and secure emergency ambulance services for the sick and injured. Emergency ambulance services include responses to emergency calls via 999; urgent hospital admission requests from general practitioners; high dependency and inter-hospital transfers; major incident response and urgent patient triage by telephone.

The Joint Committees are hosted by the Cwm Taf University Health Board on behalf of the seven health boards in Wales.

NWSSP

A Shared Services Partnership Committee (SSPC) has been 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 Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 provide that the committee be comprised of the chief officers of each Local Health Board and NHS Trusts in Wales (or their nominated representative), the Director of Shared Services together with a Chair who is to be appointed by the Committee in accordance with the SSPC Standing Orders. This is to ensure that the views of all NHS organisations are taken into account when making decisions in respect of shared services activities. A Memorandum of Co-operation in place between all Local Health Boards and NHS Trusts in Wales setting out the obligations of the NHS bodies to participate in the SSPC and to take collective responsibility for the delivery of those services. It is considered important to ensure that responsibility for the exercise of the shared services functions does not rest with the Board of Velindre NHS Trust but is a shared responsibility of all NHS bodies in Wales in order to ensure that notwithstanding the fact that Velindre NHS Trust is providing the legal framework for the exercise of the shared services functions. PTHB's Audit Committee considers internal audit reports in relation to the controls in place to deliver those services provided on its behalf, as well as taking assurances from the Head of Internal Audit's Annual Opinion in respect of the NHS Wales Shared Services Partnership.

Joint Partnership Board

Within its Scheme of Delegation, the Board has delegated powers to the 'Joint Partnership Board' – a delegated function of Powys Teaching Health Board and Powys County Council. The Joint Partnership Board (JPB) is responsible for the management of the partnership arrangements established under the Section 33 Agreement, tracking delivery of individual partnership scheme aims and objectives within defined resources and approving any changes to scope.

Membership of the JPB includes the Chief Executives of the two organisations, a member of the Powys County Council Cabinet and an Executive Officer of the health board. The JPB operates within its determined Terms of Reference and Operating Arrangements and reports to each Board respectively.

2.4 Advisory Groups

In support of the Board, the teaching Health Board is also required to have three Advisory Groups. These are:-

- Stakeholder Reference Group
- Local Partnership Forum
- Healthcare Professionals' Forum

Stakeholder Reference Group (SRG)

The SRG's role is to provide independent advice on any aspect of PTHB business, which may include:

- early engagement and involvement in the determination of PTHB's overall strategic direction;
- provision of advice on specific service proposals prior to formal consultation; as well as
- feedback on the impact of PTHB's operations on the communities it serves.

Local Partnership Forum (LPF)

The LPF's role is to provide a formal mechanism where PTHB, as employer, and trade unions/professional bodies representing tHB 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.

Healthcare Professionals' Forum (HPF)

The HPF's role is to provide a balanced, multi disciplinary view of healthcare professional issues to advise the Board on local strategy and delivery. Its role does not include consideration of healthcare professional terms and conditions of service.

The Board's Local Partnership Forum is fully established and operating in accordance with Standing Orders. This Advisory Group has played a significant role in considering

the Board's strategic vision, aims and objectives prior to Board approval.

The Board does not have in place its Stakeholder Reference Group or Healthcare Professionals' Forum. The Board will look to introduce these two advisory groups in 2015/16, particularly with a view to improving engagement in respect of its strategic change programme. Establishment of these Groups is articulated as a strategic priority within the Board's Annual Plan 2015/16.

3. The system of internal control

The system of internal control in operation within the health board is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies and objectives of the health board, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended 31 March 2015 and up to the date of approval of the annual report and accounts.

4. Capacity to handle risk

The Board is required to gain assurance on the extent to which the organisation is operating effectively, delivering its strategic vision and meeting the objectives of the Strategic Direction that has been set by managing risks, maximising opportunities and mitigating threats.

The Board has a Risk Management Policy and supporting risk assessment procedure that provides guidance to staff on the health board's approach to risk management. Each Locality, Directorate and Corporate Department has responsibility for maintaining a comprehensive risk register with the lead Executive Director highlighting and assessing the most significant risks for

inclusion in the Corporate Risk Register. Risk assessments are undertaken based on a 5 x 5 scoring matrix, i.e. the impact of the risk multiplied by the likelihood of it happening.

A Risk Management Committee oversees delivery and implementation of the Board's Risk Management Strategy, ensuring that effective systems and processes are embedded throughout the organisation.

In 2014/15, Internal Audit provided the Board with limited assurance in respect of risk management arrangements. The Audit concluded that the Board had not considered its corporate risks since October 2013, there had been no assurances provided to the Audit Committee on the organisation's arrangements to effectively manage risk and that the Board had not articulated its appetite for risk. In respect of these three key areas:-

- reporting of the Corporate Risk Register to Board has been re-instated and this is described further below;
- assurances to the Audit Committee will be re-instated in 2015/16 and this will be describe within the Audit Committee Workplan;
- the Board has had a development session, facilitated by the Good Governance Institute, on risk appetite and the Board will agree its statement of risk appetite in June 2015.

In April 2015, the format of the corporate risk register was amended following discussion with the Executive Team regarding seeking to better identify the impact and outcomes of the risks and also being clearer about the actions that are being taken and within identified timescales. Each Corporate risk is also aligned to one of the Board's Strategic Objectives.

The Board's Corporate Risk Register is framed within the key principal risks facing the organisation:

- Failure to secure and maintain the quality of patient services
- Failure to secure financial sustainability

- Failure to deliver required organisational performance
- Failure to effectively commission
- Failure to sustain an engaged and effective workforce
- Failure to deliver the required transformation of services
- Failure to deliver effective strategic partnerships
- Failure to effectively govern the organisation

and provides the Board with:

- Underpinning risks at a detailed level: described by cause, effect and impact
- Current controls to mitigate risk
- Required improvement actions to achieve risk target
- Proximity of risk (to get to risk target)
- Risk rating – previous and current
- Trend (to demonstrate movement in risk between previous and current)
- Review date (where assurance to the Board/Committees will be provided that improvement actions are underway to achieve risk target)
- Risk Target (level of tolerated risk)

The Corporate Risk Register will be updated quarterly for presentation to the Board. Each of the Board's Committees will take a responsibility for seeking assurances that controls are in place and improvement actions are being delivered to reach risk target.

In 2015/16, the Board's Finance and Performance Committee will oversee the development of the Board's Risk Assurance Framework (RAF). The RAF will be designed to ensure the Board is informed of principal risks threatening the delivery of objectives associated with the strategic priorities of the health board. The Risk Assurance Framework will align principal risks, key controls and assurances alongside each objective. Gaps are identified where key controls and assurances are considered insufficient to mitigate the risk of non-delivery of objectives. The RAF will enable the Board and Committees to identify where additional assurances might be required and to direct additional measures to mitigate unacceptable risk.

5. Control framework

5.1 Quality Governance

During 2014/15 the health board published its Annual Quality Statement which brought together a summary of how the organisation has been working over the past year to improve the quality of all the services it plans and provides. The report can be found here on the health board's website: www.powysthb.wales.nhs.uk

The Board has been developing and refining its reporting of quality and safety indicators. The Quality and Safety Committee has overseen this process. These indicators are framed within ten key assurance questions:-

1. How do we know our patients and staff are safe?
2. How long do patients have to wait for treatment?
3. How do we know that the treatment we provide is right?
4. How do we know that all staff are compassionate and caring towards patients?
5. How do we share information with each other about patients effectively?
6. How do we know that our staff are building a trusting relationship with patients?
7. How do we know that our patients have the right support and care when they go home?
8. How do we know that the transport is available when patients need it?
9. How do we know that our patients are involved in decisions about their care?
10. How do we know we have the right people with the right skills doing the right job?

Work continues in respect of an emerging Quality Assurance Framework. The Board recognises that it needs to strengthen its approach to receiving assurances regarding the quality and safety of all services secured and provided for Powys residents. Safe Care Compassionate Care, the National Governance Framework to

Enable High Quality Care in NHS Wales (Welsh Government, 2013) provides the enabling framework to support the development of systems and processes that should underpin a robust Quality Assurance Framework. In developing the model for the framework, account has been taken of the recommendations of the Francis Report and the subsequent report Delivering Safe Care, Compassionate Care: Learning for Wales from The Report of the Mid Staffordshire NHS Foundation trust Public Inquiry (Welsh Government, 2013), which support a review of the approach taken to commissioning for high quality and safe services.

5.2 Corporate Governance

As a relevant authority, NHS Wales is developing a national Corporate Governance Code for public bodies in Wales which will be introduced in 2015/16, based on the principles of the Code but adapted to reflect that bodies in Wales are not central government departments.

PTHB reviewed compliance with its standing orders during 2014/15 and areas for improvement were monitored by the Audit Committee. In reviewing its governance arrangements and taking into account its assessment against the Governance & Accountability Module, the health board is clear that it is operating in accordance with the relevant principles of the Corporate Governance Code of Good practice 2011 (HM Treasury).

5.3 Standards for Health Services in Wales

The organisation uses the Doing Well, Doing Better: Standards for Health Services in Wales as its framework for gaining assurance on its ability to fulfil its aims and objectives for the delivery of safe, high quality health services. This involves self assessment of performance against the standards across all activities and at all levels throughout the organisation.

As part of this process, the Board has completed the Governance & Accountability assessment module and has:

- openly assessed its performance using the maturity matrix

- put plans in place to achieve the improvement actions identified within clearly defined timescales proportionate to the risk

The organisation's Head of Internal Audit has been provided with assurance that this assessment was undertaken with the full Board to represent the view of Independent Members.

The outcome of the Governance and Accountability self assessment for 2014/15 is set out in table 2.

Areas identified by the Board as needing improvement, where it is not yet able to demonstrate meaningful action, included:-

- Engagement
- Equality and Diversity
- Learning from experiences of the organisation and others
- Seeking assurances in respect of safeguarding arrangements

The priorities identified for improvement by the Board for 2014/15 have been articulated through the Board's Annual Plan 2015/16 and delivery of these will be monitored by the Board and the Finance and Performance Committee. Each action will have associated measures and trajectories for key deliverables.

Additionally, in undertaking an annual self-assessment of its effectiveness, the Board assessed itself against the Monitor Well-led Framework – a framework to support NHS Foundation Trusts to gain assurance that they are well led. The outputs of this assessment will inform a Board Development Programme for 2015/16 and will include the need for:-

- More focus on scrutiny and challenge
- Training and induction
- Skill mapping of Independent Members to requirements of the Board's arrangements

Governance and Accountability self assessment 2014/15

Powys Teaching Health Board					
Governance and Accountability Module	do not yet have a clear, agreed understanding of where they are (or how they are doing) and what / where they need to improve.	are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	are developing plans and processes and can demonstrate progress with some of their key areas for improvement.	have well developed plans and processes and can demonstrate sustainable improvement throughout the organisation / business.	can demonstrate sustained good practice and innovation that is shared throughout the organisation/ business, and which others can learn from.
Setting the Direction			X		
Enabling Delivery			X		
Delivering results achieving excellence			X		
Overall Maturity Level			X		

The Board's assessment against the Governance and Accountability Module and Monitor well-led framework will be presented to the Board in June for formal approval, alongside a Board Development Programme.

5.4 Counter Fraud and Post Payment Verification

The Audit Committee continue to receive regular reviews of counter fraud and post payment verification activity.

The Health Board's Counter Fraud provision during 2014/15 was provided by three accredited officers subcontracted from Hywel Dda University Health Board (HDUHB). The counter fraud officers undertook a period of training via the NHS Counter Fraud Training Services where they gained accreditation as NHS Local Counter Fraud Specialists (LCFS). The total Counter Fraud resource agreed for 2014/15 for Powys Health Board equated to 139 days, however a total of 86.14 days were provided for.

In 2014/15 the health board's counter fraud provision has demonstrated compliance with the requirements of the WAG Directions 2006. Whilst resource was reduced the essential work has been achieved or processes are in place and being progressed by the LCFS as noted in the NHS Protect Quality Assurance assessment. Greater liaison with related NHS and policing bodies has been achieved during this year and the outcome of some of this interaction can be seen in the improved networking and information sharing practices.

The coverage of essential tasks has increased during 2014/2015 across all of the key areas. Positive outcomes which are measureable are notable from fraud awareness feedback and presentation bookings, the number of referrals and the positive staff feedback. This has provided evidence of continued improvement on the service provided the previous year, an increased knowledge base for the LCFS's and managers alike and improved deterrent and prevention mechanisms.

The aim of the PPV process is to ensure propriety of payments of public monies by PTHB, based on a rolling 3 year programme. Recoveries for overpayment have been achieved and learning outcomes shared with practices. Our benchmarking information identifies that in terms of General Medical Services; errors made by contractors within PTHB are below the Mid & West average and well below the all Wales average error rates. With regards to General Ophthalmic Services, the error rates identified during visits is higher than both the Mid & West and all Wales average. The PPV Team will continue to undertake its reviews during 2015/16, sharing lessons learned across practices.

5.5 Equality, Diversity and Human Rights.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Health Board has identified Equality, Diversity and Human Rights as a strategic priority for 2015/16 to ensure any necessary improvements are identified and delivered and there is raised visibility at a corporate level.

5.6 Employment

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

5.7 Sustainability

The organisation has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements as based on UKCIP 2009 weather projections to ensure that the organisation's obligation under the Climate Change Act and the

Adaptation Reporting requirements are complied with.

PTHB has assessed its key sustainability objectives in respect of:

- Promoting health and well-being
- Undertaking more activity in Powys and reducing the need for out of county travel for residents
- Achieving ISO 14001 accreditation
- Reducing energy consumption

A Sustainability Committee, of the Executive, is the vehicle for setting, delivery and review of sustainability targets.

5.8 Integrated Medium Term Plans

Further to the National Health Service Finance (Wales) Act 2014 becoming law in Wales from 27th January 2014, new duties with regard to operational planning were placed upon the Local Health Boards. The legislative changes are effected to section 175 of the NHS Wales Act 2006.

Amendment to the Act places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years; and
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under section 175 (1) while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The Board approved its Integrated Medium Term Plan (IMTP) for 2014-17 for submission to Welsh Government in April 2014. Following a robust assessment of the plan, the Minister for Health and Social Services advised that the plan did not meet all of the requirements set out in the NHS Wales Planning Framework and was therefore not approved. As a result, the Board was required to sign-off a one-year plan (annual plan) for

submission to Welsh Government. This Plan was agreed by the Board in June 2014. The annual plan demonstrated how the Board would achieve improvement across all relevant requirements contained within the NHS Wales Planning Framework and Delivery Framework in 2014/15 and set out clear milestones for developing a robust Integrated Medium Term Plan for submission to Welsh Government in January 2015.

The Board's Finance and Performance Committee received assurances against delivery of the Annual Plan during 2014/15. The Committee received exception reports against all actions marked as Red (expected to be non-delivered) in Quarter 2 and 3. The following table provides a summary of the movement in performance from quarter 2 and 3 to quarter 4. Actions were assessed as being either achieved or not achieved for year end reporting. At the end of Quarter 4 an additional seven actions were reported as red, and exception reports were provided in support of this assessment.

Quarter	Green	Amber	Red
two	44	23	9
three	51	11	15
four	56	0	22

The Board's Annual Plan 2014/15 set out that the health board's in-year financial challenge was £44M. This was made up of 2 aspects

- Repayment of 2013/14 deficits 19M
- Underlying deficit £25M
- Total £44M

Within this plan, the health board had identified a savings programme totalling £5.6M (2.5%).

During the year in recognition of the health board's underlying position, which had been reaffirmed through independent review, Welsh Government allocated £25M to the health board, leaving the remaining challenge of the repayment of the old year debt and to achieve the delivery of the plan as approved by the board.

At the end of 2014/15 the health board has also received confirmation that the anticipated repayment from 2013/14 would not be repayable.

In terms of delivery, the health board has achieved in full its financial plan, including the delivery of planned savings.

At the time of writing this statement, the Board has submitted a balanced Integrated Medium Term Plan 2015-18 to Welsh Government. Confirmation of approval of this plan is awaited.

5.9 Ministerial Directions

A list of Ministerial Directions issued by the Welsh Government during 2014-15 are available at: gov.wales/legislation/subordinate/nonsi/nhswales/2014/

The Health Board can confirm that all 8 of these Directions have been fully considered and where appropriate implemented.

6. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

The information that follows presents the summary information used to inform my review of effectiveness.

6.1 Head of Internal Audit Opinion

Internal Audit provide me and the Board through the Audit Committee with a flow of assurance on the system of internal control. I have commissioned a programme of audit work which has been delivered in accordance with the public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit Committee and is focussed on significant risk areas and local improvement priorities.

The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The scope of this audit opinion is restricted to those areas which were the subject of audit review through the performance of the risk-based internal audit plan. In accordance with auditing standards and with the agreement of the Executive and the Board internal audit work is deliberately prioritised according to risk and materiality around eight key assurance domains. Accordingly the internal audit work and reported outcomes will bias towards known weaknesses as a driver to improve governance risk management and control. This context is important in understanding the overall opinion and balancing that across the various assurances which feature in this Annual Governance Statement.

The Head of Internal Audit has concluded:-

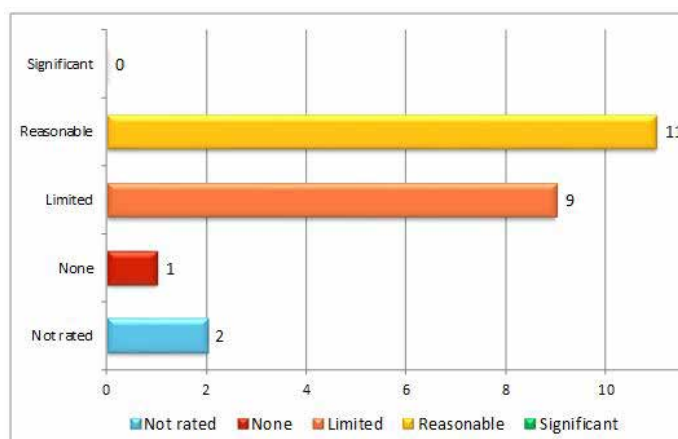
Limited assurance



Amber

The Board can take limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

In total 23 audit reviews were reported during the year (22 audits from the 2014/15 operational audit plan and 1 audit concluded from the prior year), with outcomes as follows:-



During the year internal audit issued the following audit reports with a conclusion of limited assurance:

Review Title	Objective
Transformation Programme	To undertake a review of governance arrangements underpinning the Transformation Programme.
Risk Management	To assess the adequacy and effectiveness of internal controls in respect of risk management.
Policies and Procedures	To undertake a review of Health Board Policies.
Strategic Planning – Delivery of 3 Year Plan	To assess the health board's approach to 3 year planning and assess lessons learned for incorporating into the next 3 year planning cycle.
Putting Things Right Follow Up	To follow up progress made with the implementation of recommendations made in the 2013/14 limited assurance report.

Review Title	Objective
North Locality Follow up	To follow up progress made with the implementation of recommendations made in the 2013/14 limited assurance report.
Transformation Programme Follow Up	To follow up progress made with the implementation of recommendations made in the 2013/14 limited assurance report.
Property Management	To determine the adequacy of policies and procedures in place to support the management of Powys Teaching Health Board properties.
Follow Up of Estates Report	To determine the status of agreed recommendations from prior year Estates Assurance reports.

For each limited assurance report, Executive Leads were called to the Audit Committee to provide assurances that improvement actions were being implemented and identified risks mitigated. The Audit Committee has been assured that there is an action plan in place for each audit recommendation made. Monitoring of audit recommendations will be undertaken by the Audit Committee.

During the year internal audit issued the following audit reports with a conclusion of no assurance:

Review Title	Objective
Operational Rostering	To assess the systems currently operating for the management and deployment of the workforce are doing so in an efficient and effective manner and where appropriate corporate policies and procedures are being complied with.

The Audit Committee met with the Director of Workforce & OD to seek assurances that actions necessary were in place to improve operational rostering and mitigate risk until such time that a long term solution is in place. The Committee was pleased to learn that the audit had been undertaken at managements request as a result of a number of emerging issues.

The Committee was assured that a task and finish group had been established, chaired by the Director of Workforce & OD, and included the Director of Nursing and Lead Operational Managers to ensure issues identified within the audit were rectified. The group would also monitor compliance with implementation of improvement actions so that remedial action was undertaken. This Group will report to the Workforce & OD Committee on progress.

The Audit Committee has, during 2014/15, expressed concern at the lack of pace in which the organisation has progressed implementation of audit recommendations. As a result, the Board has agreed that a Governance Improvement Plan will be established for 2015/16 and that, within this, audit recommendations will be given due attention.

6.2 External Audit

Structured Assessment

The Wales Audit Office reviewed the health board's arrangements for securing efficiency, effectiveness and economy in the use of its resources, undertaking a Structured Assessment which examined the robustness of the health board's financial management arrangements, the adequacy of its governance and change management arrangements. Wales Audit Office undertook performance audit reviews on specific areas of service delivery. For 2014, Wales Audit Office concluded that:-

- The Health Board's financial position remains extremely challenging and it is unlikely to achieve a balanced financial position at the end of the current financial year
- The necessary changes to the health board's governance arrangements are not yet embedded or fully effective
- The Health Board's capacity to drive change at the required pace is exacerbated by the impending departure of the Chief Executive
- Performance audit work identified opportunities to secure better use of resources in a number of areas

Arising from the Assessment, a number of recommendations were made to the Board and these, along with the Board's response, is as follows:-

Area	Recommendation	Management Response
Financial management	Strengthen the financial planning, delivery and monitoring processes to support the achievement of the annual savings plans.	This conclusion is drawn from the 2013/14 financial year and therefore an "old" assessment of the health Board's position. In 2014/15 the health board set a challenging but more realistic savings programme which was built upon the conclusions drawn from the independent review and through the development of the organisation's change programme and in view of WAO's opinion expressed. At month 11 of 2014/15 the health board is forecasting a 98% achievement of its savings programme, indicating that they were set at a realistic level and were closely tracked for performance achievement during 2014/15. Moving forward, the Finance & Performance Committee will continue to receive detailed assurances in respect of the organisation's financial performance.
Strategic planning	<p>Formulate strategic and operational plans that support the transformation to future models and pathways of care.</p> <p>Develop a corporate-level approach for monitoring and scrutiny of delivery of strategic plans and organisational objectives.</p>	<p>The IMTP that has been approved by the Board provides the overall integrated Plan for the organisation. This includes strategic objectives that have been developed into an Annual Plan. Performance against the Annual Plan will be monitored through the Finance and Performance Committee. The process for developing the IMTP will be reviewed in the first quarter of 2015-16 at PTHB level, and feed into a national level review.</p> <p>PTHB has established a Transformation Programme that will be fully established during 2015 in respect of the service reform programme, strategic delivery model and commissioning programme that form the main transformational change programme for the Board. The mental health programme is already in place. Delivery of joint transformational change projects with Powys Council will continue to be overseen by the One Plan Transformation Board. Shared governance and scrutiny of this programme will be developed.</p> <p>Formulation and delivery of future models of care will be undertaken through these Transformation Boards, that reports through to the Finance and Performance Committee.</p>

Area	Recommendation	Management Response
Governance arrangements	Clarify the lines of accountability for localities in a documented performance management framework.	<p>A documented organisational performance management framework will be prepared and delivered in 2015. This Framework will reflect changes in management arrangements for the operational arms of the organisation which will be brought into a single Primary Care and Community Directorate.</p> <p>The Finance & Performance Committee will continue to oversee development and delivery of the Framework.</p>
Governance arrangements	Finalise and implement a robust Board Assurance Framework.	<p>In December 2014, the Board approved its Assurance Map which articulated its assurance requirements and the role of its Committees in receiving those assurances. In April 2015, the Board will approve its Annual Plan 2015/16 and following that the performance measures for each objective will be confirmed through the Board's Performance Management Framework. This in turn will inform development of the Risk Assurance Framework – articulating risks to non-delivery, impact of non-delivery and determining the assurance requirements of the Board's committees in being assured that mitigating actions to ensure delivery are in place and progressed. The Finance & Performance Committee will continue to take oversight of the development of the Risk Assurance Framework, as a fundamental step in performance managing the Board's strategic objectives.</p>
Governance arrangements	Develop a programme of support for Independent Members to improve their ability to scrutinise the health board.	<p>The Board has recently engaged Academi Wales to support a programme of Development. This will commence in May 2015. A Board Development Programme is to be presented to the Board for approval in June 2015 which will address Board development requirements, including training needs identified through appraisals held by the Chair.</p> <p>Additionally, PTHB will explore arrangements for joint scrutiny and accountability arrangements with Powys County Council.</p>
Governance arrangements	Improve committee support by ensuring papers are of good quality, and ensuring papers and minutes are always distributed in an appropriate timeframe.	<p>The Board's Committee Chairs have agreed an Administration Process Cycle which articulates KPIs for all aspects of administration for Board and Committees. This includes timeframes for issuing actions agreed, draft minutes, agenda and papers.</p> <p>The Board's report template is being revised to ensure that it reflects all necessary information required by the Board and its committees. Furthermore, all Board and Committee papers will be quality checked by respective Executive Directors prior to submission to the Corporate Governance Team.</p>

Area	Recommendation	Management Response
Governance arrangements	Strengthen the arrangements of the Information Governance Committee to ensure effective oversight and assurance for information governance.	The Information Governance Committee has now established its Work Plan for 2015/16. Within this, the Committee has articulated its assurance requirements for all responsibilities within its remit, including key information legislation. The Work Plan describes the sources of assurance that will be provided to the Committee throughout the year to satisfy its assurance requirements. The Committee's Work Plan also ensures assurances are provided of key corporate risks for information governance, integrated with audit recommendations for improvement to mitigate identified risk.
Use of resources	Develop a robust estate strategy and ensure key compliance issues are addressed.	<p>The Estates Strategy will be prepared as a key outcome of the work on the Strategic Delivery Model. In the interim, a medium-term Estates Strategy will be prepared and presented to the Board in June 2015.</p> <p>PTHB has submitted a Strategic Outline Programme to deliver a five year capital compliance programme and has a prioritised programme of compliance works in progress, based on managing risk. A Business Justification Case for this programme will be submitted in each year to secure the appropriate funding.</p>

7. Overall conclusion for 2014/15

As Accountable Officer and based on the review process outlined above I have reviewed the relevant evidence and assurances in respect of internal control. The Board and its Executive Directors are alert to their accountabilities in respect of internal control. The Board has had in place during the year a system of providing assurance aligned to corporate objectives to assist with the identification and management of risk.

My review confirms that the health board has a sound system of internal control but there are some areas of weakness as described within this report, that are subject to focussed and urgent management attention to address the identified shortcomings. These include:-

- Operational Rostering
- Risk Management
- Policies and Procedures

- Estates Management
- Strategic Planning
- Equality and Diversity

For 2015/16, I will ensure that a Governance Improvement Programme is established, within which, necessary improvements will be made in all areas identified within this statement.

Signed by:



Carol Shillabeer
Chief Executive

Date:

Board members

Name	Position	Board committee membership	Champion roles
Mel Evans 1 April 2014 – 30 Sep 2015	Chair	(Chair) The Board (Chair) RATS	N/A
Vivienne Harpwood 1 October 2014 – to date	Chair	(Chair) The Board (Chair) Workforce and OD Committee (Chair) Finance and Performance Committee	N/A
Melanie Davies 30 May 2014 – to date	Vice Chair	(Vice Chair) The Board Quality & Safety Committee (Vice Chair) Workforce and OD Committee RATS (Vice Chair) Mental Health Services Risk Assurance Committee (Chair) Mental Health Act sub – Committee	Mental Health Older People POVA Children & Young People
Trish Buchan 11 April 2014 – to date	Independent Member (Third Sector)	Quality & Safety Committee Mental Health Services Risk Assurance Committee Information Governance Committee	
Andrew Leonard	Independent Member (Community)	Workforce and OD Committee (Chair) Charitable Funds (Vice Chair) Mental Health Act sub – Committee (Vice Chair) Information Governance Committee	Design Sustainable Development
Roger Eagle	Independent Member (Legal)	(Vice Chair) Audit Committee (Chair) Quality and Safety Committee (Vice Chair) Mental Health Services Risk Assurance Committee Finance and Performance Committee Mental Health Act sub-Committee	Complaints

Name	Position	Board committee membership	Champion roles
Paul Dummer	Independent Member (University)	(Vice Chair) Quality & Safety Committee	Welsh language, Equalities
Gareth Jones	Independent Member (Finance)	(Chair) Audit Committee (Vice Chair) Charitable Funds Committee (Vice Chair) Finance and Performance Committee Quality & Safety Committee Workforce and OD Committee	
Melanie Davies 1 April 2014 – 29 May 2014	Independent Member (Local Authority)	Quality and Safety Committee Information Governance Committee Finance and Performance Committee	
Matthew Dorrance 17 December 2014 – to date	Independent Member (Local Authority)	Quality and Safety Committee Information Governance Committee Finance and Performance Committee	
Gyles Palmer	Independent Member (Capital & Estates)	Mental Health Act sub-Committee Information Governance Committee Audit Committee Charitable Funds Committee	Cleanliness
Mark Baird	Independent Member (Information, Communications & Technology)	(Chair) Information Governance Committee Audit Committee Finance and Performance Committee Workforce and OD Committee	Violence & Aggression
Veronica Jarman 10 Jan 2015 – to date	Associate Member, Staff		
Amanda Lewis	Associate Member, Strategic Director for People) , Powys County Council		

Name	Position	Board committee membership	Champion roles
Bob Hudson 1 Apr 14 – 8 Feb 15	Chief Executive		
Carol Shillabeer Interim: 9 Feb 15 – 23 Mar 15 Substantive: 24 Mar 15 – to date	Chief Executive		
Carol Shillabeer 19 Jun 14 – 8 Feb 15	Deputy CEO		
Rebecca Richards	Executive Director of Finance	Charitable Funds Committee	
Brendan Lloyd 1 Apr 14 – 31 Oct 14	Executive Medical Director		
Catherine Woodward 1 Nov 15 – to date	Acting Executive Medical Director		
Carol Shillabeer	Executive Director of Nursing	Charitable Funds Committee	
Catherine Woodward	Executive Director of Public Health & Strategic Planning		
Amanda Smith	Executive Director of Therapies & Health Sciences		
Julie Rowles	Executive Director of Workforce & OD		
Bruce Whitear Interim: 1 Apr 14 – 9 Jul 14) Substantive: 10 Jul 14 – to date	Executive Director of Planning and Performance		
Alan Lawrie 1 Dec 14 – to date	Executive Director of Primary and Community Care		

Current Chair and Executive directors



Vivienne Harpwood - Chair



Carol Shillabeer -
Chief Executive



Alan Lawrie - Deputy
Chief Executive



Rebecca Richards - Director
of finance



Catherine Woodward -
Director of public health
and Medical director



Amanda Smith - Director
of therapies and
health sciences



Julie Rowles - Director of
workforce & OD



Rhiannon Jones - Director
of nursing



Hayley Thomas - Director
of planning

Sustainability report

Powys Teaching Health Board (PTHB) recognises the value of sustainability as a central organising principle within the Welsh Government (WG) and public sector bodies in Wales. This report documents sustainability performance for the year 2014-15.

This report presents an overview of the sustainability performance for the reported year, financial and non-financial information covering emissions, waste and resource consumption and an overview of forward planning. The report conforms to the public sector requirements set out in the Government Financial Reporting Manual (FReM), supplemented by HMT Guidance, 'Sustainability reporting in the Public Sector'.

Powys Teaching Health Board – Description of the Organisation

Total Number of Sites	10
Community Hospitals	9
Treatment Centres	1
Total Estate Site Footprint (m ²)	45,214
Total Estate Site Land Area (Hectare)	39.52
Total Number of Staff Employed (FTE)	1,210

Asset and Age Profile of Estate %

Age Profile – pre 1948	50
Age Profile – 1948 to 1954	0
Age Profile – 1955 to 1964	0
Age Profile – 1965 to 1974	0
Age Profile – 1975 to 1984	24
Age Profile – 1985 to 1994	0
Age Profile – 1995 to 2004	26
Age Profile – 2005 to Present	0

The PTHB Sustainability Committee is accountable to the Board of Directors and provides PTHB with a strategic direction to implement a structured approach to sustainability by developing and maintaining an Environmental Management System (EMS), supporting the principles of Sustainable Development and being a Good Corporate Citizen.

The Committee is scheduled to meet bi-monthly to work primarily on attaining ISO 14001 accreditation, developing and maintaining environmental, transport and waste policies and procedures and promoting consistency and transparency in harmonising management of environmental issues across PTHB.

The Well Being at Work Group, which has locality representation, has some common areas within their agenda to support the Sustainability Committee's ambitions, particularly around staff travel and the reduction of single occupancy car travel.

Reporting data is collected by both electronic and paper based means to enable a full suite of indicators to be prepared, analysed, reported and benchmarked.

Summary of performance

PTHB continues to support sustainability as a central organising principle within the Three Year Plan. During this reporting period the work of the Sustainability Committee, which was originally established in May of 2012, has been hampered to a degree by the re-prioritising of resources to reduce the level of non-compliance within the estate. An interim Energy Manager was, however, appointed in June 2014 and this has contributed to an improvement in the management of energy and sustainability in PTHB.

The organisation's priority is to review our current position in line with the requirements from WG, maintain and enhance existing EMS and gain

accreditation to ISO14001. This will enable PTHB to more accurately monitor, assess and address its sustainability performance with regard the environmental impacts of our activities and services.

Despite the high level sustainability agenda not being maximised, there has continued to be further progress over the past twelve months in the reduction of energy and water consumption, staff travel mileage, more efficient and sustainable recyclable waste streams and improvements in collaborative working with other Health Boards, the Local Authority and the private sector. This work has also enabled some cost savings to be realised.

PTHB's estate management performance is published on the NHS Estate in Wales reporting system. PTHB recognises that there is further work to undertaken to provide further confidence in the accuracy of elements of the data to support robust sustainability monitoring.

Future strategy to improve performance

The Sustainability Committee has agreed to set an ambitious target of 5% carbon reduction year on year by 2016/17 from its 2011/12 baseline (higher than government targets of 3% reductions).

The main areas to tackle to achieve these reductions will be:

1. Increased management resources and organisational focus
2. Further development of the EMS to enable 50% of the estate to gain ISO14001 accreditation
3. Staff awareness of further water, energy, waste and travel opportunities
4. Further embedding of policy
5. More robust systems for measuring performance

Greenhouse Gas Emissions

		2012-13	2013-14	2014-15
Non-Financial Indicators (1,000 tCO ₂ e)	Total Gross Emissions*	19,459,320	13,825,727	Not Available
	Total Net Emissions			
	Gross Emissions Scope 1 (direct)*	4,954,571	4,583,754	Not Available
	Gross Emissions Scope 2 & 3 (Indirect)			
Related Energy Consumption (million KWh)	Electricity: Non-renewable	4,000,242	2,814,289	3,134,247
	Electricity: Renewable**	N/A	N/A	0
	Gas	15,272,938	10,977,519	9,222,913
	LPG	N/A	N/A	N/A
	Other***	186,139	33,919	82,499
Financial Indicators (£million)	Expenditure on Energy	1,014,806	820,570	895,917
	CRC License Expenditure (2010 onwards)****	N/A	N/A	N/A
	Expenditure on accredited offsets (e.g. GCOF)****	N/A	N/A	N/A
	Expenditure on official business travel*	0	0	Not Available

Commentary on greenhouse gas emissions

The appointment of a dedicated Environment and Sustainability Manager will see improved monitoring and reporting from 2015.

- * data unavailable at point of going to print.
- ** Bronllys Hospital does have solar panels which were brought back on line in 2014 but sub metering is to be installed which will identify energy data.
- *** Other consumption relates to oil at Bronllys and Knighton
- **** In discussion with the Environment Agency, PTHB has confirmed that it does not meet the criteria required to enrol for the Carbon Reduction Commitment (CRC) scheme, Phase 2. The qualification period for Phase 2 was 1st April 2012 to 31st March 2013 with organisations required to assess whether or not they met the minimum criteria based on settled half hourly supplies during this time period. PTHB did not exceed the qualification threshold under the 6,000MWh per annum usage criteria and confirmed that NHS organisations are not 'mandated participants' under CRC. License expenditure on CRC is, therefore, not applicable.

Commentary on waste

The 2014/15 data is based on that calculated for the year and reported on EFPMS. Where accurate weights are not available, the Environment Agency waste conversion methodology is used.

During this period there has been an increase of service activity including the responsibility for community healthcare waste which has subsequently led to an overall increase of the volume and cost of waste for disposal. Since 2011/12 waste generation in weight has increased by 12%, however waste going to landfill have reduced to its lowest level since before 2011/12, with a comparable reduction of 1.3%. For the first year we are in a position to report that near 100% or around 26 tonnes of our heat treated infectious waste is incinerated with energy recovery which is used primarily to heat furnaces in the cement industry.

Charges for the disposal of landfill waste has increased significantly during the last year but by taking advantage of cheaper recyclable waste rates and increasing our recycling rate by 79% we have managed to offset much of the increases. As we commence the new service to dispose of our confidential waste and paper at zero cost, we stand in a good position to reduce our overall costs in the coming year.

Waste

	2011-12	2012-13	2013-14	2014-15
Non-Financial Indicators (tonnes)				
Total Waste	780.32	757.56	819.18	874.56
Landfill	672.08	689.99	701.39	663.21
Reused/Recycled	108.24	67.57	117.79	211.34
Composted	0	0	0	0
Incinerated with energy recovery	0	0	0	26.85
Incinerated without energy recovery	4.09	4.31	4.216	6.03
Financial Indicators (£)				
Total Disposal Cost	114,845.56	115,549.43	127,254.63	159,498.95
Landfill	108,716.74	106,642.91	121,208.46	124,475.88
Reused/Recycled	6,128.82	8,906.52	8,213.32	35,023.07
Composted	0	0	0	
Incinerated with energy recovery	0	0	0	25,497.87
Incinerated without energy recovery	17,069.50	19,283.13	15,897.65	23,744.36

Other initiatives planned for 2015 are to further improve our recording mechanisms still further to increase the accuracy of waste data, the increased segregation rates of recyclable materials from our general waste for landfill and to fully roll out collections of food waste for energy generation. Waste management in 2015 will be further enhanced by the appointment of a new role in the Environment and Sustainability Manager whose responsibilities will include performance against the waste hierarchy.

Commentary on use of resources

The appointment of a dedicated Environment and Sustainability Manager will see improved monitoring and reporting from 2015.

- * It is not currently possible to differentiate usage between Office and Non-Office.

EMS implementation achievement

PTHB is working toward 50% of the estate gaining ISO14001 accreditation. The EMS is under further development and PTHB will work with an external auditing body to complete the pre assessment of 3 sites before the end of 2015/16. The 50% of PTHB estate based on internal floor area of Bronllys Community Hospital, Ystradgynlais Community Hospital and Brecon War Memorial Hospital. PTHB will re-engage consultants to provide an updated gap analysis of the EMS system and to introduce a detailed action plan to achieve accreditation.

2014/15 specific sustainability achievements and initiatives

- Bid to WG for 'Invest to Save' funding to support Voltage Optimisation and LED Street Lights energy saving initiatives.
- Identification and remedial action related to mains water leaks recouping circa £15,000 against invoice costs.
- Re-commissioning of the 485 solar panels on the Bronllys site.
- The introduction of food waste recycling in collaboration with the local authority.
- Increasing rates of recycling.
- Transition in disposal regime for infectious hospital and community healthcare waste from incineration disposal to incineration with energy recovery.
- Established a zero charge contract for a secure confidential waste and paper recycled disposal service in collaboration with a private local company
- Adopting Sustainable Procurement processes including food

Use of Resources

	2012-13	2013-14	2014-15
Non-Financial Indicators (000m³)			
Total Water Consumption*	59,353	44,615	44,610
Financial Indicators (£million)			
Total Cost of Water*	83,694	72,163	66,309

Report of the Auditor General

Report of the Auditor General for Wales to the National Assembly for Wales on the Summary Financial Statements

I have examined the summary financial statements contained in the Annual Report of Powys Teaching Health Board on pages 35 to 76.

Respective responsibilities of the Accountable Officer and auditor

The Accountable Officer is responsible for preparing the Annual Report. My responsibility is to report my opinion on the consistency of the summary financial statements with the statutory financial statements, and the auditable part of the remuneration report. I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statements and the full financial statements.

Basis of opinion

I conducted my work in accordance with Bulletin 2008/3 'The auditor's statement on

the summary financial statements' issued by the Financial Reporting Council for use in the United Kingdom.

Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements and the auditable part of the remuneration report of Powys Teaching Health Board for the year ended 31st March 2015 on which I have issued an unqualified opinion.

I placed a substantive report on the accounts to explain the two new statutory financial duties the NHS Finance (Wales) Act 2014 placed on LHBs, the Powys Teaching Health Board's performance against them, and the implications for 2015-16. This report can be found with the statutory financial statements.

I have not considered the effects of any events between the dates on which I signed my report on the full financial statements, 25th June 2015 and the date of this statement.

In my opinion the information contained in the Annual Report for the financial year for which the financial statements are prepared is consistent with both the summary and the full financial statements.

Huw Vaughan Thomas
Auditor General for Wales
10 September 2015

Wales Audit Office
24 Cathedral Road
Cardiff

Thank you for reading our Annual Report

Our mission is to deliver high quality care and services to you. If you would like to comment on this publication you can contact us in the following ways;

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Telephone: 01874 711661

Website: www.powysthb.wales.nhs.uk

Facebook: www.facebook.com/PTHB

Twitter: [@PowystHB](https://twitter.com/PowystHB)

YouTube: www.youtube.com/PowystHB

We welcome all comments and are happy to provide further information on request.

Find out more...



www.powysthb.wales.nhs.uk



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