


Board

Tue 25 July 2023, 09:30 - 16:15

Agenda

09:30 - 09:30
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1. PRELIMINARY MATTERS

 Board_Agenda_25July2023.pdf (4 pages)

1.1. Welcome and apologies for absence

Chair

1.2. Declarations of interest

Chair

1.3. Experience Story

1.3.1. Patient Experience Story

Director of Nursing and Midwifery

 Board_1.3a_My Birthing Story - Emma_ final.pdf (3 pages)


1.3.2. Staff Experience Story

Director of Workforce and OD

1.4. Update from the:

1.4.1. Chair

Chair

 Board_1.4a_Chair's Board Report July 2023.pdf (4 pages)

1.4.2. Vice-Chair

Vice-Chair

 Board_1.4b_Vice Chair's report Board 26 July 2023.pdf (3 pages)

1.4.3. Chief Executive

Chief Executive


 Board_1.4c_CEO Board paper July 2023.pdf (5 pages)

1.5. Assurance Reports of the Board's Committees

Committee Chairs

 Board_1.5_Committee Chair Reports_July_2023.pdf (3 pages)

1.5.1. Patient Experience Quality and Safety Committee


 Board_1.5i_App_A_PEQS Chairs Assurance Report 4July23.pdf (3 pages)

1.5.2. Executive Committee

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 Board_1.5ii_App B_Executive Committee Chair's Assurance Report_July23.pdf (14 pages)

1.5.3. Workforce and Culture Committee

 Board_1.5iii_App C_W&C Cttee Chairs Assurance Report May&July 2023.pdf (3 pages)


1.5.4. Charitable Funds Committee

 Board_1.5iv_App D_Charitable Funds Report June 2023.pdf (5 pages)

1.5.5. Delivery and Performance Committee

 Board_1.5v_App_E_Delivery & Performance Chairs Assurance Report_27June23.pdf (4 pages)

1.5.6. Planning Partnership and Public Health Committee

 Board_1.5vi_App F_PPPH_Committee_Chairs Assurance Report_MAY23.pdf (4 pages)

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2. ITEMS FOR APPROVAL/DECISION

2.1. Audit Wales' Audit of Accounts Report, 2022/23

Director of Finance ,Information & IT /External Audit

 Board_2.1a_ISA260_Audit of Accounts Report – PTHB 2022-23 FINAL.pdf (24 pages)

2.2. Recommendation from the Audit, Risk and Assurance Committee in respect of the Annual Report and Accounts 2022/23


Chair of Audit , Risk & Assurance Committee

 Board_2.2_ARAC Recommendation_Jul23_.pdf (2 pages)

2.3. Annual Report and Accounts 2022/23

Part 1: Performance Report, Part 2: Annual Accountability Report , Part 3: Annual Financial Statements (*Director of Performance and Commissioning ,Director of Corporate Governance /Board Secretary,Director of Finance ,Information & IT*)

 Board_2.3.1a__Annual Report and Accounts 2022-23_Cover paper.pdf (7 pages)

 Board_2.3.1b_Performance Report 2223.pdf (28 pages)

 Board_2.3.1c_ACCOUNTABILITY REPORT 2023.pdf (123 pages)

 Board_2.3.1d_PTHB 2022-23 Final Submission Annual Accounts.pdf (75 pages)

2.3.1. Letter Of Representation

Director of Finance,Information & IT

 Board_2.3.2e_Letter of Representation 2022-23.pdf (4 pages)

2.4. WHSSC Cochlear Implants Engagement Report


Director of Planning Performance and Commissioning


 Board_2.4_Cochlear and Bone Conduction Hearing Implant Engagement.pdf (14 pages)


2.5. GP Branch Closure Belmont, Gilwern - Mitigations update

Deputy Chief Executive / Director of Finance , Information and IT

 Board_2.5_Belmont Branch Surgery.pdf (5 pages)

 Board_2.5a_Belmont Branch Surgery Appendix 1 Mitigation Plan Tracking.pdf (19 pages)

 Board_2.5b_Belmont Branch Surgery Appendix 2 Letter from Llais to PTHB and ABUHB.pdf (4 pages)

 Board_2.5c_Belmont Branch Surgery Appendix 3 Letter from PTHB to Llais.pdf (3 pages)

Patterson, Liz
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2.6. Welsh Language Annual Report

Director of Workforce and OD

- Board_2.6_Covering Paper for 2022-23 Welsh Report.pdf (4 pages)
- Board_2.6a_Welsh Language Stds Annual Monitoring Report 22 23.pdf (41 pages)

2.7. Equalities, Diversity and Inclusion Annual Report

Director of Workforce and OD

- Board_2.7_Cover Paper for 2022-23 Equality Report.pdf (4 pages)
- Board_2.7a_Equality Annual Monitoring Report 2022-2023 FINAL.pdf (29 pages)

2.8. Major Incident and Emergency Response Plan and Corporate Business Continuity Plan

Director of Public Health

- Board_2.8_Cover Paper for Revision to Civil Contingency Plans.pdf (5 pages)
- Board_2.8a_App1_approval of Civil_Contingencies_MI_and_ER_Plan_Vers_10.0.pdf (56 pages)
- Board_2.8b_App 2_Reviewed Corporate Business Continuity Plan Ver 4.0.pdf (27 pages)

2.9. Digital Strategic Framework

Director of Finance and IT

- Board_2.9_Digital Strategic Framework Cover note_.pdf (5 pages)
- Board_2.9a_PTHB Draft Digital Strategic Framework v4.0.pdf (47 pages)

2.10. Director of Corporate Governance and Board Secretary Report

Director of Corporate Governance

- Board item_2.10_Director Corporate Governance report.pdf (6 pages)
- Board item_2.10_App_A_- Scheme of delegation to Directors.pdf (8 pages)
- Board_Item_2.10_App_B_Board Work Plan.pdf (2 pages)
- Board_Item_2.10_App_Ci_EC work plan Q2.pdf (2 pages)
- Board_Item_2.10_App_Cii_EC work plan Q3.pdf (1 pages)
- Board_Item_2.10_App_Ciii_EC work plan Q4.pdf (1 pages)
- Board_Item_2.10_App_D PSB Well-being Plan.pdf (63 pages)
- Board_Item_2.10_App_E_Board Members DOIs summary 2023-24.pdf (3 pages)

2.11. Minutes of Previous Meeting: 24 May 2023 (for approval)

Chair

- Board_2.11_PTHB Board Minutes Unconfirmed 24 May 2023.pdf (21 pages)

2.12. Board Action Log

Chair

- Board_2.12_Action Log 2023-24.pdf (1 pages)

09:30 - 09:30 3. ITEMS FOR BOARD ASSURANCE

0 min

3.1. Integrated Performance Report 2023/24 month 02

Director of Planning , Performance and Commissioning

- Board_3.1_IPR cover paper.pdf (6 pages)
- Board_3.1a_20230719_Month2_IPR_Final_Board.pdf (55 pages)

3.2. Financial Performance 2023/24 month 03

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Director of Finance, Information & IT

 Board_3.2_Financial Performance Report Mth 03.pdf (15 pages)

3.3. Nurse Staffing Levels (Wales) Act Assurance Report- including staff in commissioned services

Director of Nursing and Midwifery

 Board_3.3_Nurse staffing Act Commissioned Services.pdf (16 pages)

3.4. Civil Contingencies Annual Report


Director of Public Health

 Board_3.4_ Board Cover Paper CC Annual Report 22-23.pdf (5 pages)

 Board_3.4a_Civil Contingencies Annual Report for 2022-23.pdf (15 pages)

3.5. Corporate Risk Report

Director of Corporate Governance /Board Secretary

 Board_3.5_Corporate Risk Update_July23.pdf (4 pages)

3.6. Assurance Reports

Chief Executive


3.6.1. Board's Partnership Arrangements

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

 Board_3.6ai_App 1_SSPC Assurance Report 18 May 2023.pdf (5 pages)

3.6.2. Joint Committees

 Board_3.6b_Joint Committee Reports_July 23.pdf (3 pages)

 Board_3.6bi_AppA_JC Briefing (Public) 16 May 2023.pdf (7 pages)

 Board_3.6bii_App B-Chairs Report_EASC_16_May_2023.pdf (5 pages)

 Board_3.6biii_MWJC Update report July 2023 final 100723.pdf (7 pages)

3.7. Report of the Board's Local Partnership Forum

Oral *Director of Workforce & OD*

3.8. Report of the Chief Officer of Llais

Llais Regional Director

 Board_3.8_Llais Report July 2023.pdf (6 pages)

09:30 - 09:30
0 min

4. OTHER MATTERS

4.1. Any other urgent business

Chair

4.2. Close

4.3. Date of Next Meeting

27 September 2023

Patterson, Liz
24/07/2023 09:42

09:30 - 09:30

0 min

5. Confidential Item

"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"

5.1. Welcome and apologies for absence

Chair

5.2. Declarations of interest

All

5.3. Chief Executive Briefing

Deputy Chief Executive

5.4. In-Committee reports from Board Committees

Chair, PEQS / Director of Nursing and Midwifery

5.5. Laboratory Information Network Cymru (LINC)

Director of Therapies and Health Sciences

5.6. Minutes from the In-Committee meetings held on 18 May 2023, 24 May 2023 and 26 June 2023

Chair

Patterson, Liz
24/07/2023 09:47:06

**POWYS TEACHING HEALTH BOARD
BOARD MEETING
TUESDAY 25 JULY 2023
09:30 – 16:15
TO BE HELD VIA MICROSOFT
TEAMS**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA

Time	Item	Title	Attached / Oral	Presenter
1: PRELIMINARY MATTERS				
09:30 5	1.1	Welcome and Apologies for Absence	Oral	Chair
	1.2	Declarations of Interest	Oral	All
09:35 15	1.3	Experience Story a) Patient Experience Story b) Staff Experience Story	Attached	Director of Nursing and Midwifery Director of Workforce and OD
09:50 15	1.4	Update from the: a) Chair b) Vice Chair c) Chief Executive	Attached Attached Attached	Chair Vice Chair Chief Executive
10.05 25	1.5	Assurance Reports of the Board's Committees: <ul style="list-style-type: none"> • Patient Experience Quality and Safety Committee • Executive Committee • Workforce and Culture Committee • Charitable Funds Committee • Delivery and Performance Committee • Planning Partnership and Public Health Committee 	Attached	Committee Chairs
2: ITEMS FOR APPROVAL/DECISION				
10:30 15	2.1	Audit Wales' Audit of Accounts Report, 2022/23	Attached	Director of Finance, Information & IT / External Audit
10:45 5	2.2	Recommendation from the Audit, Risk and Assurance Committee in respect of the Annual Report and Accounts 2022/23	Attached	Chair of Audit, Risk & Assurance Committee

10:50 10	2.3	Annual Report and Accounts 2022/23:		
	2.3.1	Part 1: Performance Report Part 2: Annual Accountability Report Part 3: Annual Financial Statements	Attached	Deputy Chief Executive / Director of Finance, Information & IT & Director of Corporate Governance / Board Secretary
	2.3.2	Letter of Representation	Attached	Deputy Chief Executive / Director of Finance, Information & IT
11:00	BREAK (15 mins)			
11:15 5	2.4	WHSSC Cochlear Implants Engagement Report	Attached	Director of Planning Performance and Commissioning
11:20 20	2.5	GP Branch Closure Belmont, Gilwern – Mitigations Plan update	Attached	Deputy Chief Executive/Director of Finance, Information and IT
11:30 10	2.6	Welsh Language Annual Report	Attached	Director of Workforce and OD
11:40 10	2.7	Equalities, Diversity and Inclusion Annual Report	Attached	Director of Workforce and OD
11:50 15	2.8	Major Incident and Emergency Response Plan and Corporate Business Continuity Plan	Attached	Director of Public Health
12:05 20	2.9	Digital Strategic Framework	Attached	Deputy Chief Executive / Director of Finance, Information & IT
12:25 10 mins	2.10	Director of Corporate Governance and Board Secretary Report incl: (list will be deleted) <ul style="list-style-type: none"> • Common Seal • Committee ToRs • Committee / Board work plans • Chair's Action • Declarations of Interest • Change to Scheme of Delegation 	Attached	Director of Corporate Governance
12:35 5 mins	2.11	Minutes of Previous Meeting: 24 May 2023 (for approval)	Attached	Chair
	2.12	Board Action Log	Attached	Chair

12:40	Lunch (50 minutes)			
	3: ITEMS FOR BOARD ASSURANCE			
13:30 30	3.1	Integrated Performance Report <ul style="list-style-type: none">2023/24 Month 02	Attached	Director of Planning, Performance and Commissioning
14:00 10	3.2	Financial Performance <ul style="list-style-type: none">2023/24 month 03	Attached	Director of Finance, Information & IT
14:10 10	3.3	Nurse Staffing Levels (Wales) Act assurance report - including staffing in commissioned services	Attached	Director of Nursing and Midwifery
14:20 10	3.4	Civil Contingences Annual Report	Attached	Director of Public Health
14:30 5	3.5	Corporate Risk report	Attached	Director of Corporate Governance / Board Secretary
14:35 10	3.6	Assurance Reports <ul style="list-style-type: none">a) Board's Partnership Arrangementsb) Joint Committees	Attached	Chief Executive
14:45 5	3.7	Report of the Board's Local Partnership Forum	Oral	Director of Workforce & OD
14:50 10	3.8	Report of the Chief Officer of Llais	Attached	Llais Regional Director
4: OTHER MATTERS				
	4.1	Any Other Urgent Business	Oral	Chair
	4.2	Close		
15:00	4.3	Date of the Next Meeting: <ul style="list-style-type: none">27 September 2023 Via Microsoft Teams – to include the Annual General Meeting		
5. The Chair, with advice from the Director of Corporate Governance / Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting: Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960 <i>"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"</i>				
Time	Item	Title	Attached / Oral	Presenter
1: FOR APPROVAL				
15:30 5 mins	5.1	Welcome and Apologies for Absence	Oral	Chair

	5.2	Declarations of Interest	Oral	All
15:35 15 mins	5.3	Chief Executive Briefing	Oral / Attached	Deputy Chief Executive
15:50 10 mins	5.4	In-Committee reports from Board Committees <ul style="list-style-type: none"> • Patient Experience, Quality and Safety Committee (PEQs) 	Attached	Chair of PEQs Committee / Director of Nursing and Midwifery
16:00 10 mins	5.5	Laboratory Information Network Cymru (LINC)	Attached	Director of Therapies and Health Sciences
16:10	5.6	Minutes from the In-Committee meetings held on 18 May 2023, 24 May 2023 and 26 June 2023	Attached	Chair

MESSAGE TO THE PUBLIC:

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

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

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

Board 25 July 2023
Item 1.3a
Patient Experience Story

The Board is asked to listen to and hear the story in support of its role to listening and learning from patient experience.

My Birthing Story

I have nothing but praise for the maternity team at South Powys. When I first contacted the midwives with my third pregnancy, I was booked in for a dating scan sooner rather than later. At the scan I was met with the lovely Louise, whom I'd met with my previous pregnancies.

Due to needing growth scans I was fortunate enough to have Louise do them all until she left for her well deserved retirement. There was only 1 more scan after this and that was done by Marie (my first midwife under Powys) and it was lovely to see her again.

For most of my ante natal appointment I had students (Naomi and Jo) and both were fantastic. I was planning another homebirth, and Emily, my midwife, was once again very supportive of my decision.

On February 17th, at around 5pm Emily was phoning me, we were due a very bad storm, Eunice, and Wales had been put on a red alert. She was phoning me just to give me the heads up that the midwives on call that night would be coming from Brecon and if I was to go into labour then they may advise that I was to go in to hospital as they may not be able to come down to me.

We didn't think I would be needing them anyway so it was a 'just incase' phone call, but to remember to phone them as soon as possible if anything was happening as my last daughter didn't want to wait for anyone!

Within about 15 minutes of me getting off the phone with Emily I was timing contractions about 5 mins apart, I had nothing before this, so I

24/07/2023 12:39:06
Patient Story

phoned the midwives to ask them to come, they said they would be with me in about an hour. I phoned my husband to come straight home and asked my mother in law to come and get my youngest 2 children. I remember joking with her that we would be all done by 9pm, she laughed and took the little ones down to stay with her for the night. I started to fill my pool as I wanted another water birth. At around 7.25pm, two midwives arrived, I was greeted by Jessica and Felicity and behind them was Naomi the student.

I had some gas and air while Naomi tried to do my blood pressure but the contractions were so close it wasn't happening. At 7.32 pm, Bethan Lowri Strangward was born in the pool weighing 8lbs 4oz. Everything went perfectly, I got out of the pool and Bethan had a feed and I delivered my heart shaped placenta in the pool that they were all fascinated with. By about 8.30 all checks and paperwork was done and both midwives and student left. I wasn't joking about the 9pm after all!

I think I have been incredibly lucky to have been under the most incredible team! You should be very proud! The continuity of care I have received over the past 4 years have been amazing.

When Harri was born in 2018 I was under the care of Marie, Louise, Felicity & Jessica and when Alys was born in 2020 I had Emily, Louise, Marie and Jessica.

I don't think many people can have 3 pregnancies with pretty much the same 5 people only giving the care.
Thank you, thank you, thank you!

Bethan, Alys & Harri

Patterson, Liz
24/07/2023 09:47:06



Patterson Liz
24/07/2023 09:47:06

AGENDA ITEM: 1.4a

BOARD MEETING		Date of Meeting: 25 July 2023
Subject:	CHAIR'S REPORT	
Approved and Presented by:	Carl Cooper, Powys Teaching Health Board (PTHB) Chair	
Prepared by:	Carl Cooper, PTHB Chair	
Other Committees and meetings considered at:	N/A	

PURPOSE:

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

RECOMMENDATION(S):

It is recommended that the Board RECEIVES this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

Patterson, Liz
24/07/2023 09:47:09

Chair's Report

Page 1 of 4

Board Meeting
25 July 2023
Agenda Item: 1.4a

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Provide Early Help and Support	✓
	2. Tackle the Big Four	✓
	3. Enable Joined up Care	✓
	4. Develop Workforce Futures	✓
	5. Promote Innovative Environments	✓
	6. Put Digital First	✓
	7. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

CHAIR'S REPORT:

CEO Secondment

Following the receipt of a request from Betsi Cadwaladr University Health Board (BCUHB), we have agreed to the extension of the secondment of our substantive CEO to the end of this financial year. The recent CEO recruitment process in BCUHB was suspended and it is anticipated that a new process will be implemented before the end of 2023. In our ongoing discussion with BCUHB concerning these arrangements, we will consider the implications for the stability and sustainability of PTHB.

Review of National Commissioning Functions

The Minister for Health & Social Care has written to all chairs of health boards informing us on the outcome of the recent independent review of national commissioning functions. The principal recommendation is the combining of EASC, WHSSC and the NCCU into a single entity. More detail is provided in the CEO's report.

NHS Wales Accountability Ministerial Advisory Group

The Minister for Health & Social Care recently announced that she is establishing an Advisory Group which will review the current governance structures within NHS Wales and report regarding their strengths and weaknesses and comment on the accountability structures. The detail of the scope and implementation of this review has not yet been published. We will ensure that PTHB is fully informed and involved as this important piece of

work progresses. A copy of the Ministers statement can be seen here - [Written Statement: NHS Wales Accountability Ministerial Advisory Group \(6 July 2023\) | GOV.WALES](#)

Ysbyty Cymunedol Bro Ddyfi

It was a great pleasure to welcome the Minister for Health & Social Care to the official opening of the new hospital development at Ysbyty Cymunedol Bro Ddyfi. This is a fabulous example of how an estates development can help to take forward our strategic priorities, particularly in relation to integrated care, care closer to home, decarbonisation and community involvement.

Listening & Learning

As I continue to visit PTHB sites across Powys and meet staff colleagues, I am increasingly struck by the depth and substance of diligence, dedication and commitment demonstrated by individuals and teams, notwithstanding the significant difficulties and pressures colleagues need to manage on a daily basis. It was a particularly inspiring to visit colleagues recently in Brecon War Memorial Hospital. Thank you to everyone for the open, helpful & useful conversations.

Ministerial Discussions

Since the last board meeting, there have been a couple of opportunities for discussion with the Minister for Health & Social Care. One was my appraisal when the Minister expressed appreciation for the very many ways in which PTHB is effectively providing reliable and high-quality health care, whilst also emphasising the need for continuous improvement within the resources available. The other was an informal evening engagement hosted by the Minister that the Chief Executive and I attended. Here again, there was general acknowledgment of the tremendous amount of important & valued work carried out by health bodies day in day out, together with the significant challenges posed by increasing demand, decreasing resources and workforce pressures.

Commissioner Contacts

The CEO & I met recently with the new Future Generations Commissioner, Derek Walker, and the liaison officer for our area, Jenny McConnel. We were able to share information regarding PTHB's plans and how we build into them a forward-looking direction, notwithstanding the immediacy of current and recent system pressures. In particular, we highlighted our collaboration as regards the health weights programme being taken forward with partners under the auspices of the PSB.

The Welsh Language Commissioner held a briefing and discussion for health bodies, organised by NHS Confederation Wales. In it she emphasised the need for compliance with the standards, pointing out that all health bodies had work to do in order to achieve compliance. She also paid tribute to the progress made over recent years, and offered the support of her office as we seek to meet requirements and embed good practice.

NHS 75

It has been a delight to see how colleagues across many of our sites have celebrated the NHS' 75th birthday in such creative and effective ways – from park runs, to tea parties, to post-box toppers ... and much more. As we consider the achievements of the last 75 years there is much of which to be proud and in which to rejoice.

I was pleased to represent PTHB at the national service of celebration at the Church of the Resurrection, Ely in Cardiff; and it was particularly inspiring & thought-provoking to attend the Bevan Commission's conference, 'Tipping Point'. Among numerous learning points, my take-away quote was 'Health is made at home. Hospitals are for Repairs'.

A big thank you to the representatives from our fabulous Leagues of Friends across Powys who came together for a celebratory NHS75 afternoon tea. There were many conversations about the significant ways in which Leagues of Friends support our patients, staff & services, and also a recommitment to improving coordination & the channels of communication as we look to the future.

NHS Wales Chairs Peer Group

The chairs' peer group continues to be an important forum for information sharing and for considering issues of mutual interest and importance. Recently discussion topics have included the financial position of health boards across Wales, the establishment of the new NHS Executive, diversity on boards, public appointments processes, chairs' objectives and Accelerated Cluster Development.

Board Development

As a board we continue to place importance on our development as a group or team, in addition to specific areas of oversight e.g. digital strategy or Integrated Medium-Term Plans (IMTP). Our most recent development session provided an opportunity to bring further clarity to Board roles and responsibilities and to consider how different personalities strengthen board effectiveness in complementary ways. We also discussed how best to systemise the gathering and analysis of patient and staff experience information. A small, initial step is ensuring that the purpose of the patient & staff stories considered in board meetings is made clear.

Patterson, Liz
24/07/2023 09:47:00

AGENDA ITEM:

BOARD MEETING		Date of Meeting: 26 th July 2023
Subject:	VICE CHAIR'S REPORT	
Approved and Presented by:	Kirsty Williams, PTHB Vice Chair	
Prepared by:	Kirsty Williams, PTHB Vice Chair	
Other Committees and meetings considered at:	N/A	

PURPOSE:

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

RECOMMENDATION(S):

It is recommended that the Board RECEIVES this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Provide Early Help and Support	
	2. Tackle the Big Four	
	3. Enable Joined up Care	
	4. Develop Workforce Futures	
	5. Promote Innovative Environments	
	6. Put Digital First	
	7. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

VICE CHAIR'S REPORT:

Ministerial Meetings

The quarterly meeting between Welsh Ministers and Vice Chairs took place earlier this month. Items discussed included, Further Faster, Dentistry, Neuro diversity services, the implementation of 111 Press 2 and Healthy Weight Healthy Wales. I am pleased to say that the Deputy Minister for Mental Health, highlighted the whole systems approach to tackling obesity in Powys as an example of good practice.

Armed Forces and Veterans Affairs

I and other colleagues from Powys THB attended the Wales Armed Forces & Veterans Champions meeting during Armed Forces Week. This ensures that we are connected into national workstreams more directly for this important population group. The second meeting of our local Powys Armed and Ex Forces Forum also met during the week. The group seeks to review progress against our action plan, build relationships with those who have an interest in this area and share good practice. It was very positive to have representatives of personnel from the Infantry Battle School and 160 Brigade join the group.

Patterson, Liz
24/07/2023 09:47:09

Regional Partnership Board/Partnership Working

As part of the Health Minister's Further Faster policy, there has been a renewed emphasis on establishing a Trusted Assessor model in Health and Social Care. In June I attended a meeting alongside colleagues from both the Health Board and Powys CC with Welsh Government officials. This meeting established the benchmark on which progress in this area will be benchmarked and how effective joint working in this area will be scrutinised by Welsh Government.

I continue to attend and participate in the RPB Leadership forum. The main areas of focus for this all-Wales group is sharing experiences and good practice to strengthen the governance and operations of RPBs.

NHS 75 Events

It was a real pleasure to represent the Board at several events to celebrate the 75th Anniversary of the founding of the NHS. This included a highly successful Park Run at Builth Wells and the unveiling of a post box topper in the town.

The Brecon Hospital Therapies and Health Science 75th Staff Celebration provided an opportunity to thank staff and discuss informally issues that were important to them.

The Welsh NHS Confederation hosted an event at the Senedd, where the First Minister spoke about the challenges and opportunities facing the health service as we move forward.

Finally, it was an honour to be able to mark the event with our own staff and say a few words of thanks at the most recent Chief Executive's briefing.

Community

I and Jennifer Owen Adams continue to meet regularly with colleagues from PAVO to discuss issues of mutual interest and during this period I met with both Dementia Matters Powys and the Alzheimer's Society to learn more about the services they offer to residents.



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Powys Teaching
Health Board

Agenda item: 1.4c

BOARD MEETING

DATE OF MEETING:
25 July 2023

Subject:

CHIEF EXECUTIVE REPORT

**Approved and
Presented by:**

Hayley Thomas, Interim Chief Executive

Prepared by:

Paula Walters, Associate Director of Corporate
Business

**Other Committees
and meetings
considered at:**

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

PURPOSE:

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

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

The report specifically covers:

- **Changes to Executive Director Portfolios**
- **Shrewsbury and Telford Hospitals NHS Trust – Hospital
Transformation Programme Outline Business Case**
- **National Commissioning Review**
- **Ministerial visit to Machynlleth – 25 May 2023**
- **NHS 75 events**
- **Staff Success and Awards**
- **Staff Certificate of Appreciation event**

RECOMMENDATION(S):

The Board is asked to DISCUSS any key issues relating to the report.

Approval/Ratification/Decision ¹		Discussion	Information
		✓	
THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):			
Strategic Objectives:	1. Focus on Wellbeing		✓
	2. Provide Early Help and Support		✓
	3. Tackle the Big Four		✓
	4. Enable Joined up Care		✓
	5. Develop Workforce Futures		✓
	6. Promote Innovative Environments		✓
	7. Put Digital First		✓
	8. Transforming in Partnership		✓
Health and Care Standards:	1. Staying Healthy		✓
	2. Safe Care		✓
	3. Effective Care		✓
	4. Dignified Care		✓
	5. Timely Care		✓
	6. Individual Care		✓
	7. Staff and Resources		✓
	8. Governance, Leadership & Accountability		✓

EXECUTIVE SUMMARY:

This report briefly outlines some of the key matters to draw to the attention of the Board, including:

- **Changes to Executive Director Portfolios**
- **Shrewsbury and Telford Hospitals NHS Trust – Hospital Transformation Programme Outline Business Case**
- **National Commissioning Review**
- **Ministerial visit to Machynlleth – 25th May 2023**
- **NHS 75 events**
- **Staff Success and Awards**
- **Staff Certificate of Appreciation event**

DETAILED BACKGROUND AND ASSESSMENT:

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

Changes to Executive Director Portfolios

When the substantive Chief Executive was seconded to Betsi Cadwaladr University Health Board in May 2023, the Executive Director of Therapies and Health Sciences assumed the role of lead Executive Director for the Planning function within her portfolio. There have since been some additional interim changes to Executive Team portfolios. At the Remuneration & Terms of Service Committee held on 26 June 2023, Stephen Powell was appointed to the role of Interim Executive Director, Planning, Performance and Commissioning with effect from 17 July 2023. Therefore, the Planning function has moved to Steve Powell and the Executive Director of Therapies and Health Sciences (Claire Madsen) retains responsibility for Support Services and Health and Safety.

Shrewsbury and Telford Hospitals NHS Trust (SATH) - Hospital Transformation Programme Outline Business Case

At its meeting on 14 June 2023, the Executive Committee received a presentation from representatives from SATH on their Hospital Transformation Programme Outline Business Case (OBC). Matthew Neal, Director of Hospitals Transformation and Rachel Webster, Deputy Divisional Director of Nursing Medicine attended the meeting to present the OBC which covered the following areas:

1. Strategic Case
2. Economic Case
3. Commercial Case
4. Financial Case
5. Management Case

The current configuration and layout of acute services in Shrewsbury and Telford will not support future population needs and presents an increasing challenge to the staffing, quality and continuity of services. The public consultation (Future Fit) completed in 2018 concluded that the recommended solution should be implemented without delay. Following the consultation, in 2019, SATH NHS Trust made a strong public commitment to reconfigure services and resolve longstanding issues. The pandemic has highlighted the urgent need to reconfigure.

The Executive Committee discussed the case and agreed to provide SATH with a letter of support for the hospital transformation programme which is fully aligned to the model of care consulted upon and described in the Strategic Outline Case (SOC), approved by the Board.

National Commissioning Review

The Minister for Health and Social Services wrote to Health Boards in January 2023 confirming her intention to undertake an independent review of national commissioning functions in Wales. The review was completed in May and provided an opportunity to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This has included horizon scanning to explore other national commissioning functions.

The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remains some gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision making and accountability arrangements. The significant recommendation is that WHSSC, EASC and NCCU should be combined into a single entity and form a single joint committee.

An oversight board will be established within Welsh Government with a view to the new Joint Committee being established by 1st April 2024. The Health Board will continue to engage in the process.

Ministerial opening of Ysbyty Bro Ddyfi, Machynlleth – 25th May 2023

I was very proud to join the Chair on Thursday 25 May 2023 for the official opening of the £15m refurbishment of Ysbyty Bro Ddyfi in Machynlleth by the Minister for Health and Social Services, Eluned Morgan. The redevelopment of the hospital has been made possible thanks to a £15m investment by Welsh Government. It brings the Dyfi Valley Health GP Practice and local community services together under the same roof, helping teams to work together for patients and communities.

The Dyfi Valley Health GP Practice moved into Ysbyty Bro Ddyfi at the end of April, and has since been joined by community dentistry, podiatry, adult mental health and midwifery. A focus on arts and outdoor spaces has led to the development of a therapy garden and commissioned artwork from artists Erin Hughes, Di Ford, Gemma Rose Green-Hope and Jim Bond, which feature inside the building and outside in the community gardens.

NHS 75

The 5th July 2023 marked the 75th birthday of the NHS and our staff and stakeholders made a tremendous effort to celebrate the occasion. I had the privilege of attending several events including the open day held by the League of Friends in Llandiloes, a 'thank you' afternoon tea for League of Friends volunteers held in Llandrindod Wells, Newtown Park Run and the unveiling of

a post box topper in Newtown that was created by the very talented Knit and Natter Group.

Over 30 events took place across the Health Board due to the efforts of our teams and for the benefit of our staff and patients. Most of the events were provided with funding from our Powys Health Charity.

Staff Success and Awards

I am very pleased to inform the Board of recent staff success at the RCN national awards. Firstly, at the RCN Wales Awards both Judith Jamieson and Louise Hymers were winners at a ceremony held on 29th June 2023.

Macmillan Lead Nurse for Cancer and Palliative Care Louise Hymers won the Community Nursing Award for her work on end of life care, whilst Senior Nurse Manager for Outpatients Development Judith won the Adult Nursing Award for her commitment to outpatient development.

There was also success for our Clinical Pharmacist, Rafael Baptista whose work to develop and implement the xPIRT Pharmacy Intervention Recording Tool won the UK-wide Community Hospitals Association Innovation and Best Practice Award on 3rd July 2023.

Very many congratulations to all of you!

Certificate of Appreciation Event

Last but not least, on 19th June 2023 I had the pleasure of hosting our Certificate of Appreciation event where we celebrated and applauded our colleagues who had recently achieved qualifications plus individuals and teams who were nominated by their manager and/or peers for special recognition. It was my first time hosting the awards in the Interim Chief Executive role and I was supported by other Executive Director colleagues. It is a highlight of our calendar, and we offer our congratulations to all our award winners!

The Board is asked to receive the Chief Executive Report.

Agenda Item: 1.5

BOARD MEETING		DATE OF MEETING: 26 July 2023
Subject:	BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS	
Approved and presented by:	Committee Chairs Director of Corporate Governance / Board Secretary	
Prepared by:	Interim Head of Corporate Governance	
Other Committees and meetings considered at:	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.	

PURPOSE:

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

RECOMMENDATION(S):

The Board is asked to:

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

Approval/Ratification/Decision	Discussion	Information
	✓	

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

DETAILED BACKGROUND AND ASSESSMENT:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

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

Patient Experience, Quality and Safety Committee:

- The Committee Chair's report of the meeting held on 4 July 2023 is attached at **Appendix A.**

Executive Committee

- The Committee Chair's report of the meetings held from 17 May to 12 July 2023 is attached at **Appendix B.**

Workforce and Culture Committee

- The Committee Chair's report of the meetings held on 16 May and 11 July 2023 are attached at **Appendix C.**

Charitable Funds

- The Committee Chair's report of the meetings held on 5 May 2023 is attached at **Appendix D.**

Delivery and Performance Committee:

- The Committee Chair's report of the meeting held on 27 May 2023 is attached at **Appendix E.**

Planning, Partnerships and Population Health Committee

- The Committee Chair's report of the meetings held on 11 May 2023 is attached at **Appendix F.**

NEXT STEPS:

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 26 July 2023.



Reporting Committee:	Patient Experience, Quality and Safety Committee
Committee Chair:	Kirsty Williams
Date of last meetings:	4 July 2023
Paper prepared by:	Interim Head of Corporate Governance
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The last meeting of the Patient Experience, Quality and Safety Committee took place on 4 July 2023.</p> <p>The Board is asked to note that the following matters were discussed at the Patient Experience, Quality and Safety Committee on 4 July 2023:</p> <ul style="list-style-type: none">• Integrated Quality Report• Mental Health Power of Discharge Annual Report including Mental Health compliance with legislation• Clinical Audit Progress Report• Annual Safeguarding Report• WHSSC Quality and Safety Committee Chair's Report April 2023• Committee Risk Register <p>The papers from this meeting can be accessed at: Patient Experience Quality and Safety Committee 25 April 2023 - Powys Teaching Health Board (nhs.wales)</p> <p>COMMITTEE ACTION LOG</p> <p>The Committee received and discussed the Committee Action Log.</p> <p>-----</p> <p>INTEGRATED QUALITY REPORT</p> <p>The Committee received the report particularly noting the following areas raised by the Director of Nursing and Midwifery:</p>	



- Progress on Quality and Engagement Act Implementation – Duty of Candour had been triggered three times during April/May 2023
- Update on the Safe Care Collaborative, a partnership between NHS Wales health boards and trusts, Improvement Cymru and the Institute for Health Care Improvement to encourage and support health boards to improve their quality and safety of care. The Health Board attended a collaborative event in June 2023 and a follow up was planned for July 2023 to strengthen the quality improvement journey
- Learning – both supporting learning and improvement and learning from staff experience

The Committee asked a series of questions and received assurance from senior colleagues. Additional information was sought in respect of pressure damage which will be included in the next Integrated Quality Report to the October meeting.

A joint meeting of Patient Experience, Quality and Safety Committee and Workforce and Culture Committee would be arranged to examine the arrangements for triangulating the experience of both patients and staff.

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

The Committee received the report which provided assurance in relation to the administration of the Mental Health Act 1983 in compliance with legislation.

The Chair noted that Mental Health was an area which had been put forward for a Member Briefing as part of the Member Development programme.

CLINICAL AUDIT PROGRESS REPORT

The Committee received the closure report of the Clinical Audit Programme 2022/23 and update of activity in Q1 2023/24.

The Committee expressed concern that the audits were skewed towards year end and the Medical Director undertook to work with colleagues to enable audits to take place more evenly throughout the year.

ANNUAL SAFEGUARDING REPORT

The Committee received the Annual Safeguarding Report and took assurance that the Health Board were delivering their statutory duties. Members queried the actions taken in respect of children not brought to appointments,



particularly in light of the increasing number of home schooled children as reported to the local authorities Learning and Skills Scrutiny Committee. Senior Managers advised that this would be raised in the Powys Local Operations Group.

WHSSC QUALITY AND SAFETY COMMITTEE REPORT – APRIL 2023

The Committee received the Chair's report from the WHSSC Quality and Safety Committee meeting in April 2023.

COMMITTEE RISK REGISTER

The Committee Risk register was presented

WORK PROGRAMME

The Committee received the programme of committee business for 2023/24 which was presented at the May meeting of Board.

ITEMS TO BE ESCALATED TO THE BOARD

There were no items to be escalated to Board from the meeting in public of the Patient Experience, Quality and Safety Committee. For clarity, there is one item being escalated to the Boards awareness in relation to Infection, Prevention and Control in the In-Committee meeting of the Board on the 25 July – this will be reported to the public at the next meeting of the Board.

NEXT MEETING

The next meeting of the Patient Experience, Quality and Safety Committee will be held on 24 October 2023.

Patterson, Liz
24/07/2023 09:47:06

Reporting Committee:	Executive Committee
Committee Chair	Hayley Thomas, Interim Chief Executive
Date of last meeting:	12 th July 2023
Paper prepared on:	13 th July 2023

KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 17th May, 31st May, 14th June, 28th June and 12th July.

17th May 2023

1. Non-Emergency Patient Transport (NEPTs) Contract Novation

The Committee received the item which presented the novation of PTHB's existing Hereford and Shropshire area NEPTS contracts to Welsh Ambulance Service Trust (WAST) on the 1st July 2023 under the national commissioning approach of Emergency Ambulance Service Committee (EASC), for onwards consideration by the Board (24th May).

The Committee APPROVED the request for onward consideration at the upcoming Board meeting on the 24th May 2023.

2. Closure of Gilwern Branch Surgery

The Committee received the request to REVIEW and APPROVE the recommendation to the Board on the 24th May 2023 from the Branch Practice Review Panel to accept the application from Crickhowell Group Practice to close their Belmont Branch Surgery in Gilwern, including the proposed mitigation plan.

It was noted that on 24th April 2023 the Branch Practice Review Panel identified no feasible alternatives to maintaining General Medical Services (GMS) and therefore is recommending to the Board that the closure application is accepted. As a consequence of accepting the application, a mitigation plan would need to be developed to address

negative impacts identified through engagement and equality impact assessment. The Panel considered an initial draft mitigation plan which will be further developed prior presentation to the Board.

The Executive Committee reviewed and APPROVED the paper, with a recommendation for the Board to accept the closure mitigation plan.

3. Corporate Risk Register, April 2023

The Committee received the item which presented the updated Corporate Risk register and requested that the Committee REVIEW and APPROVE the following amendments:

- CRR007: ownership transferred to CEO
- CRR008: ownership transferred to Director of Finance & IT
- CRR009: change to risk rating calculation for current score and a revised rating for the target score.
- CRR010: ownership transferred to Associate Director of Capital, Estates and Property.

The Committee APPROVED the changes and endorsed the Corporate Risk Register for submission to the Board on 24th May.

4. Financial Performance, Month 1

The Committee received the item which provided a high-level summary of the revenue position. An overspend of £2.738m was noted, which is in line with the forecast £33.5m overspend for year end.

The Committee DISCUSSED and NOTED the report.

5. Annual Delivery Plan 2023/24

The Committee were informed that the Annual Delivery Plan was still under development ahead of the Board Development session due to be held on 18th May 2023. The following matters were highlighted for the Committee's attention:

- Delivery Confidence Assessment;
- Accelerated Sustainable Model; and
- target dates, including an assessment of achievability.

The Committee DISCUSSED and NOTED the Annual Delivery Plan.

31st May 2023

1. Infection Prevention and Control Gap Analysis

The Committee received the item which provided an assessment against the criteria for compliance in each of the nine standards across Powys. A gap analysis has been undertaken which outlined the

actions that had already commenced and the proposed actions to be taken forward to ensure robust Infection, Prevention and Control standards across the Health Board.

The Committee DISCUSSED the report and SUPPORTED the proposed actions from development.

2. Consultant Psychologist Neuro Rehabilitation Business Case

The Committee received the item which proposed an invest to save case which would enable the provision psychological services for people in Powys with neurological disorders to provide more care closer to home, meet national requirements and to reduce out of area spend.

The Committee APPROVED the proposal for the provision of Neuro Rehabilitation services for people in Powys.

3. Public Service Board (PSB) Wellbeing Plan

The Committee received the item which presented the draft Well-Being Plan, which required approval by all statutory members, including the Health Board prior to its publication.

The Committee ENDORSED the Public Service Board Wellbeing Plan for onward approval by the Powys Public Service Board on the 6th May 2023 and further consideration by the Board prior to publication.

4. Draft Response to Welsh Language Commissioners Investigation

The Committee received the item which provided an update following the Welsh Language Commissioner's investigation where additional assurance has been implemented to the Health Board response in compliance with standards.

The Committee welcomed the response and SUPPORTED its onward submission to the Welsh Language Commissioner.

5. PTHB Charity, New Brand Identity and Guidelines

The Committee received the item which provided an overview of the rationale and inspiration for the new Charity branding, values, and visual logo. The branding would be applied and used on various media/content and outlined the proposed name for the Charity.

The Committee APPROVED the new brand identity and guidelines which were due to be further considered by the Charitable Funds Committee and the WELCOMED the changes to the Charity branding and the visual identity to enhance broader engagement.

6. PTHB Charitable Fund Proposal, Llanidloes Hospital Palliative Care Suite

The Committee received the item which provided an overview of the proposals for the Llanidloes Palliative Care Team to purchase new visual, lighting and audio upgrades for the benefit of end-of-life patients and their families at the hospital.

The Committee discussed and recognised the benefits to the proposed changes and supported the investment prior to submission to the Charitable Funds Committee for final approval.

The Committee SUPPORTED the proposals to the Llanidloes Palliative Care Team prior to submission to the Charitable Funds Committee for approval and recognised the important potential benefits for families in Powys.

14th June 2023

1. Pandemic Enquiry, Module 4

The Committee received the item which provided the background and analysis of options to enable a decision to be made as to whether the Health Board should apply for Core Participant Status in Module Four of the UK Covid-19 Inquiry. The approach to the assessment of the organisations' role and the advantages and disadvantages of being a core participant, had been informed by legal opinion. It was noted that if an application was to be made, either as an individual organisation or as part of a group with others, the application must be submitted by 30 June 2023. Based upon the options appraisal included within the paper, it was recommended that the Health Board does not apply for Core Participant status at this stage.

The Executive Committee:

- Received and DISCUSSED the update;
- CONSIDERED the internal assessment completed with regards to PTHB's role in the scope of the module 4 UK Inquiry;
- NOTED that plans were under development to ensure that an appropriate level of resource is in place to ensure the organisation can respond to the Public Inquiry, which was due for consideration in June 2023; and
- SUPPORTED the recommendation not to apply for Core Participant status for Module 4 for consideration by the Board.

2. Mental Health Power of Discharge Annual Report including compliance with legislation

The Committee received the item which provided assurance in relation to the Health Board's compliance with its legal duties under the Mental Health Act 1983 (MHA). An overview of compliance with the following aspects was provided to the Committee:

- Detention under Section 5 – (Doctor and Nurse Holding Powers);
- Section 2 – Admission for Assessment;
- Section 3 – Admission for Treatment;
- Section 4 – Emergency Admission for Assessment;
- Section 17A – Community Treatment Order (CTO);
- Scrutiny of Documents;
- Deaths of detained patients;
- Application for Discharge to Hospital Managers and Mental Health Review Tribunal (MHRT);
- Hospital Managers Power of Discharge Committee; and
- Healthcare Inspectorate Wales (HIW) Visits to Mental Health and Learning Disabilities Units.

The Committee received ASSURANCE that the service had been compliant with legislation in relation to the administration of the Mental Health Act 1983.

3. Hospitals Transformation Programme – Shrewsbury and Telford Hospitals NHS Trust (SaTH)/Shropshire Telford and Wrekin

The Committee were joined by colleagues from SaTH who provided an update on the SaTH Hospitals Transformation Programme (HTP) Outline Business Case (OBC). The OBC consisted of the following key elements:

- Strategic Case
- Economic Case
- Commercial Case
- Financial Case
- Management Case

The Committee sought assurance in relation to a number of key concerns and CONSIDERED and SUPPORTED the business case SUBJECT to confirmation of the continued use of the English national tariff. The Chief Executive confirmed the Health Board would provide a letter of support as a key stakeholder and requested a copy of the draft ICP letter of support.

4. Finance Budgets 2023/24

The Committee received the item which proposed the approach for setting revenue budgets for 2023/24 and future years following approval by the Executive Committee in March 2023.

The Committee AGREED that any anomalies would be addressed and budgets would be approved individually by Executives and the Director of Finance and IT by the end of June 2023

5. Aspiring Nurses Bangor Project

The Committee received the item which proposed a project in partnership with Health Education and Improvement Wales (HEIW) which would enable PTHB to employ up to 35 new aspiring nurses, in addition to the internal Health Care Support Worker (HCSW) and Registered Nurse (RN) pipelines, resulting in up to 35 additional new registered nurses joining the workforce in 2026.

The Committee APPROVED the aspiring nurses programme SUBJECT to close monitoring and evaluation of the programme including drop-out rates, clinical onboarding, professional support needs etc.

6. Integrated Quality Report

The Committee received the item which provided the Committee with an overview of the Quality and Safety matters:

- Quality & Engagement Act (2023) Implementation
- Once for Wales Content Management System (RLDatix)
- Supporting learning and improvement
- National Nosocomial Framework
- Putting Things Right – Concerns
- Public Service Ombudsman for Wales (PSOW)
- Incident Management
- Early Warning Notifications (previously No surprises notifications)
- Nationally Reportable Incidents
- Patient Experience
- Medical Device Regulations; and
- Health and Social Care Inspections Regulatory Recommendations

The Committee received ASSURANCE that Quality and Safety is appropriately monitored and reported and that continued actions are in place to further develop quality and safety monitoring and reporting.

7. IT Infrastructure and Asset Management

The Committee received the item which provided a follow up to the Digital First update provided in November 2022, as well as more

detailed information regarding the progress against the Cyber Security and Assurance Improvement Plan.

The Committee received and NOTED the report.

8. Annual Review of Emergency Response Plans

The Committee received the item which presented the revised Incident and Emergency Response Plan and the Corporate Business Continuity Plan. An overview of the main changes applied to the two plans were highlighted to the Committee and it was noted that the delivery of an NHS Wales-wide exercise to test the Mass Casualty Arrangements for NHS Wales during 2023 (date to be confirmed), would provide an opportunity for the health board to test its internal Major Incident and Emergency Response Plan at all levels.

The Committee SUPPORTED the plans for recommendation to the Board SUBJECT TO further development of the Community Services Group elements as discussed.

9. Renewal Portfolio Closure Report

The Committee DISCUSSED and DEFERRED the item to be discussed at a forthcoming meeting of the Transformation and Value Group, pending further consideration/development in a number of areas.

10. Clinical Audit Progress Report

The Committee received the item which provided an update in relation to progress against the PTHB clinical audit programme for 2023-24.

The Committee AGREED that further development of the item to address the concerns raised by the Committee was required prior to presentation to the Patient Experience, Quality and Safety Committee on 4th July 2023.

11. Audit Wales Orthopaedics Review: Management Response

The Committee was ASSURED that the feedback of the Committee had been incorporated into the updated response which was due to be presented to the Audit, Risk and Assurance Committee on 11 July 2023.

12. Management of Policies, Procedures and Written Control Documents

The Committee received the item which provided an update in relation to the current compliance level with Policies, Procedures and Written control documents, and make a series of recommendations to both review the current landscape of control documents and where relevant, improve compliance during 2023/24.

The Executive Committee:

- RECIEVED the paper discussing the updates provided;
- APPROVED the proposed next steps and;
- AGREED a target level to reduce non-compliance

13. Long Term Agreement Template 2023/24

The Committee received and NOTED the item for information.

28th June 2023

1. Safeguarding Annual Report

The Committee received the Safeguarding and Public Protection Annual Report which provided an overview of the key areas of development and achievement which have supported the health board to meet its statutory responsibilities in safeguarding the people of Powys during 2022/23. The report was aligned to the Standards of the Safeguarding Maturity Matrix (SMM); a self-assessment tool which addresses the interdependent strands regarding safeguarding; service quality improvement, compliance against agreed standards and learning from incidents and reviews. Improvements within each of the SMM Standards; Governance and Rights Based Approach, Safe Care, Adverse Childhood Experiences (ACE's) Informed, Learning Culture and Multiagency Partnership Working, were highlighted within the Report and demonstrated the vast and varied safeguarding and public protection agenda.

The Committee DISCUSSED and NOTED the Annual Safeguarding Report 2022/23 and requested some updates to reflect the Committee's comments prior to presentation to the Patient Experience, Quality and Safety Committee on 4th July 2023.

2. Infection, Prevention and Control Report

The Committee received the item which provided an update on the position following the Gap Analysis considered by the Committee on 31st May 2023. It was reported that following the discussion, an Organisational IPC Improvement Plan had been developed, though it was noted that this would be an iterative process.

The Executive Committee DISCUSSED and NOTED the report and SUPPORTED the recommended next steps.

3. Getting It Right First Time (GIRFT) reviews

The Committee received the item which provided an overview of the GIRFT reviews which had taken place, the recommendations received to date by the health board and the further reviews planned. It was highlighted to the Committee that whilst the reviews had generally been helpful, and the positive participation of the health board had

been noted, the number of recommendations and the duplication across reviews had presented a difficulty locally.

The Committee DISCUSSED the Report and SUPPORTED the next steps, subject to the development of Powys specific process for presentation to GIRFT.

4. Integrated Performance Report

The Committee received the first iteration of the new format report which had been presented to the Delivery and Performance Committee on 27th June 2023. The report had been streamlined and focused on escalation and exception reporting, whilst also aiming to maintain the reporting of positive progress where appropriate. It was reported that business rules had been developed to identify escalation and exception reporting, with four items in escalation within the report.

The Committee DISCUSSED and NOTED the Report.

5. Junior Doctors Strike (England)

The Committee received and NOTED an update in relation to the forthcoming Junior Doctors Strike, due to be held on 13th July for five days, followed by a Consultants Strike on 20th July for two days.

6. Salary Sacrifice Schemes

The Committee received the item which sought approval for the implementation of the cycle to work, home electronic and pension advice salary sacrifice schemes. It was reported that salary sacrifice was a proven method of delivering valuable employee benefits, which include health and well-being and engagement with staff that can make an important contribution to staff retention. It was confirmed that NHS Wales Shared Services Partnership (NWSSP) would administer both the cycle to work and electronics scheme (with a separate Service Level Agreement (SLA) to provide Terms & Conditions). There would be no cost to PTHB for the provision of the schemes. The Workforce and OD administration team would administer the pension advice scheme and will make arrangements with the finance department to pay the invoice and inform payroll to make the necessary deductions from the employee's salary.

The Committee APPROVED the implementation of the schemes and AGREED that a review of the in-year savings as a result of the schemes would return at the end of the year to consider appropriate initiatives for reinvestment.

7. Wagestream Payment System

The Committee received the item which sought approval for the implementation of the Wagestream system. Two health boards in Wales had already successfully partnered with Wagestream who work with Allocate, our rostering system providers. Wagestream offer an alternative payment system to staff which allows individuals to draw down a part of their accrued wages at any time in the month without creating difficulties which are normally encountered when weekly and monthly payrolls are run for the same individual. Wagestream's partnership with Allocate allows for direct integration into the current Health Roster system which means there will be no additional costs associated with software. Bank staff who sign up to Wagestream would be allowed to draw down accrued wages on a weekly basis up to three times a month and would be required to pay the £1.75 transaction fee for each draw down. It was suggested that the use of the system would support recruitment to the Bank and allow the health board to compete with Agencies, most of whom offer weekly pay. Under the current system Bank workers have to wait up to 6 weeks to be paid through the traditional monthly payrun.

The Committee recognised the issue as a real barrier for bank staff and therefore welcomed the proposal to improve the process for current and prospective staff. The Committee APPROVED the implementation of Wagestream.

8. Application to Charitable Funds: Re-introduction of refreshments for staff

The Committee received the item which sought approval to apply to the Charitable Funds Committee for funding to support the re-introduction of refreshments for staff. It was noted that PTHB Charitable Funds and Unison provided funds to set up and supply Wellbeing Hubs across all sites during COVID-19, the funding for which ceased in June 2022. Since this decision was made, the cost-of-living crisis and pay disputes has had a significant impact on staff wellbeing, and therefore it has been suggested through members of the Executive Team to re-introduce the offer as a small token of appreciation to the workforce. The application would be made to the NHS Charities Together fund for £55k to support the introduction of refreshments across the Wellbeing Hubs at all sites for 2 years. This includes funding 3 days per month of staff resource to manage the ordering and distribution. Should the bid to NHS Charities Together be unsuccessful, it is proposed that an application to the PTHB Charitable fund will be made for £26k for 2 years of basic supplies, managed within internal resource.

The Committee welcomed the item, and it was highlighted that although the cost of living crisis and pay disputes played a significant

role it was also important to recognise that pressure on staff from the pandemic had not eased. It was also confirmed that the refreshments provided would be healthy snacks such as fruit.

The Committee SUPPORTED the item for onwards presentation to the Charitable Funds Committee and highlighted the importance of recognising the ongoing contribution of staff.

9. Review of items in environment due to COVID-19

The Committee received the item which provided an update on the work that has already been undertaken and continues to be undertaken regarding the removal and storage of items, such as signage, clear screens and equipment that was utilised during the COVID-19 pandemic. It was noted that going forward the Infection, Prevention and Control (IP&C) team would:

- as part of clinical visits and audit work to continue to remove signage that is no longer consistent with local and national guidance;
- continue to work with facilities colleagues to remove signage that is not easily removable, and will require some repair work on removal i.e., posters that have been screwed into walls;
- alongside facilities, and communications colleagues identify and remove banner stands from PTHB locations, that is no longer consistent with local and national guidance; and
- incorporate equipment, such as mattresses and beds that are in storage into the IP&C improvement plan.

The Committee noted the update for ASSURANCE.

10. Mobile Phone Policy

The Committee APPROVED the updated Mobile Phone Policy.

11. Register of Interests

The Committee received the item which provided the latest position for Register of Interests for Independent Members and Executive Directors as of 26th June 2023 and updated the Committee on developments being made to the process.

The Committee took ASSURANCE from the report in relation to the register of interests.

12. Equality, Diversity and Inclusion Annual Report

The Committee received the Equality, Diversity and Inclusion Annual Report 2022-23. As part of the Statutory Duty under the Equality Act 2010, the health board is required to publish an Annual Report for each financial year outlining the steps it has taken to meet the Public Sector Equality Duty. It was noted that the health board's annual

reports are cross-referenced to the objectives outlined in the Strategic Equality Plan.

The Committee SUPPORTED the Equality, Diversity and Inclusion Annual Report 2022-23 for onwards presentation to the Workforce and Culture Committee SUBJECT to the comments made in relation to its presentation.

13. Civil Contingencies Annual Report 2022-23

The Committee received the Civil Contingencies Annual Report 2022-23 which provided an account of the key resilience activities undertaken between 1st April 2022 to the 31st March 2023, and to set out the Health Board's civil contingencies planning priorities for 2023/2024.

The Committee welcomed the report and SUPPORTED its onward presentation to the Board for approval.

14. Update on Powys Teaching Health Board status against Manchester Arena inquiry recommendations

The Committee received the item which provided an overview of the lessons that have identified as high priority areas by Dyfed Powys Local Resilience Forum, following an initial review of the Manchester Arena Inquiry Volume 2 – 'Emergency Response' recommendations as well as an update on the health board's current status against the priority areas identified. It was noted that the health board's internal emergency preparedness, resilience and response arrangements were aligned to 9 out of 11 applicable key priority areas and partially aligned to the remaining 2.

The Committee DISCUSSED the report and took ASSURANCE in relation to the emergency preparedness, resilience and response arrangements in place to response to the findings of the review.

15. Emergency Preparedness: Planning for the Risk of a National Power Outage (NPO)

The Committee received the item which item which sought to raise awareness of the risk of a total failure of National Electricity Transmission System (NETS) resulting in a national power outage and agree the process to collectively develop the Health Board's internal organisational wide response to the risk.

The Committee DISCUSSED the report and SUPPORTED the recommendations made.

Patterson, Liz
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12th July 2023

1. Hepatitis B/C Action Plan

The Committee RECEIVED the item which proposed actions in response to asks outlined in the Welsh Health Circular 2023/001 'Eliminating hepatitis (B and C) as a public health threat in Wales – Actions for 2022-23 and 2023-24'. It was highlighted to the Committee that the elimination of hepatitis B and C is both possible and within our grasp in Wales and a draft plan was presented to the Committee that included sixteen actions that had been initially identified as being necessary to achieve considerable inroads towards micro-elimination of Hepatitis B and C in the Powys.

The Committee welcomed the item and SUPPORTED the draft plan for submission so Welsh Government for comments and feedback.

2. Workforce and OD Policies:

- a. HR 083 Retirement Policy
- b. HR 101 Welsh Language in the Workplace Policy

The Committee APPROVED the Workforce and OD Policies.

3. Performance and Engagement Workstream

The Committee received the item which proposed establishment of a Performance and Engagement workgroup, designed to provide a structure which will oversee the performance monitoring of Powys provided services within the context of the Integrated Performance Framework. It was noted that the workstream would seek to provide support for provided services, enable efficient escalation to the Integrated Performance Report and improve links between provided and commissioned services.

The Committee welcomed the report and SUPPORTED further work to establish the workstream.

4. Finance Performance Report, Month 3 Flash

The Committee received the report which confirmed at Month 3, there is a £8.398m overspend against the planned deficit of £8.369m, giving the Health Board an operational overspend of £0.030m. The year end forecast is in line with the submitted plan at £33.474m.

The Committee DISCUSSED and NOTED the Report.

Sub-Groups of Executive Committee

Three Sub-Groups of the Executive Committee have been established to support the management of escalated issues within the organisation, these Groups consist of:

- **Finance and Performance Group;**
- **Transformation and Value Group;**
- **Workforce Steering Group; and**
- **Innovative Environments Group**

ITEMS TO BE ESCALATED TO THE BOARD

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

NEXT MEETING

The next meeting of the Executive Committee is scheduled for 26th July 2023.



Reporting Committee:	Workforce and Culture Committee
Committee Chair	Ian Phillips
Date of last meeting:	16 May 2023
Paper prepared by:	Interim Head of Corporate Governance
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The Board is asked to note that the following matters were discussed at meetings of the Workforce and Culture Committee which took place on 16 May 2023 and 11 July 2023:</p> <ul style="list-style-type: none">• Director of Workforce and OD Report• Workforce Performance Report• Medical Job Planning Annual Report• Workforce Futures:<ul style="list-style-type: none">◦ Partnership and Citizen Highlight Report◦ Workforce Planning Overview Report• Committee based risks on the Corporate Risk Register• Equality, Diversity and Inclusion Annual Report 2021/22• Welsh Language Annual Report 2022/23 <p>A summary of the key issues discussed at the meetings is provided below.</p> <p style="text-align: center;">----- 16 May 2023 -----</p> <p>MEDICAL JOB PLANNING ANNUAL REPORT</p> <p>The Committee heard that Medical Job Planning was being implemented for Consultant and Speciality Doctors within the Health Board. Compliance is around 75%, similar to other areas in Wales.</p> <p style="text-align: center;">-----</p>	

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DIRECTOR OF WORKFORCE AND OD REPORT

The Committee received the report of the Director of Workforce and OD and gave updates on the following areas not already included on the agenda:

- Attendance at Wellbeing roadshows,
- Staff engagement;
- Successful re-evaluation of Gold Corporate Health Standard;
- Staff Excellence Awards
- Reduced waiting times in Occupational Health,
- Overseas nurses,
- Successful transfer of Community Health Council to Llais,
- Variable pay continues to be an issue for the Health Board,
- Equalities, Diversity and Inclusion and Welsh Language moved to the Directorate in April 2023.

The Committee welcomed and NOTED the Report.

WORKFORCE PERFORMANCE REPORT

The Committee received an update on key performance indicators across the organisation. Attention was drawn to the following matters:

- PADR compliance is below target and is an escalated action;
- mandatory training is below target but above the all Wales benchmark; and
- an action plan is in place in relation to variable pay.

The Committee DISCUSSED and NOTED the Workforce Performance Report.

WORKFORCE FUTURES:

- **PARTNERSHIP AND CITIZENSHIP HIGHLIGHT REPORT**
- **WORKFORCE PLANNING OVERVIEW REPORT**

The Committee received the report which outlined the progress both areas. The reports were noted.

ORGANSIATIONAL DEVELOPMENT STRATEGIC FRAMEWORK

The Committee took assurance that whilst work on the framework had been paused due to the pandemic many of the original priorities within the Organisational Development Framework had been implemented, were in other plans or had moved to business as usual.

----- **COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER**

The Committee reviewed the Risk Register and queried if the rating of Risk 016 'failure to plan for, recruit and retain an appropriate workforce result in an inability to sustain high quality services' was too low. The Risk Register would be considered at the July meeting of Board Development.

The Committee NOTED the Committee Risk Register.

----- **ITEMS TO BE ESCALATED TO THE BOARD**

There were no items to be escalated to the Board.

----- **ANY OTHER URGENT BUSINESS**

There was no urgent business.

11 July 2023

----- **EQUALITY DIVERSITY AND INCLUSION ANNUAL REPORT**

The Equality, Diversity and Inclusion Annual Report 2021/22 was considered by the Committee who recommend to Board that the Report is approved and published on the Health Boards website

----- **WELSH LANGUAGE ANNUAL REPORT**

The Welsh Language Annual Report 2022/23 was considered by the Committee who recommend to Board that the Report is approved and published on the Health Boards website.

----- **NEXT MEETING**

The next meeting of the Workforce and Culture Committee will be held on 12 September 2023.

Reporting Committee:	Charitable Funds Committee
Committee Chair	Carl Cooper
Date of meeting:	05 June 2023
Paper prepared by:	Charity Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The confirmed minutes of the previous meetings of the Charitable Funds Committee can be found on the PTHB website via the following link: [Charitable Funds Committee - Powys Teaching Health Board \(nhs.wales\)](https://www.nhs.uk/charitable-funds-committee-powys-teaching-health-board/).

The Charitable Funds Committee met on 05 June 2023, the following matters were discussed:

- General bids for approval
- COVID response fund applications
- Expenditure approved under delegated authority
- Charity brand identity and guidelines
- Stakeholder engagement plan
- Charity activity report
- Charitable Funds financial summary report
- Investment manager update report
- Project evaluation updates

General Bids for Approval

The Charity Manager presented the following bids to the Committee for approval:

- Staff Excellence Awards 2023 (£19,750)
- Llanidloes Hospital Palliative Care Room AV Upgrades (£12,753.16)
- Digital Screen Licenses (£3,498)
- Hearing Assessment Equipment (£3,291)
- Occupational health request - wellbeing packs for staff (£1,900)

The Committee DISCUSSED and APPROVED above proposals.

COVID response fund applications (for Approval)

The Committee was requested to APPROVE ten bids with a combined value of up to £4,880.

It included:

- NHS 75 Local Powys Hero / Town Community Council request (up to £2,180)

In addition, nine NHS 75 celebration event requests (all designated as requests for £300 unless otherwise stated) for the following areas and/or services:

- Bronllys Hospital Psychology Team
- Bronllys Hospital Learning Disabilities Team
- Powys Living Well Staff
- Powys Information Governance Team
- Powys Complex Trauma Team
- Health volunteers at Bronllys, Llandrindod, Newtown
- Powys Library Service
- Bronllys Royston Hall, community event
- Bronllys Integrated Autism Team

The Committee DISCUSSED and APPROVED the COVID response fund applications.

Expenditure Profile Under Delegated Authority since the last meeting (for Ratification)

The Head of Financial Services presented a summary of the projects approved under delegated authority during the period of February 2023 – April 2023. A number of requests from various local funds with a combined value of £32,315.

Local fund managers can approve individual requests of up to £5,000.

The Committee DISCUSSED and RATIFIED the expenditure.

Charity brand identity and guidelines

The Charity Manager presented the paper to the Committee which outlined the new brand identity and brand guidelines for the Charity, developed in partnership with Jamjar pr.

The brand identity guidelines document presents an overview of the rationale and inspiration for the branding, the brand values, visual logo marks and examples of how the branding will be applied and used on various media/content. It was also proposed for the Charity to be renamed to: Powys Health Charity / Elusen Iechyd Powys, with the tagline or sub-heading of 'Taking Care of Powys'

The Committee DISCUSSED and APPROVED the Charity brand identity and guidelines.

Stakeholder engagement plan

The Charity Manager presented the stakeholder engagement plan to the Committee. This plan is to provide a working framework for the Charity's future communications and engagement activity over the next 18 months.

It was explained that the plan will map out the existing engagement activity of the Powys Teaching Health Board Charity and to establish a pathway to retaining, expanding and diversifying the audiences which engage with the Charity.

The Committee DISCUSSED and APPROVED the stakeholder engagement plan.

Charity activity report

The Charity Manager presented that charity activity report for the period between February – May 2023.

Key items to highlight were:

- NHS 75 celebration activities
- NHS Charities Together National Conference
- NHS Charities Together Development Grant
- Fund Planning with Fund Managers
- Social Media Report

The Committee DISCUSSED and NOTED the report.

Charitable funds financial summary report

The Head of Financial Services presented the financial summary report the key messages included:

- GENERAL FUNDS = From an amount of £2,943,551 held within General Purposes or designated funds at the 1st April 2022,

income of £228,689 has been received and £138,326 of expenditure has been paid. This equates to 5% of funds held at 1st April 2022 have actually been spent.

- A loss in valuation of the Investment portfolio of £230,000 has been indicated over the past 12 months. Within the balance of General funds is an unrealised gain on investments of £514,175 which is the amount the investment valuation above the amount invested as at 31st March 2023.
- LEGACY FUNDS = From an amount of £1,653,295 of funds held within legacies at the 1st April 2022, £6,490 income has been received and £14,790 of expenditure has been paid. This equates to 0.89% of funds held at 1st April 2022 have actually been spent.
- BANK BALANCE - The Balance held within the bank account at 31st March 2023 is just over £0.927M. Discussions with our investment advisors as to whether a short-term investment option was available has been undertaken but they advised that they could not guarantee any short-term investments would repay the amount invested over the shorter term. A term of investment for 3 years would be advised to ensure the investment would retain its level. They advised us to retain this within our bank over the short term. We do have some larger items of expenditure expected in the coming months which should reduce the balance to approximately £0.7M but this will still be slightly above our target cash balance of £0.5M. This will still be slightly above the target cash balance of £0.5M.

The Committee DISCUSSED and NOTED the report.

The following items were presented for Information and Assurance:

- **Investment Manager's Report**
The investment manager report was DISCUSSED and NOTED by the Committee.
- **Project Evaluation Updates**
The project evaluation update was taken as read. The Committee RECEIVED and NOTED the project evaluation updates.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD

Charity brand identity and guidelines

The new brand identity for the Health Board's Charity was approved by the Charitable Funds Committee at its 5th June meeting. This includes the new name (Powys Health Charity / Elusen Iechyd Powys), logo and overall tone of its messaging. The new branding was then launched widely on the 29th June along with information on the process for creating the new brand. The Charity team is grateful for the contributions of Board members in shaping the Charity's strategy and its new branding. Further information on the Charity will be circulated to staff and distributed to hospital sites as the Charity team continues to roll out new promotional material over the coming months.

NEXT MEETING

18 September 2023



Reporting Committee:	Delivery & Performance Committee
Committee Chair	Mark Taylor
Date of last meeting:	27 June 2023
Paper prepared by:	Interim Corporate Governance Business Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the Delivery and Performance Committee took place on 27 June 2023 where the following items were considered:

- Integrated Performance Report Month 01
- Renewal Portfolio Transitions Report
- Financial Performance Report: Month 02
- Committee Risk Register
- IT Infrastructure and Asset Management Action Plan Update
- Committee Work Programme

The papers from this meeting can be accessed at:

[27 June 2023 - Powys Teaching Health Board \(nhs.wales\)](#)

The Board is asked to note that the following matters were discussed at the In-Committee on 27 June 2023.

- Financial Sustainability
- Cyber Security Update
- Committee Risk Register (Cyber Security)

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

INTEGRATED PERFORMANCE REPORT MONTH 01

The Committee received the report which provided the latest available performance against the NHS Wales Performance Framework. NHS Wales are awaiting the confirmation and approval by Welsh Government for the new 2023/2024 NHS Performance Framework measure release, this is

due before the end of June 2023 and will be inclusive within the next iteration of reporting to Committee.

The Committee DISCUSSED the report and took ASSURANCE that appropriate systems are in place to report performance. Committee Members welcomed the revised format of the report ahead of its first report to the Board in July 2023.

RENEWAL PORTFOLIO TRANSITIONS REPORT

The Committee received the report, it was reported that many of the Renewal Portfolio Programmes have now closed, and a transition of work will now form part of the Accelerated Sustainable Model.

Significant work has been undertaken through the Renewal Programmes with new services and approaches developed. Recruitment remains a challenge, particularly in establishing new services using non recurrent funding within tight timescales, this however remains a priority for the service moving forwards.

The Committee RECEIVED the Renewal Portfolio Transition update and were assured that the Renewal Programme Portfolios have been appropriately closed or transitioned into business-as-usual activities.

FINANCE PERFORMANCE REPORT MONTH 02

The Committee received the report with an update on the May 2023 (Month 02) Financial Position, including Financial Recovery Plan (FRP) delivery. At month 02, there is a £5.535m over-spend which comprises the planned deficit of £5.579m.

The Health Board's agency spend remains at a higher rate and this is an area of escalation and priority. The Health Board continues to focus on delivering savings which is key to successfully mitigating financial risk and achieving the financial plan.

The Committee NOTED the Health Boards Month 02 2023/2024 Financial position and the financial forecast deficit position.

IT INFRASTRUCTURE AND ASSET MANAGEMENT ACTION PLAN UPDATE

The Committee received the report where it was noted that progress against the Cyber Security and Assurance Improvement Plan following a Limited Assurance report from Internal Audit. The following areas have been identified for Governance Processes and Risk Management and have been prioritised as part of a Cyber Security Improvement plan:

- Network Security Management (vulnerability management and scanning)
- Supplier Chain Management (all Suppliers must comply to Cyber Assurance frameworks)
- Endpoint Management (user devices and systems)
- Policies and procedures Review
- Cyber awareness and training
- Cyber Incident response and reporting
- Business Continuity Planning in the event of a Cyber-attack across Operational Services

The Committee received the report and took ASSURANCE on the progress made within the action plan and will continue to receive regular updates as part of the Digital Framework.

----- **COMMITTEE RISK REGISTER**

The Committee received the Committee Risk Register of risks relevant to the Committee and highlighted that Risk 9 had been extracted due to the sensitive and confidential nature of the risk content. In line with the Integrated Medium-Term Plan (IMTP), Executive Directors continue to review and reflect upon corporate risks on a regular basis.

Committee members suggested that a trend analysis maybe beneficial for future reporting to the committee within the cover paper to clearly identify the common themes identified and suggested comparison with other organisations who used this approach.

The Committee RECEIVED the Risk Register and took ASSURANCE that the risks were being managed in line with the Risk Management Framework.

----- **COMMITTEE WORK PROGRAMME**

The Committee received an update against the tracking of agenda items within the Committee Work Programme for transparency. It was noted



that a key would be added for ease of status tracking for Committee members awareness.

The Committee NOTED the Committee Programme of Business.

DATE OF NEXT COMMITTEE MEETING:

The next meeting of the Delivery and Performance Committee will be held on 31st August 2023.

DELIVERY AND PERFORMANCE IN-COMMITTEE MEETING

The following item was discussed in private session.

FINANCIAL SUSTAINABILITY

A detailed briefing was provided to Committee members on financial sustainability.

CYBER SECURITY CORPORATE RISK

The Committee RECEIVED the Risk Register and took ASSURANCE that the risks were being managed in line with the Risk Management Framework.

CORPORATE RISK CYBER SECURITY

The key risks regarding Cyber Security were reviewed and discussed under the Corporate Risk Register item and that the Risk had been shared In-Committee due to the sensitive content and confidential nature.

The Committee NOTED the Cyber Security Corporate Risk.

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24/07/2023 09:47:06



Reporting Committee:	Planning, Partnerships and Population Health Committee
Committee Chair	Ian Phillips (Chaired Committee in Rhobert Lewis absence)
Date of last meeting:	11 May 2023
Paper prepared by:	Interim Corporate Governance Business Officer
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The last meeting of the new Planning, Partnerships and Population Health Committee took place on 11 May 2023.</p> <p>The Board is asked to note that the following matters were discussed at Planning, Partnerships and Population Health Committee on 11 May 2023:</p> <ul style="list-style-type: none">• Healthy Weight: Healthy Wales including briefing on the Whole System Approach to Healthy Weight. Update on the development of Weight Management Pathways.• Strategic Change Report• Communications and Engagement• Healthy Child Wales Programme School Agreed Screening Evaluation• Shared Services Performance Report• Committee Risk Register• Committee Annual Programme of Business <p>A summary of the key issues discussed at the meeting is provided below.</p> <p>The papers from this meeting can be accessed at: Planning Partnerships and Population Health Committee 11 May 2023 - Powys Teaching Health Board (nhs.wales)</p> <p style="text-align: center;">----- 11 May 2023 -----</p> <p>COMMITTEE ACTION LOG</p> <p>The Committee received and discussed the Committee Action Log.</p> <p style="text-align: center;">-----</p>	



HEALTHY WEIGHT HEALTH WALES: BRIEFING ON THE WHOLE SYSTEM APPROACH TO HEALTHY WEIGHT

The Committee received the report, and an update was provided outlining the delivery of the Whole System Approach to Healthy Weight which forms part of the local delivery of the national Healthy Weight: Healthy Wales Strategy.

- Considerable progress has been made to establish an adult weight management pathway in Powys. Services have been established at levels 1, 2 and 3.
- A business case has been developed for investment to support the establishment of a pathway for children, young people, and families. Funding had not been identified or secured to introduce a service; and therefore, is not yet possible to progress the introduction of services.
- Demand has exceeded capacity at level 3 of the adult weight management pathway. A business case had been developed for investment to further develop the adult pathway which has been considered at the Investment and Benefits Group and Executive Committee. Funding has not been secured to expand the service to date.

The Committee DISCUSSED and NOTED the Health Weight, Health Wales Report and recognised the significant progress of work undertaken and positive direction of travel in introducing and developing new adult Weight Management Pathways within the financial resource available. The Committee recognised that there is no Children and Young Peoples pathway for Weight Management services across Powys. It was NOTED that until further funding is identified that services unable to develop pathways further.

STRATEGIC CHANGE REPORT

The Committee received the report which provided an update on the recent interim Executive portfolio changes where Strategic Change would be led by the Therapies and Health Science Directorate.

The following key programmes for engagement/consultation were noted to be under way or under consideration:

Engagement under way:

- EMRTS/Welsh Air Ambulance.

Consultation under way:



- Powys Well-being Plan;
- Hywel Dda University Health Board new hospital location.

Engagement planned or under consideration:

- PTHB Accelerated Sustainable Model.

Consultation planned or under consideration:

- Hywel Dda University Health Board interim configuration of paediatric services.

It was noted that a period of engagement or consultation has ended, and next steps outstanding are:

- Gilwern Branch surgery;
- South Wales Specialist Auditory Hearing Implant Services; and
- Herefordshire and Worcestershire Stroke Services.

The Committee DISCUSSED and NOTED the Strategic Change Report and recognised that the organisation has appropriate mechanisms in place to monitor strategic change.

COMMUNICATION AND ENGAGEMENT

The Committee received the report, and an update was provided on the high level statutory and engagement functions carried out across the Corporate Governance Directorate. The agile work supports the delivery of the Health Board strategic priorities, principles and risks against the assurance framework being delivered locally with the expectation to be rolled out nationally.

The Committee DISCUSSED and NOTED the Engagement and Communication Delivery Assurance Report.

HEALTHY CHILD WALES PROGRAMME SCHOOL AGED SCREENING EVALUATION

The Committee received an update on the Health Boards progress of the Healthy Child Wales Programme to include School Aged Screening in which all screening and surveillance programmes for 2023/2024 are in place and resourced for delivery across Powys.

Quarter 1 and 2 (2022/2023) national statistics have reported that Powys uptake is above Welsh average for all contacts in Quarter 1 and for 75% of contacts in Q2. The next national statistical release for Q3 2022/2023 is expected in May 2023.



The Committee DISCUSSED and NOTED the Healthy Child Wales Programme and took assurance that appropriate governance and reporting arrangements are in place locally.

SHARED SERVICES PERFORMANCE REPORT

The Committee RECEIVED and NOTED the Quarter 2 NHS Wales Shared Services Partnership Performance Report for information.

COMMITTEE RISK REGISTER

The Committee Risk Register was presented and in line with the Integrated Medium-Term Plan (IMTP), Executive Directors continue to review and reflect upon corporate risks on a regular basis. Given the current interim changes to Executive Director portfolio's, the risk profiles are currently under review to ensure the correct changes are implemented.

The Committee RECEIVED the Risk Register and took ASSURANCE that the risks were being managed in line with the Risk Management Framework.

COMMITTEE ANNUAL PROGRAMME OF BUSINESS

The Committee received the development of Committee annual programme report and key points were highlighted to committee which included:

- Delivery of 2022/23 Annual Programme of Business.
- committee terms of reference; and
- feedback from committees (discussions and performance review).

The Committee DISCUSSED and NOTED the Development of Committee Annual Programme.

ITEMS TO BE ESCALATED TO THE BOARD

There were no items noted.

NEXT MEETING

The next meeting of the Planning, Partnerships and Population Health Committee will be held on 24 August 2023

Audit of Accounts Report – Powys Teaching Health Board

Audit year: 2022-23

Date issued: July 2023

Patterson Liz
24/07/2023 09:47:06

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

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to the Wales Audit Office at infoofficer@audit.wales.

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

Patterson Liz
24/07/2023 09:47:06

Contents

We intend to issue an unqualified true and fair audit opinion on your accounts. The audit opinion in respect of the regularity of expenditure is proposed to be qualified because the Health Board did not meet its revenue resource allocation over the three-year period ending 2022-23.

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Introduction

- 1 We summarise the main findings from our audit of your 2022-23 accounts in this report.
- 2 We have already discussed these issues with the Director of Finance and his team.
- 3 Auditors can never give complete assurance that accounts are correctly stated. Instead, we work to a level of 'materiality'. This level of materiality is set to try to identify and correct misstatements that might otherwise cause a user of the accounts into being misled. We set this level at £4.1 million for this year's audit.
- 4 There are some areas of the accounts that we judge may be of more importance to the reader and we have set a lower materiality level for these, as follows:
 - Remuneration report/senior pay disclosures; and
 - Related party transactions.
- 5 Our audit is substantially completed this year's audit subject to final review of the audit file, with the exception of:
 - Review of the final draft of the financial statementsWe will provide an update to the Audit Committee on 21 July 2023 in respect of these items.
- 6 In our professional view, we have complied with the ethical standards that apply to our work; remain independent of yourselves; and our objectivity has not been compromised in any way. There are no relationships between ourselves and yourselves that we believe could undermine our objectivity and independence.

Impact of revised ISA315 on this year's audit

- 7 Our audits of NHS accounts for the year ended 31 March 2023 have been carried out under a revised auditing standard (ISA 315 (UK) Identifying and Assessing the Risks of Material Misstatement (Revised July 2020)). The revised standard has had a significant impact this year on how auditors undertake audit risk assessments and our overall audit approach.
- 8 In planning our audit, we are now required to undertake more detailed and extensive risk assessment procedures to identify risks of material misstatement. The subsequent design and performance of our audit approach has been responsive to each assessed risk.

- 9 The introduction of the revised Standard and a different audit approach has had implications for audit timetables, and the new approach has required additional time to implement. We are also conscious that there have been additional challenges for finance teams preparing accounts this year, including the introduction of IFRS 16 – Accounting for Leases and accounting adjustments resulting from the quinquennial valuation of the NHS estate. It was important that finance teams had sufficient time to reflect these changes accurately in draft accounts submitted for audit to ensure a smooth audit process. As a result, it was agreed that for 2022-23 that the revised timetable for the completion of the audit and the submission of the audited documents would be 31 July.

Exhibit 1 – impact of revised ISA315 on this year's audit

Timetable	<ul style="list-style-type: none">• The Welsh Government's deadlines for Health Board submission are:<ul style="list-style-type: none">– the draft Financial Statements by 5 May; and– the draft Performance Report and Accountability Report by 12 May.• The Health Board met the above deadlines bar a short delay to the Performance Report which was provided on 25 May.• The Audit Report will be presented to Audit, Risk and Assurance Committee on 21 July and to the Board on 25 July• The Auditor General for Wales is scheduled to certify his audit report on 27 July.• The Welsh Government's deadline for audit completion and the submission of the audited documents is 31 July.
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Proposed audit opinion

- 10 We issue a 'qualified' audit opinion where we have material concerns about some aspects of your accounts; otherwise we issue an unqualified opinion
- 11 The Letter of Representation contains certain confirmations we are required to obtain from you under auditing standards along with confirmation of other specific information you have provided to us during our audit.
- 12 We intend to issue an unqualified true and fair opinion but a qualified regularity opinion on your Accounts once you have provided us with a Letter of Representation based on that set out in **Appendix 1**.
- 13 Our proposed audit report is set out in **Appendix 2**. The audit report explains that the regularity opinion for 2022-23 is qualified due to the Health Board breaching its revenue resource limit by spending £6.8 million over the £1.33 billion that it was authorised to spend in the three-year period 2020-2021 to 2022-23.

Uncorrected misstatements

- 14 The Health Board has chosen not to correct for a number of issues identified from our audit of payables and post year end payments. These are outlined in exhibit 2 below. The cumulative value of these errors is above our trivial level (£0.2m) but lower than materiality (£4.1m).
- 15 In addition, the Health Board has left other misstatements individually below our trivial level uncorrected (£0.2m).
- 16 However, in totality, the cumulative value of all uncorrected misstatement lower than materiality.

Corrected misstatements

- 17 There were initially misstatements in the accounts that have now been corrected by management. However, we believe that the more significant of these should be drawn to your attention and they are set out with explanations in **Appendix 3**.

Other significant issues arising from the audit

- 18 In the course of the audit, we consider a number of matters relating to the accounts and report any significant issues arising to you. There is one issue to bring to your attention. This is set out as follows:

Exhibit 2 – Significant issues arising from the audit

Payables (Note 18)	<p>Payables Testing</p> <p>Our initial audit testing identified a number of errors within the payables population. Our work, and the errors identified are summarised below:</p> <ul style="list-style-type: none">• Total payables in Accounts - £44.2 million• We initially tested a sample of 29 payables with a value of £10.3million• We identified 8 errors from our work:<ul style="list-style-type: none">– 1 (£127k) misclassification of receivables as payables. The Health Board identified a further 2 instances totalling £740k of the same issue on review of the population.– 1 (£1.3 million) misclassification of a provision as a payable. We tested one element of the payable, which totalled £2.5million.– 6 valuation errors totalling a £119k overstatement. <p>Based on these findings we performed additional audit procedures to provide assurance that there is not a material issue in the remaining population as follows;</p> <ul style="list-style-type: none">• The total un-tested population was £33.9 million• We tested an additional 10 totalling £8.0 million• No further issues were identified from this work.• This left a remaining un-tested population of £25.9 million <p>The misclassification errors have not impact on the surplus/deficit position of the Health Board, however six valuation errors result is an overstatement of the Health Boards expenditure and so deficit position in the 2022/23.</p> <p>Post year end payments testing</p> <p>We also identified errors from our testing of post year-end payments. This work is to ensure the expenditure in relation to post year end payments has been accounted for in the correct financial year. Our work, and the errors identified are summarised as follows;</p> <ul style="list-style-type: none">• The total population of post year end payments was £25.2 million• We initially tested a sample of 22 payments with a value of £10.2 million	<p>See recommendation 1 (Appendix 4)</p>
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- We identified 1 calculation error resulting in an overstatement of £15k, and 1 omission error resulting in a £93k understatement.

We undertook additional testing to provide assurance that there is not a material issue in the remaining population as follows;

- The total un-tested population was £14.9 million
- We tested an additional 10 payments (£2 million)
- No further issues were identified from this work.
- This left a remaining un-tested population of £12.9 million

The errors we have identified would lead to a net understatement of the Health Boards expenditure and so deficit position in 2022/23 of £78k.

We have concluded that the total value of errors identified is not material individually or in aggregate and are content that there is not a material issue in the remaining un-tested populations.

The Health Board has chosen to correct the misclassification of the provision as a payable, but the other errors remain uncorrected in the final draft of the financial statements.

We have reported errors identified from our payables testing in the last two audit reports, consequently we have made recommendation for improvement in this area.

Recommendations

- 19 The recommendation arising from our audit are set out below. Management has responded to this, and we will follow up progress against them during next year's audit. Where any actions are outstanding, we will continue to monitor progress and report it to you in next year's report.

Exhibit 3 – Recommendation from 2022/23 audit

Matter arising 1 – Issues identified in Payable balances	
Findings	See exhibit 2 for full details of the issues identified.
Priority	High
Recommendation	The Health Board should ensure their closedown and quality control procedures are reviewed and strengthened to minimise errors within year end payables.
Benefits of implementing the recommendation	<p>Implementation of this recommendation will lead to the following benefits:</p> <ul style="list-style-type: none"> - Improved accuracy in year-end payables balances within the financial statements; - Improved audit trail to support balances within the financial statements; - Improved efficiency in the process for auditing payables; and - Reduced officer time in responding to audit queries relating to payables.
Accepted in full by management	Agreed
Management response	The Health Board will review its closedown and quality assurance processes and take action to strengthen them ahead of the preparation of the 2023/24 Financial Statements
Implementation date	May 2024

Appendix 1

Final letter of representation

[Audited body's letterhead]

Auditor General for Wales
1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

25 July 2023

Representations regarding the 2022-23 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Powys Teaching Health Board (the Health Board) for the year ended 31 March 2023 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

We confirm that, to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
 - observe the accounts directions issued by Welsh Ministers/HM Treasury, including the relevant accounting and disclosure requirements, and apply appropriate accounting policies on a consistent basis;
 - make judgements and estimates on a reasonable basis;
 - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and

- prepare them on a going concern basis on the presumption that the services of the Health Board will continue in operation;
- ensuring the regularity of any expenditure and other transactions incurred;
- the design, implementation and maintenance of internal control to prevent and detect error.

Information provided

We have provided you with:

- full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.;
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- our knowledge of fraud or suspected fraud that we are aware of and that affects the Health Board and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements;
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others;
- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements;
- the identity of all related parties and all the related party relationships and transactions of which we are aware;
- our knowledge of all possible and actual instances of irregular transactions.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data, and the significant assumptions used in making accounting estimates, and their related disclosures, are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor, accounted for, and disclosed in accordance with the applicable financial reporting framework.

There are £0.867k misclassification and £0.041k valuation uncorrected misstatements in the financial statements. The effects of uncorrected misstatements identified during the audit are considered immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Representations by those charged with governance

We acknowledge that the above representations made by management have been discussed with us.

We acknowledge our responsibility for ensuring that the company maintains adequate accounting records.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Health Board on 25 July 2023.

We confirm that we have taken all necessary steps to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by: Signed by:
Chief Executive as Accountable Officer Chair of Board
Date: Date:

Appendix 2

Proposed Audit Report

The Certificate and report of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Powys Teaching Health Board (the Health Board) for the year ended 31 March 2023 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Taxpayers' Equity and related notes, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of Powys Teaching Health Board as at 31 March 2023 and of its deficit for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, except for the matter described in the Basis for Qualified Regularity Opinion section of my report, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for Qualified Opinion on regularity

I have qualified my opinion on the regularity of the Powys Teaching Health Board's financial statements because the Health Board has breached its resource limit by spending £6.8 million over the £1,133 million that it was authorised to spend in the three-year period 2020-2021 to 2022-23. This spend constitutes irregular expenditure.

Further detail is set out in my Report at appendix 3

Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Powys Teaching Health Board is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers' directions; and;
- the information given in the Performance and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Health Board and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;
- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the LHB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the LHB's will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- enquiring of management, the Head of Internal Audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Health Board's policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in management override and unusual journals;
- obtaining an understanding of Health Board's framework of authority as well as other legal and regulatory frameworks that the Health Board operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Health Board; and
- obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit and Risk Assurance Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Health Board controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report

Please see my Report in Appendix 3.

Adrian Crompton
Auditor General for Wales
27 July 2023

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Appendix 3

Report of the Auditor General to the Senedd

Introduction

Under the Public Audit Wales Act 2004, I am responsible for auditing, certifying and reporting on Powys Teaching Health Board's (the Health Board's) financial statements. I am reporting on these financial statements for the year ended 31 March 2023 to draw attention to one key matter for my audit. This is the failure against the first financial duty and consequential qualification of my 'regularity' opinion. I have not qualified my 'true and fair' opinion in respect of this matter.

Financial duties

Health Boards are required to meet two statutory financial duties – known as the first and second financial duties.

For 2022-23, the Health Board failed to meet the first financial duty.

Failure of the first financial duty

The **first financial duty** gives additional flexibility to LHBs by allowing them to balance their income with their expenditure over a three-year rolling period. The three-year period being measured under this duty this year is 2020-21 to 2022-23.

As shown in Note 2.1 to the Financial Statements, the LHB did not manage its revenue expenditure within its resource allocation over this three-year period, exceeding its cumulative revenue resource limit of £1,133 million by £6.8 million.

Where a Health Board does not balance its books over a rolling three-year period, any expenditure over the resource allocation (i.e. spending limit) for those three years exceeds the Health Boards authority to spend and is therefore 'irregular'. In such circumstances, I am required to qualify my 'regularity opinion' irrespective of the value of the excess spend.

Adrian Crompton

Auditor General for Wales

27 July 2023

Appendix 4

Summary of Corrections Made

During our audit we identified the following misstatements that have been corrected by management, but which we consider should be drawn to your attention due to their relevance to your responsibilities over the financial reporting process.

Exhibit 3: summary of corrections made

Value of correction	Nature of correction
Various	Remuneration Report Our audit identified a number of amendments throughout the report relating to senior officer remuneration, to ensure that disclosures complied with the requirements of the underlying accounting framework. These include: <ul style="list-style-type: none">the inclusion of benefits in kind received by officers; andsome changes to figures within the tables, in particular the pension benefits table.
£1,266k	Note 18 Payables As per exhibit 2, we identified a liability that met the definition of a provision but has been recognised as a payable and had therefore been misclassified. The error we identified was a £1,266k element of the total accrual of £2,473k. Officers have agreed to correct the classification this liability.
£416k	Note 23 Losses and special payments This note should be prepared on a cash basis, and therefore the non-cash movement of £416k should be excluded.

Value of correction	Nature of correction
£270k	<p>Note 10 and Note 2.4</p> <p>Our audit work identified a transposition error which resulted in a £270k overstatement of the Total Non-NHS Bills paid in 22/23. This resulted in an understatement of the Non-NHS Percentage of Bills paid on target which increased from 88.2% to 88.7% upon correction. The transposition error outlined above also required correction in Note 2.4.</p>
£261k	<p>Note 22 Capital Commitments</p> <p>Our audit work identified 3 capital projects where capital commitments not been included within the disclosure in the financial statements. This led to an understatement of the disclosure totalling £261k.</p>
Various	<p>Note 30 Related Parties</p> <p>Our audit work identified two organisations which had been correctly disclosed by two individuals on their Declaration of Interest form, but which had been incorrectly excluded from the note to accounts.</p> <p>The values of transactions requiring disclosure are as follows;</p> <p>Expenditure to PAVO should be £1,293k Amounts owed to PAVO should be £409k Expenditure to Freedom Leisure should be £11k Amounts owed to Freedom Leisure should be £6k</p>

Value of correction	Nature of correction
Various	<p>Note 30 Related Parties</p> <p>Our audit work identified discrepancies, due to input error, between transactions and balances included for organisations within the relate party note, and the transactions and balances included within the ledger.</p> <p>The values of transactions requiring disclosure are as follows;</p> <p>Expenditure to WAST should be £21k Expenditure to WHSSC should be £192k Amounts owed to WAST should be £18k Amounts owed to WHSSC should be £58k</p>
Various	<p>Note 34.1 6.3% Staff Employer Pension Contributions</p> <p>Various amendments were required to ensure consistency with other areas of the accounts.</p>
Disclosure	<p>Our audit work identified a number of minor narrative or disclosure errors that required correction. These have all been agreed with the client.</p> <p>Notes to the accounts where this was required include:</p> <ul style="list-style-type: none"> • Note 11 – Property, plant and equipment • Note 17 - Cash and cash equivalents • Note 20 – Provisions • Note 23 – Losses and special payments • Note 29 – Events after the reporting period • Note 30 - Related parties



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

Patterson, Liz
24/07/2023 09:47:06

BOARD MEETING		Date of Meeting: 25th July 2023
Subject:	RECOMMENDATION FROM THE AUDIT COMMITTEE TO THE BOARD IN RESPECT OF THE ANNUAL ACCOUNTS 2022-23	
Approved and Presented by:	Rhobert Lewis, Acting as Chair of Audit, Risk & Assurance Committee	
Prepared by:	Director of Corporate Governance/ Board Secretary Interim Corporate Governance Manager	
Other Committees and meetings considered at:	Summary of Business discussed at a meeting of the Audit, Risk and Assurance Committee on 21 st July 2023	

PURPOSE:

The purpose of this paper is to provide the Board with a recommendation from the Audit, Risk and Assurance Committee, which met on the 21 July 2023, regarding the approval of the Annual Report and Accounts for 2022-23.

RECOMMENDATION(S):

The Audit, Risk and Assurance Committee **RECOMMENDS** to the Board that it:

- **APPROVES** the Annual Report and Accounts 2022-23, which includes
 1. The Performance Report;
 2. The Annual Accountability Report; and
 3. The Financial Statements
- **APPROVES** the Letter of Representation; and
- **AUTHORISES** the Chair, Chief Executive and Director of Finance and IT to sign them where required.

Approval/Ratification/Decision	Discussion	Information
✓	✗	✗

EXECUTIVE SUMMARY:

The Audit, Risk and Assurance Committee (ARAC) confirms that, in accordance with its Terms of Reference, it met on 21st July 2023 to consider:

- the Draft Annual Report and Accounts 2022-23, which includes:
 - The Performance Report;
 - The Annual Accountability Report; and
 - The Financial Statements
- the Audit of Accounts Report (2022-23) of External Audit (Audit Wales); and
- the Letter of Representation for 2022-23.

The ARAC confirms that it is not aware of any matters that should be drawn to the Board's attention which are not included in the reports presented to the Board in respect of the Annual Report and Accounts 2022-23.

Therefore, the Audit, Risk and Assurance Committee RECOMMENDS to the Board that it:

- APPROVES the Annual Report and Accounts 2022-23, which includes
 1. The Performance Report;
 2. The Annual Accountability Report; and
 3. The Financial Statements
- APPROVES the Letter of Representation; and
- AUTHORISES the Chair, Chief Executive and Director of Finance and IT to sign them where required.

Agenda item: 2.3

BOARD MEETING		Date of Meeting: 25 July 2023
Subject:	PTHB Annual Report and Accounts 2021-22	
Approved and Presented by:	Director of Corporate Governance / Board Secretary Deputy Chief Executive / Director of Finance, Information and IT	
Prepared by:	As above	
Other Committees and meetings considered at:	Executive Committee; Delivery and Performance Committee; Audit, Risk and Assurance Committee throughout April to July 2023.	

PURPOSE:

To present the Board with the Final Draft of:

- 1.** The Performance Report;
- 2.** The Accountability Report, including:
 - a. A Corporate Governance Report
 - b. A Remuneration and Staff Report
 - c. A Parliamentary Accountability and Audit Report; and
- 3.** The Financial Statements 2021-22

for formal approval ahead of submission to Welsh Government on 27 July 2023 in-line with HM Treasury Requirements.

Final Draft versions incorporate all comments and feedback received from Welsh Government, Auditors and Board Members.

Draft and Final versions have been reviewed by the Audit, Risk and Assurance Committee and a recommendation to the Board to approve the reports is included as a separate paper within the agenda.

Patterson, Liz
24/07/2023 09:47:06

RECOMMENDATION(S):

The Board is asked to:

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

Approval/Ratification/Decision	Discussion	Information
✓	✓	x

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

1) THE PERFORMANCE REPORT

The purpose of the performance section of the annual report is to provide information on the entity, its main objectives and strategies and the principal risks that it faces. The requirements of the performance report are based on the matters required to be dealt with in a Strategic Report as set out in Chapter 4A of Part 15 of the Companies Act 2006. Public entities should comply with the Act as adapted in the Financial Reporting Manual (FRM) and this Manual: i.e. they should treat themselves as if they were quoted companies. The main features of the performance report should flow from the organisation's agreed plan and demonstrate how they have delivered against that plan in the year of reporting.

The performance report must provide a fair, balanced and understandable analysis of the entity's performance, in line with the overarching requirement for the annual report and accounts to be fair, balanced and understandable. Where NHS bodies judge that users of the Performance Report would benefit from further information then it is acceptable to include hyperlinks to any other relevant reports such as the organisations IMTP or other published performance statistics.

Auditors have reviewed the performance report for consistency with other information in the financial statements.

The performance report shall be signed and dated by the Accountable Officer/Chief Executive.

2) THE ACCOUNTABILITY REPORT

The purpose of the accountability section of the annual report is to meet key accountability requirements to the Welsh Government. The requirements of the accountability report are based on the matters required to be dealt with in a Directors' Report, as set out in Chapter 5 of Part 15 of the Companies Act 2006 and Schedule 7 of SI 2008 No 410, and in a Remuneration Report, as set out in Chapter 6 of the Companies Act 2006 and Schedule 8 of SI 2008 No 410.

The requirements of the Companies Act 2006 have been adapted for the public sector context and only need to be followed by entities which are not companies to the extent that they are incorporated into this Manual.

Auditors will review the accountability report for consistency with other information in the financial statements and will provide an opinion on the following disclosures which should clearly be identified as audited within the accountability report:

- Single total figure of remuneration for each director
- CETV disclosures for each director
- Payments to past directors, if relevant
- Payments for loss of office, if relevant
- Fair pay disclosures (Included in Annual Accounts)
- Exit packages, (included in Annual Accounts) if relevant and
- Analysis of staff numbers.

The Accountability Report is required to have three sections:

a) Corporate Governance Report

The purpose of the Corporate Governance Report is to explain the composition and organisation of the entity's governance structures and how they support the achievement of the entity's objectives.

b) Remuneration and Staff Report

The FReM requires that a Remuneration Report shall be prepared by NHS bodies. The Remuneration Report contains information about senior manager's remuneration. The definition of "Senior

Managers" for these purposes is:

"those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments."

c) Parliamentary Accountability and Audit Report

The Parliamentary Accountability Report should contain disclosure on the following:

- Regularity of expenditure
- Fees and charges (if applicable)
- Remote Contingent liabilities
- Audit Certificate and Auditor General Wales Report

The Accountability Report shall be signed and dated by the Accountable Officer/Chief Executive, the Director of Finance and the Chair of the Board.

3) THE FINANCIAL STATEMENTS

In the published version of the Annual Report, NHS bodies should present the full Financial Statements, of the organisation- There is no longer an option to present Summarised Financial Statements.

Background

Powys Teaching Health Board (PTHB) was required to submit a draft unaudited set of annual accounts to the Welsh Government (WG) and Audit Wales by 5th May 2023. Audit Wales have undertaken the statutory audit of the annual accounts.

PTHB is required to submit an audited set of annual accounts to the Welsh Government on 31st July 2023. These accounts are required to be approved by the THB Board; this is scheduled to take place on 25th July 2023. The Accounts will then be signed by the Auditor General for Wales on 25th July 2023.

Financial targets and statutory duties

The THB has achieved/not achieved the following financial targets and statutory duties for 2022/23:

- Operational in-year financial balance has **NOT** been achieved, reporting a deficit of £7.002M (Achievement of Operational Financial Balance, Note 2.1 page 26).
- Cash contained within cash limit (Statement of Cash Flows, page 7) – Achieved.

- Capital financial balance (Note 2.2. page 26) – Achieved.

PTHB has **NOT** achieved the 3-year duty to ensure that its expenditure does not exceed the aggregate funding allotted to it over a 3-year period in regard to Revenue Funding but has achieved this in relation to Capital Funding. (Note 2.1 & 2.2 Page 26) for both revenue and capital resource limits.

PTHB has not met the following administrative (not statutory) target:

- PTHB performance at 88.7% did not meet the administrative target of payment of 95% of the number of non-NHS creditors within 30 days this year. (Note 2.4 page 27).

Changes from the Draft Annual Accounts

There have been no adjustments to the accounts that has impacted on the reported performance against the THB revenue resource limit from that reported at draft submission.

There have been a number of amendments which have been made to the annual accounts which are outlined in Audit Wales ISA 260 document Appendix 3 contained within these papers. In addition, there are also a number of minor amendments that have been made which serve to improve the reading of the accounts. Neither of the set of adjustments have any impact of the overall achievement of the organisation's financial targets.

As outlined in Exhibit 2 of the Audit Wales ISA 260 document there are a number of transactions that remain uncorrected, and the following has been included in the Letter of Representation to signify this: There is £0.867k misclassification (no impact on the reported position) and £0.041k valuation uncorrected misstatements in the financial statements. The effects of uncorrected misstatements identified during the audit are considered immaterial, both individually and taken together to the financial statements taken as a whole.

Other Matters to be bring to the Audit Risk and Assurance Committee's attention

Basis for Qualified Opinion on regularity

The Auditor General for Wales has qualified his opinion on the regularity of the Powys Teaching Health Board's financial statements because the Health Board has breached its resource limit by spending £6.8 million over the £1,133 million that it was authorised to spend in the three-year period 2020-2022 to 2022-23. This spend constitutes irregular expenditure.

In his opinion, except for the matter described in the Basis for Qualified Regularity Opinion section of his report, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

There are no other matters to draw to the Audit, Risk and Assurance Committee's attention that are not included within the Audit Wales ISA 260 report or Letter of Representation considered as part of this meeting's agenda.

The THB has met the target dates for preparing and submitting the draft annual accounts to Welsh Government and Audit Wales by 5th May 2023.

The THB is on course to meet the target date to submit the audited accounts to be approved Health Board on 25th July 2023 and Welsh Government by the final submission date of 31st July 2023.

The Auditor General for Wales will be required to sign the auditor's statement and submit the full signed accounts to Welsh Government on 31st July 2023.

Enquiries of Management and those charged with Governance

As part of the end-of-year reporting arrangements, the health board is asked to provide Audit Wales with reasonable assurance that the financial statements taken as a whole are free from material misstatement, whether caused by fraud or error. It also asked for documented consideration and understanding on a number of governance areas that impact on the audit of financial statements, which are relevant to both the management of Powys Teaching Health Board and 'those charged with governance' (the board).

The committee is asked to note the responses provided as at appendix 4.

NEXT STEPS

- To complete the Signing of Financial Statements, Annual Report and Letter of Representation following Board approval and submitted to the Auditor General for Wales.
- To three components parts of the annual report will be merged together and a further page reference and proof check completed prior to submission.
- The Auditor General for Wales will sign the 2022/23 Audited Annual Accounts on 27th July 2023.

- Following Board and Auditor General for Wales approval, the 2022/23 Audited Annual Accounts are to be submitted to Welsh Government by 31st July 2023 by Audit Wales.

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

DRAFT Performance Report

For the Annual Report 2022 – 2023

Version 3.0 (For Audit and Risk Assurance Committee
recommendation to the Board – 21 July 2023)

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About Us

Powys Teaching Health Board (PTHB) is responsible for improving the health and well-being of approximately 133,000 people living within Powys which covers a quarter of the landmass of Wales, but with only 5% of the country's population – it is a very sparsely populated and rural county. More than half of the county's residents live in villages and small hamlets.

To gain a greater understanding of the demography that surrounds the requirements of the Health Board during 2022/23 the Powys Well-being Assessment and the Population Needs assessment have been updated. These key appraisals provide further insight into the demographic and socio-economic factors that are often called the 'wider determinants of health'.

The Health Board's Integrated Medium-Term Plan (IMTP) drew on the key emerging insights for Powys to improve health care for the population.

- Evidence shows that people in the most deprived areas in Powys live more years in poor health compared to people in the least deprived areas. Health inequalities increase when services do not reach those who are most at risk. However, health inequalities can be reduced when services work together with a focus on early intervention, adverse childhood experiences, wellbeing and independence.
- Evidence shows that the difference in cognitive outcomes between children from the least and most deprived areas continues to grow over 10 years. Across Wales there is also a clear link between levels of deprivation and rates of overweight or obesity. 28.4% of children who live in the most deprived areas are overweight or obese compared to 20.9% in the least deprived.
- Just over 1 in 5 children in Powys are estimated to be living in poverty, after housing costs have been considered. Children who grow up in poverty are more likely to have poor health which can have an effect on the rest of their lives. This is a particular concern in the areas of North Powys that score high on several factors associated with the Welsh Index of Multiple Deprivation (WIMD).
- Unhealthy lifestyles increase demand on health and social care services and reduce people's ability to live a fulfilling life. Although rates of physical activity in Powys are above the Wales average, nearly 6 in 10 adults are overweight or obese and this figure is predicted to rise. Just under 1 in 5 adults smoke and 4 in 10 drink more than the recommended amount.
- Developments in technology are changing how we provide some health and social care services and support. For example, more people can access services in or closer to home.
- Population changes mean there will be more older people and fewer younger people living in Powys in the future. And while people are living longer, these years are not always healthy. New treatments are also being developed which could help more people live for longer, but they are costly and changes in the way services are delivered will be required to meet future demand in a way that is affordable and sustainable.
- The geography makes it hard to provide the same level of services for everyone. Many people tell us that, although they do not want to leave their community,

access to services and social isolation is a problem, in particular for those who are older and live in more remote locations.

- Services around the county's borders are changing. Powys residents access healthcare from a complex network of providers in both Wales and England. Every year around 65,000 people travel out of county for day-case and outpatient procedures, more of which could be delivered locally with the right workforce, facilities and diagnostics.
- COVID-19 has presented an opportunity for care to be delivered differently, including working with volunteers to establish community response teams and maximising technological opportunities to provide care through digital means.

The largest known impact upon health care services within Powys and the wider global health economy is the residual impact of the COVID-19 pandemic. That impact will be felt for many years, with a complex effect on health, well-being and inequalities.

The World Health Organisation describes increasingly critical areas of risk including serious mental health issues and suicide, increased alcohol consumption, chronic ill-health and further excess morbidity and mortality.

Various sources refer to a 'syndemic' impact, meaning there is a cumulative effect for those with existing health conditions and a clear social gradient in how this is experienced. Research points to particular impacts on children and young people and vulnerable groups. The NHS Wales Planning Framework referred to five harms which encompassed the impact of COVID itself and the impacts of changes in healthcare and wider society.

The Health Board commissioned a report to understand the syndemic impact of the pandemic for the Powys population, high level projections are noted below. The baseline was taken from 2019/20 and the impact was then profiled to 2022/23:

- The proportion of working-age adults limited a lot by long-standing illness will increase from 18.1% to 24.4%. In Powys this is 4,719 more adults.
- The proportion of working-age adults with musculoskeletal problems will increase from 17.1% to 19.4%. In Powys this is 1,723 more adults.
- The proportion of working-age adults with heart and circulatory problems will increase from 12.8%, to 15.5%. In Powys this is 2,023 more adults.
- The proportion of working-age adults with respiratory problems will increase from 8.2% to 10.6%. In Powys this is 1,797 more adults.
- The proportion of working-age adults with endocrine and metabolic problems will increase from 7.9% to 10.9%. In Powys, this is 2,247 more adults.
- The proportion of working-age adults with mental health problems will increase from 8.8% to 11.9%. In Powys, this is 2,322 more adults.

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Foreword – Statement of Chief Executive and Chair

To be added prior to submission to Welsh Government and Audit Wales

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Introduction

PTHB has responded to the intelligence and evidence set out above in determining the strategic framework and strategies priorities.

The Integrated Medium-Term Plan (IMTP) 2022-25 [\(INSERT LINK TO WWW DOCUMENT\)](#) marked a return to a three-year cycle of planning and a medium to longer term focus, in response to the NHS Wales Planning Framework 2022-2025 and the evidence on the needs of the Powys population set out above.

PTHB submitted a financially balanced three-year plan for this period which was subsequently given Ministerial approval and it was confirmed that the Health Board remained in routine monitoring status.

This was the first three-year planning framework issued by Welsh Government since the start of the COVID 19 pandemic and an important look to the future. The previous two years had been dominated by the COVID-19 pandemic and its direct and indirect impact, with the requirement for IMTPs suspended and a requirement for shorter term operational plans in their place.

The NHS Wales Planning Framework published on 9 November 2021 set out the context of the impact of COVID and the balance of risk of different harms, in a time of extreme pressure particularly over what was recognised to be a challenging winter and longer-term period ahead. The Framework stated that “as a country we must continue to respond to the immediate challenges of COVID, whilst turning our attention to longer-term sustainability and improvement of population health”.

Returning to a medium and longer-term focus provided an opportunity to reflect on, and recommit to, the collective ambition for ‘A Healthy, Caring Powys’. Priorities were set in the IMTP that both responded to the NHS Wales Planning Framework and Ministerial Priorities within that, and to the needs of the Powys population for the 3 years ahead and beyond.

A detailed consideration was carried out, as part of the development of the IMTP to enable priority setting. This included a thorough analysis of the Political, Economic, Social, Technological, Legislative and Environmental factors (PESTLE) and a review of organisational Strengths, Weaknesses, Opportunities and Threats (SWOT).

This methodology was helpful in facilitating collective review, and articulation of, the complex context with a range of stakeholders including PTHB Committees and Board, partner organisations, the Community Health Council, staff and the public.

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THE HEALTH AND CARE STRATEGY FOR POWYS 'AT A GLANCE'



WE ARE DEVELOPING
A VISION OF THE
FUTURE OF HEALTH
AND CARE IN POWYS...



WE AIM TO DELIVER
THIS VISION THROUGH-OUT
THE LIVES OF THE PEOPLE
OF POWYS...



WE WILL SUPPORT
PEOPLE TO IMPROVE
THEIR HEALTH AND
WELLBEING THROUGH...



OUR PRIORITIES AND
ACTION WILL BE
DRIVEN BY CLEAR
PRINCIPLES...



THE FUTURE OF
HEALTH AND CARE
WILL IMPROVE
THROUGH...



Being mid-way through the shared Health and Care Strategy, A Healthy Caring Powys, it had a new importance in this context, as the anchor strategy for health and care in Powys as a region.

The IMTP therefore returned to a strategic framework founded in the key guiding principles developed with the people of Powys, and ensured alignment of Ministerial Priorities:

Guiding Principles



Points of alignment to Ministerial Priorities

- There is a strong connection between 'A Healthier Wales' and 'A Healthy, Caring Powys'
- Population Health was set out as a PTHB Strategic Priority
- Similarly for Covid Response
- NHS Recovery was a core theme and reflected in the three themes of 'Resilience, Recovery and Renewal'
- Mental Health and Emotional Wellbeing as included as a Strategic Priority
- Supporting the health and care workforce was reflected in the Workforce Futures objectives
- NHS Finance and managing within resources shaped the overarching financial plan and value-based healthcare approach
- Working alongside Social Care was captured throughout, particularly in Strategic Priority 23



The IMTP 2022 – 2025 provided an opportunity to reconfirm the Health Board's role as an employer and an anchor in the community as well as a healthcare provider.

There are natural geographic sub-regions in the County which are reflected in the Cluster footprints of North, Mid and South Powys and the plans for these areas were reflected in the overarching IMTP 2022 – 2025.

The Health Board also has a leadership role regionally within the Powys Regional Partnership Board, Public Services Board and Mid Wales Joint Committee and the IMTP was a whole system plan encompassing this partnership approach.

The IMTP included the key actions being taken to contribute to wider well-being, including decarbonisation, the foundational economy and social partnership. The Ministerial Priorities and measures were taken into account in both the IMTP Strategic Plan and the associated technical templates.

The IMTP was realistic about the likelihood of challenges ahead, and whilst the ambition was high, it was acknowledged that recovery may not be straightforward, and setbacks would need to be navigated.

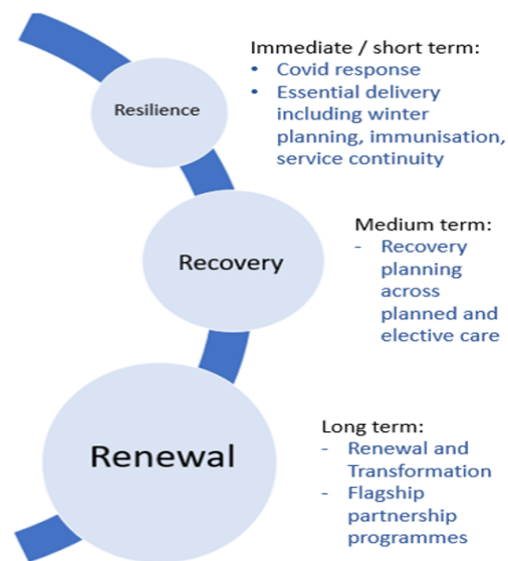
The complexity and volatility was recognised in the NHS Wales Planning Framework.

A responsive, phased and cyclical approach was set out in this context. The plan was shaped around three components of 'Resilience, Recovery and Renewal'.

A number of strategic risks were set out by the Health Board for the period of the plan:

- Complexity and uncertainty in the external environment, impacting on the ability to fully respond to population health need
- Continued uncertainty requiring an agile response which limits the ability to consistently prioritise and impacts on the alignment of limited resources
- Introduction of significant changes in relation to the COVID response with new services required to be delivered by the Health Board particularly in relation to vaccination and testing
- Complex and changing requirements for infection prevention and control in line with changing national requirements at UK and NHS Wales level
- Workforce challenges in relation to supply and sustainability, coupled with the impact of the pandemic on staff wellbeing and the increased workforce planning requirements in relation to new ways of working
- The increased scale and pace required for recovery and the capacity to deliver, lead and manage change effectively
- Variability and inequity of access to treatment for patients
- Complex commissioning arrangements with variances in the quality of care and a number of providers progressing improvement plans in response to regulatory measures
- Equally complex partnership arrangements with the need to balance sovereign governance and accountability with integrated, whole system approaches.

Very significant events occurred post-production of the organisation's plan, which impacted directly and indirectly on the ability to deliver progress against plan. Notably, these included the emergence of a significant conflict between Russia and the Ukraine, resulting in complex socio-economic consequences particularly in relation to supply chain difficulties for energy and other consumables.



The cost of living increases were to some extent prefigured in the PESTLE analysis prior to the plan being published, in relation to 'increasing rates of inflation' and impact on household income. However, the scale of this was not fully revealed until further into the year and was later exacerbated by other environmental factors including adverse weather conditions both in summer and winter periods, impacting both on industrial and domestic supply and costs.

Perhaps most importantly, but again, predicted to some degree, was the extent of the system pressures across health and social care over the past year. It was known that there were challenges to be faced in year however the scale and complexity of the pressures being experienced were unprecedented.

This meant that significant efforts and resource continued to be deployed on immediate, life critical and life essential healthcare to support system resilience. This has impacted on the ability to deliver against the full ambition set out in the IMTP 2022 – 2025.

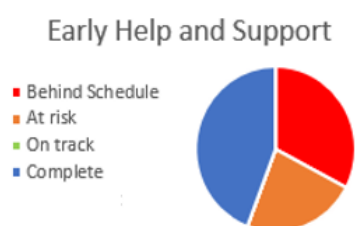
A review has been carried out to identify those priorities that were not fully achieved, but remained relevant, to ensure they were included in the planning for the coming year, where relevant and appropriate.

The information that follows provides a summary of progress against the Strategic Objectives and Priorities in the IMTP at the end of the year, 31 March 2023.

Strategic Objective	Strategic priority	Behind Schedule	At risk	On track	Complete	Not due yet
Focus on Well being	Overall	5	3	0	25	0
	Variance from Q3	3	-1	-14	17	-5
	Take Action to Reduce Health Inequalities and Improve Population Health	0	1	0	6	0
	Deliver Health Improvement Priorities	2	2	0	11	0
	Deliver Covid-19 Prevention and Response and Integrated, Comprehensive Vaccination	3	0	0	8	0



Strategic Objective	Strategic priority	Quarter 4				
		Behind Schedule	At risk	On track	Complete	Not due yet
Early Help and Support	Overall	17	12	0	23	0
	Variance from Q3	12	4	-17	6	-4
	Improve Access to High Quality Sustainable Primary Care	8	5	0	13	0
	Develop a Whole System Diagnostic, Ambulatory and Planned Care Model	2	6	0	3	0
	Improve Access to High Quality Prevention and Early Intervention Services for Children, Young People and their Families	7	1	0	7	0



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Strategic Objective	Strategic priority	Quarter 4				
		Behind Schedule	At risk	On track	Complete	Not due yet
Tackling the Big Four	Overall	3	12	0	9	0
	Variance from Q3	-1	4	-12	9	0
	Implement Improvements in Early Diagnosis, Treatment and Outcomes for People with or suspected of having Cancer	0	4	0	3	0
	Implement Improvements in Outcomes, Experience and Value in Circulatory Disease (Stroke, Heart Disease, Diabetes)	0	4	0	3	0
	Develop and Implement the next stage of the Breathe Well Programme	1	1	0	2	0
	Undertake Strategic Review of Mental Health, to improve outcomes from high quality, sustainable services, including specialist services	2	3	0	1	0

Tackling the Big Four

- Behind Schedule
- At risk
- On track
- Complete



Strategic Objective	Strategic priority	Quarter 4				
		Behind Schedule	At risk	On track	Complete	Not due yet
Joined Up Care	Overall	20	10	0	5	0
	Variance from Q3	2	1	-7	5	-1
	Design and Deliver a Frailty and Community Model including improved access to Urgent and Emergency	18	8	0	2	0
	Support improved access to and outcomes from Specialised Services	2	2	0	3	0

Joined Up Care

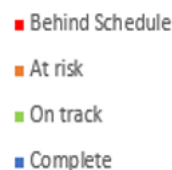
- Behind Schedule
- At risk
- On track
- Complete



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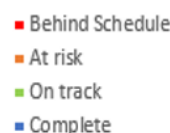
Strategic Objective	Strategic priority	Quarter 4				
		Behind Schedule	At risk	On track	Complete	Not due yet
Workforce Futures	Overall	4	7	0	11	0
	Variance from Q3	3	7	-11	7	-7
	Designing, develop and implement a comprehensive approach to workforce planning	1	2	0	4	0
	Redesign and implement leadership and team development	0	0	0	2	0
	Deliver improvements to staff wellbeing and engagement	1	2	0	3	0
	Enhance access to high quality education and training	1	1	0	1	0
	Enhance the health boards role in partnership and citizenship	1	2	0	1	0

Workforce Futures



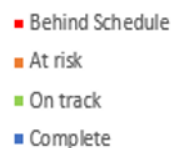
Strategic Objective	Strategic priority	Quarter 4				
		Behind Schedule	At risk	On track	Complete	Not due yet
Digital First	Overall	5	4	7	5	0
	Variance from Q3	2	3	-5	1	0
	Implement Clinical Digital Systems that directly enable improved care	2	1	7	5	0
	Implement key improvements to digital infrastructure and intelligence Undertaking a Digital Service Review for the medium/longer term, aligning to the Renewal Programmes and improving deployment of systems	3	3	0	0	0

Digital First



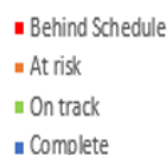
Strategic Objective	Strategic priority	Quarter 4				
		Behind Schedule	At risk	On track	Complete	Not due yet
Innovative Environments	Overall	1	1	0	17	0
	Variance from Q3	0	0	-16	17	-1
	Implement ambitious commitments to carbon reduction, biodiversity enhancement and environmental wellbeing.	0	0	0	10	0
	Implement capital, estate and facilities improvements that directly enhance the provision of services to patients/public and the wellbeing/experience of staff	1	1	0	7	0

Innovative Environments



Strategic Objective	Strategic priority	Quarter 4				
		Behind Schedule	At risk	On track	Complete	Not due yet
Transforming in Partnership	Overall	5	13	0	24	0
	Variance from Q3	1	2	-17	14	0
	Improve quality (safety, effectiveness and experience) across the whole system; building organisational effectiveness	0	3	0	11	0
	Enhance integrated/partnership system working, both in Wales and England, improving regional approaches to the planning and delivery of key services	0	2	0	4	0
	Implement value-based healthcare, to deliver improved outcomes and experience, including the effective deployment and management of resources	3	4	0	3	0
	Implement key governance and organisational improvement priorities including embedding risk management, effective policies, procedures and guidance; audit and effectiveness; Board effectiveness and systems of accountability and organisational development	2	4	0	6	0

Transforming in Partnership



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In 2022/23 there was extensive engagement and communication within Powys regarding the known impacts of COVID-19 and seasonal surges in respiratory based illnesses as well as the additional in year unexpected challenges such as industrial action from various staff groups as well as the increasing costs of individuals and businesses heating their homes and the rising impact of food prices.

A wider programme of communication activity has been able to recommence as the requirements of the COVID-19 pandemic response reduced, but critical activities remained to retain awareness of protective behaviours and continued risk.

Key areas of focus included our winter resilience communications plan. This involved regular engagement with key stakeholders including the Community Health Council, County Council, MSs and MPs, staff, public briefing sessions, PAVO and wider partners to help inform the health board's plans and to support and encourage everyone to play a part in Keeping Powys Safe. This has included a focus on Help Us Help You and promotion of NHS 111 Wales services. Given the increasingly challenging financial context the messaging was also linked with Cost of Living advice including a new cost of living hub on the Health Board website (<https://pthb.nhs.wales/news/features/get-help-with-the-cost-of-living/>).

With industrial action taking place during the year, the Health Board responded by providing public messaging to help people access the right service at the right time – with the added complexity of different action affecting Powys, neighbouring health boards and services in England in different ways at different times.

IMTP Accountability Conditions

As part of the IMTP sign off process for 2022/23, the Health Minister issues a series of 'accountability conditions' to each Health Board if it is felt the plan needs improving in certain areas. Progression towards satisfying the condition and performance improvement is required to be demonstrated across the year. There were 5 accountability conditions for the year. 4 have been fully complied with and the 5th partially met. The final partially met condition in relation to maternity services proposed to be commissioned from Cwm Taf Morgannwg University Health Board. This service has been removed from special measures status. This final condition will be met in 2023/24.

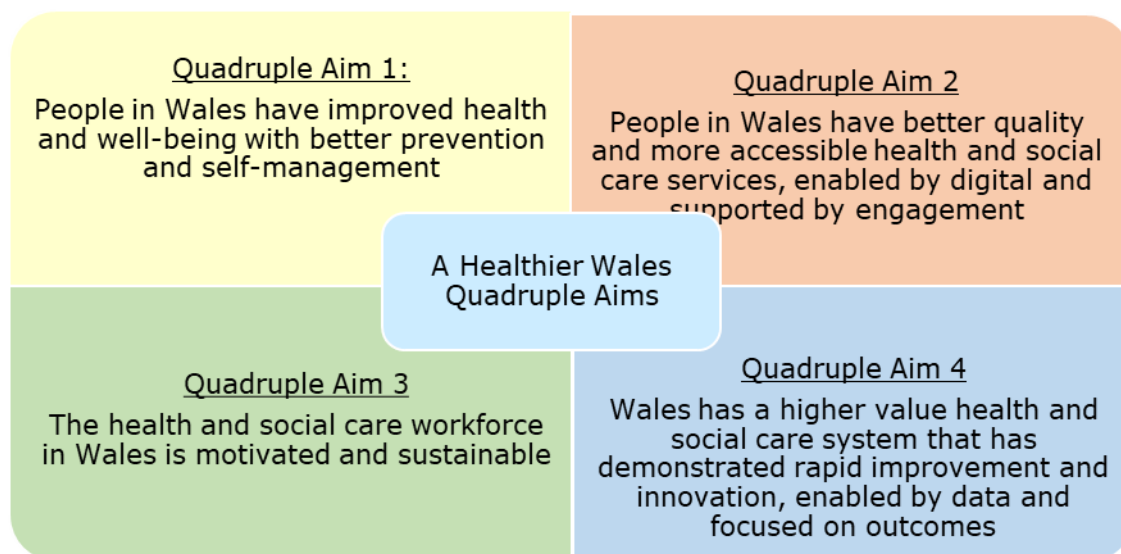
Throughout 2022/23, the Health Board has remained in 'routine monitoring' status from an NHS regulatory oversight perspective.

Performance Overview

All Health Boards within Wales are required to provide performance and assurance via the NHS Wales Performance Framework. This framework for 2022/23 was significantly revised with changes to improve focus and timelines of key measures to support national health care objectives with the aim to continue improvement of population health and long-term outcomes. Key to the scrutiny of health performance are the

Ministerial priorities where health boards are required to provide improvement trajectories against key planned care targets.

The NHS Performance Framework remains based on four quadruple aims mapped to the A Healthier Wales long term plan for health and social care.



The framework consists of 84 measures. Of the 84 measures, 54 have been identified as ministerial priorities. A further 8 measures are classed as operational and not routinely reported to Welsh Government.

The Health Board has a systematic review process to both manage and review performance. This includes a ward to Board mechanism including formal review at Executive, Delivery and Performance committees and at Board level. In addition, performance is reviewed by Welsh Government and NHS colleagues.

Quality of Data used by the Board

The Health Board continually reviews the quality of data that it is using within the organisation including for decision making and assurance at Board level. Each of the separate data quality strands within the organisation are reviewed frequently that span across the main domains including finance, operational, workforce, quality and safety data. However, it is a continuous process spanning an array of data systems and datasets including new systems being implemented. The Health Board also receives data quality reports from system suppliers and is subject to a number of external reviews that feature data quality assessments as part of the review.

The annual performance report provides a summary of the key performance measures, and challenges specifically for the Ministerial priorities, but detailed commentary of the issues, actions and mitigations taken in relation to each of the measures within the framework is included in the Integrated Performance Reports to PTHB Board. This information is available on the PTHB Website at <https://pthb.nhs.wales/about-us/health-board-performance/> via The Board meeting papers.

Six Goals or Urgent and Emergency Care

Powys Teaching Health Board is wholeheartedly committed to delivery of The Six Goals for Urgent and Emergency Care, recognising the importance of providing the right care, in the right place, and at the right time. Acknowledging the challenges ahead, it remains dedicated to continuous learning, improvement, and sharing best practice as it strives to meet the goals.

PTHB's focus is on improving access, coordination, and the overall experience of urgent and emergency care services for Powys people, ensuring the provision of safe and timely care for populations at greater risk, and addressing disparities in access for marginalised communities. Effective communication and language accessibility are integral to this, with a commitment to enabling seamless access to services for individuals who choose to communicate in Welsh. The Six Goals funding empowers the health board, working with key partners, to invest in essential resources and workforce training, fostering the development of a resilient and responsive urgent and emergency care system. Integration and collaboration with other NHS and partnership plans and programs will enable the delivery of streamlined care pathways. Through transparency, accountability, and active engagement with service users, clinical leaders and partners we will monitor progress and deliver the high-quality care that the Powys community deserves.

PTHB does not run acute consultant-led urgent and emergency care services but does have Minor Injury Units across Powys. The health board is working collaboratively with Powys Clusters and partners including WAST to expand the range of non-acute 24/7 urgent care services. This will increase footfall management and avoid emergency admissions and conveyances. This will also reduce lengths of stay, improve patient flow and care, with a home first ethos and improved access to community therapy.

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Powys Teaching Health Board end of year summary scorecard

Table 1

POWYS TEACHING HEALTH BOARD - PERFORMANCE AGAINST TARGET Performance against quadruple aim cohort as at month 12 Integrated Performance reported position (15/05/2023)			
	Number of measures where the target has been delivered or the actions required are on track	Number of measures where the majority of actions required are on track but there is scope to improve ¹	Number of measures where the target has not been delivered or the actions required are not on track and improvements are required
Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management²	8 measures	1 measure	10 measures
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	18 measures	0 measure	15 measures
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable	1 measures	0 measures	6 measures
QUADRUPLE AIM 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes²	3 measures	2 measures	5 measures
SUMMARY	30 measures	3 measures	36 measures

Please note that the above scorecard is based on the performance available within the year end Integrated Performance Report created 21/06/2023.

The Health Board has reported performance against the measures of the NHS Wales Performance Framework and aligned to the Quadruple Aim with performance during 2022/23 comprising both things which went well and areas with planned improvement opportunities in 2023/24:

Table 2

Where we succeeded	Improvement opportunities
Primary Care	
<u>Dental Access</u> <ul style="list-style-type: none"> Helpline implemented (circa 9k calls, 3k queries & concerns, and 1.4k advised to contact 111). Expanded urgent access pathways. 100% same day urgent access for existing patients. <u>GP practice</u> <ul style="list-style-type: none"> 100% of practices have met agreed opening hour requirements. All practices engaged with All Wales Diabetes Prevention Programme. 	<u>Dental</u> <ul style="list-style-type: none"> Development of further dental contracts to provide capacity. <u>GP practice</u> <ul style="list-style-type: none"> South Powys dermatology pilot (GPwER) underway with phased plan of rollout to North and Mid Powys.
Urgent Emergency Care	
<u>Minor Injuries</u>	<u>111 assessments</u>

Where we succeeded	Improvement opportunities
<ul style="list-style-type: none"> PTHB Minor Injury Unit's (MIU) fully achieved compliance with all national targets in 2022/23 (zero 12 hr breaches and +99% 4hr compliance). 	<ul style="list-style-type: none"> Integration of new 111 system for 2023/24 to improve service efficiency resulting in a better patient experience. <p><u>WAST response (red calls)</u></p> <ul style="list-style-type: none"> Engagement with the Ambulance Service to develop actions to reduce handover delays (ICAP), including enhancement of current in-county pathways to reduce admissions, and accelerated step down of patients to clear beds in acute care centres.
Planned Care	
<p><u>PTHB provided planned care.</u> Powys is the best performing (ranked 1st in Wales), and most improved health board for planned care (for the pathways provided in a non-acute health board)</p> <ul style="list-style-type: none"> No patients waited over 104 weeks on a provider pathway in 2022/23 financial year. Excellent < 26 week performance (94.3% in Mar-23). Lowest number of diagnostic breaches in Wales (161 in Mar-23). PTHB first clinical endoscopist trainee post has completed training in Jan-2023, this post provides additional JAG accredited endoscopy capacity for gastroscopy. <p><u>PTHB commissioned care.</u></p> <ul style="list-style-type: none"> Two of three main English acute care providers have eradicated over 104 week waits (Mar-23) Access to rapid diagnostic clinics in key commissioned providers. 	<p><u>PTHB provided planned care.</u></p> <ul style="list-style-type: none"> Improvement in line with Get It Right First Time (GIRFT) reviews for 2023/24. Ongoing engagement with National outpatient transformation & Regional workstreams (to provide additional capacity) Implementation of Transnasal diagnostic Endoscopy. Follow-up challenge (data quality) to be addressed and result in improved tool for demand and capacity planning for services and better patient outcomes utilising see on symptoms and patient-initiated follow-ups. <p><u>PTHB commissioned services.</u></p> <ul style="list-style-type: none"> Repatriation opportunities, looking at high volume or long wait low complexity pathways and procedures to support commissioned pathways. Work with Welsh Health Specialised Services

Where we succeeded	Improvement opportunities
	Committee (WHSSC) to improve value including agreed pathway improvements, and improve management of complex cross border pathways.
Mental Health	
<ul style="list-style-type: none"> • Robust compliance for CAMHS, and under 18 assessments and interventions through 2022/23 financial year. • Positive feedback from Welsh Government policy lead on developing PTHB whole school approach to CAMHS in reach services "Wellbeing support". • Ongoing positive use of Silvercloud to enable self help and other 3rd sector interventions. • Implementation of 111 press 2 for mental health. 	<ul style="list-style-type: none"> • Key mental work around accessing national funds and grants to strengthen capacity, and ongoing pathway design and development as part of the health boards aim to tackle one of the big four causes of ill health.
Cancer	
<ul style="list-style-type: none"> • Established Cancer Harm Review process to provide increased oversight on identifying and managing harm. • All general practices can access symptomatic Faecal Immunochemical Test services. • Cytosponge implementation – successful proposal submitted to Moondance Cancer Initiative to join the Welsh Cytosponge implementation pilot being led by BCUHB. 	<ul style="list-style-type: none"> • Deliver Cancer Improvement (in line with NHS Wales Cancer Improvement Plan). • To implement Transnasal endoscopy (TNE) to improve capacity and patient outcomes (comfort of procedure) when compared to traditional gastroscopy.
<u>PTHB Commissioned services.</u> <ul style="list-style-type: none"> • Powys residents can access Rapid Diagnostic Clinics (RDC) in Aneurin Bevan University Health Board (ABUHB), Betsi Cadwaladr 	<u>PTHB commissioned services</u> <ul style="list-style-type: none"> • Ongoing work to explore capacity within BCUHB to accommodate Mid Powys residents in their Rapid Diagnostic Centre.

Where we succeeded	Improvement opportunities
University Health Board (BCUHB) and Swansea Bay University Health Board (SBUHB).	<ul style="list-style-type: none"> Options being explored in close collaboration with commissioned service providers to increase diagnostic provision for Powys patients.

Our Performance Report

At the close of the 2022/23 financial year, the Health Board reports that the key areas of challenge remain across planned and unscheduled care access in both provider and especially commissioned service providers. Although performance has remained robust across planned care access when compared to other Welsh and English providers, RTT and diagnostics have failed to meet PTHB ambitious trajectories set for Ministerial priority access measures. Mental Health care in the provider remains robust with almost pre COVID-19 waiting list access times except for adult interventions within 28 days, and even where this target has been missed the provider performs well against the All-Wales position.

Key challenges remain in Commissioned services for Powys resident access and their treatment within acute care pathways although overall waiting times have seen improvement over 2022/23 challenge remains for timely care. Key themes of challenge and recovery across planned care in England and Wales include ongoing recovery from the COVID-19 pandemic created backlog, industrial actions by nursing and ambulance staff, staffing pressures due to sickness or vacancy (challenging recruitment), diagnostic pressures, theatre capacity, and bed flow (linked to social care provision). For Powys residents specifically there is a challenge of equity to access by their geographical location in the county. Powys residents wait on average longer in Wales, with potential waits being reported up to and beyond 12 months longer than those equivalent specialties that flow via cross border services into English acute care.

Unscheduled care in Powys as a provider performs well with minor injury units exceeding national targets for wait times consistently. Patients that require A&E access in both England and Wales, or an emergency ambulance are unfortunately still waiting a significant time and beyond national targets to receive care although waiting times are showing improvement from the end of quarter 3. For unscheduled care key challenges are like those for planned care including increased demand, and acute site patient flow bottlenecks resulting in long ambulance handover times. Further rurality, and ability to access points of care impacts on patient access/response times and outcomes.

Throughout 2022/23 the Health Board has continued to work closely with its neighbouring NHS Health Boards, Trusts, and private insource providers to focus not only on the performance of key targets of care but provide quality outcomes of care across its provided and commissioned services.

Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self-management

Table 3

No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
2	Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway	✓	Evidence of Improvement	Mar-23			Red	N/A	
3	% Babies breastfed 10 days old	✓	Annual Improvement	2021/22	52.0%		56.5%	1st	36.7%
4	% of adults that smoke daily or occasionally	✓	Annual reduction towards 5% prevalence 2030	2021/22	13.0%		10.7%	1st	13.0%
5	% Attempted to quit smoking	✓	5% annual target	Q3 2022/23	2.43%		2.26%	6th	2.89%
6	Qualitative report - Implementing Help Me Quit in Hospital smoking cessation services and to reduce smoking during pregnancy	✓	Evidence of Improvement	Mar-23			Amber	N/A	
7	% diabetics who receive 8 NICE care processes	✓	>=35.2%	Q3 2022/23	35.0%	46.8%	47.9%	1st	39.1%
8	% Diabetics achieving 3 treatment targets	✓	1% annual increase from 2020-21 baseline (27.2%)	2021/22	26.2%		27.2%	4th	27.6%
9	Standardised rate of alcohol attributed hospital admissions	✓	4 quarter reduction trend	Q3 2022/23	437.2	405.7	447.7	6th	423.6
10	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	✓	4 quarter improvement trend	Q4 2022/23	51.7%	60.7%	65.4%	5th	74.1%
11	'6 in 1' vaccine by age 1		95%	Q4 2022/23	93.8%	95.2%	95.8%	2nd	94.7%
12	2 doses of the MMR vaccine by age 5		95%	Q4 2022/23	94.4%	97.7%	89.6%	4th	89.4%
13	Autumn 2022 COVID-19 Booster	✓	75%	Mar-23		70.7%	71.3%	1st	66.1%
14a	Flu Vaccines - 65+		75%	2021/22	73.5%		75.3%	7th	78.0%
14b	Flu Vaccines - under 65 in risk groups		55%	2021/22	52.2%		50.9%	3rd	48.2%
14c	Flu Vaccines - Pregnant Women		75%	2021/22	92.3%		66.7%	6th	78.5%
14d	Flu Vaccines - Health Care Workers		60%	2021/22	56.5%		52.1%	6th	55.6%
15a	Coverage of cancer screening for: cervical		80%	2020/21	76.1%		72.7%	1st	69.5%
15b	Coverage of cancer screening for: bowel		60%	2020/21	56.4%		68.3%	1st	67.1%
15c	Coverage of cancer screening for: breast		70%	2021/22 (May)	74.6%		75.8%	1st	72.3%

PTHB compliance against the NHS Delivery Framework measures in Quadruple Aim 1 is:

Headline performance:

- Uptake of complete three dose '6 in 1' and 2 doses by first birthday met the target for Q4 and above Wales average.
- Autumn COVID booster programme target did not meet target for vaccination of Public Health Wales reported cohort requirement but did treat 84% of the eligible Powys Health Board cohort.

Exception and escalation measures

- % attempted to quit smoking – target not met at Q3 2022/23.
- Uptake of 2 doses of MMR has decreased in last two reported quarters and fallen below the Wales average.
- Influenza vaccination data for 2022/23 is not available currently, the health board was not compliant for any metric apart from the 65+ cohort in 2021/22.

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services

Table 4

No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
16	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%	2022/23	100.0%		100.0%	1st*	88.6%
18	Number of new patients (children aged under 18 years) accessing NHS dental services	✓	4 quarter improvement trend	Q4 2022/23	Not available, new measure	473	653	7th	18,345
19	Number of new patients (adults aged 18 years and over) accessing NHS dental services	✓	4 quarter improvement trend	Q4 2022/23		658	902	7th	32,506
20	Number of existing patients accessing NHS dental services	✓	4 quarter improvement trend	Q4 2022/23		7146	6503	7th	164,013
21	% 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed		90%	Mar-23	63.2%	88.5%	89.7%	5th	86.7%
22	Percentage of total conveyances taken to a service other than a Type One Emergency Department	✓	4 quarter improvement trend	Q4 2022/23	8.8%	7.9%	9.2%	4th	10.6%
25	MIU % patients who waited <4hr		95%	Mar-23	100.0%	99.9%	100.0%	1st	71.6%
26	MIU patients who waited +12hrs		0	Mar-23	0	0	0	1st	8,036
31	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Mar-23	48.7%	42.2%	42.9%	6th	47.5%
33	Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	✓	12 month reduction trend	Mar-23	37	55	53	2nd	4,590
34	Percentage of total emergency bed days accrued by people with a length of stay over 21 days	✓	12 month reduction trend	Mar-23	71.6%	79.6%	76.7%	8th	52.20%
39	Number of diagnostic endoscopy breaches 8+ weeks	✓	Improvement trajectory towards a national target of 0 by Spring 2024	Mar-23	9	17	11	1st	15,637
40	Number of diagnostic breaches 8+ weeks		Trajectory target of 160 or less (April 23)	Mar-23	81	132	161	1st	43,325
41	Number of therapy breaches 14+ weeks		12 month reduction trend towards 0 by Spring 2024	Mar-23	49	193	190	1st	7,089
42	Number of patients waiting >52 weeks for a new outpatient appointment	✓	Improvement trajectory towards a national target of 0 by Spring 2024	Mar-23	0	1	1	1st	52,925
43	Number of patient follow-up outpatient appointment delayed by over 100% (unbooked & booked FUPs over 100%)	✓	PTHB trajectory target of 2500 or less	Mar-23	7540	4743	4755		233,766
44	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)		95%	Mar-23	47.5%	66.6%	65.6%	2nd	61.4%
45	RTT patients waiting more than 104 weeks	✓	Improvement trajectory towards a national target of 0 by Spring 2024	Mar-23	0	0	0	1st	31,726
46	RTT patients waiting more than 36 weeks	✓	Improvement trajectory towards a national target of 0 by Spring 2024	Mar-23	41	108	110	1st	227,967
47	RTT patients waiting less than 26 weeks	✓	Improvement trajectory towards a national target of 95% by 2026	Mar-23	96.0%	93.7%	94.3%	1st	58.5%
LM2	Commissioned RTT patients waiting more than 104 weeks (English & Welsh Providers)		Individual Targets	Mar-23	821	478	429		
LM3	Commissioned RTT patients waiting more than 52 weeks (English & Welsh Providers)		Individual Targets	Mar-23	2,614	2,348	2,259		
LM4	Commissioned RTT patients waiting more than 36 weeks (English & Welsh Providers)		Individual Targets	Mar-23	4,891	4,790	4,693		
LM5	Commissioned RTT patients waiting less than 26 weeks (English & Welsh Providers)		Individual Targets	Mar-23	60.3%	61.4%	62.6%		
48	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	✓	Annual Reduction	2021/22	2.42		2.09	1st	3.95
49	CAMHS % waiting <28 days for first appointment	✓	80%	Mar-23	91.3%	100.0%	100.0%	1st	93.2%
50	Assessments <28 days <18	✓	80%	Mar-23	100.0%	100.0%	94.8%	1st	67.9%
51	Interventions <28 days <18	✓	80%	Mar-23	97.8%	93.3%	87.2%	1st	41.8%
52	% residents with CTP <18	✓	90%	Mar-23	75.8%	93.0%	86.4%	6th	90.9%
53	Children/Young People neurodevelopmental waits	✓	80%	Mar-23	90.6%	68.6%	72.7%	1st	31.9%
54	Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services	✓	Evidence Improvement	Mar-23			Green	N/A	
55	% adults admitted to a psychiatric hospital 9am-5pm that have a CRHT gate keeping assessment prior to admission	✓	95%	Mar-23	100%	100%	100%	1st	97.6%
56	% adults admitted to a psychiatric hospital who have not received a CRHT gate keeping assessment that have received a follow up assessment by CRHT within 24 hours of admission	✓	100%	Mar-23	100%	75%	100%	1st	85.7%
57	Assessments <28 days 18+	✓	80%	Mar-23	76.3%	86.0%	90.3%	4th	86.4%
58	Interventions <28 days 18+	✓	80%	Mar-23	23.4%	49.0%	52.0%	6th	75.5%
59	Adult psychological therapy waiting < 26 weeks	✓	80%	Mar-23	90.4%	82.3%	82.8%	3rd	65.7%
60	% residents with CTP 18+	✓	90%	Mar-23	71.9%	83.0%	85.3%	4th	83.4%
61	Qualitative report detailing progress to improve delivery of care	✓	Evidence Improvement	Mar-23			Amber	N/A	
62	Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities	✓	Evidence Improvement	Mar-23			Green	N/A	
63	HCAI - Klebsiella spp and Aeruginosa cumulative number	✓	Local	Mar-23			2 cases	PTHB is not nationally benchmarked for infection rates	
64	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) and C.difficile	✓		Mar-23			13 cases		

PTHB compliance against the NHS Delivery Framework measures in Quadruple Aim 2 is:

Headline performance:

- Urgent and Emergency Care: PTHB Provider MIU over 99% of patients seen within 4 hours with zero waiting > 12 hours.
- Access to Planned Care: Powys is the best performing (ranked 1st in Wales), most improved health board post pandemic for planned care (for the pathways provided in a non-acute health board). No patients have waited over 104 weeks for treatment, and only one patient breached 52 weeks for a new outpatient pathway in March. Compliance for planned care has been challenging but very ambitious end of year targets were set for Ministerial priority compliance and non-predictable challenge such as industrial action impacted on service.
- Mental Health: Compliance for CAMHS, < 18 assessment, < 18 interventions, + 18 assessments, and adult psychological therapy access targets have all had robust performance through 2022/23 and were compliant in March.

Exception and escalation measures

Urgent and Emergency Care

- % of 111 patients prioritised as P1CHC that started definitive clinical assessment within 1 hour of call being completed. Reported 89.7% uptake against 90% target in March, this service was disrupted by a significant cyber-attack in Q2 2022/23 although performance where reported remained robust.

Access to Planned Care

- PTHB Provider: Performance trajectories for patients waiting < 26 weeks and > 36 weeks were not met in 2022/23 primarily because of ambitious end of year Powys set targets.
- PTHB Commissioned Services: No commissioned service provider in Wales or England met their respective targets during 2022/23. Powys responsible patients wait a significant period for care, sometimes more than 2 years in challenging specialties such as orthopaedics. Equity of care also remains challenging with significantly fewer long waits in English commissioned providers than those in Wales.
- Follow Up Outpatients delayed over 100%: The Health Board has been unable to report performance for this measure accurately during 2022/23 following a significant data quality challenge at the end of 2021/22. This challenge has been raised with Welsh Government, internally escalation and resolution are led by key Executives, further validation and patient administration system work will be completed in by Q2 2023/24.

Cancer

- Powys responsible patients have cancer treatment within commissioned acute service providers and specialist trusts in England and Wales. As a provider of care the health board accepts urgent suspected cancer referrals for key outpatients and diagnostics (ultrasound and endoscopy) predominately in South Powys. However, the health board does not provide treatment except for palliative support within community hospital beds, hospice beds or the home. Performance in English and Welsh commissioned services have been particularly challenging with no provider meeting their respective targets (English 2-week, 31 day or 62-day rules, or the Welsh 62 day Single Cancer Pathway). The key challenge is

overall capacity both outpatient, diagnostic, and surgical with rising post covid demand.

Mental Health

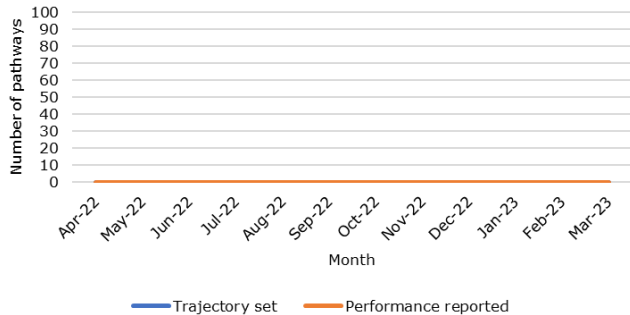
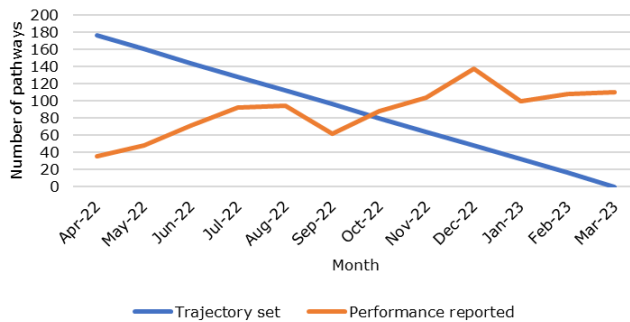
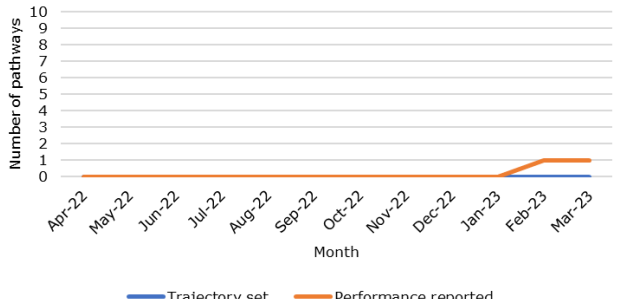
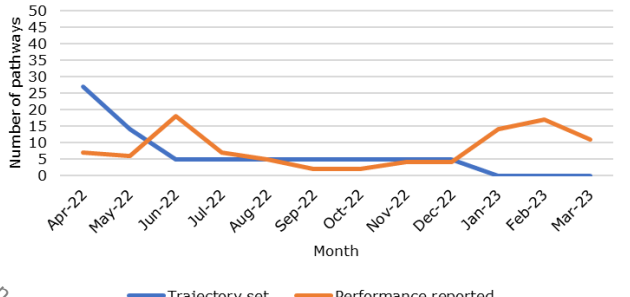
- Mental health care and treatment plans in <18s missed the target at the end of year, this is an isolated instance of noncompliance following a robust year of achievement.
- Neuro-developmental assessments in children and young people under 26 weeks wait target has not been achieved since August 2022 but has shown improvement during Q4. Key mitigations to improve performance in 2023/24 include extension of temporary contracts to the end of Q1 and the use of business cases and grant funding applications to provide recurrent monies for essential capacity.
- Interventions <28 days for patients 18+ target not achieved as a result of ongoing capacity challenges and increasing demand and complexity. Actions and mitigations include work to promote Silvercloud which enables self-help as well as services available through the third sector; and further development of the Local Primary Mental Health Service model.
- % residents 18+ with Care and Treatment Plan target not achieved and is challenged by staffing capacity with Powys County Council Social Services provision. Work ongoing to prioritise caseloads and recruitment to vacant posts within the service.

At the start of 2022/23 the health board had to provide trajectories for key Ministerial priorities that would measure our recovery and performance throughout the financial year. Powys as a provider set key and ambitious targets to challenge the health board with the aim to fully comply by March. The below table 5 provides the detail of target and performance by priority measure.

Table 5

Measure	Performance																																							
<div><p>Percentage of patients waiting less than 26 weeks for treatment</p><table><caption>Approximate data from the chart</caption><tr><th>Month</th><th>Trajectory set (%)</th><th>Performance reported (%)</th></tr><tr><td>Apr-22</td><td>87.0</td><td>96.0</td></tr><tr><td>May-22</td><td>88.0</td><td>95.0</td></tr><tr><td>Jun-22</td><td>88.0</td><td>95.5</td></tr><tr><td>Jul-22</td><td>90.0</td><td>95.0</td></tr><tr><td>Aug-22</td><td>90.0</td><td>94.5</td></tr><tr><td>Sep-22</td><td>90.0</td><td>94.5</td></tr><tr><td>Oct-22</td><td>91.0</td><td>94.5</td></tr><tr><td>Nov-22</td><td>91.0</td><td>94.5</td></tr><tr><td>Dec-22</td><td>92.0</td><td>94.0</td></tr><tr><td>Jan-23</td><td>93.0</td><td>94.0</td></tr><tr><td>Feb-23</td><td>94.0</td><td>94.0</td></tr><tr><td>Mar-23</td><td>95.0</td><td>94.3</td></tr></table></div>	Month	Trajectory set (%)	Performance reported (%)	Apr-22	87.0	96.0	May-22	88.0	95.0	Jun-22	88.0	95.5	Jul-22	90.0	95.0	Aug-22	90.0	94.5	Sep-22	90.0	94.5	Oct-22	91.0	94.5	Nov-22	91.0	94.5	Dec-22	92.0	94.0	Jan-23	93.0	94.0	Feb-23	94.0	94.0	Mar-23	95.0	94.3	<p>The Health Board performance narrowly missed the target to recover back to 95% target. Performance remained robust during the 12 months but pressures and fragility resulted in performance of 94.3% at March-23.</p>
Month	Trajectory set (%)	Performance reported (%)																																						
Apr-22	87.0	96.0																																						
May-22	88.0	95.0																																						
Jun-22	88.0	95.5																																						
Jul-22	90.0	95.0																																						
Aug-22	90.0	94.5																																						
Sep-22	90.0	94.5																																						
Oct-22	91.0	94.5																																						
Nov-22	91.0	94.5																																						
Dec-22	92.0	94.0																																						
Jan-23	93.0	94.0																																						
Feb-23	94.0	94.0																																						
Mar-23	95.0	94.3																																						

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Measure	Performance																																							
<div><p>Number of patients waiting more than 104 weeks for treatment</p><table><caption>Data for Number of patients waiting more than 104 weeks for treatment</caption><thead><tr><th>Month</th><th>Trajectory set</th><th>Performance reported</th></tr></thead><tbody><tr><td>Apr-22</td><td>0</td><td>0</td></tr><tr><td>May-22</td><td>0</td><td>0</td></tr><tr><td>Jun-22</td><td>0</td><td>0</td></tr><tr><td>Jul-22</td><td>0</td><td>0</td></tr><tr><td>Aug-22</td><td>0</td><td>0</td></tr><tr><td>Sep-22</td><td>0</td><td>0</td></tr><tr><td>Oct-22</td><td>0</td><td>0</td></tr><tr><td>Nov-22</td><td>0</td><td>0</td></tr><tr><td>Dec-22</td><td>0</td><td>0</td></tr><tr><td>Jan-23</td><td>0</td><td>0</td></tr><tr><td>Feb-23</td><td>0</td><td>0</td></tr><tr><td>Mar-23</td><td>0</td><td>0</td></tr></tbody></table></div>	Month	Trajectory set	Performance reported	Apr-22	0	0	May-22	0	0	Jun-22	0	0	Jul-22	0	0	Aug-22	0	0	Sep-22	0	0	Oct-22	0	0	Nov-22	0	0	Dec-22	0	0	Jan-23	0	0	Feb-23	0	0	Mar-23	0	0	<p>The Health Board set an ambitious trajectory of zero breaches and has maintained that position.</p>
Month	Trajectory set	Performance reported																																						
Apr-22	0	0																																						
May-22	0	0																																						
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<div><p>Number of patients waiting more than 36 weeks for treatment</p><table><caption>Data for Number of patients waiting more than 36 weeks for treatment</caption><thead><tr><th>Month</th><th>Trajectory set</th><th>Performance reported</th></tr></thead><tbody><tr><td>Apr-22</td><td>180</td><td>30</td></tr><tr><td>May-22</td><td>165</td><td>45</td></tr><tr><td>Jun-22</td><td>150</td><td>85</td></tr><tr><td>Jul-22</td><td>135</td><td>95</td></tr><tr><td>Aug-22</td><td>120</td><td>95</td></tr><tr><td>Sep-22</td><td>105</td><td>65</td></tr><tr><td>Oct-22</td><td>90</td><td>95</td></tr><tr><td>Nov-22</td><td>75</td><td>105</td></tr><tr><td>Dec-22</td><td>60</td><td>140</td></tr><tr><td>Jan-23</td><td>45</td><td>105</td></tr><tr><td>Feb-23</td><td>30</td><td>110</td></tr><tr><td>Mar-23</td><td>15</td><td>110</td></tr></tbody></table></div>	Month	Trajectory set	Performance reported	Apr-22	180	30	May-22	165	45	Jun-22	150	85	Jul-22	135	95	Aug-22	120	95	Sep-22	105	65	Oct-22	90	95	Nov-22	75	105	Dec-22	60	140	Jan-23	45	105	Feb-23	30	110	Mar-23	15	110	<p>The Health Board set an ambitious trajectory for 2022/23 aiming to bring performance back to pre-COVID levels of zero breaches. Pressures on planned care services including increased urgent demand, fragile in-reach clinical services, industrial action, and staff sickness and vacancies have resulted in PTHB not meeting self-submitted targets from November 2022.</p>
Month	Trajectory set	Performance reported																																						
Apr-22	180	30																																						
May-22	165	45																																						
Jun-22	150	85																																						
Jul-22	135	95																																						
Aug-22	120	95																																						
Sep-22	105	65																																						
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Month	Trajectory set	Performance reported																																						
Apr-22	0	0																																						
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Jan-23	0	0																																						
Feb-23	0	1																																						
Mar-23	0	1																																						
<div><p>Number of patients waiting over 8 weeks for a diagnostic endoscopy</p><table><caption>Data for Number of patients waiting over 8 weeks for a diagnostic endoscopy</caption><thead><tr><th>Month</th><th>Trajectory set</th><th>Performance reported</th></tr></thead><tbody><tr><td>Apr-22</td><td>25</td><td>5</td></tr><tr><td>May-22</td><td>15</td><td>5</td></tr><tr><td>Jun-22</td><td>5</td><td>18</td></tr><tr><td>Jul-22</td><td>5</td><td>10</td></tr><tr><td>Aug-22</td><td>5</td><td>5</td></tr><tr><td>Sep-22</td><td>5</td><td>5</td></tr><tr><td>Oct-22</td><td>5</td><td>5</td></tr><tr><td>Nov-22</td><td>5</td><td>5</td></tr><tr><td>Dec-22</td><td>5</td><td>5</td></tr><tr><td>Jan-23</td><td>0</td><td>12</td></tr><tr><td>Feb-23</td><td>0</td><td>18</td></tr><tr><td>Mar-23</td><td>0</td><td>10</td></tr></tbody></table></div>	Month	Trajectory set	Performance reported	Apr-22	25	5	May-22	15	5	Jun-22	5	18	Jul-22	5	10	Aug-22	5	5	Sep-22	5	5	Oct-22	5	5	Nov-22	5	5	Dec-22	5	5	Jan-23	0	12	Feb-23	0	18	Mar-23	0	10	<p>Diagnostic Endoscopy challenges include, clinical in-reach fragility, historic capacity challenge, increased demand via USC and bowel screening, and ambitious self-set Health Board target to have zero breaches which is not achieved at the end of 2022/23.</p>
Month	Trajectory set	Performance reported																																						
Apr-22	25	5																																						
May-22	15	5																																						
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PTHB Commissioned planned care aggregated access performance, Wales and England (performance against Ministerial priority trajectories)

Table 6

Measure	Performance																																							
<p>Percentage of patients waiting less than 26 weeks for treatment - Source DHCW</p> <table><thead><tr><th>Month</th><th>England (%)</th><th>Wales (%)</th></tr></thead><tbody><tr><td>Apr-22</td><td>63.1%</td><td>54.1%</td></tr><tr><td>May-22</td><td>62.5%</td><td>54.3%</td></tr><tr><td>Jun-22</td><td>64.3%</td><td>54.2%</td></tr><tr><td>Jul-22</td><td>64.9%</td><td>54.9%</td></tr><tr><td>Aug-22</td><td>65.0%</td><td>54.4%</td></tr><tr><td>Sep-22</td><td>64.1%</td><td>54.5%</td></tr><tr><td>Oct-22</td><td>64.8%</td><td>56.4%</td></tr><tr><td>Nov-22</td><td>64.5%</td><td>56.3%</td></tr><tr><td>Dec-22</td><td>63.3%</td><td>55.5%</td></tr><tr><td>Jan-23</td><td>63.5%</td><td>55.4%</td></tr><tr><td>Feb-23</td><td>65.1%</td><td>56.2%</td></tr><tr><td>Mar-23</td><td>65.1%</td><td>57.2%</td></tr></tbody></table>	Month	England (%)	Wales (%)	Apr-22	63.1%	54.1%	May-22	62.5%	54.3%	Jun-22	64.3%	54.2%	Jul-22	64.9%	54.9%	Aug-22	65.0%	54.4%	Sep-22	64.1%	54.5%	Oct-22	64.8%	56.4%	Nov-22	64.5%	56.3%	Dec-22	63.3%	55.5%	Jan-23	63.5%	55.4%	Feb-23	65.1%	56.2%	Mar-23	65.1%	57.2%	<p>Commissioned services in Wales and England have seen limited improvement in the number of Powys residents waiting under 26 weeks on a treatment pathway during 2022/23.</p>
Month	England (%)	Wales (%)																																						
Apr-22	63.1%	54.1%																																						
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<p>Powys residents waiting over 104 weeks for treatment - Source DHCW</p> <table><thead><tr><th>Month</th><th>England</th><th>Wales</th></tr></thead><tbody><tr><td>Apr-22</td><td>~50</td><td>~750</td></tr><tr><td>May-22</td><td>~50</td><td>~700</td></tr><tr><td>Jun-22</td><td>~50</td><td>~650</td></tr><tr><td>Jul-22</td><td>~50</td><td>~600</td></tr><tr><td>Aug-22</td><td>~50</td><td>~550</td></tr><tr><td>Sep-22</td><td>~50</td><td>~500</td></tr><tr><td>Oct-22</td><td>~50</td><td>~450</td></tr><tr><td>Nov-22</td><td>~50</td><td>~400</td></tr><tr><td>Dec-22</td><td>~50</td><td>~350</td></tr><tr><td>Jan-23</td><td>~50</td><td>~300</td></tr><tr><td>Feb-23</td><td>~50</td><td>~250</td></tr><tr><td>Mar-23</td><td>~50</td><td>~200</td></tr></tbody></table>	Month	England	Wales	Apr-22	~50	~750	May-22	~50	~700	Jun-22	~50	~650	Jul-22	~50	~600	Aug-22	~50	~550	Sep-22	~50	~500	Oct-22	~50	~450	Nov-22	~50	~400	Dec-22	~50	~350	Jan-23	~50	~300	Feb-23	~50	~250	Mar-23	~50	~200	<p>Pathways over 104 weeks in Commissioned services have improved overall through the 22/23 financial year. Although 419 remain breaching this target for March 2023 within Wales, and 10 breach in England for the same period.</p>
Month	England	Wales																																						
Apr-22	~50	~750																																						
May-22	~50	~700																																						
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Month	England	Wales																																						
Apr-22	2397	2607																																						
May-22	2391	2589																																						
Jun-22	2476	2634																																						
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<p>Number of patients waiting over 52 weeks for a new outpatient appointment (Wales only) - Source DHCW</p> <table><thead><tr><th>Month</th><th>Wales</th></tr></thead><tbody><tr><td>Apr-22</td><td>400</td></tr><tr><td>May-22</td><td>828</td></tr><tr><td>Jun-22</td><td>840</td></tr><tr><td>Jul-22</td><td>853</td></tr><tr><td>Aug-22</td><td>838</td></tr><tr><td>Sep-22</td><td>801</td></tr><tr><td>Oct-22</td><td>712</td></tr><tr><td>Nov-22</td><td>652</td></tr><tr><td>Dec-22</td><td>603</td></tr><tr><td>Jan-23</td><td>538</td></tr><tr><td>Feb-23</td><td>500</td></tr><tr><td>Mar-23</td><td>403</td></tr></tbody></table>	Month	Wales	Apr-22	400	May-22	828	Jun-22	840	Jul-22	853	Aug-22	838	Sep-22	801	Oct-22	712	Nov-22	652	Dec-22	603	Jan-23	538	Feb-23	500	Mar-23	403	<p>A key target for Welsh care providers was to eliminate those patients waiting over 52 weeks for a new outpatient appointment (1st appointment). Powys residents waiting are seeing improvement with the total number reducing to 403 as reported in March-23.</p>													
Month	Wales																																							
Apr-22	400																																							
May-22	828																																							
Jun-22	840																																							
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Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable.

Table 7

No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
67	Agency spend as a percentage of the total pay bill	✓	PTHB set trajectory target 8.4% Mar-23	Mar-23	10.4%	9.1%	8.9%	12th	6.7%
68	(R12) Sickness Absence	✓	PTHB set trajectory target 5.1% Mar-23	Mar-23	5.7%	6.0%	5.8%	4th	6.83%
69	% staff Welsh language listening/speaking skills level 2 (foundational level) and above	✓	Bi-annual improvement	6 months ending Sep-22	15.8%	16.1%	16.9%	5th	15.9%
70	Core Skills Mandatory Training	✓	85%	Mar-23	82.0%	81.0%	83.0%	3rd	83.6%
71	Performance Appraisals (PADR)	✓	85%	Mar-23	73.3%	73.0%	74.0%	5th	68.1%
72	Staff Engagement Score	✓	Annual Improvement	2020	79% (2018)		78.0%	1st	75%
73	% staff reporting their line manager takes a positive interest in their health & wellbeing	✓	Annual Improvement	2020	77% (2018)		75.5%	2nd	65.9%

PTHB compliance against the NHS Delivery Framework measures in Quadruple Aim 3 is:

Headline performance:

Welsh language is compliant with target for the 6 months ending September 2022/23, 16.9% of PTHB employees had recorded Welsh language speaking and listening skills at foundational level or above on electronic staff record (ESR), this is above the national average of 15.9%.

Exception and escalation measures:

- Agency spend has responded to demand and been challenged by staff sickness absence and recruitment challenges. Work ongoing to address improved roster compliance, targeted recruitment campaigns, increased use of bank over agency.
- Mandatory training compliance adversely impacted by increased service pressures and staff sickness absence. Work ongoing across PTHB Corporate and Operational Directorates to ensure prioritisation of mandatory training across all staff groups.
- Performance Appraisals compliance has remained below target due to staff absence, increased service demand and vacancies. PTHB Corporate and Operational Directorates are developing trajectories for improvement with ongoing performance addressed through series of directorate performance review meetings in 2023/24.

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Ministerial priorities for workforce in Wales, trajectories vs target

Table 8

Measure	Performance																																							
<p>Agency spend as a percentage of the total pay bill</p> <table><thead><tr><th>Month</th><th>Trajectory set</th><th>Performance reported</th></tr></thead><tbody><tr><td>Apr-22</td><td>8.0%</td><td>8.0%</td></tr><tr><td>May-22</td><td>8.0%</td><td>9.1%</td></tr><tr><td>Jun-22</td><td>8.0%</td><td>10.8%</td></tr><tr><td>Jul-22</td><td>8.0%</td><td>11.2%</td></tr><tr><td>Aug-22</td><td>8.0%</td><td>10.8%</td></tr><tr><td>Sep-22</td><td>8.0%</td><td>8.0%</td></tr><tr><td>Oct-22</td><td>8.0%</td><td>8.6%</td></tr><tr><td>Nov-22</td><td>8.0%</td><td>9.4%</td></tr><tr><td>Dec-22</td><td>8.0%</td><td>10.2%</td></tr><tr><td>Jan-23</td><td>8.0%</td><td>10.8%</td></tr><tr><td>Feb-23</td><td>8.0%</td><td>9.1%</td></tr><tr><td>Mar-23</td><td>8.0%</td><td>8.9%</td></tr></tbody></table>	Month	Trajectory set	Performance reported	Apr-22	8.0%	8.0%	May-22	8.0%	9.1%	Jun-22	8.0%	10.8%	Jul-22	8.0%	11.2%	Aug-22	8.0%	10.8%	Sep-22	8.0%	8.0%	Oct-22	8.0%	8.6%	Nov-22	8.0%	9.4%	Dec-22	8.0%	10.2%	Jan-23	8.0%	10.8%	Feb-23	8.0%	9.1%	Mar-23	8.0%	8.9%	<p>Agency pay bill responds to demand but has been challenged by staff sickness absence, and pressures to recruit a professional workforce in a rural area.</p>
Month	Trajectory set	Performance reported																																						
Apr-22	8.0%	8.0%																																						
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<p>Percentage of sickness absence rate of staff rolling 12 months</p> <table><thead><tr><th>Month</th><th>Trajectory set</th><th>Performance reported</th></tr></thead><tbody><tr><td>Apr-22</td><td>5.9%</td><td>5.9%</td></tr><tr><td>May-22</td><td>5.9%</td><td>5.9%</td></tr><tr><td>Jun-22</td><td>5.9%</td><td>5.9%</td></tr><tr><td>Jul-22</td><td>5.9%</td><td>5.9%</td></tr><tr><td>Aug-22</td><td>5.9%</td><td>6.0%</td></tr><tr><td>Sep-22</td><td>5.9%</td><td>6.0%</td></tr><tr><td>Oct-22</td><td>5.9%</td><td>6.0%</td></tr><tr><td>Nov-22</td><td>5.9%</td><td>6.0%</td></tr><tr><td>Dec-22</td><td>5.9%</td><td>6.1%</td></tr><tr><td>Jan-23</td><td>5.9%</td><td>6.0%</td></tr><tr><td>Feb-23</td><td>5.9%</td><td>6.0%</td></tr><tr><td>Mar-23</td><td>5.9%</td><td>5.8%</td></tr></tbody></table>	Month	Trajectory set	Performance reported	Apr-22	5.9%	5.9%	May-22	5.9%	5.9%	Jun-22	5.9%	5.9%	Jul-22	5.9%	5.9%	Aug-22	5.9%	6.0%	Sep-22	5.9%	6.0%	Oct-22	5.9%	6.0%	Nov-22	5.9%	6.0%	Dec-22	5.9%	6.1%	Jan-23	5.9%	6.0%	Feb-23	5.9%	6.0%	Mar-23	5.9%	5.8%	<p>Although marginally above trajectory rolling 12 performance remained close to submitted trajectory throughout 2022/23. Sickness is impacted by key issues including COVID-19, stress & anxiety, occupational health staff vacancies remain.</p>
Month	Trajectory set	Performance reported																																						
Apr-22	5.9%	5.9%																																						
May-22	5.9%	5.9%																																						
Jun-22	5.9%	5.9%																																						
Jul-22	5.9%	5.9%																																						
Aug-22	5.9%	6.0%																																						
Sep-22	5.9%	6.0%																																						
Oct-22	5.9%	6.0%																																						
Nov-22	5.9%	6.0%																																						
Dec-22	5.9%	6.1%																																						
Jan-23	5.9%	6.0%																																						
Feb-23	5.9%	6.0%																																						
Mar-23	5.9%	5.8%																																						

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation

Table 9

No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
74	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	✓	16% Reduction by 2025 Against 2018/19 NHS Wales Baseline	2020/21	17,021		24,120	N/A	
75	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	✓	Evidence Improvement	Mar-23			Amber	N/A	
76	Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme	✓	Delivery of Foundational Economy initiatives and/or evidence of improvements in	Mar-23			Green	N/A	
77	Qualitative report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes	✓	Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the	Mar-23			Amber	N/A	
78	Number of risk assessments completed on the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q4 2022/23	22473	32,716	36,646	6th	1,701,718
79	Number of wards using the Welsh Nursing Clinical Record	✓	4 quarter improvement trend	Q4 2022/23	7	8	8	6th	260
	Percentage of episodes clinically coded within one month post discharge end date		Maintain 95% target or demonstrate an improvement trend over 12 months	Mar-23	100.0%	100.0%	100%	1st	70.0%
81	Total antibacterial items per 1,000 STAR-PUS	✓	A quarterly reduction of 5% against a baseline of 2019-20	Q3 2022/23	260	237.6	333.2	2nd	358.7
83	Number of patients 65+ years prescribed an antipsychotic		Quarter on quarter reduction	Q3 2022/23	479	485	502	1st	10,342
84	Opioid average daily quantities per 1,000 patients	✓	4 quarter reduction trend	Q3 2022/23	4222.1	4218.2	4261.3	2nd	4,442.2

PTHB compliance against the NHS Delivery Framework measures in Quadruple Aim 4 is:

Headline performance:

- Number of PTHB wards using Welsh Nursing Clinical record has met the national target of 4 quarter trend improvement.
- Percentage of episodes clinically coded within one reporting month post episode discharge end date. PTHB continues to report 100% performance compliance since May 2022.

Exception and escalation measures:

- Increase in anti-microbial prescribing from Q2 to Q3 because of Strep A. Antimicrobial stewardship improvement plan in place.
- PTHB has lowest % of people aged 65 and over prescribed an anti-psychotic but reported an increase in Q3.
- PTHB has the second lowest level of opioid burden however has seen a steep increase in prescribing since Q4 2021/22. Ongoing work to raise awareness of the issues associated with opioid prescribing and variation in prescribing practice and inclusion of opioid prescribing in the Medicines Management Incentive Scheme.

Conclusion and forward look

The Health Board and the wider NHS continues to recover from the COVID-19 pandemic. The NHS's 75th anniversary provides an additional opportunity to reflect on performance and delivery. There are however a number of performance and financial challenges ahead.

The Health Board has prepared recovery plans to optimise delivery for those services that it provides. These include a transformational approach within their implementation and delivery. For commissioned services plans are being constructed with partner organisations to improve upon pre-pandemic levels of activity to both reduce waiting times and improve access times.

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Powys Teaching
Health Board

Annual Report 2022/2023

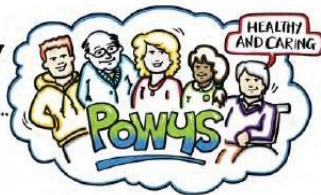
THE HEALTH AND CARE STRATEGY FOR POWYS 'AT A GLANCE'



WE ARE DEVELOPING
A VISION OF THE
FUTURE OF HEALTH
AND CARE IN POWYS...



TO
2027
AND BEYOND...



WE AIM TO DELIVER
THIS VISION THROUGH-OUT
THE LIVES OF THE PEOPLE
OF POWYS...



WE WILL SUPPORT
PEOPLE TO IMPROVE
THEIR HEALTH AND
WELLBEING THROUGH...



OUR PRIORITIES AND
ACTION WILL BE
DRIVEN BY CLEAR
PRINCIPLES...



THE FUTURE OF
HEALTH AND CARE
WILL IMPROVE
THROUGH...



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SECTION TWO: THE ACCOUNTABILITY REPORT

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Health Board

THE ACCOUNTABILITY REPORT 2022/2023



SIGNED BY:

DATE: 26 JULY 2023

**HAYLEY THOMAS
[INTERIM CHIEF EXECUTIVE]**

Patterson, Liz
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INTRODUCTION TO THE ACCOUNTABILITY REPORT

Powys Teaching Health Board is required, as are all Welsh NHS bodies, to publish an Annual Report and Accounts. Copies of previous years reports are accessible from the Health Board's [website](#).

A key part of the Annual Report is the Accountability Report. The requirements of the Accountability Report are based on the matters required to be dealt with in a Director's Report, as set out in Chapter 5 of Part 15 of the Companies Act 2006 and Schedule 7 of SI 2008 No 410, and in a Remuneration Report, as set out in Chapter 6 of the Companies Act 2006 and Schedule 8 of SI 2008 No 410.

The requirements of the Companies Act 2006 have been adapted for the public sector context and only need to be followed by entities which are not companies, to the extent that they are incorporated into the Treasury's Government Financial Reporting Manual (FReM) and set out in the 2022/2023 Manual for Accounts for NHS Wales, issued by the Welsh Government.

The Accountability Report is required to have three sections:

- A Corporate Governance Report
- A Remuneration and Staff Report
- A Parliamentary Accountability and Audit Report.
-

An overview of the content of each of these three sections is provided below:

The Corporate Governance Report

This section of the Accountability Report provides an overview of the governance arrangements and structures that were in place across Powys Teaching Health Board during 2022/2023. It also explains how these governance arrangements supported the achievement of the Health Board's objectives.

The Director of Corporate Governance / Board Secretary has compiled the report, the main document being the Annual Governance Statement. This section of the report has been informed by a review of the work taken forward by the Board and its Committees over the last 12 months and has had input from the Chief Executive, as Accountable Officer, Board Members and the Audit, Risk and Assurance Committee.

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In line with requirements set out in the Companies Act 2006, the Corporate Governance report includes:

- The Director's Report;
- A Statement of Accountable Officer Responsibilities;
- The Annual Governance Statement.

Remuneration and Staff Report

This report contains information about the remuneration of senior management, fair pay ratios and sickness absence rates and has been compiled by the Director of Workforce and Organisational Development, the Director of Finance, IT and Information Services and the Director of Corporate Governance / Board Secretary.

Senedd Cymru/Welsh Parliamentary Accountability and Audit Report

This report contains a range of disclosures on the regularity of expenditure, fees and charges, compliance with the cost allocation and charging requirements set out in HM Treasury guidance, material remote contingent liabilities, and the audit certificate and Auditor General for Wales Report.

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PART A: CORPORATE GOVERNANCE REPORT

This section of the Accountability Report provides an overview of the governance arrangements and structures that were in place across Powys Teaching Health Board during 2022/2023. It includes:

- A Director's Report
- A Statement of Accountable Officer Responsibilities
- A Statement of Executive Directors' Responsibilities in Respect of the Accounts
- The Annual Governance Statement

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1. THE DIRECTOR'S REPORT 2022/2023

Patterson Liz
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THE COMPOSITION OF THE BOARD AND MEMBERSHIP

Part 2 of The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 sets out the required membership of the Boards of Local Health Boards, the appointment and eligibility requirements of members, the term of office of non-officer members and associate members. In line with these Regulations the Board of Powys Teaching Health Board comprises:

- a chair;
- a vice-chair;
- officer members; and
- non-officer members.

The members of the Board are collectively known as “the Board” or “Board members”; the officer and non-officer members (which includes the Chair) are referred to as Executive Directors and Independent Members respectively. All members have full voting rights. In addition, the Director of Environment and Director of Corporate Governance positions are non-voting Board level posts.

Additionally, Welsh Ministers may appoint up to three associate members. Associate members have no voting rights.

Before an individual may be appointed as a member or associate member they must meet the relevant eligibility requirements, set out in Schedule 2 of The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009, and continue to fulfil the relevant requirements throughout the time that they hold office.

The Regulations can be accessed via the Government’s legislation website: <http://www.legislation.gov.uk/wsi/2009/779/contents/made>

VOTING MEMBERS OF THE BOARD DURING 2022/2023

During 2022/2023, the following individuals were voting members of the Board of Powys Teaching Health Board:

Independent Members (IM)		
Vivienne Harpwood	Chair	To 16/09/2022
Carl Cooper	Chair	From 17/09/2022
Kirsty Williams	Vice-Chair	Full Year
Anthony Thomas	IM (Finance)	Full Year
Matthew Dorrance	IM (Local Authority)	To 30/06/2022
Chris Walsh	IM (Local Authority)	From 01/11/2022
Jennifer Owen Adams	IM (Third Sector)	From 30/08/2022
Frances Gerrard	IM (University)	To 30/06/2022

Simon Wright	IM (University)	From 08/08/2022
Ian Phillips	IM (ICT)	Full Year
Cathie Poynton	IM (Trade Union)	Full Year
Mark Taylor	IM (Capital & Estates)	Full Year
Rhobert Lewis	IM (General)	Full Year
Ronnie Alexander	IM (General)	Full Year
Executive Directors		
Carol Shillabeer	Chief Executive	Full Year
Julie Rowles	Executive Director of Workforce and OD	To 03/02/2023 (in post but absent from work resulting in interim cover arrangements as outlined below)
Debra Wood-Lawson	Interim Executive Director of Workforce and Organisational Development	From 03/10/2022
Pete Hopgood	Executive Director of Finance, Information and IT Services	Full Year
Hayley Thomas	Deputy Chief Executive and Interim Executive Director of Primary, Community Care and Mental Health	Full Year
Kate Wright	Executive Medical Director	Full Year
Claire Roche	Executive Director of Nursing and Midwifery	Full Year
Claire Madsen	Executive Director of Therapies and Health Sciences	Full Year
Mererid Bowley	Interim Executive Director of Public Health	From 27/06/2022
Stephen Powell	Interim Executive Director of Planning and Performance	Full Year

Patterson, Liz
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During 2022/2023, vacancies in the Board consisted of:

Independent Member	Executive Director
<ul style="list-style-type: none">• Independent Member (Local Authority) from 01/07/2022 to 31/10/2022• Independent Member (Third Sector) from 01/04/2022 to 29/08/2022• Independent Member (University) from 01/07/2022 to 07/08/2022	<ul style="list-style-type: none">• Executive Director of Public Health from 01/04/2022 to 26/06/2022

Whilst a small number of roles on the Board were vacant for short periods, responsibilities were covered by other Board members to ensure continuity of business and effective governance arrangements. Independent Members attended Board Committee meetings where necessary to ensure meetings remained quorate and the Board's duties could be discharged.

The Deputy Director of Workforce and Organisational Development deputised for the Executive Director of Workforce and Organisational Development until the appointment of an Interim Director of Workforce and Organisational Development.

NON-VOTING MEMBERS OF THE BOARD DURING 2022/2023

Jamie Marchant was the Director of Environment (a member of the Executive team and non-voting attendee at Board meetings).

Helen Bushell was appointed to the post of Director of Corporate Governance / Board Secretary on 9 January 2023, (a member of the Executive team and non-voting attendee at Board meetings).

Nina Davies, Interim Director of Social Services, Powys County Council was appointed, by the Minister for Health and Social Services, to the role of Associate Member (non-voting member of the Board) on 1 January 2023.

Further details in relation to role and composition of the Board can be found within the Annual Governance Statement. The Annual Governance Statement also contains further information in respect of the Board and Committee Activity.

AUDIT, RISK AND ASSURANCE COMMITTEE

During 2022/2023, the following individuals were members of the Audit, Risk and Assurance Committee:

Independent Members (IM)		
Anthony Thomas	Committee Chair – IM (Finance)	From 01/04/2022 to 18/07/2022
	Vice Chair – IM (Finance)	From 19/07/2022
Mark Taylor	Committee Vice-Chair – IM (Capital & Estates)	From 01/04/2022 to 18/07/2022
	Committee Chair – IM (Capital & Estates)	From 19/07/2022
Matthew Dorrance	IM (Local Authority)	From 01/04/2022 to 30/06/2022
Rhobert Lewis	IM (General)	Full Year
Ronnie Alexander	IM (General)	Full Year
Executive Team Officers by Attendance Only		
Carol Shillabeer	Chief Executive	Full Year
Pete Hopgood	Executive Director of Finance and IT	Full Year
James Quance	Interim Board Secretary	From 01/04/2022 to 31/12/2022
Helen Bushell	Director of Corporate Governance / Board Secretary	From 09/01/2023

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DECLARATION OF INTERESTS

Details of company Directorships and other significant interests held by members and attendees of the Board which may conflict with their responsibilities are maintained and updated on a regular basis. A register of Interests is available on the Health Board's [website](#), or a hard copy can be obtained from the Director of Corporate Governance / Board Secretary.

PERSONAL DATA RELATED INCIDENTS

Information on personal data related incidents formally reported to the Information Commissioner's office and "serious untoward incidents" involving data loss or confidentiality breaches are detailed within the Annual Governance Statement on [page 19](#).

ENVIRONMENTAL, SOCIAL AND COMMUNITY ISSUES

Social and community involvement has been integral to capital project developments such as the reconfiguration of Bro Ddyfi hospital with a range of measures related to Community Benefits captured and reported to Welsh Government with the principles of sustainable development embodied in the approach. This has also recognised the importance of 'art in health', sensory garden space for community and therapy use, and the provision of several community accessible rooms within the hospital.

A statement regarding the Health Board's actions in relation to environmental issues is provided on [page 75](#) of the Accountability Report. Reference to social and community issues can be found on [page 7](#) of the Performance Report in relation to the North Powys Wellbeing Programme.

STATEMENT OF PUBLIC SECTOR INFORMATION HOLDERS

As the Accountable Officer of Powys Teaching Health Board and in line with the disclosure requirements set out by the Welsh Government and HM Treasury, I confirm that the Health Board has complied with the cost allocation and charging requirements set out in HM Treasury guidance during the year.

Please note Carol Shillabeer was seconded to Betsi Cadwaladr University Health Board from the 3 May 2023 so whilst Carol was the Chief Executive Officer (and Accountable Officer) for the 2022/2023 year, at the time of submitting and then signing these statements, Hayley Thomas was the Chief Executive Officer.

SIGNED BY:

DATE: 26 JULY 2023

HAYLEY THOMAS

[INTERIM CHIEF EXECUTIVE]

2. STATEMENT OF ACCOUNTABLE OFFICER RESPONSIBILITIES: 2022/2023

Patterson Liz
24/07/2023 09:47:06

STATEMENT OF MY CHIEF EXECUTIVE RESPONSIBILITIES AS ACCOUNTABLE OFFICER OF POWYS TEACHING HEALTH BOARD

The Welsh Ministers have directed that the Chief Executive, should be the Accountable Officer of Powys Teaching Health Board.

The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by the Welsh Government.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as the Accountable Officer.

I also confirm that:

- As far as I am aware, there is no relevant audit information of which Powys Teaching Health Board's auditors are unaware. I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that Powys Teaching Health Board's auditors are aware of that information;
- Powys Teaching Health Board's Annual Report and Accounts as a whole is fair, balanced, and understandable. I take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced, and understandable;
- I am responsible for authorising the issue of the financial statements on the date they were certified by the Auditor General for Wales.

SIGNED BY:

DATE: 26 JULY 2023

**HAYLEY THOMAS
[INTERIM CHIEF EXECUTIVE]**

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3. STATEMENT OF EXECUTIVE DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS FOR 2022/2023

Patterson Liz
24/07/2023 09:47:06

STATEMENT OF EXECUTIVE DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS FOR 2022/2023

The Executive Directors of Powys Teaching Health Board are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the Health Board and of the income and expenditure of the Health Board for that period.

In preparing those accounts the Executive Directors are required to:

- apply accounting principles on a consistent basis, that are laid down by the Welsh Ministers with the approval of the Treasury
- make judgements and estimates that are responsible and prudent; and
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

On behalf of the Executive Directors of Powys Teaching Health Board we confirm:

- that we have complied with the above requirements in preparing the 2022/2023 accounts: and
- that we are clear of our responsibilities in relation to keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the authority, and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned direction by the Welsh Ministers.

By order of the Board

SIGNED BY:

DATE: 26 JULY 2023

CARL COOPER [CHAIR]

SIGNED BY:

DATE: 26 JULY 2023

HAYLEY THOMAS [INTERIM CHIEF EXECUTIVE]

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SIGNED BY:

DATE: 26 JULY 2023

**PETE HOPGOOD [INTERIM DEPUTY CHIEF EXECUTIVE / EXECUTIVE
DIRECTOR OF FINANCE, IT AND INFORMATION SERVICES]**

Patterson, Liz
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4. ANNUAL GOVERNANCE STATEMENT

Patterson Liz
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Scope of Responsibility

The Board is accountable for Governance, Risk Management, and Internal Control. As Chief Executive of the Health 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 the organisation's assets for which I am personally responsible. These are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

The annual report outlines the different ways the organisation has had to work both internally and with partners in response to the unprecedented pressure in planning and providing services. It explains arrangements for ensuring standards of governance are maintained, risks are identified and mitigated, and assurance has been sought and provided. Additional information is provided in the Governance Statement where necessary. However, the intention has been to reduce duplication where possible. It is therefore necessary to review other sections in the Annual Report alongside this Governance Statement.

I am held to account for my performance by the Chair of the Board and the Chief Executive and Accounting Officer for the NHS in Wales. I have formal performance meetings with both the Chair and the Chief Executive of NHS Wales. Further, the Executive Team of the Health Board meet with the senior leaders of the Department of Health and Social Services on a regular basis.

During 2022/2023, the Health Board and the NHS in Wales continued to face substantial pressure in planning and responding to COVID-19 as well as recovering from the impacts of the pandemic. 2022/2023 was seen as a period to transition from COVID-19 arrangements to business as usual. Internal escalated governance arrangements were put in place between 7 December 2022 and 1 March 2023 in response to winter system resilience including industrial workforce action. Outside formal meetings Board Members remained fully informed receiving briefings at Board Development or Board briefing sessions. Further detail on maintaining good governance during 2022/2023 is provided within this Annual Governance Statement.

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FUNCTIONS HOSTED BY POWYS TEACHING HEALTH BOARD

In compliance with requests made by the Welsh Ministers, the Health Board hosts the following functions:

- **The seven Community Health Councils that operate across Wales and the Board of Community Health Councils in Wales:** The Community Health Councils operate across Wales and provide help and advice if citizens have problems with, or complaints about, NHS services. They ensure that citizens' views and needs influence the policies and plans put in place by health providers in their area. They monitor the quality of NHS services from a citizen's perspective and provide information about access to the NHS. The Board of Community Health Councils in Wales was established in April 2004 with the aim to advise, assist and monitor the Community Health Councils with respect to the performance of their functions, and to represent their collective views and interests to the Welsh Ministers.

In 2015, the regulations were revised, and it was clearly stated that the Board had responsibility of setting standards and to monitor the performance of the Community Health Councils, the conduct of members and performance of officers as well as operating a Complaints Procedure.

Under the Health and Social Care (Quality and Engagement Act) (Wales) 2020, a new all Wales body, the Citizen's Voice Body, known as Llais, will replace the CHCs as of 1 April 2023. This therefore means the Health Board will no longer host the CHCs (or the new Citizens Voice Body) with effect from 1 April 2023.

- **Health and Care Research Wales (HCRW):** HCRW is a national, multi-faceted, virtual organisation funded and overseen by the Welsh Government's Division for Social Care and Health Research. It provides an infrastructure to support and increase capacity in research and development, runs a number of funding schemes, and manages the NHS research and development funding allocation in Wales. Its aim is to generate and support excellent research to improve the health and care of people in Wales across a range of conditions and settings.

The Board of PTHB is not responsible for the delivery of the objectives of these functions, or their day-to-day management. However, it is responsible for ensuring that the functions are staffed using appropriate recruitment mechanisms, and that PTHB's Standing Financial Instructions and Workforce and Organisational Development policies are complied with.

The Health Board has nominated its Executive Director of Workforce and Organisational Development as the Lead Executive Director for these functions. Key officers from Finance, IT, Governance and Workforce teams have been identified to provide support to the functions, as appropriate.

During 2022/2023 we continued to work with Welsh Government to strengthen the governance and accountability arrangements for the functions that we host, and on the transfer of the CHC to the Citizens Voice Body.

OUR GOVERNANCE AND ASSURANCE FRAMEWORKS

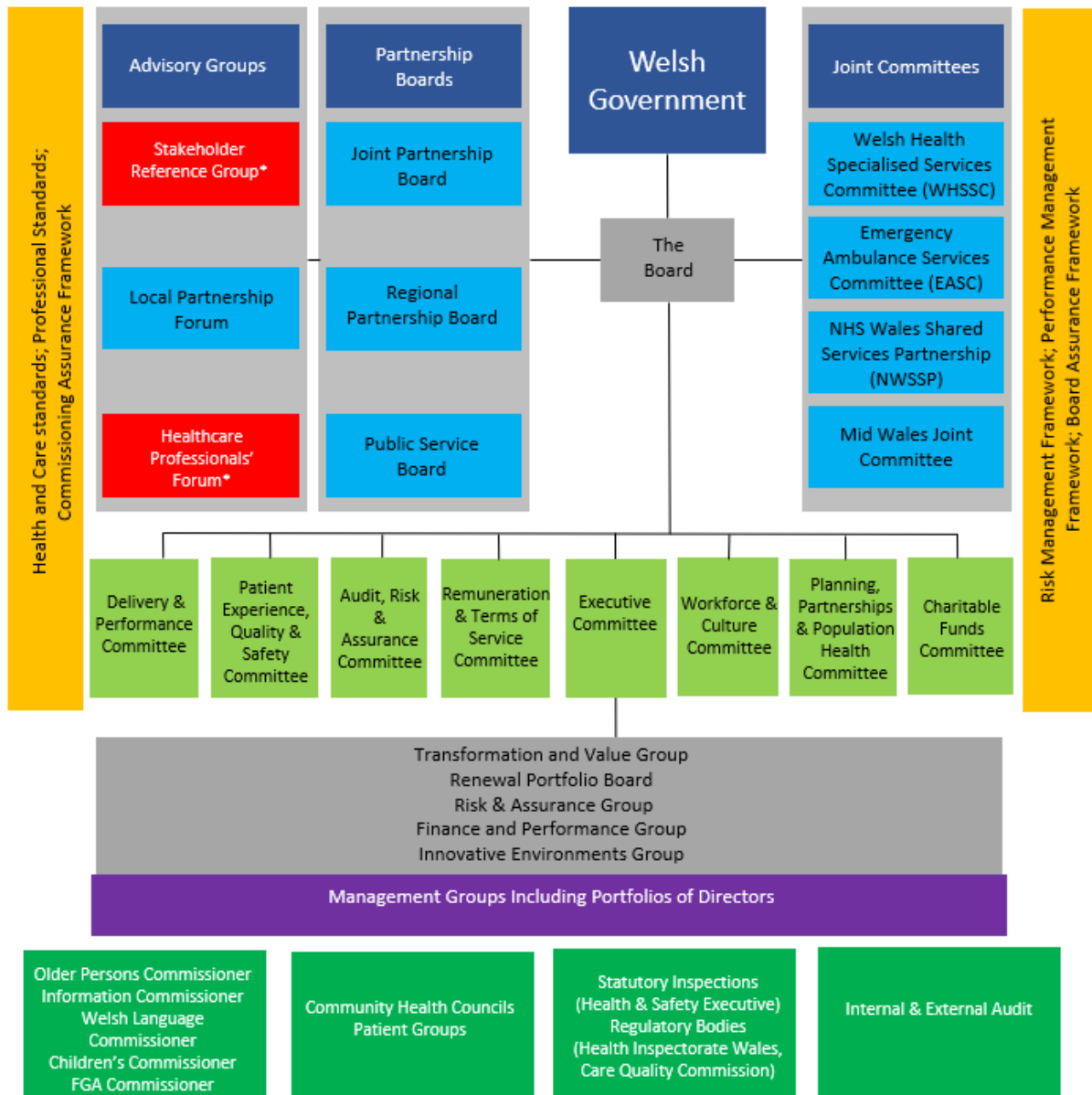
Powys Teaching Health Board has a clear purpose from which its strategic aims and objectives have been developed. Our vision is to enable a 'Healthy Caring Powys'. The Board is accountable for setting the organisation's strategic direction, ensuring that effective governance and risk management arrangements are in place and holding Executive Directors to account for the effective delivery of its three year Integrated Medium Term Plan (IMTP) and Annual Delivery Plan. The Integrated Medium Term Plan was approved by Board on 30 March 2022. A copy of our Integrated Medium-Term Plan for 2022-2025 can be found on the Health Board [website](#).

The Board keeps its governance and assurance frameworks under review. Current arrangements have been in place since July 2021.

Figure 1 on the page that follows provides an overview of the governance frameworks that were in operation during 2022/2023:

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Powys Teaching Health Board Governance and Assurance Framework



* Yet to be established

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THE BOARD

The Board has been constituted to comply with the Local Health Board (Constitution, Membership and Procedures) (Wales) Regulations 2009. 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. Details of those who sit on the Board are published on the Health Board [website](#). Further information is also provided within the Director's Report.

The Board sits at the top of the organisation's governance and assurance systems. Its principal role is to exercise effective leadership, provide strategic direction and control. The Board is accountable for governance and internal control in the organisation, and I, as the Chief Executive and Accountable Officer, am responsible for maintaining appropriate governance structures and procedures. In summary, the Board:

- sets the strategic direction of the organisation within the overall policies and priorities of the Welsh Government and the NHS in Wales;
- establishes and maintains high standards of Corporate Governance;
- sets the risk appetite for the organisation and provides oversight of strategic risks;
- ensures the delivery of the aims and objectives of the organisation through effective challenge and scrutiny of performance across all areas of responsibility;
- monitors progress against the delivery of strategic and annual objectives; and
- ensures effective financial stewardship by effective administration and economic use of resources.

STANDARDS OF BEHAVIOUR

The Welsh Government's *Citizen-Centred Governance Principles* apply to all the public bodies in Wales. These principles integrate all aspects of governance and embody the values and standards of behaviour expected at all levels of public services in Wales.

The Board is strongly committed to the Health Board being value-driven, rooted in 'Nolan' principles and high standards of public and behaviour including openness, customer service standards, diversity and engaged leadership. The Board has in place a Standards of Behaviour Policy, which sets out the Board's expectations and provides guidance so that individuals are supported in delivering that requirement.

The Standards of Behaviour Policy re-states and builds on the provisions of Section 7, Values and Standards of Behaviour, of the Health Board's Standing Orders. It re-emphasises the commitment of the Health Board to ensure that it operates to the highest standards, the roles, and responsibilities of those employed by the Health Board, and the arrangements for ensuring that declarations of interests, gifts, hospitality and sponsorship can be made. The policy also aims to capture public acceptability of behaviours of those working in the public sector in order that the Health Board can be seen to have exemplary practice in this regard.

Details of the Board's Standards of Behaviour Policy incorporating Declarations of Interest, Gifts, Hospitality and Sponsorship, is available on the Health Board's [website](#).

STANDING ORDERS AND SCHEME OF RESERVATION AND DELEGATION

The Health Board's governance and assurance arrangements have been aligned to the requirements set out in the Welsh Government's Governance e-manual and the Citizen Centred Governance Principles. Care has been taken to ensure that governance arrangements also reflect the requirements set out in HM Treasury's 'Corporate Governance in Central Government Departments: Code of Good Practice 2017.

The Board has approved Standing Orders for the regulation of proceedings and business. They are designed to translate the statutory requirements set out in the Local Health Board (Constitution, Membership and Procedures) (Wales) Regulations 2009 into day-to-day operating practice. Together with the adoption of a scheme of matters reserved for the Board, a detailed scheme of delegation to officers and Standing Financial conduct of the Health Board and define "its ways of working". The Standing Orders in place during 2022-2023 were adopted by the Board on 27 November 2019, with minor amendments adopted at Board on 28 July 2021 and 25 May 2022, and are available on the Health Board's [website](#).

The Board, subject to any directions that may be made by the Welsh Ministers, is required to make appropriate arrangements for certain functions to be carried out on its behalf. This enables the day-to-day business of the Health Board may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. The Committee structure is outlined in the following section and the Terms of Reference are available on the Health Board's [website](#).

COMMITTEES OF THE BOARD

Section 3 of Powys Teaching Health Board's Standing Orders provides that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions."*

In line with these requirements the Board has established a standing Committee structure, which it has determined best meets the needs of the Health Board, while taking account of any regulatory or Welsh Government requirements. Each Committee is chaired by an Independent Member of the Board, with the exception of the Executive Committee which is chaired by the Chief Executive as Accountable Officer and is constituted to comply with Welsh Government's Good Practice Guide – Effective Board Committees. All Committees regularly review their Terms of Reference and Work Plans to support the Board's business. Committees also work together on behalf of the Board to ensure that work is planned cohesively and focusses on matters of greatest risk that would prevent the Health Board from meeting its vision, aims and objectives.

As part of the regular review of Board arrangements changes to the Committee structure were agreed at Board on 28 July 2021 and Terms of Reference for each Committee were agreed at Board on 29 September 2021. The following Committee structure is in place:

- Audit, Risk and Assurance Committee;
- Charitable Funds Committee;
- Delivery and Performance Committee;
- Executive Committee;
- Patient Experience, Quality and Safety Committee;
- Planning, Partnerships and Population Health Committee;
- Remuneration and Terms of Service Committee;
- Workforce and Culture Committee.

The detailed Terms of Reference, agendas and papers for each of the current Committees can be found on the Health Board's [Website](#).

The Chair of each Committee reports the business of each meeting to the Board on the committee's activities and any matters of concern or escalation to be brought to the attention of the Board, through a Chair's report. This contributes to the Board's assessment of risk, level of assurance and scrutiny against the delivery of objectives. Annual reports will be prepared for individual committees after year-end.

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The Board and Committee Effectiveness review was undertaken in a Board Development session. The review involved a survey of all Board members and the Board considered arrangements to be appropriate. Decision logs for Board and committees are maintained and used to inform the summary of Board and committee business. Decisions are recorded within minutes which are reported at the following Board or committee meeting.

With the limitations on public gatherings introduced early in the pandemic the Health Board moved to holding Board and Committee meetings virtually, via electronic means. This is not in accordance with the Public Bodies (Admissions to Meetings) Act 1960 whereby the organisation is required to hold its meetings in public. The Health Board is committed to openness and transparency and conducts as much of its Board and Committee business as possible in a session that members of the public are normally welcome to attend and observe. This is either via a livestream (Board meetings), or by inviting members of the public to contact the Director of Corporate Governance to request arrangements be made for an opportunity to observe Committee meetings which are not livestreamed. The following notice is included in each Committee agenda:

Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.

However, considering the current advice and guidance in relation to Coronavirus (COVID-19), the Board has agreed to run meetings virtually by electronic means as opposed to in a physical location, for the foreseeable future. This will unfortunately mean that members of the public will not be able attend in person. The Board has taken this decision in the best interests of protecting the public, our staff and Board members.

The Board is considering plans to enable its committee meetings to be made available to the public via live streaming. In the meantime, should you wish to observe a virtual meeting of a committee, please contact the Director of Corporate Governance/Board Secretary in advance of the meeting in order that your request can be considered on an individual basis (please contact Helen Bushell, Director of Corporate Governance/Board Secretary, helen.bushell2@nhs.wales.uk).

These arrangements have continued in relation to Health Board committee meetings throughout the year. It is acknowledged that Standing Orders have not been fully complied with in terms of access to Board Committee meetings. However, the arrangements outlined above have been put in place to mitigate for this and are in the public interest.

The format and method of holding Board meetings continues to be under frequent review.

Figures 2 below provide an overview of the role and responsibilities of the Board's Committees, as set out within respective Terms of Reference.

Figure 3 below provides an overview of Board and Committee meetings held during 2022/2023.

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FIGURE 2: ROLES AND RESPONSIBILITIES OF COMMITTEES OF THE BOARD FROM APRIL 2022 – MARCH 2023



FIGURE 3: BOARD AND COMMITTEE MEETINGS HELD DURING 2022/2023

Board/ Committee	Dates											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Board	28	25 & 31	14	27		28		30		25		29
Audit Risk and Assurance	26	17	13	18		27		15		31		21
Charitable Funds	26		14			23			07	16		01
Delivery and Performance		03	23			12		11			28	
Patient Experience Quality and Safety		12		07		13		24			23	
Planning, Partnerships and Population Health	07			14			20			19		
Remuneration and Terms of service		12		28		26			05	31		06 & 29
Workforce and Culture		31				20			13			14*

*It should be noted that it was necessary to cancel the March meeting of Workforce and Culture Committee in 2022/2023 at short notice, it was not possible to rearrange the meeting before the end of the corporate year. The Workforce and Culture Committee have thus not complied with the requirement to meet quarterly during this period. To avoid a long gap between meetings of the Committee, the first meeting of the Committee in 2023/2024 has been brought forward by a month whereafter the normal quarterly cycle will resume.

Details of Board Members and their attendance at the Board can be found at **Appendix 1** on **page 87**.

ITEMS CONSIDERED BY THE BOARD IN 2022/2023

During 2022/2023 the Board held:

- eight public meetings, all virtual, livestreamed and video uploaded after the meeting
- five In-Committee (private) meetings
- an Annual General Meeting
- one Chair's Action
- two Board Briefings; and
- nine Board development sessions.

All meetings of the Board held in 2022/2023 were appropriately constituted with the required quorum.

Board Activity:

During the year, the Board considered a number of key issues and took action where appropriate, these are summarised below:

Standing Items:

- Experience Stories (patient and staff)
- Report of Chair
- Report of Vice-Chair
- Report of CEO
- Minutes from previous meetings
- Performance Reports on:
 - the three year Integrated Medium Term Plan
 - the one year Delivery Plan; and
 - Financial Performance
- Corporate Risk Register
- Assurance Reports from:
 - Board Committees
 - Joint Committees
 - Partnerships
 - Advisory Group
- Report from Chief Officer of Community Health Council

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Board approved the following items:

- Charitable Funds Annual Report and Accounts 2020/2021
- General Medical Services Out of Hours
- Scheme of Delegation and Reservation of Powers
- Annual Accountability Report
- Letter of Representation
- Welsh Language Standards Annual Monitoring Report 2021/2022
- Equality, Diversity and Inclusion Annual Report 2021/2022
- Annual Report on Civil Contingencies
- Integrated Performance Framework
- Section 28A agreements
- Covid-19 Public Inquiry (module roles)
- Charitable Funds Strategy
- Management of Policies, Procedures and Written Control Documents
- Risk Management Framework and Risk Appetite Statement
- Winter Resilience Report
- Charitable Funds Annual Report and Annual Accounts 2022/2023
- Integrated Plan 2023-2026
- New Velindre Cancer Centre Full Business Case

Board noted the following items:

- Wellbeing Assessments
- Population Needs Assessment
- Report of sealed documents
- Annual Financial Statements
- Winter Planning

Board considered the following items:

- Renewal Priority – Breathe Well
- Health Wales Whole System Approach to Obesity Prevention
- Renewal Priority – Cancer Programme
- Health Inequalities Report
- Digital First Overview Report

ITEMS CONSIDERED BY COMMITTEES OF THE BOARD

During 2022/2023, Board Committees considered and scrutinised a range of reports and issues relevant to the matters delegated to them by the Board. Reports considered by the Committees included a range of internal audit reports, external audit reports and reports from other review and

regulatory bodies, such as Healthcare Inspectorate Wales and the Health and Safety Executive.

As was the case in previous years, the Committees' consideration and analysis of such information has played a key role in my assessment of the effectiveness of internal controls, risk management arrangements and assurance mechanisms.

The Committees also considered and advised on areas of local and national strategic developments and new policy areas. Board Members are also involved in a range of other activities on behalf of the Board, such as Board Development sessions, attending partnership meetings, shadowing and a range of other internal and external meetings.

An overview of the key areas of business of the Board committees is set out in **Figure 4**:

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Figure 4: Key Areas of Focus of Committees of the Board (in summary)

Audit, Risk and Assurance Committee	<ul style="list-style-type: none"> ▪ ratified approval of Single Tender Waivers ▪ received the Internal Audit Annual Report and Opinion ▪ approved the Annual Internal Audit Plan ▪ received Internal and External Audit Reports and tracked implementation of audit recommendations ▪ received Counter Fraud updates and reports ▪ tracked implementation of Welsh Health Circulars ▪ kept under review the Health Board's arrangements for risk management and assurance ▪ reviewed and sought assurance on the accuracy of the Annual accounts and Annual accountability statement ▪ reviewed and sought assurance on the Charitable Funds Annual report and accounts ▪ reviewed and sought assurance on the accuracy of annual reports ▪ received Annual Register of Interests ▪ reviewed and sought assurance on the Annual Governance Programme ▪ reviewed and sought assurance on losses and special payments.
Executive Committee	<ul style="list-style-type: none"> ▪ provided advice to the Board in relation to the development of the Integrated Plan for 2023-2026 ▪ reviewed and provided advice to the Board in relation to the identification and management of corporate risks ▪ reviewed and sought assurance in relation to limited and no assurance internal and external audit reports ▪ received various service-based business cases, service, and improvement plans, making decisions relevant to operational delivery of the Boards strategy and in-year plan

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	<ul style="list-style-type: none"> ▪ took forward actions arising from the Integrated Performance Report and performance managing the delivery of those action plans ▪ kept the operational effectiveness of policies and procedures under review ▪ scrutinised key reports and strategies prior to their submission to other Committees of the Board and/or the Board to ensure their accuracy and quality ▪ provided a strategic view of issues of concern ensuring co-ordination between Executive Directorates ▪ provided advice to the Committees of the Board and/or the Board on matters related to quality, safety, planning, commissioning, service level agreements and change management initiatives ▪ ensured staff are kept up to date on Health Board wide issues ▪ acted as the forum in which Executive Directors and senior managers can formally raise concerns and issues for discussion, making decisions on these issues.
Charitable Funds Committee	<ul style="list-style-type: none"> ▪ scrutinised applications for charitable funds; ▪ kept an overview of charitable funds income and expenditure ▪ reviewed and recommended to the Board the Charity's Annual report and Annual accounts.
Delivery and Performance Committee	<ul style="list-style-type: none"> ▪ sought assurance on performance on the Integrated Medium Term Plan and Delivery Plan ▪ reviewed the Performance section of the Annual Report ▪ sought assurance on financial performance, closely scrutinising areas of cost pressure and savings plans ▪ scrutinised primary care performance (General Medical Services, General Dental Services, Community Pharmacy and Out of Hours) ▪ reviewed Digital First Updates ▪ reviewed Innovative Environments updates, including seeking assurance on Health and Safety matters ▪ sought assurance on the Information Governance and Records Management Improvement plans

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	<ul style="list-style-type: none"> ▪ reviewed Strategic Renewal Portfolio priorities including Value Based Healthcare, Children and Young People, Urgent and Emergency Care and Community Model ▪ sought assurance on the Committee based Corporate Risk Register.
Patient Experience, Quality and Safety Committee	<ul style="list-style-type: none"> ▪ scrutinised the Integrated Quality Report including: <ul style="list-style-type: none"> ○ implementation of the Quality and Engagement Act ○ scrutinise Commissioning Escalation Report ○ monitor Incidents and Concerns ○ monitor the Inspections and External Bodies Report and Action Tracking ○ sought assurance on patient experience ○ sought assurance on Infection, Prevention and Control including nosocomial updates. ▪ monitored Maternity Services Assurance reports including local escalation and de-escalation of Maternity Services ▪ received the Annual Reports of the Accountable Officer Controlled Drugs ▪ monitored compliance with Mental Health legislation ▪ scrutinised the Board's Clinical Quality Framework ▪ sought assurance on the Committee based Corporate Risk Register.
Planning, Partnerships and Population Health Committee	<ul style="list-style-type: none"> ▪ reviewed the strategic change report ▪ reviewed development of the Integrated Plan ▪ sought assurance on the Regional Partnership Board programmes ▪ sought assurance on the Wellbeing Assessment and Population Assessment ▪ monitored primary care cluster planning ▪ sought assurance on Smoke Free Premises and Vehicles compliance ▪ sought assurance on the Covid-19 Vaccination Programme 2022/2023 ▪ sought assurance on the delivery of Multi-Agency Plan for ALN and Education Tribunal (Wales) Act 2018 ▪ sought assurance on the Tobacco control Delivery Plan

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	<ul style="list-style-type: none"> ▪ sought assurance on the Healthy Schools and Healthy Preschools schemes ▪ approved the Healthy Wales Whole System Approach to Obesity Prevention ▪ sought assurance on the Committee based Corporate Risk Register.
Workforce and Culture Committee	<ul style="list-style-type: none"> ▪ scrutinised the Workforce Performance Reports ▪ scrutinised the Equality, Diversity and Inclusion monitoring report ▪ sought assurance on Workforce Futures: <ul style="list-style-type: none"> ○ Carers and Volunteers) ○ Workforce and Planning ○ Education and Training ○ Leadership and Team Development ○ Intensive Learning Academy ▪ sought assurance and on the Communications and Engagement six month report ▪ reviewed the implementation of agile working and new ways of working ▪ sought assurance on staff wellbeing ▪ received the Welsh Language Standards Annual Report 2020/2021 ▪ considered Staff Wellbeing including regulatory report and management response (Caring for the Carers) ▪ received the Medical Job Planning Annual Report ▪ received the Communications and Engagement Situation Report ▪ sought assurance on the Committee based Corporate Risk Register

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BOARD DEVELOPMENT

During the year, the Board took part in a number of development and briefing sessions which covered the following topics:

- Board and Committee Effectiveness (2021/2022);
- Discussion on learning from significant reviews;
- Climate and carbon;
- Procurement Training;
- Charities Governance and Strategy;
- Development of The Board;
- Risk identification and Risk Registers;
- Review of Board level frameworks;
- Integrated Medium Term Planning;
- Financial Planning;
- Accelerated Sustainable Model development;
- Duty of Quality and Duty of Candour.

The Board has scheduled its annual self-assessment and reflection for 2022/2023 to take place in quarter 1 of 2023 (to include consideration of the effectiveness of its committees).

ADVISORY GROUPS

PTHB's Standing Orders require the Board to have three advisory groups in place. When active, these allow the Board to seek advice from and consult with staff and key stakeholders. They are:

- a Stakeholder Reference Group;
- a Local Partnership Forum; and
- a Healthcare Professionals' Forum.

Information in relation to the role and terms of reference of each Advisory Group can be found in the Health Board's Standing Orders on the Health Board [website](#).

The Local Partnership Forum (LPF) is well established. Work has continued during 2022/2023 to strengthen the Forum's operating arrangements and maximise its role in providing advice to the Board. The Forum has considered the Integrated Medium Term Plan, reviewed the Terms of Reference, received regular updates on the financial position, workforce analysis and a summary report from the Director of Workforce and OD. Other areas considered include agile working, staff facilities, services at Knighton and Crug Ward, Brecon, winter preparedness, industrial action,

carparking across the estate and support mechanisms for wellbeing. All reports have a staffside focus.

The Standing Orders require the Health Board to constitute a Stakeholder Reference Group and Healthcare Professionals Forum. System pressures have meant that progress was not made to constitute these groups during 2022/2023. The Health Board therefore declares a non-compliance with our Standing Orders in so far as these two forums are concerned.

In the absence of the Healthcare Professionals Forum, the Board engages clinical professionals through its clinical Executive Directors (Medical, Nursing and Midwifery, Therapies and Health Sciences and Public Health), and existing management groups such as the Heads of Nursing and Midwifery Group and the Heads of Therapies. The Health Board also engages with GPs through its cluster arrangements, other primary care contractors through established forums and with many representative and regulatory bodies.

In the absence of the Stakeholder Reference Group the Board engages with partners and stakeholders through robust local partnership arrangements which make best use of the coterminous relationship between the Health Board, Local Authority and third sector umbrella body, PAVO. This includes the Powys Public Service Board, Powys Joint Partnership Board (Health Board and Local Authority) and Powys Regional Partnership Board.

The Regional Partnership Board has well established engagement mechanisms to inform an integrated health and care agenda, with user voice and stakeholder engagement networks in place. The RPB's Engagement and Insight Network also brings together engagement officers from across partner organisations to ensure a co-ordinated and collaborative approach to community engagement. This puts the citizen at its heart, as evidence through a joined-up engagement approach to inform the develop of well-being and population assessments, and the area plan and well-being plan. Constructive relationships have also been in place during the year with the Powys Community Health Council at both County and Local Committee level. Work is under way to transition these relationships into Llais, the new Citizen Voice Body for health and care, so that we can work together on co-productive community engagement to shape the future of health and care.

Given the complex geography of Powys and our dependence on care pathways to multiple acute and tertiary providers outside our borders, we also need to take a bespoke and localised approach to service engagement that works closely with the most relevant stakeholders. For example, focused activity across North Powys as part of our North Powys Wellbeing partnership programme, hyperlocal activity on the Monmouthshire border following an application to close a cross-border branch surgery, and

localised activity in mid-west Powys relation to hospital reconfiguration in Hywel Dda.

It is intended to make arrangements to convene the Healthcare Professional's Forum in 2023/2024.

JOINT COMMITTEES

Regular reports on the work of the Joint Committees are provided by the Chief Executive to the Board at each meeting and can be viewed on the Health Board's [website](#).

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 Welsh Health Boards, 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 Committees (Wales) Directions 2014 (2014/8 (W.8)) (the EASC Directions).

Update and assurance reports from WHSSC and EASC meetings are reported to the Board; relevant decisions required from WHSSC and EASC that are owned by the Health Board are referred to the Board.

PARTNERSHIP AND COLLECTIVE WORKING

Regular reports on the work of the Partnership Boards are provided by the Chief Executive to the Board at each meeting and can be viewed on the Board and Committee pages of the Health Board website. The Planning, Partnerships and Population Health Committee also has a key role in ensuring that the Health Board is working effectively with partners.

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE (NWSSPC)

An NHS Wales Shared Services Partnership Committee (NWSSPC) 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.

More information on the governance and hosting arrangement of these committees can be found in the Health Board's Standing Orders on the Health Board [website](#).

POWYS COUNTY COUNCIL

Powys Teaching Health Board and Powys County Council have a series of overarching Section 33 agreements through which the organisations manage joint arrangements for Care Homes, the Community Equipment Service, Glan Irfon, Information Communication Technology (ICT) services, Reablement Services and Substance Misuse. In addition to Section 33 agreements, a Memorandum of Understanding is in place regarding services for Carers and there are a number of key areas where there is integrated working. These include Mental Health services, services for people with learning disabilities, older people, and children. Section 33 arrangements are overseen by a Joint Partnership Board which is outlined in the next section.

JOINT PARTNERSHIP BOARD

Powys has been made a region in its own right under Part 9 of the Social Services Wellbeing (Wales) Act 2014. In light of this and combined with the requirements of the Well-being of Future Generations Act (Wales) 2015 and the Social Services Wellbeing (Wales) Act 2014, together with the collective drive towards increased integration between the two organisations, in February 2016, PTHB and Powys County Council established a Joint Partnership Board (JPB). The JPB brings together nominated strategic leaders from both organisations to support effective partnership working across organisations within the county for the benefit of the people of Powys. The Joint Partnership Board is responsible for oversight of the integration agenda. Formal Terms of Reference are in place and a collaborative agreement between the Health Board and Powys County Council has been signed.

In 2022/2023, Powys County Council were responsible for the governance arrangements and administration of the JPB, in 2023/2024 this transfer to the Health Board.

POWYS PUBLIC SERVICE BOARD

The Public Service Board (PSB) is the statutory body established by the Well-being of Future Generations (Wales) Act 2015 which brings together the public bodies in Powys to meet the needs of Powys citizens present and future. The aim of the group is to improve the economic, social, environmental, and cultural well-being of Powys. Working in accordance with the five ways of working, the Board has published its Well-being Assessment and Well-being Plan. The Well-being Plan which has been

developed through extensive engagement sets out four local objectives for the Powys we want by 2040.

The Health Board contributes to achieving these objectives through the delivery of 'A Healthy Caring Powys' and the Integrated Medium-Term Plan. The PSB has set out its Well-being Plan 12 well-being steps that we will concentrate on to contribute achieving the four local objectives. These steps are those where the biggest difference can be made by developing solutions together.

The PSB reports annually outlining progress and next steps. The PSB annual reports can be found here: [Powys Public Service Board – Our Annual Progress Report – Powys County Council](#)

POWYS PUBLIC SERVICE BOARD SCRUTINY COMMITTEE

The PSB Scrutiny Committee was set up in September 2018 as a joint committee with representatives of the organisations which sit on the Powys Public Service Board. This Committee last met in November 2021 and is being reformed with membership limited to elected members of the Local Authority.

POWYS REGIONAL PARTNERSHIP BOARD

The Powys Regional Partnership Board (RPB) was established under the Social Services and Well-being (SSWB) (Wales) Act 2014 in April 2016.

The RPB brings together a range of public service representatives including Powys County Council, the Health Board, third sector, citizens and other key partners, to promote effective working together better to improve health and wellbeing in Powys.

The RPB identifies key areas of improvement for care and support services in Powys. The RPB has also been legally tasked with identifying integration opportunities between social care and health. This has been achieved through building on years of joint working and through the development of 'A Healthy Caring Powys' which has identified key priorities. The key opportunities for integrated working identified, and the actions to be taken in support of them are outlined in the Area Plan and focuses on 'Delivering the Vision'. Priorities have been identified as a Focus on Well-being, Tackling the Big 4 (Cancer, Cardio-vascular diseases, respiratory diseases and mental health), Early Help and Support and Joined up Care. The Regional Partnership Board is currently overseeing a major integrated project in North Powys providing a new model of care jointly for health and social care and extending to include supported accommodation and primary education.

Putting people and what matters to them at the centre of health and care services is core to the RPB. The RPB oversees the delivery of this in Powys, which is done through its programmes: Start Well, Live Well, Age Well as well as some other work which cuts across all of these.

The Board's priorities are set out in the Powys Area Plan – 'A Healthy Caring Powys'. Some of the Board's responsibilities include making sure resources are available, that people remain independent for as long as possible, and that health and care services are fully joined up.

To help make this happen, the RPB also has responsibility for allocating funds from Welsh Government's Regional Integration Fund (RIF), which it uses to support key priorities.

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

Following the Welsh Government's formal recognition of mid Wales as a designated planning area, the Mid Wales Healthcare Collaborative transitioned to the Mid Wales Joint Committee for Health and Care in March 2018. The Welsh Government's long-term plan for the future of health and social care in Wales, 'A Healthier Wales: Our Plan for Health and Social Care', sets out the long-term future vision of a 'whole system approach to a health and social care' which focuses on health, wellbeing and prevention of illness.

The Mid Wales Joint Committee supports this direction of travel, and its Strategic Intent sets out what we will do to ensure there is a joined-up approach to the planning and delivery of regional solutions across organisational boundaries.

The Board receives reports from the Mid Wales Joint Committee as part of the partnership assurance arrangements.

Further detail on the Mid Wales Joint Committee can be found [here](#).

THE CORPORATE GOVERNANCE CODE

The Corporate Governance Code currently relevant to NHS bodies is 'The corporate governance in central government departments: code of good practice' (published 21 April 2017).

The Health Board, like other NHS Wales organisations, is not required to comply with all elements of the Code, however, the main principles of the Code stand as they are relevant to all public sector bodies.

The Corporate Governance code is reflected within key policies and procedures. Further, within our system of internal control, there are a range of mechanisms in place that are designed to monitor our compliance with

the Code. These include self-assessment, internal and external Audit and independent reviews.

The Board complies with the relevant principles of the Code and is conducting its business openly and in line with the Code, and that there were no departures from the Code as it applies to NHS bodies in Wales.

THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

It has been reported in previous Annual Governance Statements, the system of internal control operating across Powys Teaching Health Board is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of policies, aims and objectives of the Health Board, to evaluate the likelihood of those risks being realised and to manage them efficiently, effectively, and economically. I can confirm the system of internal control has been in place at the Health Board for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

The Board is accountable for maintaining a sound system of internal control which supports the achievement of the organisation's objectives. The system of internal control is based on a framework of regular management information, administrative procedures including the segregation of duties and a system of delegation and accountability. It has been supported in this role by the work of the committees, each of which provides regular reports to the Board, underpinned by a sub-committee structure, as shown in Figure 1 of this statement (page 22). Some elements of the system of internal control were, however, adapted or suspended during 2022/2023 with the approval of the Board to support the Health Board's response to system pressures, specifically:

- the Risk and Assurance Group met once during the year, although risk management remained the responsibility of managers as set out within the Risk Management Framework and enhanced COVID-19 risk management arrangements were put in place; and
- the escalated leadership arrangements established in 2020/2021 to lead the planning and response to COVID-19 were redeployed from December 2022 to March 2023 to respond to system resilience pressures during the winter period.

CAPACITY TO HANDLE RISK AND KEY ASPECTS OF THE CONTROL FRAMEWORK

The Board collectively has responsibility and accountability for the setting of the organisation's objectives, defining strategies to achieve those objectives, and establishing governance structures and processes to best manage the risks in accomplishing those objectives.

As Accountable Officer I have overall responsibility for risk management and report to the Board on the effectiveness of risk management across the Health Board. My advice to the Board has been informed by executive officers and feedback received from the Board's Committees, in particular the Audit, Risk and Assurance Committee and Patient Experience, Quality and Safety Committee.

The Executive Committee (Committee of the Board, as per page 25) meetings present an opportunity for executive directors to consider, evaluate and address risk, and actively report to the Board and its committees on the organisation's risk profile.

The Health Board's lead for risk is the Director of Corporate Governance and Board Secretary, who is responsible for establishing the policy framework and systems and processes that are needed for the management of risks within the organisation. Risks are assigned to Directors to lead the organisational response.

Emergency plans and business continuity arrangements have been in place for the duration of 2022/2023, in accordance with the Health Board's statutory duties under the Civil Contingencies Act 2004 and Emergency Planning Guidance as issued by Welsh Government. The organisation continues to work closely with a wide range of partners, including the Welsh Government as it continues with its response to system pressures, and recovery and renewal phases following the COVID-19 pandemic. It has been necessary to ensure that this is underpinned by robust risk management arrangements and the ability to identify, assess and mitigate risks which may impact on the ability of the organisation to achieve its strategic objectives.

THE RISK MANAGEMENT FRAMEWORK

Robust risk management is a key tool for the Board and is essential to good management. The aim is to ensure it is integral to the Health Board's culture and is an increasingly important element of the Health Board's planning, budget setting and performance processes.

The Board's Risk Management Framework sets out the Health Board's processes and mechanisms for the identification, assessment, and escalation of risks. It has been developed to create a robust risk management culture across the Health Board by setting out the approach and mechanisms by which the Health Board will:

- ensure that the principles, processes, and procedures for best practice risk management are consistent across the Health Board and are fit- for-purpose;
- ensure that risks are identified and managed through a robust organisational Assurance Framework and accompanying Corporate and Directorate Risk Registers;
- embed risk management and established local risk reporting procedures to ensure an effective integrated management process across the Health Board's activities;
- ensure that strategic and operational decisions are informed by an understanding of the organisation's risks and their likely impact;
- ensure that risks to delivery of the Health Board's strategic objectives are eliminated, transferred, or proactively managed;
- manage the clinical and non-clinical risks facing the Health Board in a co-ordinated way; and
- keep the Board and its Committees suitably informed of significant risks facing the Health Board and associated plans to treat the risk.

The Risk Management Framework sets out a multi-layered reporting process, which comprises the Board Assurance Framework and Corporate Risk Register, Directorate Risk Registers, Local Risk Registers and Project Risk Registers. It has been developed to help build and sustain an organisational culture that encourages appropriate risk taking, effective performance management and organisational learning in order to continuously improve the quality of the services provided and commissioned.

The Risk Management Framework sets out the ways in which risks will be identified and assessed. It is underpinned by a number of policies that relate to risk assessment including incident reporting, information governance, training, health and safety, violence and aggression, complaints, infection control, whistleblowing, human resources, consent, manual handling, and security. The Risk Management Toolkit was developed to assist risk owners in the day-to-day identification, assessment, and management of risk. This is supported with training, support and advice from the Health Board's Corporate Governance Team who endeavor to facilitate a risk aware culture by effectively engaging with services to embed the risk management framework and process. Generic Risk Management Training is available to all staff via ESR. Tailored Health Board specific training is provided to the Risk and Assurance Group on an annual basis and to directorates/services upon request. In 2023-24 work will be undertaken by the Corporate Governance Team to further engage with Executive Directors to identify areas within the organisation which would benefit from in-house risk management training, the outcome of this engagement will be developed into a comprehensive risk management training plan.

The Risk Management Framework is available on the Health Board's website [here](#).

MANAGEMENT OF RISKS DURING 2022/2023

Strategic Risks

Strategic risks are those risks that represent a threat to achieving the Health Board's strategic objectives or its continued existence.

Strategic risks are recorded in the Board's Corporate Risk Register (CRR), which provides an organisational-wide summary of significant risks facing the Board. The criteria for a risk to be included in the Corporate Risk register is:

- the risk must represent an issue that has the potential to hinder achievement of one or more of the Health Board's strategic objectives;
- the risk cannot be addressed at directorate level; and/or
- further control measures are needed to reduce or eliminate the risk; A considerable input of resource is needed to treat the risk (finance, people, time, etc.).

A fundamental review of the Corporate Risk Register was undertaken in 2022/2023 following approval of the 2022-2025 Integrated Medium-Term Plan, in order to ensure that the register reflected consistently the risks to delivering the Health Board's strategic objectives. Key themes arising from the review included:

- financial sustainability and use of resources;
- sustainability of services throughout the health and care system;
- the ongoing need to monitor quality, defined as safety, effectiveness and experience and the potential for harm to patients;
- the risk represented by ongoing challenges in recruiting and retaining staff;
- the focus that continues to be needed on effective working with partners;
- the potential for care to be compromised due to the Health Board's estate not being fit for purpose;
- the ever-present risk of a cyber-attack; and
- the risk presented by a significant public health event/emergency.

EMBEDDING EFFECTIVE RISK MANAGEMENT

Embedding effective risk management remains a key priority for the Board as it is integral to enabling the delivery of our objectives, both strategic and operational, and most importantly to the delivery of safe, high-quality

services.

In March 2020, Internal Audit undertook a review of Risk Management and Board Assurance arrangements, which focused on how the Board Assurance Framework and Risk Management Framework are being implemented and updated in-line with the revised IMTP. A limited assurance rating was provided to the Board in respect of this review.

In July 2022 a further review was undertaken which recognised the progress made in the area and provided a reasonable assurance rating. Highlighted in the review was the Risk Management Framework (RMF) and Toolkit, approved by the Board in November 2021 which together provide a comprehensive and user-friendly approach to organisational risk management strategy. The Framework outlines the roles and responsibilities for risk management, the organisational risk management structure, Corporate and Directorate monitoring and reporting lines, the Board's approach to risk appetite and risk management processes including the escalation, consolidation and aggregation of risks. The Framework and Toolkit (alongside the Risk Appetite Statement) are reviewed on an annual basis by the Board. This was undertaken in Quarter 3 of 2022/2023 and a revised version was approved by the Board in November 2022 with no material changes made.

As a result of the pandemic the review of the Board Assurance Framework (BAF) was paused in 2020/2021. We recognise the importance of the BAF in the risk environment. In the first quarter of 2023/2024, work will begin to refresh the Board Assurance Framework (BAF) to ensure robust assurance is provided to the Board and Board Committees and inform decision making at Board, Executive and Directorate level. Work is currently being undertaken to update the Corporate Risk Register which will enhance information in relation to assurance of the key controls being reported to the Board.

The Risk and Assurance Group met once in 2022/23. Further work will be undertaken in 2023/2024 to strengthen the arrangements in relation to the Group to enable coordination of the achievement of the Risk Management Framework's objectives through the organization's directorates, by embedding risk management and establishing local risk reporting procedures. This will enable the effective integrated management of risk and assurance. The Group will also seek to ensure that the Board has in place effective systems for the reporting of risk, and the management of risk registers (local, directorate and corporate) and the Board's Assurance Framework (BAF).

Consultation with internal and external stakeholders and partners is an important element of the risk management process. Communication and engagement varies depending upon the nature and severity of the risk. For

example, our risk related to accessing planned, secondary and specialised care requires a partnership approach and is dependent on working closely with key commissioners in both NHS Wales and NHS England. Engagement of stakeholders has also taken place through multi-agency partnership working. The Regional Partnership Board, Joint Partnership Board and Public Services Board is part of the Health Board governance structure that helps to support the management of risk facing the organisation through collective dialogue.

RISK APPETITE

The Board's Risk Appetite Statement sets out the Board's strategic approach to risk-taking by defining its risk appetite thresholds. It is a 'live' document that is regularly revised and modified, so that any changes to the organisation's strategies, objectives, or its capacity to manage risk are properly reflected. The Risk Appetite Statement is composed of two parts: a general written statement, supported by the cumulative risk appetite categories.

In updating and approving its Risk Appetite Statement, the Board considered the Health Board's capacity and capability to manage risk.

The Board recognises that risk is inherent in the provision and commissioning of healthcare services, and therefore a defined approach is necessary to articulate risk context, ensuring that the organisation understands and is aware of the risks it is prepared to accept in the pursuit of its aims and objectives.

In 2021/2022 the Risk Appetite Statement was developed to reflect an increased appetite in relation to innovative and financial risks, which may be necessary to support achievement of the Board's ten-year strategy 'A Health, Caring Powys'. In recognising the risks inherent in healthcare services, the risk appetite statement starts at the basis of a low appetite. The underlying principles of the 2021/2022 Risk Appetite Statement were maintained in 2022/2023.

All Board Members were involved in preparing the statement and the complexities in relation to the establishment of the Board's appetite in respect of quality in the context of current and future system pressures and financial outlook was recognised. The Risk Appetite Statement for 2022/2023 sought therefore to further consider the nature of the external environment within which the Health Board operates and the need for greater clarity and granularity to aid decision making and the treatment of risk.

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The following risk appetite levels, have been included and have been used as the basis in determining the appetite levels set out in the Statement:

Risk Appetite	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.
Minimal	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.
Cautious	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.
Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

The thresholds provided with the Risk Appetite Statement are provided below:

Risk Category	Description
APPETITE FOR RISK: Averse	
Safety	<p>We consider the safety of patients and staff to be paramount and core to our ability to operate and carry out the day-to-day activities of the organisation. We have a low appetite to risks that result in, or are the cause of, incidents of avoidable harm to our patients or staff.</p> <p>We will not accept risks, nor any incidents or circumstances which may compromise the safety of any staff members and patients or contradict our values i.e., unprofessional conduct, underperformance, bullying or an individual's competence to</p>

Risk Category	Description
	perform roles or tasks safely nor any incident or circumstances which may compromise the safety of any staff members or group.
APPETITE FOR RISK: Minimal	
Quality	The provision of high-quality services is of the utmost importance for the Health Board. The Board acknowledges that in order to achieve individual patient care, treatment and therapeutic goals there may be occasions when a low level of risk must be accepted. Where such occasions arise, we will support our staff to work in collaboration with those who use our services, to develop appropriate and safe care plans. We therefore have a low appetite for risks which may compromise the quality of the care we deliver / could result in poor quality care, non-compliance with standards of clinical or professional practice or poor clinical interventions. Our service is underpinned by clinical and professional excellence and any risks which impact on quality could adversely affect outcomes and experiences of our patients, service users and communities.
APPETITE FOR RISK: Cautious	
Regulation & Compliance	We are cautious when it comes to compliance and regulatory requirements. Where the laws, regulations and standards are about the delivery of safe, high-quality care, or the health and safety of the staff and public, we will make every effort to meet regulator expectations and comply with laws, regulations, and standards that those regulators have set, unless there is strong evidence or argument to challenge them.
Reputation & Public Confidence	<p>We will maintain high standards of conduct, ethics and professionalism at all times, espousing our Values and Behaviours Framework, and will not accept risks or circumstances that could damage the public's confidence in the organisation.</p> <p>Our reputation for integrity and competence should not be compromised with the people of Powys, Partners, Stakeholders and Welsh Government.</p> <p>We have a moderate appetite for risks that may impact on the reputation of the Health Board when these arise as a result of the Health Board taking opportunities to improve the quality and safety of services, within the constraints of the regulatory environment.</p>
Performance	We have a low-moderate risk appetite for risks which may

Risk Category	Description
and Service Sustainability	affect our performance and service sustainability. We are prepared to accept managed risks to our portfolio of services if they are consistent with the achievement of patient/donor safety and quality improvements as long as patient/donor safety, quality care and effective outcomes are maintained. Whilst these will both be at the fore of our operations; we recognise there may be unprecedented challenges (such as Covid-19, workforce availability and limited resources) which may result in lower performance levels and unsustainable service delivery for a short period of time.
Financial Sustainability	<p>We have been entrusted with public funds and must remain financially viable. We will make the best use of our resources for patients and staff. Risks associated with investment or increased expenditure will only be considered when linked to supporting innovation and strategic change.</p> <p>We will not accept risks that leave us open to fraud or breaches of our Standing Financial Instructions.</p>
Workforce	The Health Board is committed to recruit and retain staff that meet the high-quality standards of the organisation and will provide on-going development to ensure all staff reach their full potential. This key driver supports our values and objectives to maximize the potential of our staff to implement initiatives and procedures that seek to inspire staff and support transformational change whilst ensuring it remains a safe place to work.
APPETITE FOR RISK: Open	
Partnerships	The Health Board is committed to working with its stakeholder organisations to bring value and opportunity across current and future services through system-wide partnership. We are open to developing partnerships with organisations that are responsible and have the right set of values, maintaining the required level of compliance with our statutory duties. We therefore have a high-risk appetite for partnerships which may support and benefit the patients in our care. For example, the Health Board has a high appetite for risks associated with innovation and partnership with the third sector, industry, and academia in order to realise the provision of new models of care, new service delivery options, new technologies, efficiency gains and improvements in clinical practice. However, the Health Board will balance the opportunities with the capacity and capability to deliver such opportunities and is confident that there will be no adverse impact on the safety and quality of the services provided.
Innovation & Strategic	We wish to maximise opportunities for developing and growing our services by encouraging entrepreneurial activity

Risk Category	Description
Change	<p>and by being creative and pro-active in seeking new initiatives, consistent with the strategic direction set out in the Integrated Medium-Term Plan, whilst respecting and abiding by our statutory obligations.</p> <p>We will consider risks associated with innovation, research, and development to enable the integration of care, development of new models of care and improvements in clinical practice that could support the delivery of our person and patient centered values and approach.</p> <p>We will only take risks when we have the capacity and capability to manage them and are confident that there will be no adverse impact on the safety and quality of the services we provide or commission.</p>

THE HEALTH BOARD'S RISK PROFILE

As can be seen from the Heat Map at Figure 7, at the end of March 2023 a number of key risks to the delivery of the Health Board’s strategic objectives had been identified. Full details of the controls in place and actions taken to address these risks can be found in the Corporate Risk Register on the Health Board’s website [here](#).

Figure 7: Strategic Risk Heat Map

In-Committee Risks (Private)		-A cyber-attack results in significant disruption to services and quality of patient care					
Impact	Catastrophic	5				- the Health Board fails to manage its financial resources in line with statutory requirements -the urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens	

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	Major	4			- a significant public health event/emergency impacts on provision, continuity and sustainability of services	-the Health Board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities -citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers -failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services -the care provided in some areas is compromised due to the Health Board's estate being not fit for purpose	-inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens -the demand and capacity pressures in the primary care system lead to services becoming unsustainable
	Moderate	3			-ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys		
	Minor	2					
	Negligible	1					
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain
			Likelihood				

An overview of the key risks (i.e., those in the red section of the Heat Map) and actions taken to manage the risks are provided in Figure 8.

Figure 8: Key Risks and Controls

RISK DESCRIPTION	CONTROLS IN PLACE, ACTION TAKEN & IMPROVEMENT ACTIONS
[CRR 001 – Risk Score 20] the Health Board fails to manage its financial resources in line with statutory	CONTROLS IN PLACE / ACTION TAKEN:
	<ul style="list-style-type: none"> Balanced Financial Plan included in IMTP Submission Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework, Budgetary Control Audit rated as substantial assurance Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks Service Reviews / Performance reviews to strengthen financial monitoring of performance and longer-term impact on financial plan

requirements	<p>(support better decision making)</p> <ul style="list-style-type: none"> ▪ Contracting Framework to monitor and forecast the impact of arrangements in 2022/2023 and going forward ▪ Task and Finish Groups established for CHC, Variable Pay and Contracting with identified leads and clear expectation re delivery, these groups will have a short and longer-term focus for delivery ▪ Savings Plan monitoring and reporting linked to the Efficiency Framework and Investment Benefits Group and supporting the VBHC approach ▪ Regular communication and reporting to Welsh Government and Finance Delivery Unit regarding the impact of pressures and ongoing Covid-19 and expectations regarding funding and impact on Financial Plan and underlying position <p>Additional control - Finance and Performance Group established as sub-group of Executive Committee. Initial focus on savings and opportunities.</p>
	<p>IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2023/2024:</p>
	<ul style="list-style-type: none"> ▪ Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery ▪ Financial Plan for 2023/2024 being developed, including robust assessment of cost pressures and establishment of saving schemes ▪ Increase focus on longer term efficiency and sustainability (value) and balance within year delivery as needed for plan. New Efficiency Framework approved and live and Value Based Healthcare Board established.

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RISK DESCRIPTION	CONTROLS IN PLACE, ACTION TAKEN & IMPROVEMENT ACTIONS
[CRR 004 – Risk Score 20] the urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens	CONTROLS IN PLACE / ACTION TAKEN:
	<ul style="list-style-type: none"> ▪ Daily management system in place to manage patient flow including multiple daily local and national calls ▪ Continuous focus on reducing delays for health and social care reasons including complex care management, fast track cases and implementation of a home first ethos ▪ Regular reviews of long stay patients in community hospitals to reduce average length of stay ▪ Training on discharge and complex care management is provided to ward based staff through the Complex Care and Unscheduled Care Team ▪ Review of urgent care team arrangements, with exploration of a business case to advance capacity of Discharge Liaison officers ▪ Care coordination in place across all acute hospital sites to facilitate timely repatriation of patients back into Powys ▪ Bed escalation plans activated to support the national programme of extra community care beds across Wales by end of October 2022 (within limits of staffing availability) ▪ Care Home risk and escalation plans to support care home capacity ▪ Social care fragility and delays – regular attendance at Head of Service level to Delivery Coordination Group and escalated discussions at Director and CEO level ▪ Delivery Coordination Group in place to manage operational delivery across whole system ▪ Winter Plan developed to manage whole system pressures. Urgent review of escalation options in development between health and social care to increase community care capacity and to reduce delays ▪ Industrial action command and control structure in place to manage service impact and to minimise disruption to services.
	IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2023/2024:
	<ul style="list-style-type: none"> ▪ Daily operational management of patient flow ▪ System escalation including senior officer daily review and weekly Gold level oversight ▪ Review of Complex Care arrangements in place to improve system improvements and to reduce delays ▪ Transformational development of urgent care system (6 Goals) including community care capacity and focus on handover delays ▪ Urgent escalation plan in development to secure additional system impact to improve community care capacity and flow ▪ Industrial action management plans in place, coordinated and reporting at bronze, silver and gold levels.

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RISK DESCRIPTION	CONTROLS IN PLACE, ACTION TAKEN & IMPROVEMENT ACTIONS
[CRR 005 – Risk Score 20] inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens	CONTROLS IN PLACE / ACTION TAKEN:
	<ul style="list-style-type: none"> ▪ Performance Trajectories and details on harm reviews for Powys residents requested from commissioned service providers in NHS England and NHS Wales to understand both yearend position 2022/2023 and for 2023/2024 (latter with reference to NHS Wales Planning Framework 2023-26 access target requirements by June 2023; and NHSE access target requirements by March 2024) ▪ Medinet contract extended – proposals being developed to offer Powys residents experiencing long waits in commissioned service providers in NHS Wales to be treated in Powys ▪ Identify key priorities to deliver elective treatments within ministerial access targets ▪ Implementation of Integrated Performance Framework. ▪ Ongoing scrutiny and oversight through CQPR meetings utilising Commissioning Assurance Framework with escalation through monthly ICAM meetings and through Integrated Performance Report ▪ Provider issue summary and fragile services log ▪ Develop funding proposal to WG to support recovery of waiting times for Powys activity in English Providers Ensure Powys residents are included in the activity being sourced through the West Midlands Mutual Aid hub.
	IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2023/2024: <ul style="list-style-type: none"> ▪ Secure performance improvement trajectories from providers ▪ Insourcing and outsourcing options being considered (subject to capacity). All providers now expected to agree improvement trajectories in light of 2022/2023 guidance published for planned care recovery.

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RISK DESCRIPTION	CONTROLS IN PLACE, ACTION TAKEN & IMPROVEMENT ACTIONS
[CRR 008 – Risk Score 20] the demand and capacity pressures in the primary care system lead to services becoming unsustainable	CONTROLS IN PLACE / ACTION TAKEN:
	<ul style="list-style-type: none"> ▪ Close monitoring and liaison with practices to offer support including regular review of the sustainability matrix to monitor changes and sustainability funding application process ▪ Implementation of Accelerated Cluster Development Programme ▪ Health Board management of practices if contracts are handed back until tendering process is successful ▪ Adastra – Continued daily participation in national BCI calls with 111 to manage situation. Following successfully testing Shropdoc Adastra was reinstated on 19/10/22 albeit with limited functionality. System being used for the patient contact/record. Manual admin process still required at the front end. Reactivation of GP OOH report messaging and special patient notes now in place. Fully operational Adastra and CAS system hoped to be in place before the 4 day Christmas BH period. 111 and Shropdoc remain in BCI Commissioning of urgent access slots across Powys and new contract in place for Llandrindod. Implementation of the new Dental contract 2022/2023 metrics should increase provision and access. Community Dental Service clinics support urgent access to mitigate against gaps in provision. Mid-Year Review meetings completed and in year contract adjustments being considered. Awaiting national guidance to support year end.
	IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2023/2024:
	<ul style="list-style-type: none"> ▪ Primary Care – Ongoing regular review of sustainability matrix and applications for support. Weekly review of Escalation tool ▪ Regular discussions with Cluster Leads to discuss ongoing demands and additional actions to manage peaks ▪ Implementation of the Accelerated Cluster Development Programme to meet national milestones. ▪ Following the Adastra Cyber incident on the 4th August, that as of today a fully functioning Adastra system is now operational across Wales and Shropdoc.

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RISK DESCRIPTION	CONTROLS IN PLACE, ACTION TAKEN & IMPROVEMENT ACTIONS
[CRR 006 – Risk Score 16] failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services.	CONTROLS IN PLACE / ACTION TAKEN:
	<ul style="list-style-type: none"> ▪ A calendar for a rolling programme of recruitment events has been developed which includes student streamlining, department for working pensions and open days across the county ▪ All roles on trac are monitored to improve the time to hire ▪ Services continue to ensure all key vacant posts are being processed in a timely manner ▪ Rolling adverts for all substantive and bank nurse vacancies remain open across all sites ▪ Interviews were held in January for the remainder of phase 1 of the international all Wales nurse recruitment programme, 5 nurses were successful. Offers have been issued and accepted with a target in country date of 11th April 2023 (this is subject to changes with visa applications) ▪ Interviews were held in January for the remainder of phase 1 of the international all Wales nurse recruitment programme, 5 nurses were successful. Offers have been issued and accepted with a target in country date of 11th April 2023 (this is subject to changes with visa applications) ▪ Weekly reports on temporary staffing are produced and shared with Head of Nursing ▪ The Executive Director of Nursing and Midwifery has undertaken a formal review of community ward establishments to ensure there are recommended minimum safe staffing levels that align with the current service delivery model ▪ Further work has commenced on the development of an Accelerated Sustainable Model ▪ By the end of Q1 we will have undertaken a wellbeing roadshow at each of the main hospital sites across the county.
	IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2023/2024:
	<ul style="list-style-type: none"> ▪ Working with partners a joint recruitment event across Health and Social Care is being explored ▪ Develop a proposition for the candidate journey from application to induction, identifying changes or omissions within the current process that are required to improve the candidate journey ▪ Roll out the organisationally agreed workforce planning model by delivering training which supports services to develop their resource plans ▪ Undertaken a wellbeing roadshow at each of the main hospital sites across the county.

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RISK DESCRIPTION	CONTROLS IN PLACE, ACTION TAKEN & IMPROVEMENT ACTIONS
[CRR 010 – Risk Score 16] the care provided in some areas is compromised due to the Health Board's estate being not fit for purpose	CONTROLS IN PLACE / ACTION TAKEN:
	<p><u>ESTATES</u></p> <ul style="list-style-type: none"> Specialist sub-groups for each compliance discipline Risk-based improvement plans introduced Specialist leads identified Estates Compliance Group and Capital Control Group established Medical Gases Group; Fire Safety Group; Water Safety Group; Health & Safety Group in place. New Ventilation Safety Group set up Capital Programme developed for compliance and approved Capital and Estates set as a specific Organisational Priority in the Health Board's Annual Plan Address (on an ongoing basis) maintenance and compliance issues Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards. <p><u>CAPITAL</u></p> <ul style="list-style-type: none"> Capital Procedures for project activity Routine oversight / meetings with NWSSP Procurement Specialist advice and support from NWSSP Specialist Estates Services Audit reviews by NWSSP Audit and Assurance Close liaison with Welsh Government, Capital Function Reporting routinely to P&R Committee Capital Programme developed and approved Detailed Strategic, Outline and Full Business Cases defining risk Capital and Estates set as a specific Organisational Priority. <p><u>ENVIRONMENT</u></p> <ul style="list-style-type: none"> ISO 14001 routine external audit to retain accreditation Environment & Sustainability Group NWSSP Specialist Estates Services (Environment) support and oversight Welsh Government support and advice to identify and fund decarbonisation project initiatives.
	IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2023/2024:
	<ul style="list-style-type: none"> Implement the Capital Programme and develop the long-term capital programme Continue to seek WG Capital pipeline programme funding continuity: seek alternative capital funding opportunities to mitigate funding reduction for 2022/2023 and develop projects in readiness for any capital slippage in latter part of financial year cycle. Additional funding from Welsh Government being provided for 2022/2023 (i.e., year-end slippage). Monies will be spent across equipment, ICT and estates. Formal notification also imminent for final allocation Estates Funding Advisory Board (EFAB) for 2023/2024 onward Develop capacity and efficiency of the Estates and Capital function Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to

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	<p>address limited establishment staff numbers in Works Team and recruitment challenges.</p> <p>Initial resource review undertaken by IEG in June 2022 with financial constraints necessitating more detailed analysis. This has been further discussed in IEG in October and a more detailed paper will be brought to IEG in December including demand levels and performance around Planned and Preventative Maintenance (PPMs) this will be further discussed at IEG in March 2023.</p>
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The Board received and reviewed the Corporate Risk register at each meeting of the Board during 2022/2023. As a result of the reviews undertaken by the Executive Committee and the Board, the risk scores for a number of risks changed during the year in the context of the external environment, and other developments such as improvements made to the control process.

As undertaken in 2022/2023, following Board approval of the Integrated Medium-Term Plan for 2023-2026 a full review of the Corporate Risk Register will take place to ensure priorities are identified, assessed and mitigating actions established, as well as assurance levels assessed.

EMERGENCY PREPAREDNESS

The Civil Contingencies Act 2004 and Emergency Planning Guidance issued by Welsh Government, places statutory duties on the Health Board to ensure arrangements are in place to respond to emergencies and major incidents. To meet this duty, the Health Board has a range of emergency response and business continuity plans in place to respond to emergencies and disruption to services. This includes the provision of training and participation in other emergency preparedness events.

Over the last twelve-month period, the Health Board has used the arrangements outlined in our plans to respond to a wide range of business continuity events that have impacted on the Health Board's services.

In addition, the Health Board continues to regularly engage and work collaboratively with our multi-agency partners on a wide range of preparedness activities and also in response to incidents. This collaboration is achieved through the Dyfed Powys multi-agency Local Resilience Forum and with other NHS Wales organisations through a variety of groups.

To demonstrate compliance with the Civil Contingencies Act, the Health Board is required to submit an assessment on the Health Board's emergency preparedness activities to Welsh Government on an annual basis, and also produces an Annual Report on Civil Contingencies Planning for the Board.

PLANNING ARRANGEMENTS

The organisation's planning arrangements in 2022/2023 form a key part of the Performance Report section of the Annual Report. Further detail can be found throughout the Performance Report.

KEY ASPECTS OF THE CONTROL FRAMEWORK

In addition to the Board and Committee arrangements described earlier in this document, I have worked to further strengthen the Health Board's control framework over the last 12 months. Key elements of this include:

QUALITY GOVERNANCE ARRANGEMENTS, INCLUDING CLINICAL RISKS AND CLINICAL AUDIT PLAN

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

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

With our aims to continuously improve and learn, new legislative requirements support the quality governance framework during 2022/2023. The Health and Social Care (Quality and Engagement) (Wales) Act 2020, places more responsibility on health and care organisations in Wales. Enhancing quality, honesty and transparency, the legislation provides the Health Board with a Duty of Quality, Duty of Candour, and establishes a Citizen Voice, enriching engagement with our patients, relatives, carers, staff, and communities. Developing our organisational culture and embedding the Duty of Candour are critical in being open and honest with our patients and service users where our services have not met expectations or caused harm. Candour will be utilised to drive improvement whilst embracing improvement and innovation opportunities. The Health Board will deliver the Duty of Quality by ensuring services provide the highest quality of care for our patients, relatives, carers, staff and communities. We are committed to improve the experience of care and seek opportunities to provide positive patient experiences through the patient journey across services. Our vision is quality-driven, with data driven improvement and learning through experience.

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

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

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

A focus on quality has been maintained through the following activity in 2022/2023:

- Recommendations from the Audit Wales Review of Quality Governance (Oct 2021). The Review was positive overall with helpful areas for improvement identified
- Quality governance arrangements within service groups continue to embed, with focus on improving quality metric reporting which will be supported by the implementation of the Integrated Performance Framework (IPF)
- Implementation of the Medical Examiner Service
- National Nosocomial COVID-19 Programme (NNCP) implementation
- Safeguarding & public protection annual report presentation to the Patient Experience, Quality and Safety in December 2022
- Specific maternity and neonatal governance arrangements in place including our Maternity Assurance Framework.

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

Organisational learning from concerns has continued to develop, taking account of the need to learn quickly and effectively during the pandemic

period, and ensuring the Health Board listen and learn from patient and staff experiences.

The Learning from Experience Group has created the opportunity to discuss and triangulate quality issues and supports the organisation in expanding learning across all services. The implementation of the CIVICA patient experience system during Q3 will be realised in 2023/2024. The Health Board wide approach to ensure patient experience is triangulated with a strong focus on the provision of person centred, outcome focused care to help inform decision making in relation to service planning design, delivery, and evaluation.

Health and Care Standards

The extant Health and Care Standards continue to inform the quality of services provided in in-patient settings. The Health and Care Standards are cross referenced as part of Committee reporting, with associated risks and escalation raised. Peer review quality checks across services reflect the Health and Care Standards, albeit a reduced programme during the last year, inform improvement and development in care and treatment supported with refreshed policies and procedures.

Clinical Audit

During 2022 the clinical audit plan has been further developed to bring greater focus on ensuring that learning from events has been embedded into practice. Areas of focus include:

- themes or significant concerns identified during investigations of Nationally Reportable Incidents or complaints
- new policies or changes to existing policy / practice to confirm new practice is established
- the prioritisation of new and repeat clinical audit projects based on recognised clinical risk
- clinical audits required to confirm that practice has improved where concern had been raised.

There has been improved triangulation of learning through the learning from experience group.

Service Group arrangements

The Community Services Group refreshed its approach to the management of clinical audit. A service-level quality meeting is synchronised to the timetable of the Patient Experience, Quality and Safety Committee. This will allow for the efficient flow of audit reports.

For Therapies, clinical audit is an agenda item for each monthly Heads of Service Meeting.

For the Mental Health Team, learning from clinical audit is presented to the Mental Health learning group and Operational Managers group as agenda items. Recommendations are put into action through these groups.

The Women and Childrens Service Group Clinical Audit Plan outlines the Service Group's commitment to continuous improvement through clinical audit and service improvement. The Clinical Audit Plan has been reviewed and agreed via the Women and Children's Quality and Assurance Learning Forum in order to evaluate effectiveness. Audits are presented on a monthly basis to the Quality and Assurance Learning Forum and shared via service group meetings. The Audit Information is also shared with Quality Improvement Manager who presents the information into PEQS Committee on a quarterly basis. Lessons learnt from concerns are also shared via the Quality and Assurance Learning forum on a monthly basis in addition to be shared via team meetings. Patient Experience also feeds into this group through the production of patient stories, alongside learning and good practice.

The Health Board continued to participate in National Audits. Findings were shared via the learning group.

The local clinical audit list remains large. Quality dashboards are being developed which will be updated by teams. Live information will be visible to them to facilitate more agile learning. They will ultimately replace some of the clinical audits.

An update report detailing progress against the 2022/2023 local clinical audit plan, describing findings from the audit was reported to, and approved by, the March and the October 2022 meetings of the Patient Experience, Quality and Safety Committee. The audit plan for 2023/2024 was approved by the February Patient Experience, Quality and Safety Committee.

Complaints and Concerns Framework

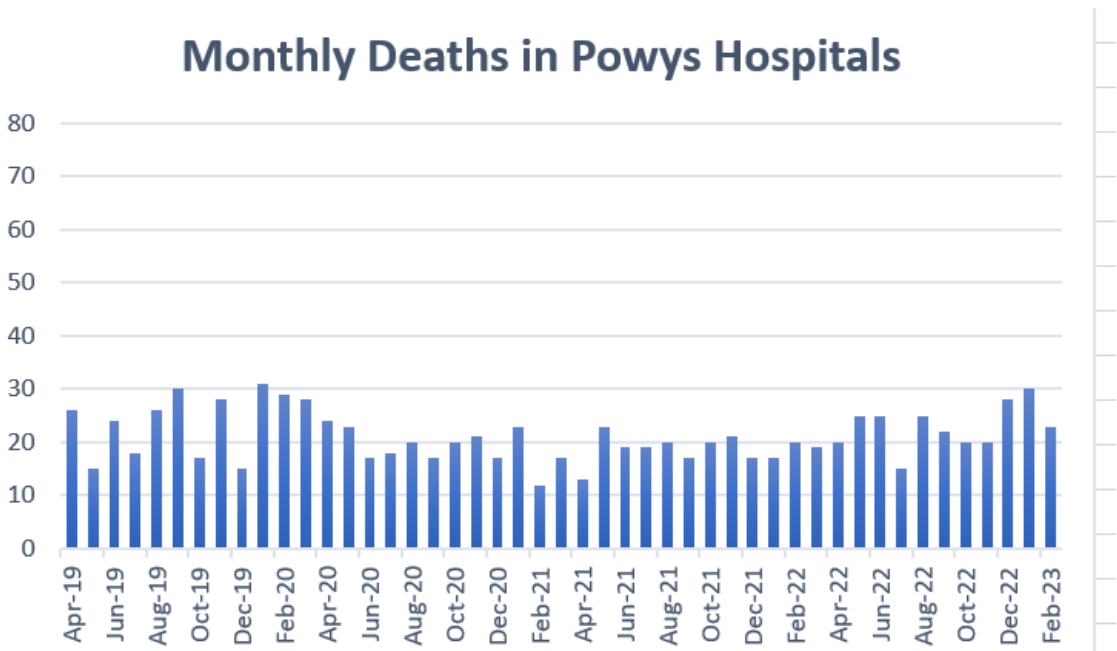
A continued focus on compliance with the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 has been maintained. This is extended to the way in which serious incidents are managed, through to investigation, learning and sharing of lessons. Investment in training during 2022/2023 has built on existing knowledge and experience across the Health Board.

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These and further information on Putting Things Right can be found on the Health Board [website](#).

Mortality Reviews

During the COVID-19 pandemic, the number of monthly deaths in Powys Community Hospitals has remained comparable with the period before the pandemic. The average number of monthly deaths increased slightly from 22 per month in calendar year 2019 to 23 per month in calendar year 2020, before falling to 18 per month, and 21 per month in 2021 and 2022 respectively.



A mortality report was submitted to the November 2022 meeting of the Patient Experience, Quality and Safety Committee, which detailed the findings of the previous round of reviews. No major clinical concerns were identified, and feedback given to the medical staff encouraging the use of Treatment Escalation Plans had dramatically improved the adoption of this process.

As part of part 2 mortality review discussion, themes were identified, including timing and documentation of treatment decisions. There was positive learning around visibility of Multi-Disciplinary Team notes and decision making on some sites. It was agreed that this would be fed through the learning group and work would be undertaken with the ward managers to encourage earlier discussion and more standardised documentation to improve visibility.

During 2022, South Powys hospitals began to submit cases to the Medical Examiner service. A total of 13 cases have been referred back to the Health

Board by the Medical Examiner Service. Seven cases were issues raised by family members concerning care provided by groups other than the Health Board, such as out of county DGHs, Welsh Ambulance or private carers. Six cases were requests from the Medical Examiner to review care where the examiner felt that whilst there was no obvious significant failing in care, the organisation might identify minor areas for improvement. Of these cases, none have been found to have significant concerns in care.

The medical examiner role is now rolling out across the remaining community hospitals. Formal Health Board Mortality reviews will cease but ward-based team Morbidity and Mortality meetings will continue. Learning from the Medical Examiner feedback will be considered by the Quality and Safety team and themes fed through the learning group.

The final round of Health Board mortality reviews will include all of the cases prior to Medical Examiner roll out. There has been delay due to operational pressures but is in progress.

Learning from Experience Group

The Learning from Experience Group, comprising all Clinical Executive Directors, the Head of Medicine Management and invited Assistant Directors met in May, June, August, and December of 2022.

The group provides an opportunity for senior staff to informally discuss issues around quality and learning and use this discussion to guide the activity of other groups within the organisation. During 2022, the subjects of; Incident investigation, staff use of the Datix system, mortality reviews and the Medical Examiner Service, clinical audit, coroner's cases, and organisational risk management were all discussed.

Themes from concerns and incidents, Medical Examiner feedback, the cancer harm review process are considered by the group. Agreement is made on mechanisms for cascading learning and suggestions are made around future clinical audits based on the themes discussed.

Actions agreed by the group included the organisation of a Development Day to discuss the Quality and Engagement Act and the organisation's response to the Welsh Risk Pool review of consent to treatment arrangements in Powys. The Terms of Reference for the Group are being refreshed to ensure alignment to the Quality and Engagement Act.

EXECUTIVES PORTFOLIOS

In May 2022, the Board approved an updated Scheme of Delegation and Reservation of Powers. This document set out the delegation of responsibility to Executive Directors. The allocation of responsibilities is based on ensuring an appropriate alignment of accountabilities and

authority within each Executive Directorate and Executive Director portfolio, and to also ensure that Executive Directorates focus on their core responsibility. A small change was made in January 2023 with the addition of a second non-Executive (non-voting) Director, (Corporate Governance). An overview of Executive Director portfolios is set out in [Figure 9](#).

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Figure 9: Executive Portfolios – April 2022 – March 2023

Chief Executive

Executive Director of Primary, Community Care and Mental

- Delivery of primary and community services
- Primary Care Out of Hours arrangements
- Accreditation of enhanced services
- Operationalisation of continuing health care
- Access of RTT targets, and oversight of ambulance service performance
- Delayed transfer of care
- Primary Care contractor performance management
- Integration agenda
- Primary Care Development, including Clusters
- Removal of violent patients from GMS services
- Operationalisation of Medicines Management

Executive Medical Director

- Clinical Leadership and Engagement
- Medicines Management
- Caldicott Guardian
- Clinical Audit
- Medical Legislation & National Policy
- Professional Medical & Dental Workforce Standards Education, Regulation and Revalidation
- Blood Safety & Quality
- Organ Donation
- Clinical Networks
- NICE compliance
- Library Services
- Individual Patient Commissioning
- Medical Royal College Standards Compliance
- Innovation and Service Improvement
- Admission to the performers list
- Human Tissue Issues
- Research and Development
- Resuscitation
- Mortality Review

Executive Director of Nursing

- Professional leadership of Nursing and Midwifery, including standards, education, regulation, revalidation, and supervision of midwives
- Quality, Patient Experience & Satisfaction Raising Concerns and Putting Things Right
- Patient Safety Alerts
- Decontamination
- Funded nursing care and continuing health care strategy
- Safeguarding Adults and Children
- Nutrition & Hydration
- Deprivation of Liberty Safeguards
- Infection Prevention and Control
- Carers
- Children and Young People Services
- Volunteering

Executive Director of Finance, Information & IT

- Statutory Financial duties including annual accounts
- Financial Planning
- Financial Management, monitoring and reporting
- Financial systems and controls
- Procurement
- Counter Fraud
- Charitable Funds accounting
- HCRW & CHC financial arrangements
- Delivery of IM&T strategy and services
- Provision of clinical and management information systems, ICT Infrastructure, and telephony
- Business intelligence, data quality & clinical coding
- Provision of Financial Services to Executive Directorates
- Liaison with External Financial Auditors
- Asset Accounting
- Information Governance

Executive Director of Planning and Performance

- Planning arrangements
- Commissioning, including performance management of commissioned services & relationship with WHSSC
- Third Sector liaison
- Cross -border healthcare
- Performance Management
- CHC liaison relating to service change
- Professional leadership of planning, performance management, commissioning, capital estates and service change

Executive Director of Public Health

- Health Improvement Strategy
- Health Needs Assessment
- Public Health Planning
- Public Health Monitoring & Surveillance
- Outbreak Control
- Civil Contingency, Emergency Planning and Business Continuity
- Provision of Public Health Advice
- Armed Forces and Veterans
- Prudent Health and care
- Well-being of Future generations Act
- Professional Leadership of Public Health workforce
- Executive Director of Public Health Annual Report

Executive Director of Workforce and Organisational Development

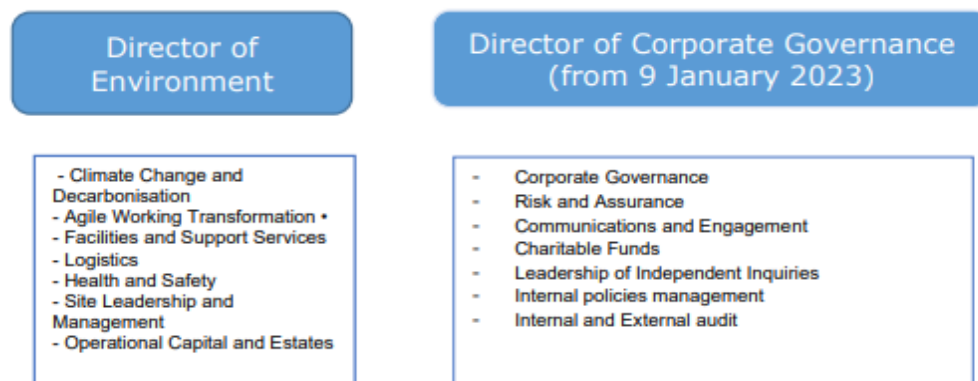
- Employment and staff relations & engagement
- Workforce Planning
- Workforce Policies and Practices
- Employee Health and Well-being including Occupational Health Services
- Trade Union Partnership arrangements
- Workforce Information Management Systems
- Values and Standards of Behaviour Framework
- Raising concerns
- Disclosure and Barring Arrangements
- Tackling Violence and Aggression
- Employee Record Management
- Hosted Functions Lead

Executive Director of Therapies and Health Science

- Professional leadership of Therapies and Health Sciences
- Lead for Radiology, radiography, stroke and Neurological services
- Medical Devices
- Human Rights
- Equality and Diversity
- Welsh Language Provision

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Figure 9 continued Executive (non-voting) Director Portfolios



Staff and Staff Engagement

The Local Partnership Forum is a formal advisory group providing opportunity for two-way discussion and collaboration between the health board management and staff. ensuring action is considered and taken in response to feedback. Engagement with staff side has been key to ensuring collaboration on range of staffing and well-being initiatives.

A summary of activity include:

- Wellbeing Framework and plan and Organisational Development Framework
- Workforce Futures Engagement and Wellbeing theme
- retainment of the Corporate Health Gold standard award
- Wellbeing pulse surveys using the 7 engagement index questions from the NHS national survey
- development of the SharePoint Staywell Wellbeing pages, which continue to be the primary source of self-help information as well as the advertising portal for events and other opportunities. Including the introduction of Financial Wellbeing pages
- Wellbeing Roadshows – A series of well attended staff roadshows have taken place across the county, starting in December through to May which enabled staff to speak face to face with a range of support functions such as VIVUP (Employee Assistance Programme/ Counselling service), Freedom Leisure, Health Shield, Chat2Change, Trade Unions, Menopause
- a suite of Positive Psychology and Resilience workshops with topics such as: Joy at work – Positive Psychology and the Science of Happiness, Emotions at Work – how we perceive, use, understand and manage emotions at work, Trust and Psychological Safety – creating an environment where everyone can flourish.

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Communication and Engagement

During 2022/2023 the Health Board's engagement and communication team has supported the wider Health Board activities as we move from pandemic to endemic including active support for the COVID-19 spring and autumn booster campaigns.

Given the continued ease of restrictions, engagement and consultation activity has continued to resume and has included:

- engagement on proposals affecting stroke services in Herefordshire and Worcestershire
- assessment of options for the future delivery of nuclear medicine services in BCUHB
- engagement on the future shape of Cochlear Implant and BCHI services in South Wales
- engagement following an application from Crickhowell Group Practice to close their branch surgery in Gilwern
- consultation on the location for a new urgent and planned care hospital site in Hywel Dda (with consequential impact for communities in the Llanwrtyd Wells area who currently access acute hospital services in Carmarthen)
- informal engagement and planning ready of the launch shortly after year end of a period of formal engagement by the Emergency Ambulance Services Committee on the future service model for the NHS Emergency Medical Retrieval and Transfer Services (EMRTS) in partnership with the Wales Air Ambulance Charity
- support for the PSB and RPB-led engagement on the draft Well-being plan and Area Plan, followed by statutory consultation on the Well-being Plan for Powys.

Informal stakeholder engagement activity has been ongoing for a number of other projects and programmes. These include the redevelopment of Bro Ddyfi Community Hospital and the development of Knighton Hospital as an interim re-ablement facility to provide more care closer to home whilst the ward remains closed due to ongoing staffing and recruitment issues.

Engagement work also commenced for the North Powys Wellbeing Programme Outline Business Case, with an expanded programme of events including a Newtown community festival in September 2022. This event fell during the period of official mourning following the death of Her Majesty Queen Elizabeth II so was sensitively refocused to ensure an engaging event for children and the wider community.

A wider programme of communication activity has been able to recommence as the requirements of the COVID-19 pandemic response

reduced, but critical activities remained to retain awareness of protective behaviours and continued risk.

Key areas of focus included our winter resilience communications plan. This involved regular engagement with key stakeholders including the Community Health Council, County Council, MSs and MPs, staff, public briefing sessions, PAVO and wider partners to help inform the Health Board's plans and to support and encourage everyone to play a part in Keeping Powys Safe. This has included a focus on Help Us Help You and promotion of NHS 111 Wales services. Given the increasingly challenging financial context the messaging was also linked with Cost-of-Living advice including a new cost of living hub on the Health Board website.

With industrial action taking place during the year, the team was also central to the Health Board response, providing public messaging to help people access the right service at the right time, complicated by action affecting Powys, neighbouring Health Boards, and services in England in different ways at different times.

Key campaigns have included SilverCloud Online CBT, and the launch of a new ChatHealth service to help schoolchildren access advice from their school nursing team.

The new SharePoint intranet site went live in April 2022 and has expanded considerably during the year, joined by new internal communications platforms including Viva Engage (formerly Yammer). In support of wider staff engagement, the team has supported the re-establishment of a programme of staff health and wellbeing roadshows. Whilst a Diolch Powys staff engagement event was paused in September 2022 during the period of official mourning, Q4 saw planning under way for the NHS 75th birthday and the relaunch of the Staff Excellence Awards which will take place in 2023/2024.

On the national stage, Health Board staff have led the national programme of communication and promotional work to enable the launch of the new statutory duties of candour and quality which came into force from 1 April 2023. This has included working with partners across the NHS and beyond to develop and deliver a comprehensive suite of resources to help organisations implement the new statutory duties.

Other key priorities for 2023/2024 include engagement and communication in support of the accelerated service model, and continued re-establishment of continuous engagement mechanisms aligned to the establishment of the new Llais Citizen Voice Body.

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Information Governance

Information Governance (IG) is the way in which the Health Board handles all information, in particular, personal, and sensitive information relating to our patients, services users and employees. IG sets out the requirements and standards that the Health Board must achieve to ensure it fulfils its obligations to handle information securely, efficiently, and effectively.

Reliance on IG continue to increase as the Health Board's services have continued to introduce new technologies to enable them to share information and communicate with patients and staff. Some of these changes have taken place on a national level and IG Managers across Wales have been involved in ensuring the necessary assurances were in place to meet legislative requirements.

Responsibility for IG in the Health Board rests with the Executive Director of Finance IT and Information Services and the Head of Information Governance and Records is the Health Board's nominated Data Protection Officer (DPO) in line with the requirements of the UK General Data Protection Regulation (UK GDPR). The Executive Director of Finance, IT and Information Services also acts as the Senior Information Risk Owner (SIRO), the Executive Medical Director is the nominated Caldicott Guardian, and the Chief Clinical Information Officer is fulfilled by the Executive Director of Therapies and Health Sciences.

Compliance with Legal and Regulatory Framework is co-ordinated and monitored by the IG Team. Key legislation such as the UK General Data Protection Regulation, Data Protection Act 2018, Environmental Information Regulations and Freedom of Information Act. Performance against IG-related legislation is captured and reported to our Delivery and Performance Committee.

Information Governance Training

As of 31 March 2023, the Health Board achieved a rate of 89% for the mandatory Information Governance training which is a small decrease from the previous year.

The profile of the Information Governance awareness has been raised further this past year. Through:

- assuring new and existing systems
- collaborating with services to identify and develop information sharing agreements
- investigating IG related incidents
- providing tailored training sessions
- issuing IG Alerts
- updating the internal and external webpages

- providing advice as part of digital transformation
- better presence in meetings/groups
- close working relationships with colleagues throughout Wales and across the border through national groups.

Personal Data Related Incidents (Breaches)

A personal data incident is a breach of security leading to the accidental or unlawful destruction, loss, alteration, un-authorised disclosure of, or access to personal data. In line with GDPR requirements, all personal data incidents must be reviewed daily, and any incidents deemed significant must be formally reported to the Information Commissioner's office (ICO) within 72 hours. During 2022/2023, four personal data incidents were formally reported to the ICO. The Health Board did not incur any financial penalties from the ICO because of those incidents reported. The Health Board has adopted any recommendations made and the actions in these areas and progress is tracked (as part of the audit recommendations tracker) until complete. The Health Board continues to take on board any lessons learned, or feedback received. Figures on the number of IG related breaches are reported to our Delivery and Performance Committee.

Freedom of Information Act

The Freedom of Information Act 2000 (FOIA) gives the public right of access to a variety of records and information held by public bodies and provides commitment to greater openness and transparency in the public sector. During the period 1 April 2021 to 31 March 2022 the Health Board received a total of 327 requests for information, with 227 of these answered within the 20-day timeframe. Eight requests for internal review were received and responded to with no further action being taken by the requestor. As a Health Board, we are committed to complying with the FOIA by making information readily available via our Publication Scheme which can be found on the Health Board's [website](#):

UK General Data Protection Regulation (GDPR) and Access to Health Records Act (AHRA) 1990

UK GDPR and AHRA give individuals and family members the right to access their own or someone else's personal data. This is commonly referred to as a Subject Access Request (SAR), and the organisation has a statutory timeframe in which to respond. During the period 1 April 2022 to 31 March 2023, the Health Board responded to 476 SARs, with 437 of those responded to within the statutory timeframe.

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Welsh Information Governance (IG) Toolkit

The Health Board is required to undertake the NHS Wales Information Governance Toolkit for Health Boards and Trusts and all NHS Wales organisations must complete this to provide assurance that they are practising good data security and that personal information is handled correctly.

As a result of progress made on the Records Management Improvement plan since February 2022, it is anticipated that the toolkit submission will demonstrate an improvement in our compliance levels.

An information governance workplan is in place which the team will continue deliver during 2023/2024.

Information Security

Strengthening local processes whereby a group of digital experts review and approve the procurement of any local new or existing digital solution to ensure compliance with relevant legislation and standards (UK GDPR and NIS Regulations). The intention is to avoid the Health Board being put at un-necessary risk, such as from a cyber-attack, loss of data, incident/breach of patient's data, fine from the ICO or NCSU.

Information Sharing: National WASPI Code of Conduct: The Wales Accord of Sharing of Personal Information (WASPI) Code of Conduct (CoC) is a proposed annual assessment that the IG team will be required to complete to provide assurance against information sharing practices. The WASPI CoC proposal and consultation closes at the end of April 2023. The forecasted timeline proposes that the CoC will be live from Spring 2024, with planning being undertaken to ensure the IG team has provision to support this assessment going forward.

Local Reviews and Newly Developed Agreements: Over the last 12 months, 26 information sharing agreements have been completed. The team has seen a positive increase in the number of services voluntarily contacting the IG department for support with updating existing, or drafting new, information sharing agreements to support patient care with our external partners. The team has worked closely with services to review existing agreements and confirm if still required to ensure we meet our legislated obligations.

Data Protection Officer:

The Data Protection Officer (DPO) is responsible for ensuring that the application of data protection and confidentiality legislation is consistently observed, and any weaknesses in current practices are identified and remedied where possible. In 2018, the Health Board successfully implemented the General Data Protection Regulation and Data Protection Act (2018), alongside existing Confidentiality obligations. Since this time, the DPO has provided data protection advice across the Health Board. Common themes include clarity around internal and cross-organisational information sharing and assessing privacy risks. Updates and issues are discussed regularly with the Health Board's Medical Director/Caldicott Guardian and Senior Information Risk Owner (SIRO).

As Data Protection Officer the expectation is to see on-going maturity of the IG and Records Management Improvement Plans alongside clear IG and Records Strategy/obligations.

DISCLOSURE STATEMENTS

Pensions Scheme

I can confirm that 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, employers' contributions and payments into the Scheme are in accordance with Scheme rules and that the member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations. Note 9.7 to the Annual Accounts provides details of the scheme, how it operates and the entitlement of employees.

Equality, Diversity and Inclusion

The organisation's approach to Equality, Diversity and Inclusion in 2022/2023 forms a key part of the organisations work. The Equalities, Diversity and Inclusion Annual Report 2022-23 will be considered for approval at Board in July 2023 and then published to the Health Boards website - [Equality and Welsh Language - Powys Teaching Health Board \(nhs.wales\)](https://www.nhs.uk/about-us/our-organisation/equality-diversity-and-inclusion/)

Sustainability Report

Powys Teaching Health Board continues to support sustainability as a central organising principle. The importance of the environment agenda is reflected as a golden thread across the Integrated Medium-Term Plan (IMTP) for 2022-2025. The IMTP also supports the Health Board's endeavours to embed the principles of the Wellbeing of Future Generations

Act and the five ways of working. During 2022/2023 the organisation was successful in gaining re-certification to ISO14001 (2015) environmental management system standard and has successfully demonstrated its continued methodology and approach to environment management.

As part of the public sector obligation to become net zero by 2030, the Health Board reports annual quantitative carbon emissions. The Health Board submitted operational data for the 2021/2022 reporting period which calculated the total emission for the organisation as 24.12kt CO₂e, which is an increase over 2020/2021 data (17.02kt CO₂e). The Health Board's supply chain expenditure has increased from £39.9M in 2020/2021 to £63.3M in 2021/2022 (58.65% increase). This has correlated to a 41.66% equivalent carbon emission increase from 17,021 tCO₂e in 2020/2021 to 24,112 tCO₂e in 2021/2022.

Summary of carbon emissions

Categories	Units of tCO ₂ e			
	Scope 1	Scope 2	Scope 3	Total
Buildings, fleet & other assets	3,339.370	736.751	904.908	4,981.029
Business travel, commuting & homeworking	0	0	534.990	534.990
Waste	0	0	25.431	25.431
Land based emissions	0	0	-36.879	-36.879
Supply chain	0	0	18,539.810	18,539.810
				24,118.139

This is based predominately on financial expenditure and not detailed life cycle analysis, with investment across our estate impacting our emission levels. Increased Continuing NHS Healthcare (also known as CHC) spending has led to an increase in human health services. Minor Works expenditure increased as a result of our major capital investment projects, most notably the extensive renovation of Bro Ddyfi Community Hospital, the replacement of the roof in Ystradgynlais, the construction of a new staff car park in Brecon, the renovation of Basil Webb, and programmes to minimise ligature harm.

SIC Code	SIC Description	Expenditure		Subsequent emissions	
		2020-21	2021-22	2020-21	2021-22
81	Minor Works	£3,171,918	£16,285,649	779 tCO ₂ e	3,999 tCO ₂ e
86	Human Health Services	£19,086,758	£28,369,647	4,756 tCO ₂ e	7,070 tCO ₂ e

While the Health Board continues to repatriate services and implement our COVID-19 recovery plan, it is possible that health care spending may rise even further. Additionally, the 10-year capital investment programme will continue to see increases in carbon emissions in consecutive periods. Assurance can be given from the steady trajectory of our non-supply chain emissions which highlight a continued positive trend towards minimising carbon emissions and contributing towards a net zero public sector by 2030.

A major initiative is underway to engage with energy contractors to make energy efficiency savings across all buildings within our estate. The improvements are designed to cut carbon emissions, reduce energy usage and costs, improve building efficiency and control, introduce renewable energy generation and improve the quality of built environment for staff, patient and visitor wellbeing. The programme of construction works to introduce our innovative energy conservation measures will commence in 2023.

In compliance with our section 6 duty within Environment (Wales) Act, the Health Board produced and published its first Biodiversity Report. The report highlights progress made over the past three years and communicates our future plans including the Health and Social Care Climate Emergency-funded Biodiversity Enhancement and Protection project. This will be pivotal in the short, mid, and long-term protection and enrichment of biodiversity across all the Health Board's estate to ensure the Health Board responds accordingly to any identified biodiversity risks.

Data Security

A summary in relation to personal data incidents which required formal reporting to the Information Commissioner's Office (ICO) is provided on page 72 of this report.

Quality of Data used by the Board

The Health Board continually reviews the quality of data that it is using within the organisation including for decision making and assurance at Board level. Each of the separate data quality strands within the organisation are reviewed frequently that span across the main domains including finance, operational, workforce, quality, and safety data. However, it is a continuous process spanning an array of data systems and datasets including new systems being implemented. The Performance Report includes a Statement on Data Quality on page 12.

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MINISTERIAL DIRECTIONS AND WELSH HEALTH CIRCULARS

Welsh Government has issued a number of Ministerial Directions in 2022/2023. A record of the Ministerial Directions given is available via the following link: <https://gov.wales/health-social-care>. A record of the Welsh Health Circulars is available via the following link: [Health circulars | GOV.WALES](#)

Receipt of Welsh Health Circulars are logged and a lead Executive Director identified to oversee the implementation of the required action or to develop the required response. The Audit, Risk and Assurance Committee received quarterly update reports on the implementation status of Welsh Health Circulars in 2022/2023. From this work it was evidenced that the Health Board was not impeded by any significant issues in implementing the actions required. This work is overseen by the Director of Corporate Governance / Board Secretary.

Appendices 3a/3b (p 90-95) provide an overview of Ministerial Directions and Welsh Health Circulars received during 2022/2023 and their implementation status as of March 2023.

Post Payment Verification

In accordance with the Welsh Government directions the Post Payment Verification (PPV) Team, (a role undertaken for the Health Board by the NHS Shared Services Partnership), in respect of General Medical Services Enhanced Services and General Ophthalmic Services has carried out its work under the terms of the service level agreement (SLA), and in accordance with NHS Wales agreed protocols. The Work of the Post Payment Verification Team is reported to the Board's Audit, Risk and Assurance Committee with papers available on the Health Board's [website](#).

Review of Effectiveness

The National Health Service Finance (Wales) Act 2014 amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. 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 three 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 2022-2025 Integrated Medium-Term Plan was submitted to Welsh Government in March 2022 and approved by the Minister in July 2022. However, the Health Board has not been able to secure that its expenditure does not exceed the aggregate of the funding allocated to it over the three financial years from 2020-2023 as it is reporting a financial deficit of £7.002m in 2022/2023.

Review of Effectiveness of System of Internal Control

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 Board receives assurance on the effectiveness of the system of internal control from a number of internal and external sources, these include:

- Delivery of Internal and External Annual Audit Plans;
- Audit Wales Structured Assessment;
- Audit Recommendation Tracking;
- Local Counter Fraud and Post Payment Verification Activity;
- Independent inspections and regulation provided by Health Inspectorate Wales;
- Engagement with Commissioners;
- Engagement with staff, patients, and other key stakeholders;
- Welsh Government review and advisement; and
- the Committees of the Board, in particular the Audit, Risk and Assurance Committee.

Internal Audit


Internal Audit provide me as Accountable Officer and the Board through the Audit, Risk and Assurance 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 public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit, Risk and Assurance Committee and is focussed on significant risk areas and local improvement priorities.

The Head of Internal Audit Annual Opinion provides assurance on governance, risk management and the system of internal control and is based on the risk-based audit programme. The opinion contributes to the

picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement. A summary of the Head of Internal Opinion 2022/2023 is provided below.

Head of Internal Audit Opinion for 2022/2023

The Head of Internal Audit Opinion on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management, and control for 2022-23 is set out below:

Reasonable assurance		The Board can take Reasonable Assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
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The internal audit plan is agile and responsive to ensure that key developing risks to the Health Board are covered. As a result of this approach, and with the support of officers and independent members across the Health Board, the plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit, Risk and Assurance Committee (the ‘Committee’). In addition, regular audit progress reports have been submitted to the Committee. Although changes have been made to the plan during the year, we can confirm that we have undertaken sufficient audit work during the year to be able to give an overall opinion in line with the requirements of the Public Sector Internal Audit Standards.

The Internal Audit Plan for the 2022/23 year was initially presented to the Committee in March 2022. Changes to the plan have been made during the course of the year and these changes have been reported to the Committee as part of our regular progress reporting.

Overall, the Head of Internal Audit was able to provide assurances to the Board that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the areas as set out below:

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Substantial Assurance	Reasonable Assurance
<ul style="list-style-type: none"> • Control of Contractors: Follow-up • Looked After Children Health Assessments • Cancer Services - Access to Symptomatic FIT • Women & Children's Services • Performance Management & Reporting 	<ul style="list-style-type: none"> • Staff Rostering • Security Services • Machynlleth Hospital Reconfiguration Project • North Powys Wellbeing Programme • Charitable Funds • Workforce Futures Strategic Framework • Incident Management • Therapies and Health Sciences Professional Governance Structure • Temporary Staffing Department • Occupational Health Follow-up • Risk Management and Board Assurance Framework • Savings Plans / Efficiency Framework • Internal Audit Recommendation Tracking Process
Limited Assurance	Advisory & Non-Opinion
<ul style="list-style-type: none"> • IT Infrastructure and Asset Management • Welsh Language Standards • Cyber Security 	<ul style="list-style-type: none"> • Site Leadership & Coordination • Decarbonisation
No Assurance	
N/A	

Limited Assurance Rated Reviews

Three Limited assurance rated reviews had been received during 2022/23. The reports were in respect of:

- IT Infrastructure and Asset Management
- Welsh Language Standards; and
- Cyber Security.

All Limited Assurance Rated Reviews are reported to Welsh Government on a quarterly basis in addition to our own internal reporting and monitoring arrangements.

Counter Fraud

In line with the Government Functional Standard 013 Counter Fraud NHS Requirements the Local Counter Fraud Specialist (LCFS) and Executive Director of Finance agreed a work plan for 2022/2023 at the beginning of the financial year. This was approved by the Audit, Risk and Assurance Committee in March 2022.

Following introduction of Government Functional Standards on Counter Fraud, which replaced NHS Counter Fraud Authority's (NHS CFA) 'NHS Counter Fraud Standards (Wales)' from 2021/2022, the Health Board's Counter Fraud Workplans have been aimed at ensuring compliance for the first enforcement year of the new standards in 2023/2024. To assess compliance, the Health Board is required to submit an annual self-assessment Functional Standard Return on a RAG rated basis to NHS Counter Fraud Authority.

Good progress has been made since the introduction of the new Standards and this is reflected in continuing improvements to RAG ratings for each Standard in self assessed Functional Standard Returns throughout the last two financial years. There are two Standards Components that are still not Green rated at the end of 2022/2023 however:

Component 1B - Accountable individual - rated Amber

This Standard is currently rated Amber due to the Health Board only recently nominating a Fraud Champion to the role. The Health Board's Director of Corporate Governance was identified as the most suitable Senior Officer to meet the requirements of the Fraud Champion role and a nomination was subsequently completed. An action plan has been set for Fraud Champion activity for 2023/2024 which includes support in enabling managing fraud risks via the existing Health Board mechanisms, providing strategic support around our reporting of counter fraud work, and communications around gifts and hospitality/declarations of interests. This activity will result in Green rating within the next review.

Component 3 - Fraud bribery and corruption risk assessment - rated Amber

This Component is currently rated as Amber due to the requirements for maturity of this area of work to enable demonstration of continuous monitoring of fraud risk at a senior level, evidence of subsequent risk mitigation and that review of resources has been undertaken to ensure levels are suitable for this purpose.

Since introduction of this Component the Counter Fraud Team have sought to establish the fraud risk assessment processes aligned to the Health Board's existing Risk Management procedures.

The Team have then created a core fraud risk profile developed from 129 NHS fraud risk descriptors. Alongside this, further scanning has been undertaken to capture and manage emerging fraud risks such as arising from investigation, Fraud Prevention Notices, local intelligence, audit reports and findings, and NHS CFA IBURN releases. A tracker has been

created to track and manage the actions around these known and emerging fraud risks.

LCFSs have subsequently sought to undertake comprehensive risk assessments in liaison with local risk owners to establish a core foundation of assessments to work from. Arrangements have been made to record those risks on the DATIX system which will be utilised from 2023/2024 to manage, track and measure fraud risk within the Health Board.

Use of the DATIX system, alongside the local tracker, will allow evidence to be developed to meet the remaining elements outstanding to uplift this Component to Green.

Improvement activity for these areas is included within the 2023/2024 Counter Fraud Work Plan. Further detail can be found in the Counter Fraud Annual Report for 2022/2023, which will be presented to the Audit, Risk and Assurance Committee.

Audit Wales Structured Assessment

The Auditor General for Wales is the Health Board's statutory external auditor, and the Wales Audit Office undertakes audits on his behalf. The Structured Assessment enables the Auditor General to be satisfied proper arrangements have been made to secure economy, efficiency and effectiveness in the use of resources.

The 2022 Structured Assessment took place whilst NHS bodies were continuing to respond to challenges presented by the COVID-19 pandemic. The key focus of work was on the Health Board's corporate arrangements with a specific focus on governance, strategic planning, and financial planning arrangements, together with arrangements for managing the workforce, digital assets, the estate and other physical assets.

Overall Audit Wales found the Health Board had generally good governance arrangements but needed to update the Board Assurance Framework to have a clear understanding of risks, ensure there are no key governance gaps and help develop and prioritise workplans. In addition, whilst the Health Board have a well-established long term strategy and Integrated Medium Term Plan (IMTP) in place, there was scope to engage the Board earlier in the planning process. Clear arrangements for monitoring the delivery of the IMTP and supporting plans are in place but greater focus is needed on measures and impact. Opportunities existed to improve public access to key Health Board documents, strengthen staff feedback and improve Board self-review mechanisms. Despite recent appointments there remained continued change at Executive level which could lead to instability and a risk the operations portfolio is disproportionate. Interim governance arrangements have been addressed but capacity to support the governance

function remains and issue. The Health Board have appropriate arrangements for financial management and control, and oversight and scrutiny has improved with more timely information being reported to Board and Committees. The Health Board have appropriate arrangements in place to support and oversee staff wellbeing but could do more to monitor progress against previous Audit Wales recommendations. Whilst the Health Board are developing a digital framework, the digital infrastructure and availability of funding are significant issues. The Health Board generally have good oversight of the management of estates although visibility and discussion could be improved at Board.

Audit Wales made ten recommendations based on the 2022 work in relation to improving strategic planning arrangements, further enhancing systems of assurance, improving Board and committee effectiveness and recruiting to key positions.

The Structured Assessment and Management Response was reported to the Audit, Risk and Assurance Committee on 16 May 2023 and can be found on the Health Board's pthb.nhs.wales/about-us/the-board/committees-partnerships-and-advisory-groups/powys-teaching-health-board-committees/audit-risk-and-assurance-committee/2023/16-may-2023/arac-agenda-16-may/

MODERN SLAVERY ACT 2015: TRANSPARENCY IN SUPPLY CHAINS

The Welsh Government's Code of Practice: Ethical Employment in Supply Chains was published in May 2017 to highlight the need, at every stage of the supply chain, to ensure good employment practices exist for all employees, both in the UK and overseas. It is expected that all NHS Wales organisations will sign up for the Code.

The Health Board fully endorses the principles and requirements of the Code and the Modern Slavery Act 2015 and is committed to playing its role as a major public sector employer, to eradicate unlawful and unethical employment practices, such as:

- modern Slavery and Human rights abuses;
- the operation of blacklist/prohibited lists;
- false self-employment;
- unfair use of umbrella schemes and zero hours' contracts; and
- paying the Living Wage.

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The following actions are already in place which meet the Code's commitments:

- We follow the All-Wales procedure for staff to raise concerns (Whistleblowing), which provides the workforce with a fair and transparent process, to empower and enable them to raise suspicions of any form of malpractice by either our staff or suppliers/contractors working on University Health Board premises;
- We have a target in place to pay our suppliers within 30 days of receipt of a valid invoice;
- We comply with the six NHS pre-employment check requirements to verify that applicants meet the preconditions of the role they are applying for. This includes a right to work check;
- We do not engage or employ staff our workers on zero hours' contracts;
- We have an Equality, Diversity and Human Rights Policy in place which ensures that no potential applicant, employee, or worker engaged is in any way unduly disadvantaged in terms of pay, employment rights, employment, or career opportunities;
- We also seek assurances from suppliers, via the tender process, that they do not make use of blacklists/prohibited lists. We also require confirmation and assurances that they do not make use of blacklist/prohibited list information;
- In accordance with Transfer of Undertaking (Protection of Employment) Regulations any Health Board staff member who may be required to transfer to a third party will retain their NHS Terms and Conditions of Service;
- We use the Modern Slavery Act (2015) compliance tracker by way of contracts procured by NHS Wales Shared Services Partnership (NWSSP) on behalf of the Health Board. NWSSP is equally committed to ensuring that procurement activity conducted on behalf of NHS Wales is undertaken in an ethical way. On our behalf, they ensure that workers within the supply chains through which they source our goods and services are treated fairly, in line with Welsh Government's Code of Practice for Ethical Employment in Supply Chains.

The Health Board continues to work in partnership with relevant stakeholders and trade union partners to develop and implement actions which set out our commitment to ensure the principles of ethical employment within our supply chains are implemented and adhered to.

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Conclusion

As Accountable Officer for Powys Teaching Health Board, based on the assurance process outlined above, I have reviewed the relevant evidence and assurances in respect of internal control. I can confirm that the Board including its Executive Directors are alert to their accountabilities in respect of internal control and the Board has had in place, during the year, a system of providing assurance aligned to corporate objectives to assist with identification and management of risk. I am pleased to note that as a result of our internal control arrangements, Powys Teaching Health Board continues to be on 'routine' monitoring as part of NHS Wales Escalation and Intervention arrangements during 2022/2023.

During 2022/2023, we proactively identified areas requiring improvement and requested that Internal Audit undertake detailed assessments in order to manage and mitigate associated risks. Further work will be undertaken in 2023/24 to ensure implementation of recommendations arising from audit reviews, in particular where a limited assurance rating is applied. Work will continue in 2023/2024 to embed risk management and the assurance framework at a corporate level. Implementation of the Board's Annual Governance Programme will see a further strengthening of the Board's effectiveness and the system of internal control in 2023/2024.

This Annual Governance Statement confirms that Powys Teaching Health Board has continued to mature as an organisation and, whilst there are areas for strengthening, no significant internal control or governance issues have been identified. The Board including the Executive Team has had in place a sound and effective system of internal control that provides regular assurance aligned to the organisation's strategic objectives and strategic risks. Together with the Board and Director of Corporate Governance, I will continue to drive improvements and will seek to provide assurance for our citizens and stakeholders that the services we provide are efficient, effective, and appropriate, and are designed to meet patient needs and expectations.

SIGNED BY:

DATE: xx xx 2022

HAYLEY THOMAS [INTERIM CHIEF EXECUTIVE]

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Appendix 1: Board and Board Committee Membership and Attendance at Board

Name	Position and Area of Expertise	Board and Board Committee Membership	Attendance 2022-23	Board Champion Role
Vivienne Harpwood	Chair (To 16 October 2022)	▪ Chair of the Board	5/5	
		▪ Chair of the Charitable Funds Committee	2/2	
		▪ Chair of the Remuneration and Terms of Service Committee	3/3	
Carl Cooper	Chair (From 17 October 2022)	▪ Chair of the Board	4/4	
		▪ Chair of the Charitable Funds Committee	3/3	
		▪ Chair of the Remuneration and Terms of Service Committee	4/4	
Kirsty Williams	Vice Chair	▪ Vice Chair of the Board	8/9	<ul style="list-style-type: none"> • Infection Prevention and Control • Armed Forces and Veterans • Mental Health • Children and Young People
		▪ Chair of the Patient Experience, Quality and Safety Committee	5/5	
		▪ Vice Chair of the Remuneration and Terms of Service Committee	7/7	
		▪ Member of the Delivery and Performance Committee	5/5	
		▪ Member of the Planning, Partnerships and Population Health Committee	2/4	
Ian Phillips	Independent Member [Information Technology]	▪ Member of the Board	8/9	
		▪ Member of the Patient Experience, Quality and Safety	4/4	
		▪ Chair of the Workforce and Culture Committee	3/3	
		▪ Vice Chair of the Planning, Partnerships and Population Health Committee	4/4	
		▪ Remuneration and Terms of Service Committee	7/7	
Jennifer Owen-Adams	Independent Member [Third Sector]	▪ Member of the Board	4/5	
		▪ Vice Chair of the Patient Experience, Quality and Safety Committee	2/3	

	(From 30 August 2022)	<ul style="list-style-type: none"> Member of the Workforce and Culture Committee 	1/2	
		<ul style="list-style-type: none"> Member of the Planning, Partnerships and Population Health Committee 	2/2	
Matthew Dorrance	Independent Member [Local Authority]	<ul style="list-style-type: none"> Member of the Board 	2/3	<ul style="list-style-type: none"> Equality
		<ul style="list-style-type: none"> Member of the Audit, Risk and Assurance Committee 	1/3	
	(To 30 June 2022)	<ul style="list-style-type: none"> Vice Chair of the Workforce and Culture Committee 	0/1	
Chris Walsh	Independent Member [Local Authority]	<ul style="list-style-type: none"> Member of the Board 	2/3	
		<ul style="list-style-type: none"> Member of Workforce and Culture Committee 	0/0	
	(Active from 01 January 2023)			
Rhobert Lewis	Independent Member [General]	<ul style="list-style-type: none"> Member of the Board 	9/9	
		<ul style="list-style-type: none"> Vice Chair of the Charitable Funds Committee 	5/5	
		<ul style="list-style-type: none"> Member of the Audit, Risk and Assurance Committee 	7/8	
		<ul style="list-style-type: none"> Chair of the Planning, Partnerships and Population Health Committee 	4/4	
		<ul style="list-style-type: none"> Member of the Delivery and Performance Committee (from 11 November 2022) 	2/2	
		<ul style="list-style-type: none"> Provided cover at Workforce and Culture 20/09/2022 	1/1	
Tony Thomas	Independent Member [Finance]	<ul style="list-style-type: none"> Member of the Board 	5/9	
		<ul style="list-style-type: none"> Vice Chair of the Audit, Risk and Assurance Committee (Chair to 18 July 2022 Vice Chair) 	6/8	
		<ul style="list-style-type: none"> Member of the Remuneration and Terms of Service Committee 	3/7	
		<ul style="list-style-type: none"> Vice Chair of the Delivery and Performance Committee 	2/5	
Mark Taylor	Independent Member [Capital and Estates]	<ul style="list-style-type: none"> Member of the Board 	8/9	
		<ul style="list-style-type: none"> Chair of the Audit, Risk and Assurance Committee (Vice Chair to 18 July 2022 then Chair) 	8/8	

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		<ul style="list-style-type: none"> Member of the Remuneration and Terms of Service Committee 	6/7	
		<ul style="list-style-type: none"> Member of the Patient Experience, Quality and Safety Committee 	3/5	
		<ul style="list-style-type: none"> Chair of the Delivery and Performance Committee 	5/5	
Frances Gerrard	Independent Member [University] (To 30 June 2022)	<ul style="list-style-type: none"> Member of the Board 	1/3	
		<ul style="list-style-type: none"> Member of the Charitable Funds Committee 	1/1	
		<ul style="list-style-type: none"> Member of the Patient Experience, Quality and Safety Committee 	1/1	
Simon Wright	Independent Member [University] (From 08 August 2022)	<ul style="list-style-type: none"> Member of the Board 	4/5	
		<ul style="list-style-type: none"> Member of the Patient Experience, Quality and Safety Committee 	2/3	
Ronnie Alexander	Independent Member [General]	<ul style="list-style-type: none"> Member of the Board 	7/9	
		<ul style="list-style-type: none"> Member of the Audit, Risk and Assurance Committee 	7/8	
		<ul style="list-style-type: none"> Vice Chair of the Delivery and Performance Committee 	5/5	
		<ul style="list-style-type: none"> Member of Workforce and Culture Committee (From 31 May 2022 to January 2023) 	2/3	
		<ul style="list-style-type: none"> Member of Planning, Partnerships and Population Health Committee 	4/4	
Cathie Poynton	Independent Member [Trade Union]	<ul style="list-style-type: none"> Member of the Board 	8/9	
		<ul style="list-style-type: none"> Member of the Workforce and Culture Committee 	3/3	
		<ul style="list-style-type: none"> Member of the Charitable Funds Committee 	3/3	
		<ul style="list-style-type: none"> Member of the Delivery and Performance Committee 	5/5	
Carol Shillabeer	Chief Executive	<ul style="list-style-type: none"> Board 	9/9	
Hayley Thomas	Deputy Chief Executive and Interim Director of Primary, Community Care and Mental Health	<ul style="list-style-type: none"> Board 	7/9	
Pete Hoggood	Director of Finance, IT and Information Services	<ul style="list-style-type: none"> Board 	8/9	
Kate Wright	Medical Director	<ul style="list-style-type: none"> Board 	6/9	<ul style="list-style-type: none"> Caldicott

Claire Roche	Director of Nursing and Midwifery	■ Board	9/9	<ul style="list-style-type: none"> Children and Young People Putting Things Right
Claire Madson	Director of Therapies and Health Sciences	■ Board	7/9	
Stephen Powell	Interim Director of Planning and Performance	■ Board	9/9	
Mererid Bowley	Interim Director of Public Health	■ Board	5/6	<ul style="list-style-type: none"> Emergency Planning
Julie Rowles	Director of Workforce and Organisational Development	■ Board	1/1	
Debra Wood-Lawson	Interim Director of Workforce and Organisational Development	■ Board	3/4	
James Quance	Board Secretary	■ Board	6/6	
Helen Bushell	Director of Corporate Governance / Board Secretary	■ Board	3/3	

The Board Champion for Health and Safety during 2022/23 was Jamie Marchant, Director of Environment.

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Appendix 2: Table of Quoracy

Board/Committee	Dates:									Quorate
Board	28 April 2022	25 May 2022	14 June 2022	27 July 2022	28 September 2022	30 November 2022	25 January 2023	20 February 2023	29 March 2023	Yes
Charitable Funds	14 June 2022	23 September 2022	07 December 2022	16 January 2023	01 March 2023					Yes
Remuneration and Terms of Service	12 April 2022	28 July 2022	26 September 2022	05 December 2022	31 January 2023	6 March 2023	29 March 2023			Yes
Planning, Partnerships and Population Health Committee	07 April 2022	14 July 2022	20 October 2022	19 January 2023						Yes
Patient Experience, Quality and Safety Committee	12 May 2022	29 July 2022	13 September 2022	24 November 2022	23 February 2023					Yes
Delivery and Performance Committee	03 May 2022	23 June 2022	12 September 2022	11 November 2022	28 February 2023					Yes
Audit, Risk and Assurance Committee	26 April 2022	17 May 2022	12 June 2022	18 July 2022	27 September 2022	31 January 2023	21 March 2023			Yes
Workforce and Culture Committee	31 April 2022	20 September 2022	13 December 2022							Yes

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Appendix 3a: Welsh Health Circulars 2022/2023

Welsh Health Circular	Date/Year of Adoption	Action to Demonstrate Implementation/Response	Status
2022-009 Prioritisation of COVID-19 patient episodes by NHS Wales Clinical Coding Departments	April 2022	WHC actioned and implemented	Complete
2022-015 Changes to the vaccine for the HPV Immunisation Programme	May 2022	This WHC has been superseded by WHC-2022/2023	N/A
2022-016 The National Influenza Vaccination Programme 2022-23	June 2022	Regular PTHB Influenza Vaccination Oversight Group held, led by Consultant in Public Health, with GP Practice reps. All GP Practices and Community Pharmacies participating in flu vaccination programme. All GP Practices invited to participate in the Autumn covid-19 vaccination programme. 12 out of 16 GP practices agreed to participate in covid-19 campaign: 11 GP Practices offering covid-19 vaccine to over 75s cohort and COPD cohort, 1 GP Practice offering to all eligible groups (bar Health & social care staff/care home residents). Delivery of remaining Covid-19 to eligible groups via HB MVC/Mobile teams. Co-administering flu and covid vaccination to Health board staff. Meetings held with individual GP Practices in late August 22/early September 22 to discuss COVID-19 programme delivery and confirmation letter sent to each individual practice outlining programme expectations and support available.	In Progress
2022-002 NHS Wales National Clinical Audit and Outcome Review Plan. Annual Rolling Programme for 2022-2023	June 2022	Complete but with acknowledgement that participation in audits will be improved in 23/24: The Podiatry service is participating in the National Diabetes Foot Care audit and the collection of data for the audit is on-going. An action plan will be published following the release of the national report. PTHB has re-established its pulmonary rehabilitation offer and intends to continue to participate in future audits.	Complete
2022-019 Non-Specialised Paediatric Orthopaedic Services	June 2022	Implementation not yet due as of April 2023	Not Yet Due
2022-012 Donation and Transplantation Plan for Wales 2022-2026	June 2022	Implementation not due until December 2026	Not Yet Due
2022-018 Guidelines for managing patients	June 2022	PTHB provides limited diagnostic services for cancer and minimal treatments as the majority	In Progress

on the suspected cancer pathway		of Powys residents with suspected cancer are managed by commissioned provider services in England and Wales. Referral to treatment times are the responsibility of the Director of Planning and Performance for Commissioned Services and the Director of Primary, Community Care and Mental Health for directly provided services. Performance is monitored through the Integrated Performance Framework for the Health Board and regularly reported to the Board and relevant committees. The Cancer Renewal Programme has established a Harm Review Panel to review harm reviews undertaken by other Health Boards and NHS trusts treating Powys patients.	
2022-006 Direct Paramedic referral to same day emergency care	April 2022	Emergency/acute care not commissioned within Powys. However, a range of actions being taken as defined in the Integrated Care Action Plan (ICAP), fully integrated with 6 Goals delivery, and reviewed in monthly monitoring arrangements. Ongoing work with commissioned partners to ensure quality, safe and timely care in Emergency Departments – annual cycle, alongside daily engagement with operational flow across National urgent care system.	In Progress
2022-017 Wales Rare Diseases Action Plan 2022-2026	June 2022	We plan to ensure representation via the specialised service lead, but this post is not yet appointed. PTHB does not provide any specialised services. It does not have the range of Clinical Directorates that would usually be involved in supporting and implementing this work in relation to Rare Diseases. The Planning and Performance Directorate attends the WHSSC Management Committee, and the CEO attends the WHSSC Joint Committee. Through participation in the WHSSC Management Group and Joint Committee PTHB works to ensure that its Integrated Medium-Term Plan reflects the approved WHSSC Integrated Commissioning Plan. The Health Board is working to create a Specialised Pathway Lead post.	In Progress
2022-022 Role of the Community Dental Service and Services for vulnerable people	August 2022	Recruited 1 WTE salaried GDP to provide routine GDS services, 0.6WTE vacancy for specialist in special care dentistry. Looking to use a cloud-based service to improve IT record systems within the CDS. Recruitment of Paediatric specialist for 3 sessions per month to improve governance and service. Skill mixing using direct access therapists	In Progress
2022-021 National Optimal Pathways for Cancer	July 2022	PTHB provides limited diagnostic services for cancer and minimal treatment. The majority of Powys residents with suspected cancer are managed by commissioned NHS services. In the Powys context the optimal pathways apply across organisational boundaries involving services provided by other Health Boards in	In Progress

		Wales and also services provided by NHS trusts in England. Executive leads for cancer need to use the optimal pathways to support planning and design of pathways. The Wales Cancer Network has appointed two posts managed centrally to work with PTHB on mapping the optimal pathways. However, the first stage produced highly generalised information which was of limited value. At present only the Welsh flows are included but to be meaningful for Powys this must also include its English flows so further work is being undertaken with the network.	
2022-020 Never Events Policy and Incident List	July 2022	Never Events are reported to Patient Experience, Quality and Safety (PEQS) Committee on a quarterly basis; to note there have not been any Never Events in the last 18months.	Complete
2022-023 Changes to the Vaccines for the HPV Immunisation Programme	September 2022	Confirmation received from Chief Pharmacist is aware for PGD changes. No further action to take currently as the WHC states: 'It is important to note that we do not expect the one dose schedule to commence before the 2023/24 academic year'.	Complete
2022-003 Guidance for the provision of continence containment products for Adults in Wales	October 2022	We have Band 6 Continence Promotion Practitioners. Waiting list around 8 weeks. They assess patients and from their assessment pads may or may not be provided. We are an assessment/ treatment service and pads are provided on need and according to bladder and bowel dysfunction. We have a triage system for referrals so end of life patients for example are assessed and pads provided if required within 48 /72 hours. For children, the appropriate person assesses, e.g., children's nurse, school nurse etc. and pads are then allocated again according to need.	Complete
2022-004 Guidance for the care of Children and young people with continence problems	October 2022	The service is completing the SOP which will incorporate the guidance – the deadline for completion has overrun but is expected for completion this quarter. The review of the list of the children in receipt of containment products against the guidance is outstanding this has been requested again as a priority for completion this quarter.	In Progress
2022-027 & 2022-029 Urgent polio catch up programme for children under 5 years old	October 2022	Director of Public Health has contacted the Primary care Team to ask them to send the letter to GP Practices to ask who wishes to participate in catch-up, with deadline of 09 Nov 22 for returns. All GP Practices participating in catch-up and underway.	In Progress
2022-026 Approach for respiratory viruses-Technical guidance for healthcare planning	October 2022	11 October 2022 letter from Director of Public Health to all GP Practices/Pharmacies (sent via pharmacy and Primary care leads). Agenda item on Executive Committee meeting on 19 October 2022. Letter to all HB staff inviting for co-administering Covid-19 & flu vaccinations	In Progress

		commencing week of 10/10/22. Joint Message to all staff from four Executive clinical leads to encourage vaccination & how to access covid & flu vaccines (communicated via Powys News and carousel) (live on carousel from 26/10/22). Chief Executive to include message on vaccination in all staff briefing on 26 October 2022. Pathway and triage processes in place, led by pharmacy, to access antivirals. Pathway reviewed regularly jointly by Chief Pharmacist, Medical Director, Director of Public Health & Assistant Director of Community Services. Testing pathways in place.	
2022-013 Monthly Financial monitoring return guidance	April 2022	The Health Board is meeting WG guidance in respect of reporting its financial performance to Welsh Government.	Complete
2022-008 New records management code of practice for health and care 2022	April 2022	Implementation not yet due as of May 2023.	Not Yet Due
2022-028 More than just words Welsh Language Awareness Course	November 2022	The Welsh Awareness Training Course is now included within statutory and mandatory training through ESR. Compliance will be monitored through the workforce performance reporting alongside all other statutory and mandatory training, Compliance as at 17.2.23 is 60.93%.	Complete
2022-031 Reimbursable vaccines and eligible cohorts for the 2023/24 NHS seasonal Influenza (flu) Vaccination Programme	December 2022	Chief Pharmacist and Assistant Director of Primary Care circulated letter to GP Practices and Community pharmacy and for ordering of HB stocks. Further guidance received to community pharmacy & GPs. Additional actions as per flu update.	In Progress
2022-035 Influenza (flu) Vaccination Programme deployment 'mop up' 2022-2023	December 2022	Walk ins in place from early January for all eligible residents at all 3 MVCs. Promoted at least weekly through Health Board comms channels. Proactive MECC approach to all eligible attendees attending for COVID-19 vaccination.	Complete
2023-001 Eliminating Hepatitis B and C as a Public Health threat in Wales – actions for 2022-2023 and 2023-2024	January 2023	Implementation not yet due as of end of March 2023	Not Yet Due
2023-002 New Lower Gastrointestinal 'FIT' National optimal Pathway Patterson, Liz 24/07/2023 09:47:06	January 2023	All general practices now have access to symptomatic Faecal Immunochemical Test (FIT) services where there is a suspicion of colorectal cancer. The new Lower Gastrointestinal 'FIT' National Optimal Pathway documentation has been distributed to Powys General Practices. The PTHB Cancer Clinical Lead has worked closely with Cluster Leads and GP Collaboratives to ensure they are up to date with Faecal Immunochemical Test pathways and the National Optimal Pathway for FIT including highlighting the importance of 'safety netting'.	Complete

		An Internal Audit conducted in October 2022 concluded there was substantial assurance with regard to the controls and processes in place and that the planned actions to allow improved access to symptomatic FIT are being effectively delivered. This is now 'business as usual' with no further action required.	
2022-034 Health Board 2023-2024 Allocations	December 2022	Implementation not yet due as of end of March 2023	Not Due Yet
2023-004 Covid-19 Spring Booster Vaccination Programme 2023	March 2023	Implementation not yet due as of June 2023	Not Due Yet
2022-032 Further extending the use of Blueteq in secondary care	March 2023	Implementation not yet due as of April 2023	Not Due Yet
2023-007 Patient Testing Framework-Updated Guidance	March 2023	Framework due to be reviewed in June 2023 (depending on public health indicators)	Not Due Yet
2023-003 Guidelines for the investigation of moderate or severe early developmental impairment or intellectual disability (EDI/ID)	April 2023	Guideline to be reviewed in May 2023	Not Due Yet
2023-006 Commencement of the Health and Social Care (Quality and Engagement (Wales) Act 2020	March 2023	To be reviewed in April 2023	Not Due Yet

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Appendix 3b: Ministerial Directions 2022-23

Ministerial Directions (MDs)	Date/Year of Adoption	Action to demonstrate implementation/response	Status
Ministerial Direction 1 Our Programme for transforming and modernising planned care and reducing waiting lists in Wales	April 2022	Implementation not yet due as of April 2026	Not Yet Due
Ministerial Direction 2 Financial Entitlements Amendments	June 2022	Completed as per the date of issue/effective from and would have been discharged for us via Business Services Unit who pay Primary Care contractors on all Health Board behalf.	Complete
Ministerial Direction 3 The Primary care (contracted Services Immunisations)	August 2022	Implementation not yet due.	Not Yet Due

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PART B: REMUNERATION AND STAFF REPORT

This report contains information about the remuneration of senior management, fair pay ratios, sickness absence rates etc and has been compiled by the Directorate of Finance, Information & IT and the Workforce and Organisational Development Directorate

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Background

The remuneration and staff report sets out the organisation's remuneration policy for Executive Directors and senior managers, reports on how that policy has been implemented and sets out the amounts awarded to Executive Directors and senior managers and where relevant the link between performance and remuneration. The FReM requires that a Remuneration Report shall be prepared under the headings in SI2008 No 410 to the extent that they are relevant. The definition of "Senior Managers" for these purposes is:

"those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual Executive Directorates or departments."

This section of the Accountability Report meets these requirements.

The Remuneration Terms of Service Committee

Remuneration and terms of service for Executive Directors and the Chief Executive are agreed and kept under review by the Remuneration and Terms of Service Committee. The Committee also monitors and evaluates the annual performance of the Chief Executive and individual Executive Directors (the latter with the advice of the Chief Executive).

In 2022/2023, the Remuneration and Terms of Services Committee was chaired by the Health Board's Chair, firstly Vivienne Harpwood (to 15 October 2022) followed by Carl Cooper (from 17 October 2022), and the membership included the following Independent Members:

- Kirsty Williams, Vice Chair of the Board
- Tony Thomas, Independent Member (Finance)
- Mark Taylor, Independent Member (Capital and Estates)
- Ian Phillips, Independent Member (ICT)

Meetings are minuted and decisions fully recorded.

The meeting is attended by the Chief Executive, Director of Workforce and Organisational Development and Director of Corporate Governance / Board Secretary with appropriate corporate governance support.

Independent Members' Remuneration

Remuneration for Independent Members is decided by the Welsh Government, which also determines their tenure of appointment.

Directors' and Independent Members' Remuneration

Details of Directors' and Independent Members' remuneration for the 2022/23 financial year, together with comparators are given in Tables below. The norm is for Executive Directors and Senior Managers salaries to be uplifted in accordance with the Welsh Government identified normal pay inflation

percentage. In 2022/23, Executive Directors received a pay inflation uplift, in-line with Welsh Government's Framework.

The Committee also seeks assurance from the Chief Executive in relation to Executive team objectives and performance when considering recommendations in respect of annual pay uplifts. It should be noted that Executive Directors are not on any form of performance related pay. All contracts are permanent with a three-month notice period. Conditions were set by Welsh Government as part of the NHS Reform Programme of 2009.

For part of the year there were a number of interim Directors in post including; an Interim Director of Public Health, Interim Director of Workforce and Organisational Development, Interim Director of Planning and Performance, Interim Director of Primary, Community Care and Mental Health and Interim Board Secretary.

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Table 1: Salary and Pension Disclosure Table: Salaries and Allowances, single total figure of Remuneration

Name and title	2022 - 23					
	Salary	Bonus Payments	Benefits in Kind	Pension Benefits	Single Total Remuneration	Other Remuneration
	(bands of £5,000) £000	(bands of £5,000) £000	(to nearest £100) £00	(to nearest £1000) £000	(bands of £5,000) £000	(bands of £5,000) £000
Executive directors						
Carol Shillabeer - Chief Executive	175 - 180	0	0	29	205 - 210	0
Hayley Thomas - Director of Planning and Performance and Deputy Chief Executive (to 31st March 2022) and Director of Primary Care, Community and Mental Health (from 1st April 2022) **	125 - 130	0	0	26	155 - 160	0
Stephen Powell - Interim Director of Planning and Performance (from 1st April 2022)	115 - 120	0	0	206	325 - 330	0
Pete Hopgood - Director of Finance, Information and IT Services * and **	120 - 125	0	6	0	120 - 125	0
Julie Rowles - Director of Workforce and OD (To 3rd February 2023) and (Support Services until 1st December 2021)	130 - 135	0	0	45	175 - 180	0
Debra Wood Lawson - Interim Director of Workforce and OD (from 3rd October 2022)	70 - 75	0	0	7	75 - 80	0
Kate Wright - Medical Director	140 - 145	0	0	8	145 - 150	0
Claire Madsen - Director of Therapies and Health Science **	105 - 110	0	0	33	140 - 145	0
Stuart Bourne - Director of Public Health (To 11th March 2022) ****	0	0	0	0	0	0
Mererid Bowley - Director of Public Health (from 27th June 2022)	90 - 95	0	0	46	135 - 140	0
Alison Davies - Director of Nursing and Midwifery (To 14th March 2022) ****	0	0	0	0	0	0
Clare Roche - Director of Nursing and Midwifery (From 7th March 2022)* and ****	115 - 120	0	1	34	150 - 155	0
Jamie Marchant - Director of Primary, Community Care and Mental Health Services (To 1st December 2021) - Director of Environment (From 1st December 2021) *	110 - 115	0	1	0	110 - 115	0
Rani Mallison - Board Secretary (To 27th November 2021) * & *** & ****	0	0	0	0	0	0
James Quance - Board Secretary (From 4th January 2022 to 31st December 2022) * & ****	70 - 75	0	0	18	85 - 90	0
Helen Bushell - Director of Corporate Governance and Board Secretary (from 9th January 2023)	20 - 25	0	0	5	25 - 30	0

Name and title	2021 - 22					
	Salary (bands of £5,000) £000	Bonus Payments (bands of £5,000) £000	Benefits in Kind (to nearest £100) £00	Pension Benefits (to nearest £1000) £000	Single Total Remuneration (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000
Executive directors						
Carol Shillabeer - Chief Executive	175 - 180	0	0	61	235 - 240	0
Hayley Thomas - Director of Planning and Performance and Deputy Chief Executive (to 31st March 2022) and Director of Primary Care, Community and Mental Health (from 1st April 2022) **	125 - 130	0	0	59	180 - 185	0
Stephen Powell - Interim Director of Planning and Performance (from 1st April 2022)	0	0	0	0	0	0
Pete Hopgood - Director of Finance, Information and IT Services * and **	115 - 120	0	0	56	170 - 175	0
Julie Rowles - Director of Workforce and OD (To 3rd February 2023) and (Support Services until 1st December 2021)	120 - 125	0	19	58	175 - 180	0
Debra Wood Lawson - Interim Director of Workforce and OD (from 3rd October 2022)	0	0	0	0	0	0
Kate Wright - Medical Director	140 - 145	0	0	109	250 - 255	0
Claire Madsen - Director of Therapies and Health Science **	100 - 105	0	0	34	135 - 140	0
Stuart Bourne - Director of Public Health (To 11th March 2022) ****	100 - 105	0	0	41	145 - 150	0
Mererid Bowley - Director of Public Health (from 27th June 2022)	0	0	0	0	0	0
Alison Davies - Director of Nursing and Midwifery (To 14th March 2022) ****	110 - 115	0	0	41	155 - 160	0
Clare Roche - Director of Nursing and Midwifery (From 7th March 2022)* and ****	5 - 10	0	0	4	10 - 15	0
Jamie Marchant - Director of Primary, Community Care and Mental Health Services (To 1st December 2021) - Director of Environment (From 1st December 2021) *	115 - 120	0	0	9	120 - 125	0
Rani Mallison - Board Secretary (To 27th November 2021) * & *** & ****	60 - 65	0	0	21	85 - 90	0
James Quance - Board Secretary (From 4th January 2022 to 31st December 2022) * & ****	20 - 25	0	0	0	20 - 25	0
Helen Bushell - Director of Corporate Governance and Board Secretary (from 9th January 2023)	0	0	0	0	0	0

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Name and title	2022 - 23					
	Salary (bands of £5,000) £000	Bonus Payments (bands of £5,000) £000	Benefits in Kind (to nearest £100) £00	Pension Benefits (to nearest £1000) £000	Single Total Remuneration (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000
Associate Members						
Nina Davies - Interim Director of Social Services and Housing, Powys County Council (from 1st January 2023)	0	0	0	0	0	0
Chair of Healthcare Professionals Forum (TBC)	0	0	0	0	0	0
Chair of Stakeholder Reference Group (TBC)	0	0	0	0	0	0
Non-Officer Members						
Professor Vivienne Harwood - Chair (to 16th October 2022)	20 - 25	0	0	0	20 - 25	0
Carl Cooper - Chair (from 17th October 2022)	20 - 25	0	0	0	20 - 25	0
Melanie Davies - Vice Chair (to 26th December 2021) *****	0	0	0	0	0	0
Kirsty Williams - Vice Chair (from 10th January 2022) *****	35 - 40	0	0	0	35 - 40	0
Anthony Thomas - Independent Member (Finance)	5 - 10	0	0	0	5 - 10	0
Matthew Dorrance - Independent Member (Local Authority to 30th June 2022)	0 - 5	0	0	0	0 - 5	0
Patricia Buchan - Independent Member (Third Sector - to 31st March 2022)	0	0	0	0	0	0
Frances Gerrard - Independent Member (University held post relating to health to 30th June 2022)	0 - 5	0	0	0	5 - 10	0
Ian Phillips - Independent Member (ICT)	5 - 10	0	0	0	5 - 10	0
Susan Newport - Independent Member (Trade Union to 30th September 2021)	0	0	0	0	0	0
Cathie Poynton - Independent Mmember (Trade Union from 11th November 2021)	0	0	0	0	0	0
Mark Taylor - Independent Member (Capital and Estates)	5 - 10	0	0	0	5 - 10	0
Rhobert Lewis - Independent Member (General)	5 - 10	0	0	0	10 - 15	0
Ronnie Alexander - Independent Member (General from 21st June 2021)	5 - 10	0	0	0	5 - 10	0
Chris Walsh - Independent Member (Local Authority - from 1st November 2022)	0 - 5	0	0	0	0 - 5	0
Jennifer Owen Adams - Independent Member (Third Sector - from 30th August 2022)	5 - 10	0	0	0	5 - 10	0
Simon Wright - Independent Member (University held post relating to health - from 8th August 2022)	5 - 10	0	0	0	5 - 10	0

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Name and title	2021 - 22					
	Salary (bands of £5,000) £000	Bonus Payments (bands of £5,000) £000	Benefits in Kind (to nearest £100) £00	Pension Benefits (to nearest £1000) £000	Single Total Remuneration (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000
Associate Members						
Nina Davies - Interim Director of Social Services and Housing, Powys County Council (from 1st January 2023)	0	0	0	0	0	0
Chair of Healthcare Professionals Forum (TBC)	0	0	0	0	0	0
Chair of Stakeholder Reference Group (TBC)	0	0	0	0	0	0
Non-Officer Members						
Professor Vivienne Harwood - Chair (to 16th October 2022)	40 - 45	0	0	0	40 - 45	0
Carl Cooper - Chair (from 17th October 2022)	0	0	0	0	0	0
Melanie Davies - Vice Chair (to 26th December 2021) *****	25 - 30	0	0	0	25 - 30	0
Kirsty Williams - Vice Chair (from 10th January 2022) *****	5 - 10	0	0	0	5 - 10	0
Anthony Thomas - Independent Member (Finance)	5 - 10	0	0	0	5 - 10	0
Matthew Dorrance - Independent Member (Local Authority to 30th June 2022)	5 - 10	0	0	0	5 - 10	0
Patricia Buchan - Independent Member (Third Sector - to 31st March 2022)	5 - 10	0	0	0	5 - 10	0
Frances Gerrard - Independent Member (University held post relating to health to 30th June 2022)	5 - 10	0	0	0	5 - 10	0
Ian Phillips - Independent Member (ICT)	5 - 10	0	0	0	5 - 10	0
Susan Newport - Independent Member (Trade Union to 30th September 2021)	0	0	0	0	0	0
Cathie Poynton - Independent Member (Trade Union from 11th November 2021)	0	0	0	0	0	0
Mark Taylor - Independent Member (Capital and Estates)	5 - 10	0	0	0	5 - 10	0
Rhobert Lewis - Independent Member (General)	10 - 15	0	0	0	10 - 15	0
Ronnie Alexander - Independent Member (General from 21st June 2021)	5 - 10	0	0	0	5 - 10	0
Chris Walsh - Independent Member (Local Authority - from 1st November 2022)	0	0	0	0	0	0
Jennifer Owen Adams - Independent Member (Third Sector - from 30th August 2022)	0	0	0	0	0	0
Simon Wright - Independent Member (University held post relating to health - from 8th August 2022)	0	0	0	0	0	0

*Please note that the salary for Jamie Marchant includes £9,000 sacrificed in relation to a leased car (in 2021-22 the figure was £10,000), the salary for Rani Mallison includes £0 sacrificed in relation to a leased car (in

2021/22 the figure was £4,000), the salary for James Quance includes £1,000 in relation to a leased car (in 2021/22 the figure was £1,000) the salary for Pete Hopgood includes £7,000 in relation to a leased car (in 2021/22 the figure was £0) and the salary for Clare Roche includes £1,000 in relation to a leased car (in 2021/22 the figure was £0).

** Please note that the portfolio of the Director of Primary, Community and Mental Health Services was split for a period and allocated to three Executive Directors from 1st December 2021 to 31st March 2022. The portfolio was split as follows; Pete Hopgood Primary Care; Hayley Thomas Community Care and Clare Madsen Mental Health Services'; no additional remuneration was paid to these Directors as a result of the additional responsibilities.

*** Please note that there was an agreement for Rani Mallison to work for Aneurin Bevan University Health Board for 1 day a week from 1st November 2021.

**** Please note that the full year equivalent salary banding, in bands of £5,000, for starters and leavers during 2022/23 was as follows; James Quance £90,000-£95,000, Julie Rowles £120,000 - £125,000, Debra Lawson Wood, Mererid Bowley, Helen Bushell £105,000 - £110,000

***** Please note that salary overpayments have been identified during 2021/22 and these are still being recovered.

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 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 to that used to derive pension values for tax purposes and is based on information received from NHS BSA Pensions Agency.

The Single Total Figure of remuneration is not an amount which has been paid to an individual by the THB 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 person's 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.

Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director /employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce. The 2022-23 financial year is the second-year disclosures in respect of the 25th percentile pay ratio and 75th percentile pay ratio are required.

		2022-23 £000	2022-23 £000	2022-23 £000		2021-22 £000	2021-22 £000	2021-22 £000
Total pay and benefits		Chief Executive	Employee	Ratio		Chief Executive	Employee	Ratio
	25th percentile pay	177	25	7.1:1		177	22	8.0:1
	Median pay	177	33	5.4:1		177	32	5.5:1
	75th percentile pay ratio	177	43	4.1:1		177	41	4.3:1
Salary component of total pay and benefits								
	25th percentile pay	177	25			177	22	8.0:1
	Median pay	177	33			177	32	5.5:1
	75th percentile pay ratio	177	43			177	41	4.3:1
Total pay and benefits		Highest Paid Director	Employee	Ratio		Highest Paid Director	Employee	Ratio
	25th percentile pay	177	25	7.1:1		177	22	8.0:1
	Median pay	177	33	5.4:1		177	32	5.5:1
	75th percentile pay ratio	177	43	4.1:1		177	41	4.3:1
Salary component of total pay and benefits								
	25th percentile pay	177	25			177	22	8.0:1
	Median pay	177	33			177	32	5.5:1
	75th percentile pay ratio	177	43			177	41	4.3:1

In 2022-23, 2 (2020-21, 2) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £20,758 to £217,294 (2021-22, £18,576 to £188,839).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

Percentage Changes:

9.6.2 Percentage Changes					2021-22		2020-21
					to		to
					2022-23		2021-22
% Change from previous financial year in respect of Chief Executive					%		%
	Salary and allowances				2		3
	Performance pay and bonuses				0		0
% Change from previous financial year in respect of highest paid director							
	Salary and allowances				2		3
	Performance pay and bonuses				0		0
Average % Change from previous financial year in respect of employees takes as a whole							
	Salary and allowances				5		5
	Performance pay and bonuses				0		0

Table 2: Salary and Pension Disclosure

Name and title	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in pension lump sum at age 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 Mar 2023 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31st Mar 2023 (bands of £5,000) £000	Cash Equivalent transfer value at 31 Mar 2023 £000	Cash Equivalent transfer value at 31 Mar 2022 Restated £000	Real increase in Cash Equivalent transfer value £000	Employer's contribution to stakeholder pension £000
Carol Shillabeer - Chief Executive	2.5 - 5.0	(0.0) - (2.5)	70 - 75	150 - 155	1,353	1,253	36	0
Hayley Thomas - Director of Planning and Performance and Deputy Chief Executive (to 31st March 2022) and Director of Primary Care, Community and Mental Health (from 1st April 2022)	0.0 - 2.5	(0.0) - (2.5)	40 - 45	75 - 80	718	657	22	0
Pete Hopgood - Director of Finance, Information and IT Services	0.0 - 2.5	(5.0) - (7.5)	45 - 50	90 - 95	838	804	-7	0
Julie Rowles - Director of Workforce and OD (To 3rd February 2023) and (Support Services to 1st December 2021)	2.5 - 5.0	(2.5) - (5.0)	65 - 70	145 - 150	1,413	1,307	51	0
Kate Wright - Medical Director	0.0 - 2.5	(2.5) - (5.0)	35 - 40	50 - 55	665	622	5	0
Claire Madsen - Director of Therapies and Health Science	0.0 - 2.5	0.0 - 2.5	35 - 40	110 - 115	871	792	41	0
Clare Roche - Director of Nursing (From 7th March 2022)	0.0 - 2.5	0.0 - 2.5	45 - 50	115 - 120	974	890	40	0
Jamie Marchant - Director of Primary, Community Care and Mental Health Services (To 1st December 2021); Director of Environment (From 1st December 2021)	0.0 - 2.5	(2.5) - (5.0)	30 - 35	45 - 50	584	557	-3	0
James Quance - Board Secretary (From 4th January 2022)	0.0 - 2.5	0	5 - 10	0	111	85	8	0
Stephen Powell - Interim Director of Planning and Performance (from 1st April 2022)	7.5 - 10	22.5 - 25.0	50 - 55	115 - 120	1,005	762	219	0
Debra Lawson Wood - Interim Director of Workforce and OD (from October 2022)	0.0 - 2.5	0	10 - 15	0	208	171	9	0
Mererid Bowley - Director of Public Health (from July 2022)	2.5 - 5.0	0.0 - 2.5	40 - 45	70 - 75	763	673	46	0
Helen Bushell - Director of Corporate Governance and Board Secretary (from 9th January 2023)	0.0 - 2.5	0	5 - 10	0	70	49	5	0

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

For Directors marked * the member is over retirement age in existing scheme therefore a CETV calculation is not applicable

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

Cash Equivalent Transfer Values

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 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own

cost. CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023-24 CETV figures.

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.

Staff Numbers

Number of Employed Staff

As at 31 March 2023, the total number staff employed by the Health Board stood at **1,929.39 Whole Time Equivalents (WTE)**. The table below provides the average WTE of staff employed by the Health Board in 2021/2022 and 2022/2023 broken down by staffing group. This excludes hosted services such as the Boards of Community Health Councils and Health and Care Research Wales.

Staff Group	2021/22	2022/23
Add Prof Scientific and Technic	72.80	75.63
Additional Clinical Services	382.59	395.76
Administrative and Clerical	504.93	529.41
Allied Health Professionals	133.54	134.59
Estates and Ancillary	175.05	173.91
Healthcare Scientists	4.58	5.86
Medical and Dental	33.56	29.97
Nursing and Midwifery Registered	564.42	552.99
Grand Total	1,871.46	1898.13

Overall, on average, the Health Board has seen an increase of **26.68 WTE** in the number of staff employed in 2022/2023 when compared to 2021/2022. Despite this success, recruiting to a number of clinical roles, in particular Registered Nurse and Medical roles, continues to be challenging. There is a decrease overall of 11.42 WTE in the number of Registered Nurse staff employed by the Health Board. Registered Nurse vacancy levels within the wards has increased, with an overall vacancy deficit (excluding absence) of **30%** at March 2022, increasing to **33%** as at March 2023. To mitigate this risk the Health Board has recruited 2 overseas nurses with a further 5 due to arrive in April 2023. The Health Board has also continued

to develop the Aspiring Nurse programme, to grow our own internal pipeline to address the deficits.

Staffing Composition

As of 31 March 2023, the Health Board employed **2,369** substantive employees (excluding bank workers) which equated to **1,929.39 WTE**. The number (headcount) of female and male employees of the Health Board are as follows:

	Female	Male
Headcount	2,028	341
Percentage	86%	14%

Of this staffing composition, at 31 March 2023, the Executive Team consisted of 9 voting members of the Board (inclusive of the Chief Executive Officer). There was one additional Director and the Board Secretary (both non-voting members) who are members of the Executive Team and are included in the staffing composition below:

	Female	Male
Headcount	8	3
%	73%	27%

Sickness Absence Data

Information on sickness absence for 2021/2022 and 2022/2023 is provided within the table below:

Staff Group	2021/22	2022/23
WTE Days Lost Long Term	28,157.95	29,910.21
WTE Days Lost Short Term	11,158.48	13,291.37
Total Days Lost	39,316.43	43,201.58
Total Staff Years (avg WTE staff Absent)	107.72	118.36
Average Working Days Lost	16.38	18.24
Total Staff Employed in Period (Headcount)	2401	2369
Total Staff Employed in Period with no absence (Headcount)	1276	882
Percentage of Staff with no Sick Leave	53%	37%

The Health Board's overall rolling sickness absence rate for 2022/2023 is **5.83%**, compared to **5.76%** in 2021/2022. The overall increase in staff absence is reflective of the difficult and challenging time, as the Health Board continue to respond to the impacts of the COVID-19 pandemic.

Staff Policies

Powys Teaching Health Board has a policy framework in place which covers policies and procedures that apply to employees and workers engaged with the Health Board. All workforce related policies are actively monitored, developed, and agreed in partnership with our Trade Union colleagues. The Equality Impact Assessment policy is applied throughout the financial year for the development of policies and procedures.

- for giving full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities
- for continuing the employment of and for arranging appropriate training for employees, who have become disabled persons during the period when they were employed by the company
- otherwise for the training, career development and promotion of disabled persons employed by the Health Board

All staff policies include a requirement to undertake an analysis of the impact of the policy in respect of equality. In conjunction with this approach, the *all Wales Managing Attendance at Work Policy* and *Recruitment and Selection Policy* were utilised to ensure fair consideration was given to applications for employment made by a disabled person and for supporting their continued employment.

Other Employee Matters

Health and Safety 2023/2024

The Health and Safety (H&S) team workplan focuses on the priorities of the Health Board via the Health and Safety Group (HSG). This plan covers a wide range of important areas and is designed to assist in managing and prioritising the resources of the health and safety team and provide support to departments and directorates to develop and ensure the local management of health and safety matters.

Three policies have been reviewed, updated, and approved by the Health and Safety Group in year. These have been communicated through Powys Announcements and are “live” on the intranet. These policies are;

- Manual Handling Policy;
- Violence and Aggression Policy;
- Stress Management Policy.

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A fundamental role of the Health and Safety Group (HSG) is to monitor the review and learning from accidents and incidents. A summary report is provided at each meeting with details of incidents at departmental level. During 2022/2023 the format has changed to make use of outputs from the Datix system.

Discussion at HSG focuses on ensuring robust review at departmental level of the incidents ensuring appropriate closure and learning. Review of data output from Datix is also assisting in improving the quality of the data input. As the membership of the Group has matured, "near misses" are also being reported.

The Executive Committee agreed that these areas should be prioritised across all departments and that the subsequent audit program of 2022/2023 would concentrate on reviewing these risk assessments as well as any service specific tasks.

The modules were;

- driving for Work
- lone Working
- display Screen Equipment
- violence and Aggression
- manual Handling
- workplace Stress

As part of the programme, twenty teams across various departments in Support Services, Estates, Workforce and Organisation Development, Women and Childrens Service Group and Community Services Group were audited by the Health and Safety and good practice, areas for development were shared via the Health and Safety Group.

Training and education are essential to allow staff to be aware and manage health and safety issues. With relation to the specific areas of violence and aggression and manual handling training, the Health Board has two directly employed trainers.

Welsh Ambulance Service NHS Trust (WAST) Health and Safety function are working with the Health Board to provide sessions for IOSH accredited Leading Safely course. This will provide training for Executive Directors and Assistant/Deputy Directors as well as adding a new element of training developed by WAST relating to "behavioural approach" to Health and Safety.

Alongside this approach, the local Health and Safety Officers have been supporting training for the IOSH Working Safely as part of the Workforce Managers Programme and to date 87 staff have completed the course.

To support the ongoing local management and compliance for staff relating to manual handling, the work for 2022/2023 has included a specific focus on manual handling, involving the introduction and training of manual handling link workers as identified in a Health and Safety Executive (HSE) Notification of Contravention in 2019. A commitment was made to appoint link workers within departments with the initial focus on the wards. Whilst there were some challenges during the Covid-19 pandemic, work has been undertaken to review the nominated leads and complete any gaps. It is expected to have a full complement of people across specific departments by the end of March.

Powys Teaching Health Board recognises that when staff deal with any situation in which individuals, whether Child or Adult, are violent or intimidating toward them, it can be very difficult. Appropriate Training is provided in accordance with the "All Wales NHS Violence and Aggression Training Passport and Information Scheme."

Teams within the Health Board work with a very diverse group of patients, and as such it is appropriate that they receive personal safety training, full prevention, and management training for physical intervention techniques, whichever is appropriate for their role/s, as identified by the service departments. The Training Programme is designed to meet identified training needs based upon Risk Assessment for Staff Groups.

To strengthen the resources available to staff a new webpage has been constructed and is live on the intranet. This will be updated and continually evolve and contains advice and guidance on a number of health and safety subjects, along with easy-to-follow videos on risk assessment and lone working. All H&S template documents are available through the website and SharePoint.

Following the identification of a number of Hand Arm Vibration incidents which resulted in action being undertaken by the Health and Safety Executive (HSE), they have acknowledged that a great deal of progress has been made by PTHB and the Estates department since early 2020, in relation to compliance with the Control of Vibration at Work Regulations 2005.

Beyond the work to respond to the Improvement Notices, an additional range of actions were committed and completed by the Health Board. These included;

- undertake a full audit of all equipment that poses a vibration risk to Support Services employees
- policy and process for the procurement and purchase of low vibratory work equipment
- implement a regime of tool maintenance

- information
- ensure the risk of vibration exposure for task undertaken within Support Services are suitably risk assessed
- vibration Monitoring - monitoring and reviewing exposure levels on a regular basis; and
- health surveillance- identify any support services staff that have been exposed to the use of vibrating tool to check and ensure they are not suffering from ill health effects from past exposure.

The Health and Safety Group continues to take forwards its agenda supported by relevant subgroups, namely Fire Safety Group and Security Oversight Group.

Future Work Programme

The HSG will be developing work plan priorities for 2023/2024.

Expenditure on Consultancy

As disclosed in note 3.3 (page 29) of its financial statements, the Health Board spent £0.557M on consultancy services during 2022-23 compared to £0.505M M in 2021-22.

Off Payroll Engagement

For all off-payroll engagements as of 31 March 2023, for more than £245 per day:

No. of existing engagements as of 31 March 2023	18
Of which, the number that have existed:	0
for less than one year at time of reporting.	<5
for between one and two years at time of reporting.	5
for between two and three years at time of reporting.	<5
for between three and four years at time of reporting.	<5
for four or more years at time of reporting.	7

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	Number
Number. of new engagements, between 1 April 2022 and 31 March 2023	<5
Of which...	
<i>No. assessed as caught by IR 35</i>	0
<i>No. assessed as not caught by IR 35</i>	<5
<i>No. engaged directly (via PSC contracted to department) and are on the departmental payroll.</i>	0
<i>No. of engagements reassessed for consistency / assurance purposes during the year</i>	0
<i>No. of engagements that saw a change to IR35 status following the consistency review</i>	0

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both off-payroll and on-payroll engagements.	0

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Numbers that are between 1 and 4 are referred to as less than 5 (<5) to protect the potential identification of individuals.

There have been no-off payroll engagements of board members and/or senior officials with significant financial responsibility between 1 April 2022 and 31 March 2023.

Exit Packages and Severance Payments

This disclosure reports the number and value of exit packages taken by staff leaving in the year. This disclosure is required to strengthen accountability in the light of public and Parliamentary concern about the incidence and cost of these payments.

	2022-23	2022-23	2022-23	2022-23	2021-22
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0	1
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	0	0	0	1

Redundancy and other departure costs if paid would have been paid in accordance with the provisions of the NHS Agenda for Change Terms and Conditions and NHS Voluntary Early Release Scheme (VERS). Exit costs in this note are accounted for in full in the year of departure on a cash basis in this note as specified in EPN 380 Annex 13C. Should the Health Board have agreed early retirements, the additional costs would have been met by the Health Board and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pension’s scheme and are not included in the table.

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PART C: SENEDD CYMRU/WELSH PARLIAMENTARY ACCOUNTABILITY AND AUDIT REPORT

This report contains a range of disclosures on the regularity of expenditure, fees and charges, compliance with the cost allocation and charging requirements set out in HM Treasury guidance, material remote contingent liabilities, long-term expenditure trends, and the audit certificate and report.

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Regularity of Expenditure

Regularity is the requirement for all items of expenditure and receipts to be dealt with in accordance with the legislation authorising them, any applicable delegated authority and the rules of Government Accounting. The health board ensures that the funding provided by Welsh Ministers has been expended for the purposes intended by Welsh Ministers and that the resources authorised by Welsh Ministers to be used have been used for the purposes for which the use was authorised.

The health board's Chief Executive is the Accountable Officer and ensures that the financial statements are prepared in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, the Chief Executive is required to:

- observe the accounts directions issued by Welsh Ministers, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
- prepare them on a going concern basis on the presumption that the services of the health board will continue in operation

Fees and Charges

Where the health board undertakes activities that are not funded directly by the Welsh Government the health board receives income to cover its costs which will offset expenditure reported under programme areas. Miscellaneous Income can be seen in Note 4 of the Annual Accounts. When charging for this activity the health board has complied with the cost allocation and charging requirements set out in HM Treasury guidance.

Remote Contingent Liabilities

Remote contingent liabilities are made for three categories, comprising indemnities, letters of comfort and guarantees. The value of remote contingent liabilities for 2022-23 is £0.00m (2021-22 £0.00m) and is disclosed in note 21.2 of the Health Board's Annual Accounts

Audit Certificate and Auditor General Wales Report

Opinion on financial statements

I certify that I have audited the financial statements of Powys Teaching Health Board (the Health Board) for the year ended 31 March 2023 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Taxpayers' Equity and related notes, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of Powys Teaching Health Board as at 31 March 2023 and of its deficit for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, except for the matter described in the Basis for Qualified Regularity Opinion section of my report, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for Qualified Opinion on regularity

I have qualified my opinion on the regularity of the Powys Teaching Health Board's financial statements because the Health Board has breached its resource limit by spending £6.8 million over the £1,133 million that it was authorised to spend in the three-year period 2020-2021 to 2022-23. This spend constitutes irregular expenditure.

Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Powys Teaching Health Board is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require

entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers' directions; and;
- the information given in the Performance and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Health Board and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

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Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;
- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the LHB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the LHB's will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- enquiring of management, the Head of Internal Audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Health Board's policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in management override and unusual journals;

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- obtaining an understanding of Health Board's framework of authority as well as other legal and regulatory frameworks that the Health Board operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Health Board; and
- obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit and Risk Assurance Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Health Board controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report

Please see my Report on page 122

Adrian Crompton

Auditor General for Wales

27 July 2023

1 Capital Quarter

Tyndall Street

Cardiff

CF10 4BZ

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Report of the Auditor General to the Senedd

Introduction

Under the Public Audit Wales Act 2004, I am responsible for auditing, certifying and reporting on Powys Teaching Health Board's (the Health Board's) financial statements. I am reporting on these financial statements for the year ended 31 March 2023 to draw attention to one key matter for my audit. This is the failure against the first financial duty and consequential qualification of my 'regularity' opinion. I have not qualified my 'true and fair' opinion in respect of this matter.

Financial duties

Health Boards are required to meet two statutory financial duties – known as the first and second financial duties.

For 2022-23, the Health Board failed to meet the first financial duty.

Failure of the first financial duty

The **first financial duty** gives additional flexibility to LHBs by allowing them to balance their income with their expenditure over a three-year rolling period. The three-year period being measured under this duty this year is 2020-21 to 2022-23.

As shown in Note 2.1 to the Financial Statements, the LHB did not manage its revenue expenditure within its resource allocation over this three-year period, exceeding its cumulative revenue resource limit of £1,133 million by £6.8 million.

Where a Health Board does not balance its books over a rolling three-year period, any expenditure over the resource allocation (i.e. spending limit) for those three years exceeds the Health Boards authority to spend and is therefore 'irregular'. In such circumstances, I am required to qualify my 'regularity opinion' irrespective of the value of the excess spend.

Adrian Crompton

Auditor General for Wales

27 July 2023

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POWYS TEACHING HEALTH BOARD

FOREWORD

Statutory background

These accounts have been prepared by the Local Health Board under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.

Powys Teaching Local Health Board was established under the Local Health Boards (Establishment) (Wales) Order 2003 (S.I. 2003/148 (W.18))

As a statutory body governed by Acts of Parliament the LHB is responsible for :

- agreeing the action which is necessary to improve the health and health care of the population of Powys;
- supporting and financing General Practitioner-led purchasing of the services needed to meet agreed priorities, including charter standards and guarantees;
- supporting and funding the contractor professions;
- the commissioning of health promotion, emergency planning and other regulatory tasks;
- the stewardship of resources including the financial management and monitoring of performance in critical areas;
- eliciting and responding to the views of local people and organisations and changing and developing services at a pace and in ways that they will accept;
- providing Hospital and Community Healthcare Services to the residents of Powys.

Up until 31st March 2023, Powys LHB hosts the Community Health Councils in Wales. In addition, it is also responsible for hosting specific functions in respect of the accounts of the former Health Authorities mostly significantly in respect of clinical negligence. The THB also hosts the functions of Health and Care Research Wales (HCRW).

Performance Management and Financial Results

Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 'Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards' and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2022-23. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-17.

Local Health Boards in Wales must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result, the Primary Statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure, which shows the net operating cost incurred by the LHB which is funded by the Welsh Government. This funding is allocated on receipt directly to the General Fund in the Statement of Financial Position.

Under the National Health Services Finance (Wales) Act 2014, the annual requirement to achieve balance against Resource Limits has been replaced with a duty to ensure, in a rolling 3 year period, that its aggregate expenditure does not exceed its aggregate approved limits. The Act came into effect from 1 April 2014 and under the Act the first assessment of the 3 year rolling financial duty took place at the end of 2016-17.

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Statement of Comprehensive Net Expenditure for the year ended 31 March 2023

	Note	2022-23 £000	2021-22 £000
Expenditure on Primary Healthcare Services	3.1	74,960	72,389
Expenditure on healthcare from other providers	3.2	201,541	194,502
Expenditure on Hospital and Community Health Services	3.3	135,289	132,034
		411,790	398,925
Less: Miscellaneous Income	4	(16,094)	(15,825)
LHB net operating costs before interest and other gains and losses		395,696	383,100
Investment Revenue	5	0	0
Other (Gains) / Losses	6	0	(19)
Finance costs	7	1	(60)
Net operating costs for the financial year		395,697	383,021

See note 2 on page 26 for details of performance against Revenue and Capital allocations.

The notes on pages 8 to 74 form part of these accounts.

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Other Comprehensive Net Expenditure

	2022-23 £000	2021-22 £000
Net (gain) / loss on revaluation of property, plant and equipment	(2,260)	(3,331)
Net (gain)/loss on revaluation of right of use assets	0	
Net (gain) / loss on revaluation of intangibles	0	0
(Gain) / loss on other reserves	0	0
Net (gain)/ loss on revaluation of PPE & Intangible assets held for sale	0	0
Net (gain)/loss on revaluation of financial assets held for sale	0	0
Impairment and reversals	0	0
Transfers between reserves	0	0
Transfers to / (from) other bodies within the Resource Accounting Boundary	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0
Other comprehensive net expenditure for the year	(2,260)	(3,331)
Total comprehensive net expenditure for the year	393,437	379,690

The notes on pages 8 to 74 form part of these accounts.

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Statement of Financial Position as at 31 March 2023

		31 March 2023 £000	31 March 2022 £000
	Notes		
Non-current assets			
Property, plant and equipment	11	103,185	93,331
Right of Use Assets	11.3	1,670	
Intangible assets	12	0	0
Trade and other receivables	15	20	16,085
Other financial assets	16	0	0
Total non-current assets		104,875	109,416
Current assets			
Inventories	14	147	143
Trade and other receivables	15	18,134	11,959
Other financial assets	16	0	0
Cash and cash equivalents	17	1,268	2,658
		19,549	14,760
Non-current assets classified as "Held for Sale"	11	0	0
Total current assets		19,549	14,760
Total assets		124,424	124,176
Current liabilities			
Trade and other payables	18	(49,845)	(59,256)
Other financial liabilities	19	0	0
Provisions	20	(14,980)	(1,301)
Total current liabilities		(64,825)	(60,557)
Net current assets/ (liabilities)		(45,276)	(45,797)
Non-current liabilities			
Trade and other payables	18	(508)	0
Other financial liabilities	19	0	0
Provisions	20	(862)	(17,085)
Total non-current liabilities		(1,370)	(17,085)
Total assets employed		58,229	46,534
Financed by :			
Taxpayers' equity			
General Fund		11,604	2,153
Revaluation reserve		46,625	44,381
Total taxpayers' equity		58,229	46,534

The financial statements on pages 2 to 7 were approved by the Board on 25th July 2023 and signed on its behalf by:

Chief Executive and Accountable Officer

Date:
25/07/2023

The notes on pages 8 to 74 form part of these accounts.

Statement of Changes in Taxpayers' Equity

For the year ended 31 March 2023

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity for 2022-23			
Balance as at 31 March 2022	2,153	44,381	46,534
NHS Wales Transfer	0	0	0
RoU Asset Transitioning Adjustment	614	0	614
Balance at 1 April 2022	2,767	44,381	47,148
Net operating cost for the year	(395,697)		(395,697)
Net gain/(loss) on revaluation of property, plant and equipment	0	2,260	2,260
Net gain/(loss) on revaluation of right of use assets	0	0	0
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
Other Reserve Movement	0	0	0
Transfers between reserves	16	(16)	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBs	(32)	0	(32)
Total recognised income and expense for 2022-23	(395,713)	2,244	(393,469)
Net Welsh Government funding	400,275		400,275
Notional Welsh Government Funding	4,275		4,275
Balance at 31 March 2023	11,604	46,625	58,229

The notes on pages 8 to 74 form part of these accounts.

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Statement of Changes in Taxpayers' Equity

For the year ended 31 March 2022

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity for 2021-22			
Balance at 31 March 2021	(2,532)	41,053	38,521
NHS Wales Transfer	0	0	0
RoU Asset Transitioning Adjustment			
Balance at 1 April 2021	(2,532)	41,053	38,521
Net operating cost for the year	(383,021)		(383,021)
Net gain/(loss) on revaluation of property, plant and equipment	0	3,331	3,331
Net gain/(loss) on revaluation of right of use assets			
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
Other reserve movement	0	0	0
Transfers between reserves	0	0	0
Release of reserves to SoCNE	3	(3)	0
Transfers to/from LHBs	0	0	0
Total recognised income and expense for 2021-22	(383,018)	3,328	(379,690)
Net Welsh Government funding	383,639		383,639
Notional Welsh Government Funding	4,064		4,064
Balance at 31 March 2022	2,153	44,381	46,534

The notes on pages 8 to 74 form part of these accounts.

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Statement of Cash Flows for year ended 31 March 2023

		2022-23	2021-22
		£000	£000
Cash Flows from operating activities	Notes		
Net operating cost for the financial year		(395,697)	(383,021)
Movements in Working Capital	27	167	9,755
Other cash flow adjustments	28	9,701	12,864
Provisions utilised	20	(1,761)	(9,523)
Net cash outflow from operating activities		(387,590)	(369,925)
Cash Flows from investing activities			
Purchase of property, plant and equipment		(14,013)	(13,702)
Proceeds from disposal of property, plant and equipment		0	19
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		(14,013)	(13,683)
Net cash inflow/(outflow) before financing		(401,603)	(383,608)
Cash Flows from financing activities			
Welsh Government funding (including capital)		400,275	383,639
Capital receipts surrendered		0	0
Capital grants received		0	0
Capital element of payments in respect of finance leases and on-SoFP PFI Schemes		0	0
Capital element of payments in respect of on-SoFP PFI		0	0
Capital element of payments in respect of Right of Use Assets		(62)	
Cash transferred (to)/ from other NHS bodies		0	0
Net financing		400,213	383,639
Net increase/(decrease) in cash and cash equivalents		(1,390)	31
Cash and cash equivalents (and bank overdrafts) at 1 April 2022		2,658	2,627
Cash and cash equivalents (and bank overdrafts) at 31 March 2023		1,268	2,658

The notes on pages 8 to 74 form part of these accounts.

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Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Local Health Boards (LHB) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2022-23 Manual for Accounts. The accounting policies contained in that manual follow the 2022-23 Financial Reporting Manual (FRm) in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the LHB Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the LHB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the LHB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2. Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3. Income and funding

The main source of funding for the LHBs are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the LHB. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the LHB and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the LHB for the Welsh Government such as funding provided to agencies and non-activity costs incurred by the LHB in its provider role. Income received from LHBs transacting with other LHBs is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FREM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

1.4. Employee benefits

1.4.1. Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.4.2. Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated from 2019-20 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, in Wales the additional 6.3% being funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency).

However, NHS Wales' organisations are required to account for **their staff** employer contributions of 20.68% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Other Note within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

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1.4.3. NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5. Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.6. Property, plant and equipment

1.6.1. Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.6.2. Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use

- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2022-23 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure (SoCNE).

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However, IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

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Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

1.6.3. Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated. For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

1.7. Intangible assets

1.7.1. Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use.
- the intention to complete the intangible asset and use it.
- the ability to use the intangible asset.
- how the intangible asset will generate probable future economic benefits.
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it.
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

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Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8. Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales Organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

1.9. Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits therefrom can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale,

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within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCNE. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: The entity has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application the LHB has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16.

Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

List any other transition expedients employed by the entity at its discretion.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 20xx will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by the LHB in applying IFRS 16.

These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

The entity will not apply IFRS 16 to any new leases of in tangible assets applying the treatment described in

List any other expedients employed by the entity (such as low value 5(b) or 15 on componentisation HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16

The entity is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 the LHB has assessed that in all other respects these arrangements meet the definition of a lease under the standard.

The entity is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.11.1 The entity as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The entity employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset [the entity] applies a revised rate to the remaining lease liability.

Where existing leases are modified the LHB must determine whether the arrangement constitutes a separate lease and apply the standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by the LHB.

1.11.2 The LHB as lessor (where relevant)

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of [the entity]'s net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the entity's net investment outstanding in respect of the leases.

Income from operating leases is recognised on a straight-line or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Where the LHB is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, classification of the sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the right of use asset arising from the head lease.

On transition the LHB has reassessed the classification of all of its continuing subleasing arrangements to include peppercorn leases.

1.12. Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13. Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash Flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14. Provisions

Provisions are recognised when the NHS Wales organisation has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Wales organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Wales organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Wales organisation has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1. Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in both 2022-23 and 2021-22. The WRP is hosted by Velindre NHS University Trust.

1.14.2. Future Liability Scheme (FLS) - General Medical Practice Indemnity (GMPI)

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GMP services in Wales.

In March 2019, the Minister issued a Direction to Velindre NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

GMP Service Providers are not direct members of the GMPI FLS, their qualifying liabilities are the subject of an arrangement between them and their relevant LHB, which is a member of the scheme. The qualifying reimbursements to the LHB are not subject to the £25,000 excess.

1.15. Financial Instruments

From 2018-19 IFRS 9 Financial Instruments has applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales' organisations, was to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM recognised the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that included the date of initial application in the opening general fund within Taxpayer's equity.

1.16. Financial assets

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

1.16.1. Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2. Financial assets at fair value through SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4. Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

1.16.5. Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the NHS Wales organisation assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.17. Financial liabilities

Financial liabilities are recognised on the SOFP when the NHS Wales organisation becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

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1.17.1. Financial liabilities are initially recognised at fair value

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

1.17.2. Financial liabilities at fair value through the SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3. Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18. Value Added Tax (VAT)

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19. Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCNE. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.20. Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

1.21. Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

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Patient Services
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Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had the NHS Wales organisation not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The NHS Wales organisation accounts for all losses and special payments gross (including assistance from the WRP).

The NHS Wales organisation accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

1.22. Pooled budget

The NHS Wales organisation has entered into pooled budgets with Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pool budget is hosted by one NHS Wales's organisation. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

1.23. Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

1.24. Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the Welsh Risk Pool.

Significant estimations are also made for continuing care costs resulting from claims post 1 April 2003. An assessment of likely outcomes, potential liabilities and timings of these claims are made on a case by case basis. Material changes associated with these claims would be adjusted in the period in which they are revised.

Estimates are also made for contracted primary care services. These estimates are based on the latest payment levels. Changes associated with these liabilities are adjusted in the following reporting period.

1.24.1. Provisions

The NHS Wales organisation provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the Welsh Risk Pool Services (WRPS) which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Wales organisation, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

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1.24.2. Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement;

Remote	Probability of Settlement	0 – 5%
	Accounting Treatment	Remote Contingent Liability.
Possible	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision*
	Contingent Liability for all other estimated expenditure.	
Probable	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
Certain	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

* *Personal injury cases - Defence fee costs are provided for at 100%.*

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of minus 0.25%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%- 94% respectively are held as a provision on the balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

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1.25 Discount Rates

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

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1.26 Private Finance Initiative (PFI) transactions

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The NHS Wales organisation therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the PFI asset, including finance costs; and
- c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

1.26.1. Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

1.26.2. PFI asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the NHS Wales organisation's approach for each relevant class of asset in accordance with the principles of IAS 16.

1.26.2. PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the SoCNE.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the SoCNE.

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1.26.3. Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the NHS Wales organisation's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

1.26.4. Assets contributed by the NHS Wales organisation to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the NHS Wales organisation's SoFP.

1.26.5. Other assets contributed by the NHS Wales organisation to the operator

Assets contributed (e.g. cash payments, surplus property) by the NHS Wales organisation to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the NHS Wales organisation, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IAS 17.

On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received by the NHS Wales organisation through the asset being made available to third party users.

1.27. Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.28. Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where transfer of function is between LHBs the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

1.29. Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM

IFRS14 Regulatory Deferral Accounts

Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

1.30. Accounting standards issued that have been adopted early

During 2022-23 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.31. Charities

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the NHS Wales organisation has established that as it is the corporate trustee of the 'Powys Teaching Local Health Board Charitable Fund and other related charities', it is considered for accounting standards compliance to have control of the the 'Powys Teaching Local Health Board Charitable Fund and other related charities' as a subsidiary and therefore is required to consolidate the results of the the 'Powys Teaching Local Health Board Charitable Fund and other related charities' within the statutory accounts of the NHS Wales organisation.

The determination of control is an accounting standard test of control and there has been no change to the operation of the the 'Powys Teaching Local Health Board Charitable Fund and other related charities' or its independence in its management of charitable funds.

However, the NHS Wales organisation has with the agreement of the Welsh Government adopted the IAS 27 (10) exemption to consolidate. Welsh Government as the ultimate parent of the Local Health Boards will disclose the Charitable Accounts of Local Health Boards in the Welsh Government Consolidated Accounts. Details of the transactions with the charity are included in the related parties' notes.

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2. Financial Duties Performance

The National Health Service Finance (Wales) Act 2014 came into effect from 1 April 2014. The Act amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. From 1 April 2014 section 175 of the National Health Service (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 health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The first assessment of performance against the 3 year statutory duty under section 175 (1) was at the end of 2016-17, being the first 3 year period of assessment.

Welsh Health Circular WHC/2016/054 "Statutory and Financial Duties of Local Health Boards and NHS Trusts" clarifies the statutory financial duties of NHS Wales bodies effective from 2016-17.

2.1 Revenue Resource Performance

	Annual financial performance			
	2020-21 £000	2021-22 £000	2022-23 £000	Total £000
Net operating costs for the year	356,471	383,021	395,697	1,135,189
Less general ophthalmic services expenditure and other non-cash limited expenditure	1,851	1,355	1,609	4,815
Less unfunded revenue consequences of bringing PFI schemes onto SoFP	0	0	0	0
Less unfunded revenue consequences of bringing RoU Leases onto SoFP	0	0	0	0
Total operating expenses	358,322	384,376	397,306	1,140,004
Revenue Resource Allocation	358,465	384,456	390,304	1,133,225
Under /(over) spend against Allocation	143	80	(7,002)	(6,779)

Powys Teaching Health Board has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2020-21 to 2022-23.

The health board did not receive strategic cash support in 2022-23.

2.2 Capital Resource Performance

	2020-21 £000	2021-22 £000	2022-23 £000	Total £000
	£000	£000	£000	£000
Gross capital expenditure	6,366	15,926	13,211	35,503
Add: Losses on disposal of donated assets	0	0	0	0
Less NBV of property, plant and equipment and intangible assets disposed	0	0	0	0
Less capital grants received	0	0	0	0
Less donations received	(13)	0	(527)	(540)
Less IFRS16 Peppercorn income	0	0	0	0
Less initial recognition of RoU Asset Dilapidations	0	0	0	0
Add: recognition of RoU Assets Dilapidations on crystallisation	0	0	0	0
Charge against Capital Resource Allocation	6,353	15,926	12,684	34,963
Capital Resource Allocation	6,380	15,993	12,752	35,125
(Over) / Underspend against Capital Resource Allocation	27	67	68	162

Powys Teaching Health Board has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2020-21 to 2022-23.

2.3 Duty to prepare a 3 year integrated plan

The NHS Wales Planning Framework for the period 2022-2025 issued to LHBs placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government.

The LHB submitted an Integrated Medium Term Plan for the period 2022-2025 in accordance with NHS Wales Planning Framework.

The Powys Teaching Health Board submitted a 2022-2025 Integrated Medium Term Plan in accordance with the planning framework

The Minister for Health and Social Services extant approval

Status
Date

Approved
July 2022

The LHB has therefore met its statutory duty to have an approved financial plan.

2.4 Creditor payment

The LHB is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The LHB has achieved the following results:

	2022-23	2021-22
Total number of non-NHS bills paid	50,476	47,474
Total number of non-NHS bills paid within target	44,751	41,546
Percentage of non-NHS bills paid within target	88.7%	87.5%

The LHB has not met the target.

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3. Analysis of gross operating costs

3.1 Expenditure on Primary Healthcare Services

	Cash limited £000	Non-cash limited £000	2022-23 Total £000	2021-22 Total £000
General Medical Services	40,791		40,791	39,418
Pharmaceutical Services	5,028	(2,529)	2,499	2,621
General Dental Services	8,806		8,806	8,214
General Ophthalmic Services	0	920	920	1,078
Other Primary Health Care expenditure	941		941	1,509
Prescribed drugs and appliances	21,003		21,003	19,549
Total	76,569	(1,609)	74,960	72,389

1. General Medical Services includes £0.527M (£0.636M 2021/22) of staff related costs in respect of a Health Board managed GP Practice. 2. The negative non cash limited balance on Pharmaceutical services relate to prescriptions for Powys residents being dispensed in non Powys pharmacies. The effect of this is a net outflow for Powys LHB.

3.2 Expenditure on healthcare from other providers

	2022-23 £000	2021-22 £000
Goods and services from other NHS Wales Health Boards	44,679	44,598
Goods and services from other NHS Wales Trusts	1,905	3,592
Goods and services from Welsh Special Health Authorities	1,051	277
Goods and services from other non Welsh NHS bodies	69,733	67,874
Goods and services from WHSSC / EASC	50,202	44,608
Local Authorities	4,045	6,564
Voluntary organisations	2,111	2,152
NHS Funded Nursing Care	2,131	2,149
Continuing Care	23,667	20,837
Private providers	745	513
Specific projects funded by the Welsh Government	0	0
Other	1,272	1,338
Total	201,541	194,502

The 7 Health Boards in Wales have established the Welsh Health Specialised Services Committee (WHSSC) which, through the operational management of Cwm Taf Morgannwg University Health Board, secures the provision of highly specialised healthcare for the whole of Wales. These arrangements include funding of services operated through a risk sharing arrangement. The LHB payment for the WHSSC/EASC commissioning arrangements for the year ended 31st March 2023 is £50.203M (2021/22: £44.608M).

The increase in goods and services from other non Welsh NHS bodies results from increased costs for contracts with English NHS providers. The most significant increases are Wye Valley NHS Trust £3.840M in comparison to 2021/22 expenditure. Wolverhampton NHS Foundation Trust also increased by £0.506M in comparison to 2021/22 expenditure.

The decrease in Local Authorities expenditure during 2022/23 is in relation to payments made to jointly deliver the county effort for the Test, Trace and Protect service for Covid 19 of £1.924M (21/22 £4.457M) funded by Welsh Government as per Note 34.2.

The increase in Continuing Health Care expenditure during 2022/23 has resulted from an increase in the number of cases and cost per case compared to 2021/22.

Other Expenditure includes Integrated Care Fund expenditure of £5.084M (2021/22: £4.147M) which aims to drive and enable integrated and collaborative working between social services, health, housing, the third and independent sectors to support underpinning principles of integration and prevention.

Other Expenditure also includes a negative balance which relates to the write back of liabilities from the Statement of Financial Position that have been assessed as no longer payable, which relate to previous years. The 2022/23 value of write backs is more than 2021/22.

3.3 Expenditure on Hospital and Community Health Services

	2022-23	2021-22
	£000	£000
Directors' costs	1,665	1,560
Operational Staff costs	108,361	100,718
Single lead employer Staff Trainee Cost	0	0
Collaborative Bank Staff Cost	0	0
Supplies and services - clinical	6,089	5,663
Supplies and services - general	1,407	1,409
Consultancy Services	557	505
Establishment	2,247	1,986
Transport	1,031	1,107
Premises	8,308	8,982
External Contractors	0	0
Depreciation	4,216	4,361
Depreciation (Right of Use assets RoU)	654	
Amortisation	0	0
Fixed asset impairments and reversals (Property, plant & equipment)	1,339	(41)
Fixed asset impairments and reversals (RoU Assets)	0	
Fixed asset impairments and reversals (Intangible assets)	0	0
Impairments & reversals of financial assets	0	0
Impairments & reversals of non-current assets held for sale	0	0
Audit fees	300	272
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	206	189
Research and Development	0	0
Expense related to short-term leases	0	
Expense related to low-value asset leases (excluding short-term leases)	0	
Other operating expenses	(1,091)	5,323
Total	135,289	132,034

**3.4 Losses, special payments and irrecoverable debts:
charges to operating expenses**

	2022-23	2021-22
	£000	£000
Increase/(decrease) in provision for future payments:		
Clinical negligence;		
Secondary care	(3,363)	1,938
Primary care	19	13
Redress Secondary Care	102	2
Redress Primary Care	0	0
Personal injury	136	695
All other losses and special payments	1	38
Defence legal fees and other administrative costs	75	71
Gross increase/(decrease) in provision for future payments	(3,030)	2,757
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	266	67
Less: income received/due from Welsh Risk Pool	2,970	(2,635)
Total	206	189

	2022-23	2021-22
	£	£
Permanent injury included within personal injury £:	(146,835)	(36,697)

The main increases in staff costs relates to £1,400 Pay rise and 1.5% Non Consolidated payment for NHS staff during 2022/23 and the effect of the increase in employer pensions costs payable by 6.3% during the year of £4.254M in comparison to 2021/22 (£4.064M). Full details of the impact of these additional pension costs is provided in detail at note 34.1.

Staff costs also includes an accrual of £1.382M for a consolidated pay increase of 1.5% announced by Welsh Government backdated for 22/23 which will be paid to employees during 2023/24.

Clinical Redress expenditure including defence fees during the year was £0.108M in respect of 31 cases (2021 -22 £0.007M in respect of 28 cases). This relates to the movement on provision for claims currently in progress. These are expected to be fully reimbursed by the Welsh Risk Pool should payments be made in respect of the claims. This provision is included within Note 20 of the accounts.

The Movement on Clinical Negligence, Personal Injury and Defence fees links to Note 20 of the accounts and includes the arising in year amounts on these lines offset by the reversed unused amounts of the opening provision.

Increase on line Supplies & Services - Clinical relates mainly to the accounting required for items purchased in respect of the THB renewals programme which aims to implement service provision and improvements to patient treatments post pandemic.

The decrease on line Premises mainly relates to the decrease of costs for providing mass vaccination facilities and decreased digital related spend in comparison to 2021/22.

The decrease in other operating expenses includes a decrease of provision relating to Ex Health Authority early retirement provision of £0.000M (£1.743M 2021/22). The decrease also includes £0.825M decrease in expenditure in comparison to 2021/22 linked to Covid, Increase in dental recharge to General Dental Contract of £1.451M (2021/22: £0.546M) and a negative balance which relates to the write back of liabilities from the Statement of Financial Position that have been assessed as no longer payable, which relate to previous years.

4. Miscellaneous Income

	2022-23 £000	2021-22 £000
Local Health Boards	2,371	2,027
Welsh Health Specialised Services Committee (WHSSC)/Emergency Ambulance Services Committee (EASC)	51	51
NHS Wales trusts	89	67
Welsh Special Health Authorities	485	0
Foundation Trusts	0	0
Other NHS England bodies	426	312
Other NHS Bodies	0	0
Local authorities	0	0
Welsh Government	3,739	4,797
Welsh Government Hosted bodies	0	0
Non NHS:		
Prescription charge income	0	0
Dental fee income	1,065	996
Private patient income	0	0
Overseas patients (non-reciprocal)	0	0
Injury Costs Recovery (ICR) Scheme	33	68
Other income from activities	1,841	1,790
Patient transport services	18	34
Education, training and research	710	2,554
Charitable and other contributions to expenditure	0	0
Receipt of NWSSP Covid centrally purchased assets	0	0
Receipt of Covid centrally purchased assets from other organisations	0	0
Receipt of donated assets	527	0
Receipt of Government granted assets	0	0
Right of Use Grant (Peppercorn Lease)	0	
Non-patient care income generation schemes	0	0
NHS Wales Shared Services Partnership (NWSSP)	0	0
Deferred income released to revenue	1,997	743
Right of Use Asset Sub-leasing rental income	0	
Contingent rental income from finance leases	0	0
Rental income from operating leases	64	71
Other income:		
Provision of laundry, pathology, payroll services	0	0
Accommodation and catering charges	111	101
Mortuary fees	19	16
Staff payments for use of cars	0	0
Business Unit	0	0
Scheme Pays Reimbursement Notional	110	47
Other	2,438	2,151
Total	16,094	15,825

Welsh Government miscellaneous income includes funding received on behalf of the hosted function of Health and Care Research Wales within the LHB. This has decreased to £2.657M from an amount of £4.145M received in 21/22.

The decrease in education, training and research income mainly relates to research income received by the LHB hosted function of Health and Care Research Wales of £0.648M (2021/22 £2.591).

Dental fee income has increased in comparison to 2022/23 due to the an increase of volumes of patients treated via the General Dental Services contract in comparison to 2021/22.

The Receipt of Donated Assets of £0.527M relates to contributions from Charitable Organisations to capital schemes. This is further detailed in Note 11.

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5. Investment Revenue

	2022-23 £000	2021-22 £000
Rental revenue :		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
Interest revenue :		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
Total	0	0

6. Other gains and losses

	2022-23 £000	2021-22 £000
Gain/(loss) on disposal of property, plant and equipment	0	19
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	0	19

7. Finance costs

	2022-23 £000	2021-22 £000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under Right of Use Leases	14	
Interest on obligations under PFI contracts;		
main finance cost	0	0
contingent finance cost	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	14	0
Provisions unwinding of discount	(13)	(60)
Other finance costs	0	0
Total	1	(60)

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8. Future change to SoCNE/Operating Leases

LHB as lessee

As at 31st March 2023 the LHB had 66 operating leases agreements.

	Post Implementation of IFRS 16		Pre implementation of IFRS 16
	Low Value & Short Term	Other	
	2022-23	2022-23	2021-22
	£000	£000	£000
Payments recognised as an expense			
Minimum lease payments	0	305	1,035
Contingent rents	0	0	0
Sub-lease payments	0	0	0
Total	0	305	1,035
Total future minimum lease payments			
Payable	£000	£000	£000
Not later than one year	0	62	786
Between one and five years	0	18	650
After 5 years	0	0	149
Total	0	80	1,585

As a result of the implementation of IFRS 16 the current year operating lease figures relate to low value and short term leases only. Previously reported Expenditure £542k and Minimum lease Payments £1,029k transitioned to the balance sheet as right of use assets.

LHB as lessor

	Post Implementation of IFRS 16	Pre implementation of IFRS 16
	£000	£000
Rental revenue		
Rent	48	51
Contingent rents	0	0
Total revenue rental	48	51
Total future minimum lease payments		
Receivable	£000	£000
Not later than one year	48	48
Between one and five years	39	43
After 5 years	39	48
Total	126	139

9. Employee benefits and staff numbers

9.1 Employee costs	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2021-22
	£000	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	79,020	632	10,776	0	0	0	90,428	84,438
Social security costs	7,295	0	0	0	0	0	7,295	6,760
Employer contributions to NHS Pension Scheme	13,964	0	0	0	0	0	13,964	13,340
Other pension costs	0	0	0	0	0	0	0	0
Other employment benefits	0	0	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0	0	0
Total	100,279	632	10,776	0	0	0	111,687	104,538

Charged to capital	497	483
Charged to revenue	111,190	104,055
	111,687	104,538
Net movement in accrued employee benefits (untaken staff leave)	0	863
Covid 19 - Net movement in accrued employee benefits (untaken staff leave)		863
Non Covid 19 - Net movement in accrued employee benefits (untaken staff leave)		0

Please detail other staff .

9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2021-22
	Number	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	675	6	2	0	0	0	683	652
Medical and dental	30	0	11	0	0	0	41	47
Nursing, midwifery registered	554	1	35	0	0	0	590	597
Professional, Scientific, and technical staff	78	0	10	0	0	0	88	82
Additional Clinical Services	397	0	25	0	0	0	422	402
Allied Health Professions	136	0	7	0	0	0	143	142
Healthcare Scientists	6	0	0	0	0	0	6	5
Estates and Ancillary	174	0	0	0	0	0	174	176
Students	0	0	0	0	0	0	0	0
Total	2,050	7	90	0	0	0	2,147	2,103

9.3. Retirements due to ill-health

	2022-23	2021-22
Number	5	3
Estimated additional pension costs £	477,190	48,847

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

9.4 Employee benefits

The LHB does not have an employee benefit scheme.

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9.5 Reporting of other compensation schemes - exit packages

	2022-23	2022-23	2022-23	2022-23	2021-22
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0	1
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	0	0	0	1

	2022-23	2022-23	2022-23	2022-23	2021-22
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	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	6,000
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	0	0	0	6,000

Exit costs paid in year of departure	Total paid in year 2022-23 £	Total paid in year 2021-22 £
Exit costs paid in year	0	6,000
Total	0	6,000

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

There have been no exit packages in 2022/23

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9.6 Fair Pay disclosures

9.6.1 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director /employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

	2022-23 £000 Chief Executive	2022-23 £000 Employee	2022-23 £000 Ratio	2021-22 £000 Chief Executive	2021-22 £000 Employee	2021-22 £000 Ratio
Total pay and benefits						
25th percentile pay ratio	177	25	7.1:1	177	22	8.0:1
Median pay	177	33	5.4:1	177	32	5.5:1
75th percentile pay ratio	177	43	4.1:1	177	41	4.3:1
Salary component of total pay and benefits						
25th percentile pay ratio	177	25		177	22	
Median pay	177	33		177	32	
75th percentile pay ratio	177	43		177	41	
	Highest Paid Director	Employee	Ratio	Highest Paid Director	Employee	Ratio
Total pay and benefits						
25th percentile pay ratio	177	25	7.1:1	177	22	8.0:1
Median pay	177	33	5.4:1	177	32	5.5:1
75th percentile pay ratio	177	43	4.1:1	177	41	4.3:1
Salary component of total pay and benefits						
25th percentile pay ratio	177	25		177	22	
Median pay	177	33		177	32	
75th percentile pay ratio	177	43		177	41	

In 2022-23, 2 (2021-22, 2) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £20,758 to £217,294 (2021-22, £18,576 to £188,839).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

Financial year summary

9.6.2 Percentage Changes	2021-22 to 2022-23 %	2020-21 to 2021-22 %
% Change from previous financial year in respect of Chief Executive		
Salary and allowances	2	3
Performance pay and bonuses	0	0
% Change from previous financial year in respect of highest paid director		
Salary and allowances	2	3
Performance pay and bonuses	0	0
Average % Change from previous financial year in respect of employees taken as a whole		
Salary and allowances	5	5
Performance pay and bonuses	0	0

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9.7 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

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c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2022-2023 tax year (2021-2022 £6,240 and £50,000).

Restrictions on the annual contribution limits were removed on 1st April 2017.

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10. Public Sector Payment Policy - Measure of Compliance

10.1 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 days of delivery.

	2022-23	2022-23	2021-22	2021-22
	Number	£000	Number	£000
NHS				
Total bills paid	1,524	24,182	1,684	164,059
Total bills paid within target	1,015	16,398	1,153	154,222
Percentage of bills paid within target	66.6%	67.8%	68.5%	94.0%
Non-NHS				
Total bills paid	50,476	123,821	47,474	105,864
Total bills paid within target	44,751	118,997	41,546	101,902
Percentage of bills paid within target	88.7%	96.1%	87.5%	96.3%
Total				
Total bills paid	52,000	148,003	49,158	269,923
Total bills paid within target	45,766	135,395	42,699	256,124
Percentage of bills paid within target	88.0%	91.5%	86.9%	94.9%

The LHB performance at 88.2% has not met the administrative target of payment 95% of the number of non-nhs creditors paid within 30 days nor did it in 2021/22

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2022-23	2021-22
	£	£
Amounts included within finance costs (note 7) from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0
Total	0	0

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Liz
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11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost at 31 March bf	14,377	71,032	722	12,665	8,538	424	7,493	0	115,251
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Prepayments	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
Cost or valuation at 1 April 2022	14,377	71,032	722	12,665	8,538	424	7,493	0	115,251
Indexation	(403)	2,469	49	0	0	0	0	0	2,115
Additions									
- purchased	0	2,643	100	8,642	494	0	743	0	12,622
- donated	0	527	0	0	0	0	0	0	527
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	2,763	299	(3,062)	0	0	0	0	0
Revaluations	(545)	(10,609)	308	0	0	0	0	0	(10,846)
Reversal of impairments	0	1,213	0	0	0	0	0	0	1,213
Impairments	(386)	(2,166)	0	0	0	0	0	0	(2,552)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(507)	0	(2,042)	0	(2,549)
At 31 March 2023	13,043	67,872	1,478	18,245	8,525	424	6,194	0	115,781
Depreciation at 31 March bf	0	11,104	132	0	5,905	284	4,495	0	21,920
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
Depreciation at 1 April 2022	0	11,104	132	0	5,905	284	4,495	0	21,920
Indexation	0	14	0	0	0	0	0	0	14
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	(10,872)	(133)	0	0	0	0	0	(11,005)
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(507)	0	(2,042)	0	(2,549)
Provided during the year	0	2,479	53	0	788	61	835	0	4,216
At 31 March 2023	0	2,725	52	0	6,186	345	3,288	0	12,596
Net book value at 1 April 2022	14,377	59,928	590	12,665	2,633	140	2,998	0	93,331
Net book value at 31 March 2023	13,043	65,147	1,426	18,245	2,339	79	2,906	0	103,185
Net book value at 31 March 2023 comprises :									
Purchased	13,043	61,952	1,426	18,245	2,302	79	2,906	0	99,953
Donated	0	3,195	0	0	37	0	0	0	3,232
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2023	13,043	65,147	1,426	18,245	2,339	79	2,906	0	103,185
Asset financing :									
Owned	13,043	65,147	1,426	18,245	2,339	79	2,906	0	103,185
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2023	13,043	65,147	1,426	18,245	2,339	79	2,906	0	103,185

The net book value of land, buildings and dwellings at 31 March 2023 comprises :

	£000
Freehold	79,616
Long Leasehold	0
Short Leasehold	0
	79,616

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account.

0

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHB s are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

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11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2021	14,026	64,084	689	4,745	7,408	424	5,663	0	97,039
Indexation	283	2,454	33	0	0	0	0	0	2,770
Additions									
- purchased	68	3,162	0	9,452	1,414	0	1,830	0	15,926
- donated	0	0	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	1,532	0	(1,532)	0	0	0	0	0
Revaluations	0	(241)	0	0	0	0	0	0	(241)
Reversal of impairments	0	568	0	0	0	0	0	0	568
Impairments	0	(527)	0	0	0	0	0	0	(527)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(284)	0	0	0	(284)
At 31 March 2022	14,377	71,032	722	12,665	8,538	424	7,493	0	115,251
Depreciation at 1 April 2021	0	9,025	98	0	5,441	223	3,858	0	18,645
Indexation	0	426	5	0	0	0	0	0	431
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	(1,233)	0	0	0	0	0	0	(1,233)
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(284)	0	0	0	(284)
Provided during the year	0	2,886	29	0	748	61	637	0	4,361
At 31 March 2022	0	11,104	132	0	5,905	284	4,495	0	21,920
Net book value at 1 April 2021	14,026	55,059	591	4,745	1,967	201	1,805	0	78,394
Net book value at 31 March 2022	14,377	59,928	590	12,665	2,633	140	2,998	0	93,331
Net book value at 31 March 2022 comprises :									
Purchased	14,377	57,126	590	12,665	2,557	140	2,998	0	90,453
Donated	0	2,802	0	0	76	0	0	0	2,878
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2022	14,377	59,928	590	12,665	2,633	140	2,998	0	93,331
Asset financing :									
Owned	14,377	59,928	590	12,665	2,633	140	2,998	0	93,331
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2022	14,377	59,928	590	12,665	2,633	140	2,998	0	93,331

The net book value of land, buildings and dwellings at 31 March 2022 comprises :

	£000
Freehold	74,895
Long Leasehold	0
Short Leasehold	0
	74,895

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account.

0

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the Royal Institute of Chartered Surveyors Valuation Standards, 6th Edition. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

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11. Property, plant and equipment (continued)**Disclosures:****i) Donated Assets**

Powys LHB has received the following donated assets during the year. £0.250M from the Iris and Jack Lloyd Memorial Fund £0.150M from the Moondance Foundation and £0.100M from Brecon Hospital League of Friends towards the creation of additional car parking facilities at Brecon War Memorial Hospital. An amount of £0.027M has been received from Welshpool Hospital League for Friends for the creation of a canopy at the entrance of Victoria War Memorial Hospital.

ii) Valuations

The LHBs land and Buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards.

The LHB is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

There has also been a valuation of the Car Parking scheme at Brecon War Memorial Hospital upon it being brought into use during the year.

iii) Asset Lives

Depreciated as follows:

- Land is not depreciated.
- Buildings as determined by the Valuation Office Agency.
- Equipment 5-15 years.

iv) Compensation

There has not been no compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

v) Write Downs

There have not been write downs.

vi) The LHB does not hold any property where the value is materially different from its open market value.

vii) Assets Held for Sale or sold in the period.

There are not assets held for sale or sold in the period.

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11. Property, plant and equipment**11.2 Non-current assets held for sale**

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance brought forward 1 April 2022	0	0	0	0	0	0
Plus assets classified as held for sale in the year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in the year	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2023	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Balance brought forward 1 April 2021	0	0	0	0	0	0
Plus assets classified as held for sale in the year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in the year	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2022	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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11.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings below. Most are individually insignificant, however, one is significant in its own right:

Glan Irfon lease held under Land and Buildings - NBV at 31 March 2023 £0.488m

	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
2022-23									
Cost or valuation at 31 March	0	0	0	0	0	0	0	0	0
Lease prepayments in relation to RoU Assets	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	1,796	0	0	466	0	0	0	2,262
Cost or valuation at 1 April	0	1,796	0	0	466	0	0	0	2,262
Additions	0	0	0	0	62	0	0	0	62
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
At 31 March	0	1,796	0	0	528	0	0	0	2,324
Depreciation at 31 March	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
Depreciation at 1 April	0	0	0	0	0	0	0	0	0
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
Provided during the year	0	418	0	0	236	0	0	0	654
At 31 March	0	418	0	0	236	0	0	0	654
Net book value at 1 April	0	1,796	0	0	466	0	0	0	2,262
Net book value at 31 March	0	1,378	0	0	292	0	0	0	1,670
RoU Asset Total Value Split by Lessor									
Lessor	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	0	0	0	0	0	0	0	0
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	0
Other Public Sector Peppercorn Leases	0	488	0	0	0	0	0	0	488
Other Public Sector Market Value Leases	0	286	0	0	0	0	0	0	286
Private Sector Peppercorn Leases	0	75	0	0	0	0	0	0	75
Private Sector Market Value Leases	0	529	0	0	292	0	0	0	821
Total	0	1,378	0	0	292	0	0	0	1,670

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11.3 Right of Use Assets continued
Quantitative disclosures

Maturity analysis	
Contractual undiscounted cash flows relating to lease liabilities	£000
Less than 1 year	603
2-5 years	508
> 5 years	0
Total	1111
Lease Liabilities (net of irrecoverable VAT)	£000
Current	603
Non-Current	508
Total	1111
Amounts Recognised in Statement of Comprehensive Net Expenditure	£000
Depreciation	654
Impairment	0
Variable lease payments not included in lease liabilities - Interest expense	0
Sub-leasing income	0
Expense related to short-term leases	0
Expense related to low-value asset leases (excluding short-term leases)	0
Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT)	£000
Interest expense	14
Repayments of principal on leases	0
Total	14

The LHB leases land, buildings and equipment where required to deliver core services.

Where an extension option exists within a lease, the LHB has assessed on an individual contract basis and reflected any extension period within the reported liabilities where it is reasonably certain that the option will be exercised.

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12. Intangible non-current assets

2022-23

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2022	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	0	0	0	0	0	0	0
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Gross cost at 31 March 2023	0	0	0	0	0	0	0
Amortisation at 1 April 2022	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Amortisation at 31 March 2023	0	0	0	0	0	0	0
Net book value at 1 April 2022	0	0	0	0	0	0	0
Net book value at 31 March 2023	0	0	0	0	0	0	0
NBV at 31 March 2023							
Purchased	0	0	0	0	0	0	0
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2023	0	0	0	0	0	0	0

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12. Intangible non-current assets

2021-22

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2021	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	0	0	0	0	0	0	0
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Gross cost at 31 March 2022	0	0	0	0	0	0	0
Amortisation at 1 April 2021	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Amortisation at 31 March 2022	0	0	0	0	0	0	0
Net book value at 1 April 2021	0	0	0	0	0	0	0
Net book value at 31 March 2022	0	0	0	0	0	0	0
NBV at 31 March 2022							
Purchased	0	0	0	0	0	0	0
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2022	0	0	0	0	0	0	0

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Additional Disclosures re Intangible Assets

The LHB does not hold any Intangible Assets

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13 . Impairments

	2022-23 Property, plant & equipment £000	2022-23 Right of Use Assets £000	2022-23 Intangible assets £000	2021-22 Property, plant & equipment £000	2021-22 Right of Use Assets £000	2021-22 Intangible assets £000
Impairments arising from :						
Loss or damage from normal operations	0	0	0	0		0
Abandonment in the course of construction	0	0	0	0		0
Over specification of assets (Gold Plating)	0	0	0	0		0
Loss as a result of a catastrophe	0	0	0	0		0
Unforeseen obsolescence	0	0	0	0		0
Changes in market price	0	0	0	0		0
Others (specify)	2,552	0	0	527		0
Reversal of Impairments	(1,213)	0	0	(568)		0
Total of all impairments	1,339	0	0	(41)		0

Analysis of impairments charged to reserves in year :

Charged to the Statement of Comprehensive Net Expenditure	1,339	0	0	(41)		0
Charged to Revaluation Reserve	0	0	0	0		0
Total	1,339	0	0	(41)		0

There is a reversal of impairment of £0.751M which has occurred as a result of an increase arising on revaluations due to the quinquennial revaluation exercise and £0.464M for indexation applied during the year that reversed an impairment for the same assets previously recognised as impairments in expenditure. In these cases it is credited to expenditure to the extent of the decrease previously charged there

Within the healthcare segment of the LHB, there are two downward impairments in year totalling £1.011M charged to the statement of Comprehensive Net Expenditure. This includes the downward valuation of £1.011M Land and building assets for which there was insufficient revaluation reserve accumulated at the quinquennial valuation date. There has also been an impairment of £1.541M as a result of the initial valuation for the bringing into use the enhanced access arrangements and car parking at Brecon War Memorial Hospital. Impairment funding to cover adjustments required is provided to the LHB by Welsh Government on an annual basis.

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14.1 Inventories

	31 March 2023 £000	31 March 2022 £000
Drugs	105	99
Consumables	30	24
Energy	4	2
Work in progress	0	0
Other	8	18
Total	147	143
Of which held at realisable value	0	0

14.2 Inventories recognised in expenses

	31 March 2023 £000	31 March 2022 £000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	0	0

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15. Trade and other Receivables

Current	31 March 2023 £000	31 March 2022 £000
Welsh Government	148	6,860
WHSSC / EASC	58	539
Welsh Health Boards	605	365
Welsh NHS Trusts	742	612
Welsh Special Health Authorities	178	255
Non - Welsh Trusts	430	241
Other NHS	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	136	47
Welsh Risk Pool Claim reimbursement		
NHS Wales Secondary Health Sector	12,752	1,131
NHS Wales Primary Sector FLS Reimbursement	51	24
NHS Wales Redress	185	131
Other	0	0
Local Authorities	838	825
Capital debtors - Tangible	34	7
Capital debtors - Intangible	0	0
Other debtors	1,944	976
Provision for irrecoverable debts	(650)	(383)
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	683	329
Other accrued income	0	0
Sub total	18,134	11,959
Non-current		
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0
Welsh Risk Pool Claim reimbursement;		
NHS Wales Secondary Health Sector	0	16,085
NHS Wales Primary Sector FLS Reimbursement	20	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital debtors - Tangible	0	0
Capital debtors - Intangible	0	0
Other debtors	0	0
Provision for irrecoverable debts	0	0
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	0	0
Other accrued income	0	0
Sub total	20	16,085
Total	18,154	28,044

15. Trade and other Receivables (continued)**Receivables past their due date but not impaired**

	31 March 2023 £000	31 March 2022 £000
By up to three months	269	128
By three to six months	129	81
By more than six months	209	364
	607	573

Expected Credit Losses (ECL) / Provision for impairment of receivables

Balance at 1 April	(383)	(316)
Transfer to other NHS Wales body	0	0
Amount written off during the year	0	0
Amount recovered during the year	58	67
(Increase) / decrease in receivables impaired	(325)	(134)
Bad debts recovered during year	0	0
Balance at 31 March	(650)	(383)

In determining whether a debt is impaired consideration is given to the age of the debt and the results of actions taken to recover the debt, including reference to credit agencies.

Receivables VAT

Trade receivables	0	0
Other	0	0
Total	0	0

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16. Other Financial Assets

	Current		Non-current	
	31 March	31 March	31 March	31 March
	2023	2022	2023	2022
	£000	£000	£000	£000
Financial assets				
Shares and equity type investments				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Deposits	0	0	0	0
Loans	0	0	0	0
Derivatives	0	0	0	0
Other (Specify)				
Right of Use Asset Finance Sublease	0		0	
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Total	0	0	0	0

17. Cash and cash equivalents

	2022-23	2021-22
	£000	£000
Balance at 1 April	2,658	2,627
Net change in cash and cash equivalent balances	(1,390)	31
Balance at 31 March	1,268	2,658
Made up of:		
Cash held at GBS	1,168	2,453
Commercial banks	98	202
Cash in hand	2	3
Cash and cash equivalents as in Statement of Financial Position	1,268	2,658
Bank overdraft - GBS	0	0
Bank overdraft - Commercial banks	0	0
Cash and cash equivalents as in Statement of Cash Flows	1,268	2,658

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18. Trade and other payables

Current	31 March 2023 £000	31 March 2022 £000
Welsh Government	1	0
WHSSC / EASC	192	389
Welsh Health Boards	5,089	2,649
Welsh NHS Trusts	469	772
Welsh Special Health Authorities	532	96
Other NHS	4,184	2,115
Taxation and social security payable / refunds	1,044	108
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	1,225	1
Non-NHS payables - Revenue	6,787	3,803
Local Authorities	2,716	5,145
Capital payables- Tangible	3,829	4,720
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	603	
Obligations under finance leases, HP contracts		0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	1,395	7,826
Non NHS Accruals	21,296	29,635
Deferred Income:		
Deferred Income brought forward	1,997	743
Deferred Income Additions	483	1,997
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	(1,997)	(743)
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
Sub Total	49,845	59,256
Non-current		
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Other NHS	0	0
Taxation and social security payable / refunds	0	0
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	0	0
Non-NHS payables - Revenue	0	0
Local Authorities	0	0
Capital payables- Tangible	0	0
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	508	
Obligations under finance leases, HP contracts		0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	0	0
Non NHS Accruals	0	0
Deferred Income :		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
Sub Total	508	0
Total	50,353	59,256

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

The implementation of IFRS 16 on 1st April 2023 has created a requirement for accounting for leases that were previously disclosed as operating leases being reclassified as Right of Use Assets and brought onto Balance Sheet. This has created a requirement for Lease Liability to reflect the payments of the leases in future years. Please see note 11.3 for further details

RoU Lease Liability Transitioning & Transferring	£000
RoU liability as at 31 March 2022	0
Transfer of Finance Leases from PPE Note	0
Operating Leases Transitioning	2,262
RoU Lease liability as at 1 April 2022	2,262

18. Trade and other payables (continued).

Amounts falling due more than one year are expected to be settled as follows:

	31 March 2023 £000	31 March 2022 £000
Between one and two years	0	0
Between two and five years	0	0
In five years or more	0	0
Sub-total	<u>0</u>	<u>0</u>

19. Other financial liabilities

Financial liabilities	Current		Non-current	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
Financial Guarantees:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Derivatives at fair value through SoCNE	0	0	0	0
Other:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Total	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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20. Provisions

	At 1 April 2022	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2023
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current									
Clinical negligence:-									
Secondary care	123	0	(403)	16,019	34	(501)	(3,397)	0	11,875
Primary care	0	0	0	0	19	(11)	0	0	8
Redress Secondary care	78	0	(14)	0	147	(13)	(45)	0	153
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	996	0	0	83	490	(1,122)	(207)	(13)	227
All other losses and special payments	0	0	0	0	1	(1)	0	0	0
Defence legal fees and other administration	65	0	0	96	77	(90)	(38)		110
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	39		2,473	0	95	0	0		2,607
Total	1,301	0	2,056	16,198	863	(1,738)	(3,687)	(13)	14,980
Non Current									
Clinical negligence:-									
Secondary care	16,019	0	0	(16,019)	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	921	0	0	(83)	0	0	(147)	0	691
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	98	0	0	(96)	36	(2)	0		36
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	47			0	109	(21)	0	0	135
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	17,085	0	0	(16,198)	145	(23)	(147)	0	862
TOTAL									
Clinical negligence:-									
Secondary care	16,142	0	(403)	0	34	(501)	(3,397)	0	11,875
Primary care	0	0	0	0	19	(11)	0	0	8
Redress Secondary care	78	0	(14)	0	147	(13)	(45)	0	153
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	1,917	0	0	0	490	(1,122)	(354)	(13)	918
All other losses and special payments	0	0	0	0	1	(1)	0	0	0
Defence legal fees and other administration	163	0	0	0	113	(92)	(38)		146
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	47			0	109	(21)	0	0	135
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	39		2,473	0	95	0	0		2,607
Total	18,386	0	2,056	0	1,008	(1,761)	(3,834)	(13)	15,842

Expected timing of cash flows:

	In year to 31 March 2024	Between 1 April 2024 31 March 2028	Thereafter	Total
				£000
Clinical negligence:-				
Secondary care	11,875	0	0	11,875
Primary care	8	0	0	8
Redress Secondary care	153	0	0	153
Redress Primary care	0	0	0	0
Personal injury	227	266	425	918
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	110	36	0	146
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	0	0	0	0
2019-20 Scheme Pays - Reimbursement	0	135	0	135
Restructuring	0	0	0	0
RoU Asset Dilapidations CAME	0	0	0	0
Other Capital Provisions	0	0	0	0
Other	2,607	0	0	2,607
Total	14,980	437	425	15,842

The LHB estimates that in 2023/24 it will receive £12.233M and in 2024-25 and beyond £0.020M from the Welsh Risk Pool in respect of Losses and Special Payments.

£11.924M (2021/22: £15.297M) of the provision total relates to the probable liabilities of former Health Authorities in respect of Medical Negligence and Personal Injury claims for incidents which occurred before the establishment of NHS Trusts (Pre 1996 and Pre 1992 depending on the Trust)

Contingent Liabilities are directly linked to these claims in Note 21.

Included within 'other' at 31st March 2023 is £2.473M relating to a liability that met the definition of a provision but had previously been recognised as a trade payable. The transfer of provision to creditors column has been used for this classification correction during 2022-23

Also included within 'other' at 31st March 2023 is £0.134M relating to retrospective continuing health care claims (2021/22 £0.039M).

Included within the Redress Secondary Care line and Defence Legal Fees and Other Administration is a provision for expected payments in respect of redress arrangements under National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. The amount of Provision in relation to this at 31st March 202 is £0.155M including defence costs (2021/22: £0.078M) and all payments are expected to be fully reimbursed from the Welsh Risk Pool.

20. Provisions (continued)

	At 1 April 2021	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2022
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current									
Clinical negligence:-									
Secondary care	107	0	0	0	168	(72)	(80)	0	123
Primary care	0	0	0	0	13	(13)	0	0	0
Redress Secondary care	116	0	0	0	47	(40)	(45)	0	78
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	2,296	0	0	150	867	(2,196)	(111)	(10)	996
All other losses and special payments	0	0	0	0	38	(38)	0	0	0
Defence legal fees and other administration	126	0	0	9	86	(122)	(34)		65
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	627			0	0	(627)	0	0	0
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	64		0	0	20	(34)	(11)		39
Total	3,336	0	0	159	1,239	(3,142)	(281)	(10)	1,301
Non Current									
Clinical negligence:-									
Secondary care	14,259	0	0	0	1,850	(90)	0	0	16,019
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	1,132	0	0	(150)	0	0	(61)	0	921
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	90	0	0	(9)	37	(2)	(18)		98
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	4,593			0	1,885	(6,289)	(140)	(49)	0
2019-20 Scheme Pays - Reimbursement	0			0	47	0	0	0	47
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	20,074	0	0	(159)	3,819	(6,381)	(219)	(49)	17,085
TOTAL									
Clinical negligence:-									
Secondary care	14,366	0	0	0	2,018	(162)	(80)	0	16,142
Primary care	0	0	0	0	13	(13)	0	0	0
Redress Secondary care	116	0	0	0	47	(40)	(45)	0	78
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	3,428	0	0	0	867	(2,196)	(172)	(10)	1,917
All other losses and special payments	0	0	0	0	38	(38)	0	0	0
Defence legal fees and other administration	216	0	0	0	123	(124)	(52)		163
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	5,220			0	1,885	(6,916)	(140)	(49)	0
2019-20 Scheme Pays - Reimbursement	0			0	47	0	0	0	47
Restructuring	0			0	0	0	0	0	0
Other	64		0	0	20	(34)	(11)		39
Total	23,410	0	0	0	5,058	(9,523)	(500)	(59)	18,386

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21. Contingencies

21.1 Contingent liabilities

	2022-23 £'000	2021-22 £'000
Provisions have not been made in these accounts for the following amounts :		
Legal claims for alleged medical or employer negligence:-		
Secondary care	11,457	1,059
Primary care	1,628	252
Redress Secondary care	0	0
Redress Primary care	0	0
Doubtful debts	0	0
Equal Pay costs	0	0
Defence costs	0	0
Continuing Health Care costs	0	0
Other	0	0
Total value of disputed claims	13,085	1,311
Amounts (recovered) in the event of claims being successful	(12,791)	(884)
Net contingent liability	294	427

Legal Claims for alleged medical or employer negligence: £0.221M of the £11.457M relates solely to the former Health Authorities in respect of Medical Negligence and Personal Injury claims for incidents which occurred before the establishment of NHS Trusts (Pre 1996 and Pre 1992 depending on the Trust). £11.236M of the £11.457M relates to Powys LHB cases. Legal advice has established that these claims are not likely to result in payments. In the unlikely event that amounts are payable, all payments over a threshold of £0.025M will be reimbursed to Powys LHB by the Welsh Risk Pool for Powys LHB cases and reimbursed in full for former Health Authority and Primary Care cases.

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21.2 Remote Contingent liabilities

	2022-23 £000	2021-22 £000
Guarantees	0	0
Indemnities	0	0
Letters of Comfort	0	0
Total	0	0

21.3 Contingent assets

	2022-23 £000	2021-22 £000
Please give details	0	0
	0	0
	0	0
Total	0	0

22. Capital commitments

Contracted capital commitments at 31 March

The disclosure of future capital commitments not already disclosed as liabilities in the accounts.

	2022-23 £000	2021-22 £000
Property, plant and equipment	536	8,283
Right of Use Assets	0	
Intangible assets	0	0
Total	536	8,283

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23. Losses and special payments

Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are reorded in the losses and special payments register when payment is made. Therefore, this note is prepared on a cash basis.

Gross loss to the Exchequer

Number of cases and associated amounts paid out during the financial year

	Amounts paid out during period to 31 March 2023	
	Number	£
Clinical negligence	55	568,253
Personal injury	63	1,100,722
All other losses and special payments	2	584
Total	120	1,669,559

Analysis of cases in excess of £300,000

Case Type	In year claims in excess of £300,000		Cumulative claims in excess of £300,000	
	Number	£	Number	£
Cases in excess of £300,000:				
CN	MN/030/0623/GAK	332,514	MN/030/0623/GAK	716,642
CN	MN/030/1441/OF	484,365	MN/030/1441/OF	551,603
PI			PI/030/1252/HS	346,045
PI			PI/030/1377/AH	589,917
PI			PI/030/1467/AH	300,482

Sub-total	0	816,879	0	2,504,689
All other cases	0	852,680	0	358,745
Total cases	0	1,669,559	0	2,863,434

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24. Right of Use / Finance leases obligations

24.1 Obligations (as lessee)

Amounts payable under right of use asset / finance leases:	Post Implementation of IFRS 16 (RoU)	Pre implementation of IFRS 16 (FL)
Land	31 March 2023 £000	31 March 2022 £000
Minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	<u>0</u>	<u>0</u>
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	<u>0</u>	<u>0</u>

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24.1 Right of Use / Finance leases obligations

	Post Implementation of IFRS 16 (RoU)	Pre implementation of IFRS 16 (FL)
	31 March 2023	31 March 2022
Buildings		
Minimum lease payments	£000	£000
Within one year	389	0
Between one and five years	481	0
After five years	0	0
Less finance charges allocated to future periods	(14)	0
Minimum lease payments	856	0
Included in:		
Current borrowings	382	0
Non-current borrowings	474	0
	856	0
Present value of minimum lease payments		
Within one year	382	0
Between one and five years	474	0
After five years	0	0
Present value of minimum lease payments	856	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0
Other- Non property		
	31 March 2023	31 March 2022
Minimum lease payments	£000	£000
Within one year	221	0
Between one and five years	35	0
After five years	0	0
Less finance charges allocated to future periods	(1)	0
Minimum lease payments	255	0
Included in:		
Current borrowings	221	0
Non-current borrowings	34	0
	255	0
Present value of minimum lease payments		
Within one year	221	0
Between one and five years	34	0
After five years	0	0
Present value of minimum lease payments	255	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0

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24.2 Right of Use Assets / Finance lease receivables (as lessor)

The Local Health Board has no finance leases receivable as a lessor.

	Post Implementation of IFRS 16 (RoU)	Pre implementation of IFRS 16 (FL)
	31 March 2023 £000	31 March 2022 £000
Amounts receivable under right of use assets / finance leases:		
Gross Investment in leases		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	0	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Present value of minimum lease payments	0	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0

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25. Private Finance Initiative contracts

25.1 PFI schemes off-Statement of Financial Position

The LHB has no PFI Schemes off-statement of financial position.

Commitments under off-SoFP PFI contracts	Off-SoFP PFI contracts 31 March 2023 £000	Off-SoFP PFI contracts 31 March 2022 £000
Total payments due within one year	0	0
Total payments due between 1 and 5 years	0	0
Total payments due thereafter	0	0
Total future payments in relation to PFI contracts	0	0
Total estimated capital value of off-SoFP PFI contracts	0	0

25.2 PFI schemes on-Statement of Financial Position

Capital value of scheme included in Fixed Assets Note 11 £000
0

Contract start date:

Contract end date:

The LHB has no Private Finance Initiatives in operation

Total obligations for on-Statement of Financial Position PFI contracts due:

	On SoFP PFI Capital element 31 March 2023 £000	On SoFP PFI Imputed interest 31 March 2023 £000	On SoFP PFI Service charges 31 March 2023 £000
Total payments due within one year	0	0	0
Total payments due between 1 and 5 years	0	0	0
Total payments due thereafter	0	0	0
Total future payments in relation to PFI contracts	0	0	0

	On SoFP PFI Capital element 31 March 2022 £000	On SoFP PFI Imputed interest 31 March 2022 £000	On SoFP PFI Service charges 31 March 2022 £000
Total payments due within one year	0	0	0
Total payments due between 1 and 5 years	0	0	0
Total payments due thereafter	0	0	0
Total future payments in relation to PFI contracts	0	0	0

31/03/2023
£000
0

Total present value of obligations for on-SoFP PFI contracts

25.3 Charges to expenditure

	2022-23	2021-22
	£000	£000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	0	0
Total expense for Off Statement of Financial Position PFI contracts	0	0
The total charged in the year to expenditure in respect of PFI contracts	0	0

The LHB is committed to the following annual charges

PFI scheme expiry date:	£000	£000
Not later than one year	0	0
Later than one year, not later than five years	0	0
Later than five years	0	0
Total	0	0

The estimated annual payments in future years will vary from those which the LHB is committed to make during the next year by the impact of movement in the Retail Prices Index.

25.4 Number of PFI contracts

	Number of on SoFP PFI contracts	Number of off SoFP PFI contracts
Number of PFI contracts	0	0
Number of PFI contracts which individually have a total commitment > £500m	0	0

PFI Contract

	On / Off-statement of financial position
Number of PFI contracts which individually have a total commitment > £500m	0

PFI Contract

On/off

25.5 The LHB has no Public Private Partnerships

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26. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. The LHB is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The LHB has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the LHB in undertaking its activities.

Currency risk

The LHB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The LHB has no overseas operations. The LHB therefore has low exposure to currency rate fluctuations.

Interest rate risk

LHBs are not permitted to borrow. The LHB therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the LHB's funding derives from funds voted by the Welsh Government the LHB has low exposure to credit risk.

Liquidity risk

The LHB is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The LHB is not, therefore, exposed to significant liquidity risks.

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27. Movements in working capital

	2022-23 £000	2021-22 £000
(Increase)/decrease in inventories	(4)	16
(Increase)/decrease in trade and other receivables - non-current	16,065	(1,682)
(Increase)/decrease in trade and other receivables - current	(6,175)	220
Increase/(decrease) in trade and other payables - non-current	508	0
Increase/(decrease) in trade and other payables - current	(9,411)	13,425
Total	983	11,979
Adjustment for accrual movements in fixed assets - creditors	891	(2,224)
Adjustment for accrual movements in fixed assets - debtors	(27)	0
Other adjustments	(1,680)	0
	167	9,755

28. Other cash flow adjustments

	2022-23 £000	2021-22 £000
Depreciation	4,870	4,361
Amortisation	0	0
(Gains)/Loss on Disposal	0	(19)
Impairments and reversals	1,339	(41)
Release of PFI deferred credits	0	0
NWSSP Covid assets issued debited to expenditure but non-cash	0	0
Covid assets received credited to revenue but non-cash	0	0
Donated assets received credited to revenue but non-cash	0	0
Government Grant assets received credited to revenue but non-cash	0	0
Right of Use Grant (Peppercorn Lease) credited to revenue but non cash	0	
Non-cash movements in provisions	(783)	4,499
Other movements	4,275	4,064
Total	9,701	12,864

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29. Events after the Reporting Period

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 25th July 2023; the date the financial statements were certified by the Auditor General for Wales was 27th July 2023..

NHS Wales Recovery payment 2022-23

NHS Wales bodies were notified in a pay circular letter issued on 25th May 2023 by the Welsh Government, of the additional pay arrangements for employees covered by the Agenda for Change terms and conditions in Wales for 2022-23, which will be funded by the Welsh Government.

NHS Wales bodies will make a one off non-consolidated, prorated "recovery payment" for staff employed on the Agenda for Change terms and conditions (this includes most NHS staff including nursing staff but excludes medical staff).

These costs have not been recognised in the 2022-23 financial statements because the obligating event was the publication of the offer agreed with the Minister on 20 April 2023 and therefore post 31st March 2023. The costs will be accounted for in the 2023-24 Annual Accounts of NHS Wales bodies.

The estimated cost is £2.183M.

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30. Related Party Transactions

The Welsh Government is regarded as a related party. During the year the LHB have 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

Related Party	Board Member Interests	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government		7	403,399	1	148
Aneurin Bevan University Health Board		14,754	323	1,827	121
Betsi Cadwaladr University Health Board		4,322	549	626	101
Cardiff & Vale University Health Board		2,405	53	655	28
Cwm Taf Morgannwg University Health Board		5,307	168	134	162
Hywel Dda University Local Health Board		10,049	227	859	22
Public Health Wales NHS Trust		449	1,310	58	191
Swansea Bay University Health Board		10,315	1,481	988	171
Velindre University NHS Trust (inc. WRP)		3,334	1,275	399	1,300
Welsh Ambulance Services Trust		21	45	12	18
Welsh Health Specialised Services Committee (WHSSC)	Ian Phillips Chair of Welsh Renal Clinical Network (Sub-Committee of WHSSC)	50,202	104	192	58
Health Education and Improvement Wales (HEIW)		0	1,048	0	151
Digital Health & Care Wales (DHCW)		1,746	524	532	27
Powys County Council	Councillor Chris Walsh & Councillor Matthew Dorrance Councillors, Powys County Council	15,481	2,313	2,716	838
NHS Confederation	Professor Vivienne Harpwood Chair of the Welsh NHS Confederation & Independent Member and Trustee of the Central NHS Confederation	36	0	0	0
Neath Port Talbot College Group	Rhobert Lewis Chair of Governors, Corporation Board of Neath Port Talbot College Group	0	3	0	0
Powys Association of Voluntary Organisations	Carl Cooper Recently retired as CEO of Powys Association of Voluntary Organisations	1,293	0	409	0
Freedom Leisure	Jennifer Owen Adams Close relative is senior manager for Freedom Leisure with strategic responsibility for Powys.	11	0	6	0
		119,732	412,822	9,414	3,336

Powys LHB has hosted the following functions on behalf of NHS Wales on which it receives income from the Welsh Government and other LHB's:

- Residual Clinical Negligence
- Community Health Councils
- Health and Care Research Wales (HCRW)

Powys LHB 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

Powys LHB has also received items donated from the Powys LHB Charitable Fund, for which the Board is the Corporate Trustee.

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31. Third Party assets

The LHB held £160 cash at bank and in hand at 31 March 2023 (31st March 2022, £200) which relates to monies held by the LHB on behalf of patients. This has been excluded from the Cash and Cash equivalents figure reported in the accounts.

None of this cash was held in Patients' Investment Accounts in either 2022-23 or 2021-22.

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32. Pooled budgets**A Funded Nursing Care**

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement in accordance with Section 33 of the Health Act 1999. The health related function which is subject to these arrangements is the provision of care by a registered nurse in care homes, which is a service provided by the NHS Body under section 2 of the National Health Service Act 1977. In accordance with the Social Care Act 2001 Section 49 care from a registered nurse is funded by the NHS regardless of the setting in which it is delivered. (Circular 12/2003)

The agreement will not affect the liability of the parties for the exercise of their respective statutory functions and obligations. The partnership agreement operates in accordance with the Welsh Government Guidance NHS Funded Nursing Care 2004.

	Funding	Expenditure	Total
	£	£	£
Gross Funding			
Powys Teaching Health Board	2,108,424		2,108,424
Total Funding	2,108,424		2,108,424
Expenditure			
Monies spent in accordance with Pooled budget arrangement		2,130,956	2,130,956
Total Expenditure		2,130,956	2,130,956
Net under/(over) spend			(22,532)
The above memorandum account is subject to the audit of the Pooled Budget statements of Powys County Council (the Host).			

B Provision of Community Equipment

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement in respect of lead commissioning from a pooled fund for the provision of community equipment in accordance with Section 33 of the National Health Services Act 2006. Powys County Council is the host partner for the purposes of the Regulations. The purpose of the agreement is to facilitate the provision of a community equipment service and the development of this service in Powys. The service is provided from a pooled fund and is within the THB's and the Council's powers.

	Funding	Expenditure	Total
	£	£	£
Gross Funding			
Powys County Council	675,000		675,000
Powys Teaching Health Board	675,000		675,000
Total Funding	1,350,000		1,350,000
Expenditure			
Monies spent in accordance with Pooled budget arrangement		1,350,000	1,350,000
Total Expenditure			1,350,000
Net under/(over) spend			0
The above memorandum account is subject to the audit of the Pooled Budget statements of Powys County Council (the Host).			

C Provision of Section 33 Joint Agreement for the provision of IT Services

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement in accordance with Section 33 of the National Health Services Act 2006.

The agreement will not affect the liability of the parties for the exercise of their respective statutory functions and obligations.

Powys County Council is the lead commissioner and the host partner for the purposes of the regulations.

The purpose of the agreement is to facilitate the provision of ICT services within Powys.

	Funding	Net Expenditure	Total
	£	£	£
Gross Funding			
Powys County Council	1,411,720		1,411,720
Powys Teaching Health Board	839,630		839,630
Total Funding	2,251,350		2,251,350
Net Expenditure			
Monies spent in accordance with Pooled budget arrangement			
Expenditure		2,639,132	2,639,132
Income		(465,329)	(465,329)
Total Expenditure			2,173,803
Net under/(over) spend			77,547
The above memorandum account is subject to the audit of the Pooled Budget statements of Powys County Council (the Host).			

32. Pooled budgets (Continued)**D Provision of Section 33 Joint Agreement for the provision of a Reablement Service**

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement in respect of lead commissioning from a pooled fund for the provision of an effective and sustainable joint reablement service which meets the needs of the Powys communities in accordance with Section 33 of the National Health Services Act 2006. Powys County Council is the host partner for the purposes of the Regulations. This service is provided from a pooled fund and is within the THB's and the Council's powers.

	Funding	Expenditure	Total
	£	£	£
Gross Funding			
Powys County Council	413,380		413,380
Powys Teaching Health Board	828,000		828,000
Total Funding	1,241,380		1,241,380
Expenditure			
Monies spent in accordance with		1,273,398	1,273,398
Pooled budget arrangement			
Total Expenditure		1,273,398	1,273,398
Net under/(over) spend			(32,018)
The above memorandum account is subject to the audit of the Pooled Budget statements of Powys County Council (the Host).			

E Provision of Section 33 Joint Agreement for the provision of Tier 2/3 Psycho-social Treatment Services

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement in accordance with Section 33 of the National Health Services Act 2006. Powys County Council is the lead commissioner and the host partner for the purposes of the Regulations. The agreement will not affect the liability of the parties from the exercise of their respective statutory functions and obligations. The purpose of the agreement is to provide a Tier 2 and 3 service provision for drug and alcohol users and their concerned others.

	Funding	Expenditure	Total
	£	£	£
Gross Funding			
Powys County Council	672,808		672,808
Powys Teaching Health Board	121,864		121,864
Total Funding	794,672		794,672
Expenditure			
Monies spent in accordance with			
Joint Arrangement		794,672	794,672
Total Expenditure		794,672	794,672
Net under/(over) spend			0
The above memorandum account is subject to the audit of the Pooled Budget statements of Powys County Council (the Host).			

F Provision of Section 33 Joint Agreement for the provision of Personal Care at Glan Irfon Integrated Health and Social Care Unit, Builth Wells

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement to enable the use of resources relating to the Inpatient Services at the Glan Irfon Health and Social Centre, Builth Wells.

This agreement will not affect the liability of the parties from the exercise of their respective statutory functions and obligations.

Powys County Council is the lead commissioner and the host partner for the purposes of the Regulations.

The purpose of the agreement is to facilitate the provision of person centred care at Glan Irfon, for 12 residents within the short stay shared care reablement unit with in-reach clinical, nursing and reablement support (registered under CSSIW for Residential Care).

	Funding	Expenditure	Total
	£	£	£
Gross Funding			
Powys County Council	269,627		269,627
Powys Teaching Health Board	269,627		269,627
Total Funding	539,254		539,254
Expenditure			
Monies spent in accordance with			
Pooled budget arrangement		546,762	546,762
Total Expenditure		546,762	546,762
Net under/(over) spend			(7,508)
The above memorandum account is subject to the audit of the Pooled Budget statements of Powys County Council (the Host).			

33. Operating segments

IFRS 8 requires bodies to report information about each of its operating segments. On 1st April 2023, the hosted function of Community Health Councils ceased and has been replaced by a new organisation Citizens Voice Body/Llais. There will be a transfer during 23/24 for any assets and liabilities held in respect of this function at the balance sheet date

2022/23

		Total Total Powys "Health" £'000	Total Residual Clinical Negligence £'000	Total Community Health Councils £'000	Total Health and Care Research Wales (HCRW) £'000	Consolidation Adjustments £'000	Total £'000
	Note						
Expenditure on Primary Healthcare Services	3.1	74,960	0	0	0	0	74,960
Expenditure on healthcare from other providers	3.2	200,680	0	0	861	0	201,541
Expenditure on Hospital and Community Health Services	3.3	125,720	25	4,760	4,859	(75)	135,289
		401,360	25	4,760	5,720	(75)	411,790
Less: Miscellaneous Income	4	10,867	0	0	5,302	(75)	16,094
THB net operating costs before interest and other gains and losses		390,493	25	4,760	418	0	395,696
Investment Income	5	0	0	0	0	0	0
Other (Gains) / Losses	6	0	0	0	0	0	0
Finance costs	7	3	0	(2)	0	0	1
THB Net Operating Costs		390,496	25	4,758	418	0	395,697
Add Non Discretionary Expenditure	3.1	1,609	0	0	0	0	1,609
Revenue Resource Limit	2.1	385,103	25	4,758	418	0	390,304
Under / (over) spend against Revenue Resource Limit		(7,002)	0	0	0	0	(7,002)

2021/22

		Total Total Powys "Health" £'000	Total Residual Clinical Negligence £'000	Total Community Health Councils £'000	Total Health and Care Research Wales (HCRW) £'000	Consolidation Adjustments £'000	Total £'000
	Note						
Expenditure on Primary Healthcare Services	3.1	72,389	0	0	0	0	72,389
Expenditure on healthcare from other providers	3.2	191,784	0	0	2,718	0	194,502
Expenditure on Hospital and Community Health Services	3.3	122,592	25	4,562	4,855	(75)	131,959
		386,765	25	4,562	7,573	(75)	398,850
Less: Miscellaneous Income	4	8,461	0	0	7,364	(75)	15,750
THB net operating costs before interest and other gains and losses		378,304	25	4,562	209	0	383,100
Investment Income	5	0	0	0	0	0	0
Other (Gains) / Losses	6	(19)	0	0	0	0	(19)
Finance costs	7	(61)	0	1	0	0	(60)
THB Net Operating Costs		378,224	25	4,563	209	0	383,021
Add Non Discretionary Expenditure	3.1	1,355	0	0	0	0	1,355
Revenue Resource Limit	2.1	379,659	25	4,563	209	0	384,456
Under / (over) spend against Revenue Resource Limit		80	0	0	0	0	80

34. Other Information**34.1. 6.3% Staff Employer Pension Contributions - Notional Element**

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2022 to 31 March 2023. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions between April 2022 and February 2023 alongside Health Board/Trust/SHA data for March 2023.

Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

	2022-23 £000
Statement of Comprehensive Net Expenditure for the year ended 31 March 2023	
Expenditure on Primary Healthcare Services	76
Expenditure on Hospital and Community Health Services	4,178

Statement of Changes in Taxpayers' Equity
For the year ended 31 March 2023

Net operating cost for the year	4,254
Notional Welsh Government Funding	4,254

Statement of Cash Flows for year ended 31 March 2023

Net operating cost for the financial year	4,254
Other cash flow adjustments	4,254

2.1 Revenue Resource Performance

Revenue Resource Allocation	4,254
-----------------------------	-------

3. Analysis of gross operating costs**3.1 Expenditure on Primary Healthcare Services**

General Medical Services	0
General Dental Services	46
Other Primary Healthcare Expenditure	30
Prescribed Drugs and Appliance	0

3.3 Expenditure on Hospital and Community Health Services

Directors' costs	66
Staff costs	4,112

9.1 Employee costs**Permanent Staff**

Employer contributions to NHS Pension Scheme	4,254
Charged to capital	19
Charged to revenue	4,235

18. Trade and other payables**Current**

Pensions: staff	0
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28. Other cash flow adjustments

Other movements	4,254
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34. Other Information

34.2 Welsh Government Covid 19 Funding

Details of Covid 19 Pandemic Welsh Government funding amounts provided to NHS Wales bodies:

	2022-23 £000	2021-22 £000
Capital		
Capital Funding Field Hospitals		0
Capital Funding Equipment & Works		1612
Capital Funding other (Specify)		0
Welsh Government Covid 19 Capital Funding	0	1,612

Revenue		
Stability Funding	5,747	13,984
Covid Recovery	0	7,578
Cleaning Standards	0	564
PPE (including All Wales Equipment via NWSSP)	0	321
Testing / TTP- Testing & Sampling - Pay & Non Pay	651	1,123
Tracing / TTP - NHS & LA Tracing - Pay & Non Pay	2,049	5,150
Extended Flu Vaccination / Vaccination - Extended Flu Programme	345	309
Mass Covid-19 Vaccination / Vaccination - COVID-19	3,552	8,385
Annual Leave Accrual - Increase due to Covid		0
Urgent & Emergency Care		399
Private Providers Adult Care / Support for Adult Social Care Providers		1,470
Hospices		0
Other Mental Health / Mental Health		1,642
Other Primary Care	0	0
Social Care		0
Other	931	0
Welsh Government Covid 19 Revenue Funding	13,275	40,925

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THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

LOCAL HEALTH BOARDS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2011 and subsequent financial years in respect of the Local Health Boards (LHB)1, in the form specified in paragraphs [2] to [7] below.

BASIS OF PREPARATION

2. The account of the LHB shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year in which the accounts are being prepared, and has been applied by the Welsh Government and detailed in the NHS Wales LHB Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

FORM AND CONTENT

3. The account of the LHB for the year ended 31 March 2011 and subsequent years shall comprise a statement of comprehensive net expenditure, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied by the Welsh Assembly Government, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2011 and subsequent years, the account of the LHB shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive of the LHB.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst

Dated :

1. Please see regulation 3 of the 2009 No.1559 (W.154); NATIONAL HEALTH SERVICE, WALES; The Local Health Boards (Transfer of Staff, Property, Rights and Liabilities) (Wales) Order 2009.

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Carl Cooper, Cadeirydd / Chair
Ffon / Phone: 01874 712502
E-bost / Email: carl.cooper@wales.nhs.uk

Hayley Thomas, Prif Weithredwr Dros Dro/ Interim Chief Executive
Ffon / Phone: 01874 712725
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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Final letter of representation

Auditor General for Wales

1 Capital Quarter

Tyndall Street

Cardiff

CF10 4BZ

25 July 2023

Representations regarding the 2022-23 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Powys Teaching Health Board (the Health Board) for the year ended 31 March 2023 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

We confirm that, to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
 - observe the accounts directions issued by Welsh Ministers/HM Treasury, including the relevant accounting and disclosure requirements, and apply appropriate accounting policies on a consistent basis;
 - make judgements and estimates on a reasonable basis;
 - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
 - prepare them on a going concern basis on the presumption that the services of the Health Board will continue in operation;

Pencadlys
Tŷ Glasbury, Ysbyty Bronllys,
Aberhonddu, Powys LD3 0LY
Ffôn: 01874 712730



Headquarters
Glasbury House, Bronllys Hospital
Brecon, Powys LD3 0LY
Tel: 01874 712730

Rydym yn croesawu gohebiaeth Gymraeg
Bwrdd Iechyd Addysgu Powys yw enw gweithred Bwrdd Iechyd Lleol
Addysgu Powys



We welcome correspondence in Welsh
Powys Teaching Health Board is the operational name of
Powys Teaching Local Health Board

- ensuring the regularity of any expenditure and other transactions incurred;
- the design, implementation and maintenance of internal control to prevent and detect error.

Information provided

We have provided you with:

- full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.;
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- our knowledge of fraud or suspected fraud that we are aware of and that affects the Health Board and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements;
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others;
- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements;
- the identity of all related parties and all the related party relationships and transactions of which we are aware;
- our knowledge of all possible and actual instances of irregular transactions.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data, and the significant assumptions used in making accounting estimates, and their related disclosures, are appropriate to achieve recognition,

measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor, accounted for, and disclosed in accordance with the applicable financial reporting framework.

There are £0.867k misclassification and £0.041k valuation uncorrected misstatements in the financial statements. The effects of uncorrected misstatements identified during the audit are considered immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Representations by those charged with governance

We acknowledge that the above representations made by management have been discussed with us.

We acknowledge our responsibility for ensuring that the company maintains adequate accounting records.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Health Board on 25 July 2023.

We confirm that we have taken all necessary steps to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:
Interim Chief Executive as Accountable Officer
Date:

Signed by:
Chair of Board
Date:

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24/07/2023 09:47:06

Agenda item: 2.4

Board Meeting		Date of Meeting: 25 July 2023
Subject :	Cochlear and Bone Conduction Hearing Implant (BCHI) Engagement & Next Steps	
Approved and Presented by:	Stephen Powell, Director of Planning, Performance and Commissioning	
Prepared by:		
Other Committees and meetings considered at:	WHSSC Joint Committee	

PURPOSE:

The purpose of this report is to outline the targeted engagement process undertaken regarding Cochlear and Bone Conduction Hearing Implant (BCHI) services for people in South East Wales, South West Wales and South Powys, to present the findings from that process; and to establish the necessary next steps.

RECOMMENDATION(S):

The Board is asked to:

- **Note** the report,
- **Receive** the outcome of the engagement process
- **Note** the process that has been enabled both in respect of a) the temporary urgent service change for Cochlear services and b) the requirements against the guidance for changes to NHS services in Wales,
- **Note** and **consider** the feedback received from patients, staff and stakeholders with respect commissioning intent,
- **Support** the next steps specifically the undertaking of a designated provider process; followed by a period of formal consultation,
- **Note** the process that has been enabled to seek patient and stakeholder views in line with the requirements against the guidance for changes to NHS services in Wales; and

- **Note** that the WHSSC Joint Committee meeting on 16 May 2023 agreed the preferred commissioning model of a single implantable device hub for both children and adults with an outreach support model.

Approval/Ratification/Decision ¹	Discussion	Information
✓	x	✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓/x
	2. Provide Early Help and Support	✓/x
	3. Tackle the Big Four	✓/x
	4. Enable Joined up Care	✓/x
	5. Develop Workforce Futures	✓/x
	6. Promote Innovative Environments	✓/x
	7. Put Digital First	✓/x
	8. Transforming in Partnership	✓/x
Health and Care Standards:	1. Staying Healthy	✓/x
	2. Safe Care	✓/x
	3. Effective Care	✓/x
	4. Dignified Care	✓/x
	5. Timely Care	✓/x
	6. Individual Care	✓/x
	7. Staff and Resources	✓/x
	8. Governance, Leadership & Accountability	✓/x

EXECUTIVE SUMMARY:

The purpose of this report is to outline the targeted engagement process undertaken regarding Cochlear and Bone Conduction Hearing Implant (BCHI) services for people in South East Wales, South West Wales and South Powys, to present the findings from that process; and to establish the necessary next steps.

The number of referrals from south Powys who access this service in south Wales is circa 5 per year.

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

Pathways for patients in north and mid Powys who access services in Betsi Cadwaladr Health Board or England are not affected.

A significant amount of consultation and engagement has been undertaken. The full details of this consultation have been made available to the Health Board, which are available on request to Board members and the public:

- a. Presentation of data against questions asked.
- b. Thematic Analysis.
- c. Audiology Standing Specialist Advisory Group Professional Community Response.

DETAILED BACKGROUND AND ASSESSMENT:

BACKGROUND

There are approximately **613,000** people over the age of 16 with severe / profound deafness in England and Wales.

Around **370** children in England and **20** children in Wales are born with permanent severe/profound deafness each year. Around **90%** of these children live with hearing parents. About 1 in every 1,000 children is severely or profoundly deaf at 3 years old. It is 2 in every 1,000 between the ages of 9 and 16.

There are two specialist centres for Cochlear Implant services in South Wales:

- One at the University Hospital of Wales (UHW), Cardiff and Vale University Health Board (CVUHB); and
- One at the Princess of Wales Hospital (PoWH), Cwm Taf Morgannwg, University Health Board (CTMUHB).

Urgent temporary service change arrangements for the Cochlear Implant service located in the PoWH, Bridgend have been in place since September 2019. The patients previously seen at the PoWH are currently seen in the UHW in Cardiff.

There are three centres delivering the BCHI Service. Services from UHW, Cardiff and the other at Neath Port Talbot Hospital (NPTH) are funded by the Welsh Health Specialised Services Committee (WHSSC) on behalf of all Health Boards (HBs).

The service delivered from the Royal Gwent Hospital (RGH) is funded by Aneurin Bevan University Health Board (ABUHB).

ASSESSMENT

Current Position

Following notification from CTMUHB in 2019, that the HB would no longer be able to provide the Cochlear service from PoWH in Bridgend, due to issues of workforce and sustainability, an urgent temporary service change was enabled that resulted in all patients from South West Wales, South East Wales and South Powys being seen at the UHW within CVUHB.

The Covid19 pandemic delayed the ability to proceed with public engagement / consultation. The process restarted as appropriate within the context of other recovery and commissioning priorities.

When recommenced; a number of processes were enabled to determine a preferred commissioning model onward; and to ensure a solid background to the engagement process. The components of this were:

- A clinical option appraisal,
- An independent assessment of the options by an external assessor (from a comparable service in NHS England); and
- A financial appraisal of the options.

Horizon scanning and reviews of models of specialist auditory provision in other parts of the UK resulted in WHSSC considering the entire / potential services within its remit. This would allow the commissioning ambition for a Centre of Excellence in Wales which would include Cochlear implants, BCHI's, and middle ear implants (should they be approved through a process which is enabled in 2023).

This information was brought together and considered by both the WHSSC Management Group and the Joint Committee, who then supported both the content and process relating to a period of engagement on a 'a single implantable device hub for both children and adults with an outreach support model'.

Agreement was reached through HBs during September 2022, for a period of targeted engagement with regard future provision of both Cochlear and BCHI.

Aim of the targeted engagement

Early discussions were held with Community Health Councils (CHC's) and a targeted engagement was agreed as the affected patient cohort were small in numbers and it was a highly specialised service.

The scope of the engagement was to seek support or otherwise for a Centre of Excellence for Specialist Auditory Devices (including BCHI, Cochlear and middle ear implants – subject to approval of the latter).

Process

The process, which was agreed with the CHC, was of a targeted engagement with those accessing the service. Because BCHI services were also included within the scope of the engagement, a broader stakeholder cascade of information was made. A summary of the reach is outlined in **table 1** below.

Table 1: Summary of the Reach

GROUP	METHOD
Patients	952 patients cascaded via their local clinical teams
Staff	All documentation made available to clinical teams via the Heads of Service
Stakeholders	National organisations managed by WHSSC Cascade of documentation via: <ul style="list-style-type: none">ABUHB Stakeholder network & websiteBCUHB Stakeholder network & websiteCTMUHB Stakeholder network & websiteCVUHB Stakeholder network & websiteHUHB Stakeholder network & websitePTHB Stakeholder network & websiteSBUHB Stakeholder network & website

- A number of materials were produced to support the process:
- Core consultation document (English and Welsh),
 - Summary document (English and Welsh),
 - Easy read document (English and Welsh),
 - Video (with British Sign Language (BSL)),
 - Questionnaire,
 - Equality Impact Assessment (EQIA); and
 - Publications on HB websites signposting to the engagement.

Outcome

There were 201 responses to the questionnaire, of these, 5 were from organisations, and 196 were from individuals. There was also a detailed written response from the clinical community, submitted via the Audiology Standing Specialist Advisory Group (ASSAG). The data from the questionnaire is reported against the engagement questions presented at **Appendix 1**. The ASSG response is presented at **Appendix 3** (both available on request).

A thematic analysis has been undertaken against the data. The key themes that emerged from the analysis are outlined in **table 2** below:

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Table 2: Key Themes of Analysis

Theme	Summary
<ul style="list-style-type: none"> General support for the proposed change 	There was good support for a single implantable device hub with 74% of respondents agreeing to the preferred option. The qualitative information presented in Appendix 2 is worthy of further note.
<ul style="list-style-type: none"> No support for the proposed change 	There were 8% who disagreed with the preferred option and 18% who had no particular view. The qualitative information presented in Appendix 2 is worthy of further note.
<ul style="list-style-type: none"> Access, travel, location, parking & costs 	The four most consistent themes were of accessibility, i.e. location of services particularly the single hub centre, sustainability, the patient experience and travel and journey times for patients.
<ul style="list-style-type: none"> Staff and resources 	There were a number of statements related to either staffing levels or service funding.
<ul style="list-style-type: none"> Service design 	A number of suggestions/comments were made in respect of service design.
<ul style="list-style-type: none"> Service feedback/general comments 	There was good support and positive comments from respondents about the current provision of services, how they had received excellent quality care and were well looked after by the staff. There were also some areas suggested for improvement.
<ul style="list-style-type: none"> Comments on process and options 	A number of issues of process were raised, these predominantly related to the length of the process (which delayed through COVID); the separation of Cochlear from BCHI and the separation of children from adults, these responses were predominantly from the clinical community.
<ul style="list-style-type: none"> Waiting times 	The majority of comments were with regard waiting times.

All responses are reported against the themes outlined in **Appendix 2**.

(Note - some quotes have been used for illustration in the text, however should not be considered in isolation of the data presented in the appendices).

Findings and Exploration

The majority of the respondents (74%) were **supportive of the preferred option**. Reasons stated included the benefits of a single Centre of Excellence, all staff in the same place, continuity of personnel and an anticipated benefit regarding waiting times and staff availability. There were examples of respondents being supportive of the preferred option, however they were also aware of a broader impact for example on travel times/distance and associated costs. These have been captured in the thematic report.

I think that this will be a positive move, everything will be easily accessible and all at one place

The most important thing is the experience of the person setting up the hearing aid to give maximum benefit. If you have to travel for this it is worth it.

High volume surgical sites' are key for good outcomes. At the same time follow up services should be 'local to a patient' for better compliance & outcomes

Having one team of skilled experienced specialists in one hub can be a huge benefit to implant surgery. It is however vital that regional outreach support is maintained as access from across Wales to one central hub is not practical for all

A smaller number of respondents (8%) who offered their views as to why they **would not support the preferred option**, with the dominant reason being linked to travel impact for both patients and staff.

Too large, anonymous, patients are not familiar with staff and feel insecure and apprehensive. Harder for relatives to visit.

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The view of the professional group was that there is support for the centralisation of Cochlear services, but not for BCHI, due to the reasons outlined in **Appendix 3**. (Permission to publish the clinical communities' response has been gained).

The highest number of consistent themes from the engagement process were in the areas of: **Access, travel, location, parking & costs**. Cochlear services have all been on a single site since 2019, as such whilst the inconvenience of travel to and parking at a single sight, is acknowledged it does not appear to have impacted attendance at clinics to date.

Accessibility is the key problem for me, already having issues with train strikes, limited timetables for all public transport.

People living in far reaches of the area that provides hearing devices have a hard time reaching one hub, especially in inclement weather

With regard **staff and resources**; the main areas of feedback here were with regard adequate staffing numbers; appropriate training; sufficient finances to support the service, and the right level of specialist staff.

The success of delivering the future aims is very much dependable upon consistent funding

For all of the above to be achieved I think will take a long time. It needs much more funding.

Through the responses, a number of observations and suggestions were made with regard **Service Design**. These included increased access through outreach clinics; weekly hub presence; increased use of technology and new advances in treatment; working to agreed standards, and provision of emotional support to families.

Local outreach and access, including audiology appointments and rehabilitation appointments would enable ease of access

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Many respondents took the opportunity through the engagement process to offer general commentary on their experience of the service and some personal patient stories. These collectively offer a rich picture and should be considered in forward planning and delivery of service. (Note the relevant section is outlined in **Appendix 2**).

A number of comments were also received on the **process** that had been followed. Specifically comments predominantly related to separating Cochlear and BCHI; separating adult and children; the length of time that the process has taken since the urgent temporary change in 2019; and a few respondents suggested they would prefer a different option. There was some suggestion that insufficient regard had been given to the clinical view, and that the incorrect guidance had been used to inform the work, and that there was inconsistency in two of the resources supporting the engagement information.

A theme also emerged with regard to **waiting times**, some regarding aspiration and hope for shortened waiting times as a result of a centralised service, and others with regard actual experience. Some respondents for example, suggested that the proposed single implantable device hub would offer a more timely service with equitable waiting times for all patients, conversely, some respondents commented that it could increase waiting times due to the increase in volume of patients trying to access the service.

The proposed mitigations arising from the engagement are as follows:

I am wondering if this will have a positive impact on waiting times.

Table 3: Proposed Mitigations

Theme	Mitigation
<ul style="list-style-type: none">Access, travel, location, parking & costs	Whilst a single central location is proposed (site to be identified) the service model should a) have a central MDT, b) centralised operations; and c) local follow up, monitoring and modifications. Commitment will remain to local outreach clinics.
<ul style="list-style-type: none">Staff and resources	The financial option appraisal undertaken to inform this work demonstrated that there is sufficient funding within the service, and that finance was not a driver for this work. WHSSC will review further service developments as part of its normal commissioning processes.

<ul style="list-style-type: none"> • Service design 	<p>Issues raised regarding: access through outreach clinics; weekly hub presence; increased use of technology and new advances in treatment; working to agreed standards, and provision of emotional support to families will be included within service modelling and implementation discussions.</p> <p>Further understanding is to be had with regard availability of soundproofed rooms</p>
<ul style="list-style-type: none"> • Service feedback/general comments 	<p>Feedback to be shared with clinical teams delivering services, and suggestions (as appropriate) used to inform future service modelling</p>
<ul style="list-style-type: none"> • Comments on process and options 	<p>Further engagement is required with the Clinical Reference Group regarding the specifics of the issues raised. Also further discussions with the Chair of ASSAG will take place.</p> <p>With regard the specific point raised by the clinical community on the relevance of the guidance - We acknowledge the reference to the latest policy. Both the 2013 and 2016 policies are listed as current published documents on the NHS England website and have therefore been used to inform the review of the services.</p> <p>We acknowledge that BCIG standards are for the Cochlear Implant service only. The BCHI standard "a centre should undertake a minimum of 15 BCHI per year" has been quoted from the Clinical Commissioning Policy: Bone Anchored Hearing Aids, April 2013. Reference NHSCB/D09/P/a.</p>
<ul style="list-style-type: none"> • Waiting times 	<p>Monitoring information on waiting times to continue to be regularly reviewed.</p>

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CONCLUSION and NEXT STEPS:

The engagement process outlined above has tested support or otherwise for the commissioning of a single implantable hub for South East Wales, South West Wales and South Powys. The patient voice appears to give strong support, whilst there is further engagement to be held with the clinical community on the future service model. A number of mitigations have been highlighted in the response to the patient voice.

The clinical view has been consistent throughout the process, and WHSSC has again considered the issues raised by the clinical community. The feedback obtained through the consultation process does not appear to have identified any information (aside of the need to profile available sound proof rooms), which had not previously been taken into account when the preferred commission model was agreed. Specifically:

- The preferred option will enable the safe and sustainable delivery of services for patients requiring an implantable hearing device which will include:
 - Assessment by a multi-disciplinary team that is able to offer access to all types of (commissioned) hearing implants; and
 - Guidance on standards for BCHI services comes from a consensus statement of experts, which states:

"That BCHI fitting should take place in a specialist auditory implant device centre performing at least 15 implants per year." [Clinical Commissioning Policy](#)

In addition, the implementation of the Duty of Quality (Health and Social Care (Quality and Engagement) (Wales) Act 2020) means that WHSSC now risks legal challenge if it derogates from established best practice.

Taking all of the above into account and, in particular, the strong patient support for the single centre, WHSSC continues with the ambition to commission a Centre of Excellence for all Auditory Specialist Implantable Devices (Cochlear, BCHI and middle ear if supported).

To date, no location has been specified for the centre, as such WHSSC will now move forward into a second phase of consultation which includes a preferred location. To do this, a designated provider process will need to be enabled, this means WHSSC will ask providers to submit a proposal outlining if they wish to deliver the centralised service, and if so how they can deliver the service. WHSSC will develop clear criteria against which the service proposals are assessed and will use this information as the basis of consultation on a preferred option.

In the meantime, all Cochlear patients will continue to be seen at CVUHB. There will be no immediate change to the provision of BCHI.

In line with Welsh Government (WG) guidance for engagement and consultation on changes to health services in Wales, guidance is required from CHC colleagues with regard the process that has been enabled, the outcome of the exercise and proposed next steps. Formal discussions to agree next necessary steps are to take place with Llais shortly. The final report to Joint Committee will include their recommendation.

Llais and Joint Committee consideration

The outcome of the engagement was presented to Llais on the 9 May 2023 where both process and outcome were well received.

The Joint Committee received an update report on [16 May 2023](#)² and agreed to the following recommendations:

- **Noted** the process that has been enabled both in respect of a) the temporary urgent service change for Cochlear services and b) the requirements against the guidance for changes to NHS services in Wales,
- **Noted** and considered the feedback received from patients, staff and stakeholders with respect commissioning intent,
- **Approved** the preferred commissioning model of a single implantable device hub for both children and adults with an outreach support model,
- **Supported** the next steps specifically the undertaking of a designated provider process; followed by a period of formal consultation,
- **Noted** the process that has been enabled to seek patient and stakeholder views in line with the requirements against the guidance for changes to NHS services in Wales; and
- **Agreed** to take the outcome and proposed next steps through Health Boards for consideration.

Now that the proposal has been formally taken through the Joint Committee to seek support for the change, there is now a requirement for final approval from each of the HBs. Further to the approval to move to a period of engagement through HBs during September 2023, Health Boards are now recommended to consider this report and support the recommendations outlined below.

RECOMMENDATIONS:

Health Boards are asked to:

- **Note** the report,
- **Receive** the outcome of the engagement process,
- **Note** the process that has been enabled both in respect of a) the temporary urgent service change for Cochlear services and b) the

- requirements against the guidance for changes to NHS services in Wales,
- **Note** and **consider** the feedback received from patients, staff and stakeholders with respect commissioning intent,
 - **Support** the next steps specifically the undertaking of a designated provider process; followed by a period of formal consultation,
 - **Note** the process that has been enabled to seek patient and stakeholder views in line with the requirements against the guidance for changes to NHS services in Wales; and
 - **Note** that the WHSSC Joint Committee meeting on 16 May 2023 agreed the preferred commissioning model of a single implantable device hub for both children and adults with an outreach support model.

Governance and Assurance

Link to Strategic Objectives

Strategic Objective(s)	Governance and Assurance
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Link to Integrated Commissioning Plan	Cochlear Implants and BCHI are deemed a Specialist service, and as such commissioned by WHSSC
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Health and Care Standards	Governance, Leadership and Accountability Safe Care Individual Care
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Principles of Prudent Healthcare	Reduce inappropriate variation Public & professionals are equal partners through co-production
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NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement The health and social care workforce is motivated and sustainable
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Organisational Implications

Quality, Safety & Patient Experience	This engagement has been undertaken in order to respond to issues of service sustainability and patient experience.
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Finance/Resource Implications	A financial option appraisal has been undertaken to inform this work
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Population Health	No adverse implications relating to population health have been identified.
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Legal Implications (including equality & diversity, socio economic duty etc.)	An EQIA was undertaken to inform the work. A number of issues have arisen through the process with regard socio economic issues, specifically as related to travel, location and cost. These are detailed within the report, along with any available mitigating actions.
Long Term Implications (incl. WBFG Act 2015)	The framework has been developed cognisant of the relevant long term implications
Report History (Meeting/Date/ Summary of Outcome)	WHSSC Management Group (MG) - 27 April 2023 Corporate Directors Group Board (CDGB) – 2 May 2023
Appendices	Available on request

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Agenda item: 2.5

PTHB BOARD		Date of Meeting: 25 July 2023
Subject:	To receive an update on the mitigation plan for Belmont Branch Surgery (Crickhowell Medical Practice)	
Presented by:	Deputy Chief Executive / Director of Finance, IT and Information (as lead Executive Director for Primary Care)	
Prepared by:	Assistant Director of Primary Care Assistant Director (Engagement and Communication)	
Other Committees and meetings considered at:	Board Meeting 24 th May 2023 Task and Finish Group 7 th July 2023	

PURPOSE:

This paper updates the Board on the continued development and delivery of the mitigation plan for the closure of Crickhowell Group Practice's Belmont Branch Surgery in Gilwern, Monmouthshire. It also updates the Board on ongoing liaison and correspondence with Llais in relation to the closure application.

RECOMMENDATION(S):

The Board is asked:

- To RECEIVE and NOTE the update on the mitigation plan and take ASSURANCE in relation to the progress being made on the further development and delivery of the mitigation plan.
- To RECEIVE and NOTE the correspondence with Llais in relation to the closure application

Approval/Ratification/Decision	Discussion	Information
	✓	✓

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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Quality Standards:	1. Safe	✓
	2. Timely	✓
	3. Effective	✓
	4. Efficient	✓
	5. Equitable	✓
	6. Person Centred	✓

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1. MITIGATION PLANNING AND DELIVERY:

1.1 Board Decision on 24 May 2023

On 24 May 2023 the Board gave conscientious consideration to an application from Crickhowell Group Practice to close their Belmont Branch Surgery premises in Gilwern.

Given that no feasible alternatives were identified that satisfactorily address the twin challenges of both staffing and premises identified in the application from Crickhowell Group Practice, the Board agreed to approve the recommendation from the Branch Practice Review Panel to accept the application from Crickhowell Medical Practice to close their premises in Gilwern, with a planned closure date of 30 November 2023.

The Board also approved a series of proposed mitigations, recognising that the mitigation plan would be further developed in continued partnership with Aneurin Bevan University Health Board (ABUHB).

1.2. Establishment of Task and Finish Group.

Following the meeting of the Board, a task and finish group has been established, co-chaired by the Health Board's Executive Director of Finance, IT and Information (as lead Executive Director for Primary Care) and ABUHB's Divisional Director of Primary and Community Care.

The purpose of the group is to oversee and ensure the further development and delivery of the mitigation plan to address key issues identified during engagement following the receipt of an application from Crickhowell Group Practice to close the Belmont Branch Surgery in Gilwern.

A preliminary meeting took place on 7 July 2023, with attendance comprising representatives from ABUHB and PTHB. The group agreed to expand membership at the next meeting on 1 August 2023 to include representation from Monmouthshire County Council, Gwent Association of Voluntary Organisations and Crickhowell Group Practice.

1.3. Progress on Development and Delivery of the Mitigation Plan

In addition to the 12 mitigation themes identified in the presentation to Board on 24 May 2023, three further mitigation themes have been included in the mitigation plan:

- Monitor impact on neighbouring practices in ABUHB and take steps in response to significant increases in registration (*this ensures that the specific issues highlighted in relation to potential impact on neighbouring practices in ABUHB is kept under review through the group as part of the mitigation process*).
- Write to patients in line with Stage 5 requirements and recommendation at the meeting of the Board on 24 May 2023 (*this reflects the requirements of the Branch Surgery Closure Process, and ensures that the content of the letter is reviewed through the Group prior to issue*).

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- Extend notice period for branch closure to six months to support transition and mitigation (*this ensures that the decision of the Board to request a six month notice period, compared with three month period in branch closure process, is clearly identified as a mitigation*).

The attached Mitigation Plan Tracking document (Appendix 1) provides a summary of the current position and next steps.

Key highlights include:

- There have been constructive meetings with local community transport providers, with further meetings planned.
- A community development and participation event is due to take place by the end of September to engage local stakeholders in the Gilwern area in confirming opportunities to strengthen health and social care provision in the area.
- Planning is under way for a letter to all households which will include detailed information about a range of alternative services.
- Crickhowell Group Practice continues to be affected by the staffing challenges identified in their application, and this is affecting the ongoing delivery of services including at Belmont Branch Surgery.

2. LIAISON WITH LLAIS

Following the meeting of the Board on 24 May 2023, Llais wrote to the health board on 15 June 2023 (Appendix 2) providing feedback on the decision-making process, and expressing the view that triggers for a further period of public consultation had been met with reference to new guidance on service change published on 5 May 2023.

The Health Board Interim Chief Executive wrote to Llais on 27 June 2023 (Appendix 3) confirming that the Health Board remains content that the process fulfils s183 requirements and both the previous and new guidance on service change. The Chief Executive of ABUHB has also written to Llais on 28 June 2023 confirming their commitment to the mitigation process including through co-chairing the Task and Finish Group.

3. NEXT STEPS:

The next meeting of the Task and Finish Group will take place on 1 August 2023, with further meetings due to take place every 4-6 weeks.

A further update on the development and delivery of the mitigation plan will be presented to the Board in September 2023.

Further detail on the next steps can be found in the Mitigation Plan Tracking document at Appendix 1.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	x			
Disability	x			
Gender reassignment	x			
Pregnancy and maternity	x			
Race	x			
Religion/ Belief	x			
Sex	x			
Sexual Orientation	x			
Marriage and civil partnership	x			
Welsh Language	x			
<p align="center">Statement</p> <p>Review and approval of this paper does not impact on equality protected characteristics or Welsh Language as this paper provides an update on work under way to continue to develop and deliver the mitigation plan for Belmont Branch Surgery. The key impacts of the decision to accept the application from Crickhowell Group Practice to close Belmont Branch Surgery were identified in the paper to the Board on 24 May 2023.</p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	X			
Financial	X			
Corporate	X			
Operational	X			
Reputational	X			
<p align="center">Statement</p> <p>Review and approval of this paper does not have further risk impact beyond the key impacts identified in the paper to the Board on 24 May 2023.</p>				

Appendices:

- Appendix 1: Mitigation Plan Tracking
- Appendix 2: Letter from Llais to PTHB and ABUHB on 15 June 2023
- Appendix 3: Letter from PTHB to Llais on 27 June 2023

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Belmont Branch Surgery Mitigation Plan Tracking

Last Updated 17 July 2023

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1. Explore options to improve the availability of transport between the Gilwern area and Crickhowell

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023
1.1 Explore options to improve the availability of transport between the Gilwern area and Crickhowell.	PTHB Primary Care Department with Facilities Department	By 31 July 2023	A meeting is arranged between PTHB and the community transport schemes provided by Bridges and Crickhowell Volunteer Bureau for Monday 5 th June 2023 to discuss potential arrangements.	Meeting took place on 5 June, where it was confirmed that Gilwern residents can access the car scheme to be taken to Crickhowell. A further meeting is arranged for 25 July, with ongoing touchpoints being arranged every 4-6 weeks to keep impact and demand under review.
1.2: ABUHB colleagues to explore option with GAVO and the Welsh Community Transport Association regarding potential improvements to interim transport services between Gilwern area and Crickhowell.	ABUHB	By 31 July 2023	ABUHB have provided the following response: "Bridges Community Car Share Scheme have confirmed that residents of Monmouthshire are eligible to access the scheme which can accommodate transport requests to services outside of the borough i.e. to the main site in Crickhowell: Bridges Community Car Scheme "	A "transport to health" community transport directory is also maintained between local partners to identify the range of transport support available. This can be accessed at TRANSPORT TO HEALTH PROJECT (ctauk.org) .
1.3 Work with public transport providers to identify feasible options for improving journey connections between Gilwern and Crickhowell Group Practice	PTHB	By 31 July 2023	A meeting is being arranged between PTHB and local authority transport teams, details to be confirmed.	This meeting has been rearranged for 2 August due to availability of relevant parties in June.

2. Strengthen the availability of telephone and online services for those who are able to use them – so that more face-to-face appointments are available for older people, people with disabilities, carers and others who may be less comfortable with these technologies and services

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023
2.1: Review with the practice current use of online and telephone services, to understand potential development opportunity.	PTHB Primary Care Department / Crickhowell Group Practice	By 31 October 2023	<p>Crickhowell Group Practice (CGP) have confirmed they will write to all households to confirm that the closure application has been accepted, that Belmont Branch Surgery will close from 30 November 2023, and that from 1 December 2023 all patients will remain registered with CGP and be able to continue to access services from the War Memorial Health Centre (WMHC). The letter will also provide information about the online and telephone services available to patients that will help reduce the need for travel to WMHC.</p> <p>Meeting arranged between PTHB and CGP to explore options further.</p>	<p>The position was reviewed between PTHB and CGP on 12 July. CGP have confirmed that they provide a range of services via their website (see below). The website is part of a cluster-wide initiative with scope to continue to expand and develop the range of online services available.</p> <p>Patients are able to use the telephone to book appointments and for all other queries that would otherwise be made at the reception desk. Patients can have appointments with all clinicians via the telephone where it is practicable, appropriate and safe to do so. The practice has multiple telephone appointment slots available each day.</p> <p>The Practice operates a 'call back' service whereby the patient is able to receive a return call from the practice in the event the line is busy. Although rarely needed, this reduces the need for patients to wait on the line at times of significantly high demand.</p>

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Online services available via the Practice website: Self help advice; Advice on how to make an appointment; Requesting repeat medications; Requesting medication synchronisations; Requesting advice on medication; New patient registrations; Register a carer; Request medical report; Subject Access Requests; Ask reception a question; Change in personal details; Feedback and complaint submission; Wellbeing support services; Chronic disease management questionnaires."

2. Strengthen the availability of telephone and online services for those who are able to use them – so that more face-to-face appointments are available for older people, people with disabilities, carers and others who may be less comfortable with these technologies and services (continued)

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023
2.2: Promote use of My Health Online and practice website for appointment booking and repeat medication ordering	PTHB Primary Care Department / Crickhowell Group Practice	By 31 October 2023	<p>CGP will include information specifically relating to services available through My Health Online and the website, including how to access these services, in the letter to each household.</p> <p>Meeting arranged between PTHB and CGP to explore options further.</p>	<p>The position was reviewed between PTHB and CGP on 12 July.</p> <p>The national direction of travel in Wales is towards the new NHS Wales App. This has completed its beta testing with 10 GP practices and more than 700 people across Wales. During 2023 it has entered its next phase of testing.</p> <p>The NHS Wales app will include a variety of useful features such as appointment scheduling, test result access, and prescription ordering.</p> <p>PTHB will continue to work with DHCW and CGP on the implementation of the NHS Wales App for CGP patients.</p>

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3. Specifically, work with children and young people to develop telephone and online options that work for them and recognise the need for consent and confidentiality (continued).

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023
3.1: Liaise with the practice to understand current use with a view to promote/enhance current options to contact the practice	PTHB Primary Care Department	By 31 October 2023	<p>CGP will include information specifically relating to services available to Children and Young People, including how to access these services, in the letter to each household.</p> <p>Meeting arranged between PTHB and CGP to explore options further.</p>	<p>The position was reviewed between PTHB and CGP on 12 July.</p> <p>CGP have confirmed they will include the ABUHB list of wellbeing options in the letter to each household.</p> <p>The practice will also keep hard copies of the information available in the waiting room at Crickhowell for patients to take home opportunistically.</p> <p>CGP are planning to install digital display units in their waiting room, and will then be able to also display this information digitally, to include QR codes where available for digital capture.</p> <p>In addition, the Practice have offered to reach out to the local Schools (see actions 3.2 and 3.3) to ensure young people are aware of the practice services, and wellbeing options available to them.</p>

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3. Specifically, work with children and young people to develop telephone and online options that work for them and recognise the need for consent and confidentiality.

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023
3.2: ABUHB colleagues to confirm health promotion activities and understanding in the surrounding schools to Gilwern, particularly around the SPACE-Wellbeing project etc	ABUHB	By 31 October 2023	This will be taken forward through a Task and Finish Group with ABUHB.	ABUHB is working to develop a clear list of wellbeing options available for children and young people (e.g. SPACE-Wellbeing and Healthier Together Home :: Healthier Together (cymru.nhs.uk)) and will undertake a period of targeted engagement and marketing in the Gilwern area working with Monmouthshire County Council and GAVO, with oversight to be provided by the Monmouthshire Integrated Service Partnership Board.
3.3: Scope possibility to promote healthcare and wellbeing options available to children and young people in surrounding education facilities, leisure facilities, social media options and direct correspondence to home addresses	ABUHB	By 31 October 2023	This will be taken forward through a Task and Finish Group with ABUHB.	

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4. Review the approach to home visits, recognising that some people would now have further to travel for their appointment – including recognising any carer responsibilities.

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023
4.1: Obtain assurances from the practice regarding Home Visiting SOP (links with action 1.1)	PTHB Primary Care Department	By 31 October 2023	Crickhowell Group Practice have confirmed that all Home Visiting arrangements are currently made from the WMHC site, including those for patients living closer to the Belmont Branch site. CGP have confirmed these arrangements will continue unchanged post closure, and assure that all registered patients requiring a home visit will receive one where clinically appropriate.	<p>COMPLETE</p> <p>Assurances have been provided by Crickhowell Group Practice that patients in the Gilwern area will continue to have access to home visits unaffected by the decision to close Belmont Branch Surgery.</p> <p>This action now transfers to routine monitoring through existing processes.</p>

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5. Ensure that physical access to the practice premises and parking remained a priority, including availability of parking.

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023
5.1: Review with NHSWSSP-Specialist Estate Services current parking provision.	PTHB Primary Care Department	By 30 June 2023	A meeting is being arranged between the health board, the GP Practice and shared services.	The position was reviewed between PTHB and CGP on 12 July. The Practice have confirmed that the current parking potential is maximised due to the size of the car park and spaces available. In addition to car parking spaces within the practice car park, other nearby parking is available with a one hour or two hour wait limit. These spaces are within a short walking distance from the practice. Some neighbouring businesses may have underutilised parking. The practice is exploring opportunities for partnership working to use neighbouring spaces for staff parking which would increase capacity for patients within the practice car park.
5.2: NHSWSSP-SES to scope improvements to current parking arrangements.	NHSWSSP-SES	By 30 September 2023	Meeting arranged with PTHB and CGP for initial discussion and scoping.	

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6. Review booking, appointments, prescriptions etc. including to reduce unnecessary trips (e.g., for ordering and collecting repeat prescriptions).

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023
6.1: Review with the practice current arrangements and maximise opportunities for telephone and online options to book appointments.	PTHB Primary Care Department	By 31 October 2023	Meeting arranged between PTHB and CGP to discuss a transition plan to include maximising opportunities for telephone and online appointments where appropriate to the patient and their needs, in order to reduce unnecessary travel to WMHC.	See 2.1.
6.2: Explore options with community pharmacist for sample drop-offs and sample bottle collection, as Pharmacist already providing a daily prescription collection service from Crickhowell Practice.	ABUHB Pharmacy Contracting Team/PTHB Primary Care Department	By 31 October 2023	A meeting is being arranged between the health board and the community pharmacy. A new system of electronic transmission of prescriptions is also due to be launched in Wales. This will reduce the need for patients to travel to Crickhowell to pick up a physical prescription, as an electronic copy can be sent to the pharmacy of their choice.	There is ongoing communication with ABUHB and the community pharmacy, including discussion in relation to implementation timetable for electronic prescription systems. CGP has also committed to ensure Repeat Dispensing opportunities are maximised for patients.
6.3 Explore options for appointment availability for patients reliant on public transport	PTHB Primary Care Department with Crickhowell Group Practice	By 31 October 2023	Meeting arranged between PTHB and CGP to discuss a transition plan to include appointment availability and inter-connectedness with travel options.	COMPLETE: The position was reviewed between PTHB and CGP on 12 July. CGP have confirmed they already accommodate (where safe and possible), appointment times to work around availability of patients (e.g. patient working hours, school run etc.). The Practice will ensure this process encompasses needs of those using public transport and car schemes. This will be reviewed through monitoring of the mitigation plan with CGP, and through routine monitoring of access standards

7. Work in partnership with the community pharmacy in Gilwern to maintain and/or improve availability of services (continued overleaf)

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023
7.1. ABUHB to confirm existing Community Pharmacy services offered, identify whether scope for any expansion (within the parameters of the Regulations).	ABUHB Pharmacy Contracting Team	By 30 June 2023	<p>ABUHB have confirmed that currently the pharmacy dispenses between 6500 and 7000 prescription items per month and is commissioned to provide a range of additional clinical services including: Emergency Supply, Common Ailments, Contraception, Flu Vaccination, Medication Administration Records, Discharge Medicines Reviews, Supervised Consumption, Smoking Cessation, and the Waste Reduction Scheme.</p> <p>There are opportunities to promote these services to the local community as an alternative to some GP practice attendances. For example, the common ailment service provides access to free NHS treatment for a range of common ailments and the Emergency Supply Service may help patients who need their next dose of prescribed medication before they can obtain a prescription. Increased use of these services will also maintain the viability of the pharmacy.</p> <p>ABUHB has confirmed that where new services become available through the pharmacy contract, they will be offered for commissioning to all pharmacy contractors.</p>	There is ongoing communication with ABUHB and the community pharmacy.

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7. Work in partnership with the community pharmacy in Gilwern to maintain and/or improve availability of services (continued from previous page)

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023
7.2 Support & enable promotional activity to raise awareness of the services to the local community.	ABUHB	By 31 October 2023	<p>When Crickhowell Group Practice writes to all households regarding the forthcoming closure, the letter will include information about the services available from the community pharmacist in Gilwern.</p> <p>PTHB communication team will also work with ABUHB communication team on options for promotional activity for the Gilwern area outlining the range of local services available including alternatives to GP practice in line with the national primary care model.</p>	PTHB will ensure this is included in the patient letter (see 14.1)
<p>7.3: ABUHB to explore options if viability of pharmacy is affected</p> <p>Patterson, Liz 24/07/2023 09:47:06</p>	ABUHB	By 31 October 2023	<p>ABUHB has confirmed that currently the pharmacy dispenses between 6500 and 7000 prescription items per month, and should the closure of Belmont Branch Surgery affect the pharmacy to the extent that its prescription volume falls below 35,160 items per year (approximately 2,930 items per month), the pharmacy contractor can apply to ABUHB for inclusion in the Essential Small Pharmacies Scheme to ensure continued viability.</p> <p>As highlighted above, promotion of the range of services provided by the local pharmacy e.g. Common Ailments Scheme will help to maintain the viability of the pharmacy.</p>	There is ongoing communication with ABUHB and the community pharmacy.

8. Explore opportunities for working together across partners - are there ways of strengthening partnerships with ABUHB, public sector, third sector and business sector in Northwest Monmouthshire to consider alternative provision and to address the disadvantage that older people, people with disabilities, and carers may experience from any changes

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023
8.1: ABUHB to confirm opportunities to strengthen the health and social care provision in the area.	ABUHB	By 31 October 2023	<p>ABUHB has provided the following response: “ABUHB are working with Monmouthshire County Council and GAVO to explore the potential for developing community wellbeing activities for older people, people with disabilities and carers in Gilwern and surrounding areas through the Monmouthshire Community Wellbeing Network. Oversight will be provided by the Monmouthshire Integrated Service Partnership Board.</p> <p>“The approach we would like to take with this initiative would be to work with local community to utilise participatory budgeting opportunities to provide services in line with an asset-based approach.”</p>	<p>A range of schemes is in place to support the development of local events and activities.</p> <p>Communities & Well-being – Monmouthshire</p> <p>The Wellbeing Links Service GAVO</p> <p>Grant funding is also available for participatory budgeting.</p> <p>A community development and participation event is due to take place by the end of September to engage local stakeholders in taking this work forward.</p>

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9. Specifically for patients in the Clydach area, explore appetite for other practices to extend their catchment to provide further opportunities for re-registration for those patients who are furthest from Crickhowell.

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023
9.1: ABUHB to link in with relevant practices in the Abergavenny area to expand their practice area to include Clydach	ABUHB Primary Care Department	By 30 June 2023	<p>ABUHB has provided the following response: “All GP practices within ABUHB have an ‘open list’ and therefore patients can choose to register with the GP practice of their choice, subject to residing within the practice boundary/area, as per the GMS contract regulations.</p> <p>“It is acknowledged that the boundaries of the 3 local practices in Monmouthshire did not extend as far as Clydach. This area is covered by Crickhowell Practice and Brynmawr Medical Practice, therefore those individuals living in Clydach could re-register with Brynmawr Medical Practice if they so wish.”</p> <p>ABUHB has additionally confirmed that there have been no expressions of interest from the Abergavenny practices to extend their boundaries to include Clydach.</p>	<p>The position remains unchanged with all practices having open lists and no practices expressing an interest in extending their boundaries.</p> <p>This is kept under ongoing review by ABUHB primary care department.</p>

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10. Consider options for monitoring health impact so that action to address this can be kept under review and agree a schedule for reporting to the Citizen Voice Body, the Local Authority and the local community on progress to deliver agreed mitigations and on monitoring of health impact.

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023
10.1: ABUHB to consider the population needs assessments and any impact post closure	ABUHB	Ongoing	ABUHB and PTHB will continue to listen and respond to the concerns of the local community and other stakeholders such as Citizen Voice, Llais and elected members. If the branch surgery request is supported the mitigations put in place will be formally reviewed after 6 months. The transition will be monitored by the Monmouthshire North Neighbourhood Care Network and the Monmouthshire Locality team based within the Primary and Community Care Division.	This will transfer to “business as usual” through existing mechanisms in place in ABUHB.
10.2: ABUHB to confirm health impact reporting arrangements to the Monmouthshire Citizen Voice Body, Local Authority and the local community	ABUHB	By 30 November 2023	ABUHB and PTHB will continue to listen and respond to the concerns of the local community and other stakeholders such as Citizen Voice, Llais and elected members. If the branch surgery request is supported the mitigations put in place will be formally reviewed after 6 months. The transition will be monitored by the Monmouthshire North Neighbourhood Care Network and the Monmouthshire Locality team based within the Primary and Community Care Division.	This will transfer to “business as usual” through existing mechanisms in place in ABUHB.

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11. Identify options for working with partners to understand and mitigate wider Future Generations impact on the economic, cultural and social vibrancy of the community

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023
11.1 ABUHB to identify and work with relevant partners	ABUHB	By 30 November 2023	ABUHB has provided the following response: “The Gwent Public Services Board, often called the PSB, have undertaken a Well-being Assessment to look at how to improve well-being across the region. ABUHB will continue to work with partners to deliver on the Gwent Well-being Plan, when published, which focuses on ensuring that decisions made today give consideration to economic, cultural and social vibrancy in the communities across Monmouthshire for future generations.”	When published, the Gwent Wellbeing Plan will provide the framework for taking this work forward through existing mechanisms.

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12. Maintain ongoing viability of Crickhowell Group Practice to continue to provide GMS services for patients from South East Powys and North West Monmouthshire

Action	Responsibility	Timetable	Commentary at 25 May 2023	Position at 17 July 2023
12.1 PTHB to work with practice on ongoing sustainability	PTHB	Ongoing	This will be implemented through our existing practice sustainability framework	Practice sustainability continues to be kept under review through the existing PTHB practice sustainability framework arrangements.

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13. Monitor impact on neighbouring practices in ABUHB and take steps in response to significant increases in registration

Action	Responsibility	Timetable	New action added June 2023	Position at 17 July 2023
13.1 ABUHB to work with practices on ongoing sustainability	ABUHB	Ongoing	This will be implemented through the existing practice sustainability framework.	Since notification of the branch surgery closure, no concerns have been raised by any of the local GP practices. ABUHB Primary Care Department is monitoring increases in registrations and no significant changes have been identified.

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14. Write to patients in line with Stage 5 requirements and recommendation at the meeting of the Board on 24 May 2023

Action	Responsibility	Timetable	New action added June 2023	Position at 17 July 2023
14.1 PTHB to work with CGP to prepare and issue letter	PTHB with CGP	30 September 2023	<p>Based on the mitigation plan, the patient letter to include:</p> <ul style="list-style-type: none"> Confirmation of timetable Reassurance that all patients remain registered with CGP and do not need to take action Information about how to register for online services, and the range of services available online and by telephone Information about the services provided by Gilwern pharmacy Useful about services for children and young people (including relevant local community provided by ABUHB) Information about alternative practices and their practice boundaries, and how people can re-register if they choose Information about transport options 	<p>Household letter distribution is suggested to be planned for end September 2023 in order to capture all relevant information patients may need, and also include any new patient queries which may arise due to seasonal influences.</p> <p>A draft will be reviewed by the Task and Finish Group prior to issue.</p>

Patterson, Liz
24/07/2023 09:47:06

15. Extend notice period for branch closure to six months (compared with three month period in branch closure process) to support transition and mitigation

Action	Responsibility	Timetable	New action added June 2023	Position at 17 July 2023
15.1 PTHB to confirm six month notice period to CGP	PTHB with CGP	30 November 2023	Practice have been informed that a six month notice period will	Belmont Branch Surgery will remain open until November 2023. However, the staffing challenges identified in the practices Branch Surgery Closure application continue to affect the ongoing delivery of services.

Patterson, Liz
24/07/2023 09:47:06

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Cardiff,
CF11 9HB



Our ref JM/KB
15 June 2023

Hayley Thomas
Interim Chief Executive
Powys Teaching Health Board

Nicola Prygodzicz
Chief Executive
Aneurin Bevan University Health Board

[Letter sent by email](#)

Dear Hayley and Nicola

Crickhowell Group Practice - Branch Surgery Closure (Gilwern Branch)

Following the 8-week public engagement period in respect of Crickhowell Group Practice's application to close its Belmont branch surgery located in Gilwern, it was helpful that we were invited to make representations to Powys Teaching Health Board's Public Board meeting on Wednesday 24 May 2023, on behalf of the public voice. Thank you for this opportunity.

We made representation that the engagement period prompted a strong and clear position from the public's perspective that any decision to support closure would adversely affect the population in Monmouthshire, who expressed valid access and travel difficulty concerns. We also raised concern that the mitigation plan suggested to the Board was not yet sufficient in detail to offer reasonable assurance and support to the public who may require travel or access support. The Public Board acknowledged this issue also.

Cadeirydd / Chair: **Athro / Professor Medwin Hughes, DL**

Prif Weithredwr / Chief Executive: **Alyson Thomas**

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Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

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The decision to support the closure at this point was therefore disappointing. We would like to continue to work with both Health Board's in respect of the service change process, to ensure that the public's valid issues, received in high numbers, and the further work/information required is progressed in line with the Guidance on changes to health services, issued by the Welsh Government on 5 May 2023.

At this point, following public engagement and the further work required to ensure equitable and sustainable access to GMS services for the population, we believe the nature of this service change exhibits the characteristics of substantial service change. Having considered the Guidance carefully, we believe the following triggers for full public consultation have been met:

- Complete withdrawal of substantial services from a site - the area of Gilwern is rural and isolated
- Reconfiguration of services across NHS organisations – this application affects PTHB and the neighbouring UHB in Aneurin Bevan
- Large numbers of patients affected - approx. 3000 people
- Highly sensitive issue with the local population – high response rate during the engagement stage (24%), with people expressing concerns.

In light of this Guidance, we believe the decision made at the Public Board on 24 May 2023 was premature, and we would encourage Powys Teaching Health Board to pause its decision in order to progress the proposal through to public consultation, with the Aneurin Bevan University Health Board as a key stakeholder.

In making this recommendation we recognise that each Health Board has meaningfully acknowledged the travel and access issues, but before a service decision should be taken, further information is required and should be publicly consulted on. E.g.:

- Community supported transport – we understand that Bridges car scheme is available to residents, however, the scheme requires 3 days' notice for bookings and is therefore not suitable for individuals with same day medical needs. We therefore suggest further consideration is given in light of this limited service.

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- Public transport – an example of a person's lengthy experience accessing Crickhowell's main site from Gilwern via public transport was detailed in our previous letter and at the Public Board meeting. We understand discussions will take place with the local public transport authority, but as this option has not yet been fully explored, it is not yet understood if additional public transport options will be agreed to resolve this issue.
- Alternative GMS provision – we acknowledge that the population has three other GMS options within Abergavenny and Brynmawr, however, the public has not yet received reassurance that should many people re-register, that these three services would not be at risk of some form of sustainability or access risk, not only for the new registrations of people, but the existing people registered with those practices and the potential impact on them.
- Options appraisal – the public has not yet received information to detail what options appraisal was undertaken between each Health Board to consider retaining a service in Gilwern, verse the case the closure.

We hope that in highlighting the above points, each Health Board will give further thought to our representations and consider the Guidance and its indications for full public consultation. As this matter has complex cross-boundary implications, again, we would encourage each Health Board to work together in its approach to the consultation process.

We would be happy to meet with colleagues in both Health Boards to establish a continued way forward and consultation duration.

Yours sincerely

Katie Blackburn
Regional Director – Llais Powys Region

Jemma Morgan
Regional Director – Llais Gwent Region

Cadeirydd / Chair: **Athro / Professor Medwin Hughes, DL**

Prif Weithredwr / Chief Executive: **Alyson Thomas**

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Cardiff,
CF11 9HB



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Please let us know if you would like to communicate with us in Welsh.

Cadeirydd / Chair: **Athro / Professor Medwin Hughes, DL**

Prif Weithredwr / Chief Executive: **Alyson Thomas**

E-bost / E-mail: **enquiries@llaiscymru.org**

Ffôn / Tel: **02920 235558**

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.



Your ref: JM/KB 15 June 2023

27 June 2023

Katie Blackburn
Regional Director – Llais Powys Region

Jemma Morgan
Regional Director – Llais Gwent Region

Letter sent by email

Dear Katie and Jemma

Crickhowell Group Practice - Branch Surgery Closure (Gilwern Branch)

Thank you for your letter of 15 June 2023 following the decision of the Board of Powys Teaching Health Board to accept the application from Crickhowell Group Practice to close their branch surgery in Gilwern.

In your letter you have shared helpful feedback about mitigation and about engagement on service change.

Mitigation

You will be aware that the views of the people of Gilwern and surrounding communities, and the potential impacts of this proposal, have been given careful and conscientious consideration through the recent branch practice review process led by Powys Teaching Health Board (PTHB), working in partnership with Aneurin Bevan University Health Board (ABUHB).

Following the receipt of the Practice's application we have worked closely together as health boards to identify feasible alternatives to accepting the application. No initial alternatives were identified, therefore prompting the decision to commence the comprehensive eight-week period of engagement with patients and stakeholders (Stage 2 of the Branch Surgery Closure Process).

Pencadlys
Tŷ Glasbury, Ysbyty Bronllys,
Aberhonddu, Powys LD3 0LY
Ffôn: 01874 712730



Headquarters
Glasbury House, Bronllys Hospital
Brecon, Powys LD3 0LY
Tel: 01874 712730



Despite this widespread engagement and ongoing liaison between PTHB and ABUHB, and continued engagement with Powys CHC and Aneurin Bevan CHC and subsequently with Llais, no feasible alternatives to accepting the application were identified. Therefore, at the meeting of the Board on 24 May 2023, after conscientious consideration of the issues raised, the Board accepted the application.

As a consequence of accepting the application, the Board also received, reviewed and approved the mitigation plan. They acknowledged that this would continue to be an iterative process of development and delivery, and further required that the branch surgery notice period should be no less than six months (significantly exceeding the minimum 3 month notice period set out in the Branch Surgery Closure Process) for this work to take place.

This mitigation work requires partnership between our respective health boards, and therefore a joint task and finish group has been established with senior representatives from both PTHB and ABUHB. The role of this group is to oversee mitigation action in relation to transport and access, alternative service delivery (e.g. online, telephone), home visits, booking & appointments, maintaining and/or improving community pharmacy services, working in partnership to identify alternative service provision, exploring alternatives for the Clydach communities, monitoring health impact and other key dimensions. I note your expressed view that Llais would not be a member of this group, but will ensure that you receive updates on its work, and as per our discussions at May Board we plan to bring an update report to the meeting of the Board of PTHB on 26 July 2023.

The mitigation plan has been further updated to reflect the discussions at May Board, adding actions to confirm the information to be included in the letter that will be sent to patients (as summarised on slide 26 of the presentation to the Board) and also to reiterate the steps that ABUHB has in place to take action if a rise in registrations has an impact on other neighbouring practices.

Engagement Process

Thank you for sharing your views with regard to the engagement process and specifically in relation the "Guidance on Changes to Health Services" (Welsh Government, 5 May).

The guidance provides some helpful examples, citing the closure of a branch surgery as an example of moderate service change, for which engagement of up to eight weeks may be indicated.

Patterson
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I have carefully considered your comments with regard to substantial change, and I am content that the thorough and comprehensive eight week period of engagement from 10 January 2023 to 6 March 2023 has enabled the health board to involve and consult services users (including through Llais/CHC) in fulfilment of the requirements set out under s183 of the National Health Service (Wales) Act 2006 and the previous and current guidance on changes to health services.

This engagement has also exceeded the expectations set out in the health board's Branch Surgery Closure Process, which was developed through consultation with the former Powys CHC. The Branch Surgery Closure Process anticipates that if formal consultation is required this would be raised at Stage 2. I note that planning for the engagement period took place through close partnership working with the two former CHCs including at the engagement planning meetings on 30 November 2022 and 13 December 2022, and through your input to the draft plan and draft materials before launch and publication. I note that neither Powys CHC nor Aneurin Bevan CHC expressed this view during the planning for engagement, at the mid-term review on 31 January 2023, nor in your responses to the engagement (AB CHC on 1 March 2023, Powys CHC on 30 March 2023) and the process moved to Stage 3 (Branch Practice Review Panel). Indeed, the robust and comprehensive nature of the engagement was commended by Llais at the meeting of the Board on 24 May 2023.

I very much recognise and understand the concerns of affected communities, and give my continued assurance that our attentions are firmly focused on addressing the impacts identified in the engagement report and equality impact assessment.

Yours sincerely



Hayley Thomas
Interim Chief Executive
Powys Teaching Health Board

cc. Nicola Prygodzicz, Chief Executive, Aneurin Bevan University Health Board and Carl Cooper, Chair, Powys Teaching Health Board

Patterson, Liz
24/07/2023 09:47:06

Agenda item: 2.6

Board		Date of Meeting: 25 July 2023
Subject:	2022-23 Welsh Language Standards Annual Monitoring Report	
Approved by:	Director of Workforce & Organisational Development	
Presented by:	Director of Workforce & Organisational Development Service Lead for Welsh Language and Equalities	
Prepared by:	Service Lead for Welsh Language and Equalities	
Other Committees and meetings considered at:	Workforce and Culture Committee - 11 July 2023 Executive Committee - 31 May 2023 Workforce Steering Group	

PURPOSE:

To provide the Welsh Language Annual Report for 2022-23 for Board approval.

The Workforce and Culture Committee considered the report at its meeting on the 11 July 2023 and confirmed its recommendation for the Board to be presented to the Board for approval.

RECOMMENDATION(S):

The Board is asked to:

- APPROVE the Welsh Language Annual Report for publication on the Health Board's website.

Approval	Discussion	Information
✓	✓	✓

**THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING
STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):**

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	

	3. Tackle the Big Four	
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

As part of its Statutory Duty under the Welsh Language Standards, the Health Board is required to publish an Annual Report for each financial year outlining the steps it has taken to comply with the Welsh Language Standards.

The Workforce and Culture Committee considered the report at its meeting on the 11 July 2023 and confirmed its recommendation for the Board to be presented to the Board for approval.

DETAILED BACKGROUND AND ASSESSMENT:

The report is descriptive and details work carried out by the Welsh Language and Equality team as well as other departments. Highlights from 2022-23 include:

- Provision of the All-Wales SilverCloud online Cognitive Behavioural Therapy service in Welsh;
- The introduction of a new PTHB intranet, designed from the start with full compliance with the Welsh Language Standards in mind. Additionally, the Welsh language pages on the intranet include an invaluable stock of resources, information use links regarding compliance with the Standards and the More than Just Words Framework, as well as the wider use of Welsh in the Health Board.
- A redesign and relaunch of the Welsh Language Service Leads group, with new Terms of Reference ensuring increased responsibility for attendance and a specific remit to escalate issues of non-compliance or non-attendance to directors.

- Introduction of the CIVICA Patient Experience system which has enabled PTHB for the first time to systematically collect data about patients' use of Welsh whilst receiving our services (or their inability to do so).
- Redesign of our recruitment policy and procedures to promote the appropriate use of Welsh language skills requirements in job vacancies.
- Introduction of a bilingual Welsh Newsletter for staff, promoting learning and development opportunities.
- The evolution of our Welsh speaking staff network into an NHS Wales group for Welsh speaking staff based on the Yammer professional social network; and
- Continued promotion of communication around national events such as the NHS Wales Eisteddfod, and the bilingual Mari Lwyd event for new year.

This Annual Report is an overview of some of the Health Board's key work to promote the Welsh Language Standards throughout 2022-2023. It also outlines our intentions for the future to build upon the work already undertaken.

As the report covers the 2022-23 financial year, developments since the end of that year (e.g. the Commissioner's Investigation into compliance with Standards 8-10) are not covered. The investigation will continue to be led by the Director of Workforce and OD with both the Executive Committee and the Workforce and Culture seeking appropriate assurance.

The overall format of the report is in compliance with the recommendations of the Welsh Language Commissioner. In previous years the Annual Report was also passed through the Communications Team to produce a document more professional in appearance; subject to capacity of the Communications Team this is expected again for 2022-23.

Risk Assessment:

	Level of risk identified				
	None	Low	Moderate	High	
Clinical	x				<p>There is a small risk of reputational damage due to the lack of progress identified in some areas.</p> <p>Failing to publish could represent a compliance or reputational risk.</p>
Financial	x				
Corporate	x				
Operational	x				
Reputational		x			

Risk Assessment:

	Level of risk identified				There is no risk associated with the publishing of this report. Failing to publish could represent a compliance risk.
	None	Low	Moderate	High	
Clinical	x				
Financial	x				
Corporate	x				
Operational	x				
Reputational	x				



Welsh Language Standards

Annual Monitoring Report

2022-2023

Patterson Liz
24/07/2023 09:47:06

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Patterson, Liz
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Foreword

As we near the end of the fourth year since the introduction of the Welsh Language Standards, and thus the publication of our fourth Annual Report under these Standards, I am struck by the significant change that has been seen over this period in terms of our provision in Welsh: the Standards have, and continue to make, a real difference to Welsh speakers across Powys.

As a Welsh speaker myself, these issues are important to me personally as well as professionally. Whilst recognising that there is still a lot of work to do in ensuring that we do not treat the Welsh language less favourably across our services, I believe nevertheless that we can take pride in those things we have achieved, and in the work that continues to be carried out every day across our organisation.

Ymlaen!

Hayley Thomas

Acting Chief Executive Officer

It is difficult to imagine a much more difficult healthcare context than the NHS in 2022-23. The system was still strained by the after-effects of the Covid-19 Pandemic at the start of the year, with waiting lists, staff absence and shortages still at record levels. The war in Ukraine and the cost-of-living crisis it precipitated have only exacerbated many of these problems by increasing the mental strain on our staff and our patients even as inflation erodes the available resources to deal with them.

Nevertheless, as an officially bilingual organisation we remain dedicated to ensuring our services can be accessed in Welsh, and have not used the difficult context as an excuse for de-prioritisation or inaction. We have worked hard over the past year, particularly in re-assessing our compliance situation via audits, site visits and assessing our processes of accountability around the standards.

The introduction of new and revised services has also been a theme, with new services launched such as SilverCloud® (and others to come in 2023-24) and work ongoing on new facilities such as at Bro Dyfi (Machynlleth), and in the longer term, the North Powys campus. Work has been undertaken to ensure the Welsh language and the requirements of the standards are considered in all of these developments.

As part of a wider reshuffle of executive responsibilities within Powys Teaching Health Board, executive responsibility for compliance with the Welsh Language Standards has moved from the Directorate of Therapies and Healthcare Science to the Directorate of Workforce and Organisational Development. There is no expectation that the focus of our work in this area will change however, and we remain dedicated to maintaining and improving not just our compliance with the

Standards but also to ensuring that, wherever possible, Powys residents who wish to access their healthcare in Welsh can do so.

Debra Wood-Lawson

Executive Director for Workforce and Organisational Development

Executive Lead for Welsh Language and Equality.

Patterson Liz
24/07/2023 09:47:06

Executive Summary

This report outlines the steps taken by PTHB to implement the Welsh Language Standards as listed in our compliance notice.

It provides details on the progress made throughout 2022-2023. This includes improvements made in the following key areas:

- Provision of the All-Wales SilverCloud online Cognitive Behavioural Therapy service in Welsh;
- The introduction of a new PTHB intranet, designed from the start with full compliance with the Welsh Language Standards in mind. Additionally, the Welsh language pages on the intranet include an invaluable stock of resources, information use links regarding compliance with the Standards and the More than Just Words Framework, as well as the wider use of Welsh in the Health Board.
- A redesign and relaunch of the Welsh Language Service Leads group, with new Terms of Reference ensuring increased responsibility for attendance and a specific remit to escalate issues of non-compliance or non-attendance to directors.
- Introduction of the CIVICA Patient Experience system which has enabled PTHB for the first time to systematically collect data about patients' use of Welsh whilst receiving our services (or their inability to do so).
- Redesign of our recruitment policy and procedures to promote the appropriate use of Welsh language skills requirements in job vacancies.
- Introduction of a bilingual Welsh Newsletter for staff, promoting learning and development opportunities.
- The evolution of our Welsh speaking staff network into an NHS Wales group for Welsh speaking staff based on the *Yammer* professional social network;
- Continued promotion of communication around national events such as the NHS Wales Eisteddfod, and the bilingual *Mari Lwyd* event for new year.

Overall, the health board continues to work to ensure compliance with the Standards. Systems are in place to ensure the majority of the standards are met in a majority of circumstances. The health board performs particularly well in areas such as communications and social media, and in areas where systems are managed centrally (e.g. recruitment processes such as offering contracts, assessing prospective applicants' Welsh language skills and inviting them to apply in Welsh / use the Welsh language at interview.

Further information on the above alongside a detailed account of the health board's compliance against each of the Standards can be found in Part 2 of this report.

Patterson, Liz
24/07/2023 09:47:06

Background

PTHB along with other Health Boards and Trusts in Wales must comply with a set of Standards as outlined in [The Welsh Language Standards \(No. 7\) Regulations 2018](#).

Although it is the Welsh Ministers who specify the standards, it is for the Commissioner to determine which standards apply to a specific body. In November 2018, the Commissioner issued a compliance notice to PTHB which outlined the standards with which it must comply and the date by when it must be compliant. A copy of PTHB's compliance notice can be found [here](#).

Included in these Standards is the requirement for PTHB to monitor the implementation of the Standards and produce an Annual Report (this document) which provides details of how the health board has complied with the Standards.

All staff must take responsibility for implementing the Standards across PTHB. Service Leads will monitor compliance within their own service areas and will report progress to the Service Improvement Manager for Welsh Language who will provide advice and support around the implementation of the Standards accordingly. At the end of each financial year, the Service Improvement Manager for Welsh Language will draft an annual report which will be presented to the Executive Lead for Welsh Language and approved by the Executive Committee and the Board before being published on the health board's website.

Patterson, Liz
24/07/2023 09:47:06

Part 1: 2022-23 in Review

Overview

The relaxing of Covid-19 restrictions has enabled certain previously impossible activity to resume, such as site visits by Welsh language team members for audit/advice purposes, and in-person training. This has enabled a more accurate assessment of the compliance situation and an organisational 'fresh start'; a timely audit of the organisation's processes surrounding the Welsh Language Standards provided an additional impetus for departments across the organisation to revisit the standards and provide an up-to-date assessment of their compliance. This has improved the situation and/or provided additional reassurance regarding a number of the smaller 'business as usual' standards such as the distribution of Iaith Gwaith lanyards and badges to Welsh speaking staff, ensuring all standard correspondence is routinely bilingual, and that email signatures welcome correspondence in Welsh.

As well as this general improvement, there are some specific areas of development worth highlighting:

SilverCloud Online Cognitive Behavioural Therapy Service

SilverCloud® is a new digital mental health service hosted by PTHB on behalf of the whole of Wales. Put simply, the service provides an online guided self-help courses, based on Cognitive Behavioural Therapy, in which participants work on a particular mental health/wellbeing issue that affects them personally (such as anxiety, depression, substance use, or other issues). The course is carried out entirely online through a combination of self-directed learning and through interacting with a qualified mental health professional who can discuss the issues affecting the patient, as well as providing guidance for the CBT exercises.

Patterson, Liz
24/07/2023 09:47:06



Mae gofalu am eich babi yn dechrau trwy ofalu am eich hunain

Cymorth ar-lein i helpu rheoli eich lles yn ystod beichiogrwydd, yr enedigaeth ac ar ôl.

Bydd tua 1 o bob 5 menyw ac 1 o bob 10 dyn yn datblygu pryder iechyd meddwl, fel gorbryder neu hwyliau isel yn ystod y cyfnod amenedigol - dyma'r cyfnod yn ystod y beichiogrwydd a'r flwyddyn ar ôl geni'r babi.

Gall rhaglen huanangymorth, dan arweiniad sydd ar gael ar-lein, **Gofod i Las Amenedigol**, helpu rhieni newydd a rhieni sy'n disgwyl i wella eich lles a chael cymorth iechyd meddwl mewn ffordd sy'n gyfleus i'ch ffordd o fyw. Does dim angen atgyfeiriant gan feddyg teulu i ddefnyddio'r rhaglen - mae ar gael am ddim ar y GIG yng Nghymru i unrhyw un sy'n 16 oed neu hyn.

Cymorth sy'n siwtio chi

Cofrestrwch ar-lein heb angen atgyfeiriant gan Feddyg Teulu. Ewch ar gyflymder sy'n gyfleus i chi. Defnyddiwch y rhaglen 24/7 - unrhyw le, unrhyw bryd - o unrhyw ddyfais ar-lein.

Cymorth iechyd meddwl digidol sydd â naws personol

Byddwch yn cael Cefnogwr SilverCloud® penodol a fydd yn adolygu eich cynnydd ac yn gwirio gyda chi drwy neges ar-lein bob pythefnos.

Mae'n gweithio

Mae CBT yn effeithiol wrth lleihau symptomau gorbryder ac iselder, a gwella lles. I ddsygu mwy/cofrestru, ewch i: nhs.wales.silvercloudhealth.com/signup/

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SilverCloud Wales
14 Mar at 17:50 · 🌐

Ni ddylai neb teimlo'n unig gyda'u problemau.

Os ydych chi rhwng 16-18 oed ac yn teimlo'n orbryderus neu'n isel, gall therapi gwybyddol ymddygiadol helpu.

- 📱 Ei ddefnyddio unrhyw le, unrhyw bryd drwy ffôn symudol, tabled neu liniadur.
- 🕒 Ewch ar gyflymder sy'n siwtio chi.
- 💖 Arweiniad rheolaidd gan gefnogwr SilverCloud.
- 📄 Does dim angen atgyfeiriant gan Feddyg Teulu.

<https://nhs.wales.silvercloudhealth.com/signup/>



Rhaglen SilverCloud®:

Gofod o Hwyliau Isel
I bobl ifanc rhwng 16-18 oed

Rhaglen SilverCloud®:

Gofod o Orbryder
I bobl ifanc rhwng 16-18 oed

SilverCloud® is available to patients across the whole of Wales and in collaboration with the Welsh Language team, staff of the PTHB Mental Health department have been working to ensure that both the content of the system is available in Welsh, and that the team have the capacity and skills to work with patients in Welsh.

Welsh Language Standards Audit

NWSSP were commissioned to carry out an audit of the organisation's compliance with the Welsh Language Standards. As well as auditing the organisation's internal processes for monitoring and ensuring compliance, the audit involved site visits to assess compliance with the standards around signage and information displays. A number of recommendations and actions were identified in order to improve internal processes and compliance, which have all since either been implemented or are on target.

Welsh Language Service Leads Steering Group

This group has continued to meet and is a key part of PTHB's internal process for meeting the requirements of the Standards and of monitoring compliance. Following the recommendations of the audit the group's Terms of Reference and membership have been reviewed and strengthened, increasing its powers and representation to better equip it to carry out its functions.

NHS Wales Welsh Speaking/Learning Yammer Networks

With the Yammer workplace social media platform introduced in PTHB, it was a natural step to move the staff networks previously hosted on Teams onto the new platform to take advantage of its increased functionality. An initially unintended consequence of this was that the activity of the networks was visible to the whole of the Welsh NHS; however as this led to a significant increase in activity it was decided to rebrand the group as an NHS-wide one. The groups continue to go from

strength to strength, providing an opportunity for staff to share their experiences and learn from one another.

Welsh Language Awareness Training

Despite the introduction of the ESR mandatory training module in the later part of the year, Welsh Language Awareness has been a popular subject for training with requests coming into the Welsh Language team from other departments across the organisation. Members of the team also promoted the importance of Welsh as a skill for careers in health in a session in Newtown High School.

Raising Awareness & Events

PTHB continues to use its internal communication channels to host and promote events to encourage the use of Welsh formally and informally within our workplace, and to promote knowledge and understanding of the Welsh language and culture (Standard 102). Two particularly popular events in PTHB (both held in partnership with other NHS Wales organisations) were the Mari Lwyd talk held during December and the inaugural NHS Wales Eisteddfod, in which PTHB staff competed.



Every quarter the Welsh language team release a Welsh Newsletter for the health board, promoting events and opportunities both within the health board and Welsh NHS and in the wider community within Powys. The newsletter also provides an opportunity to remind staff about particular standards via our new 'Standard of the Season', planned to be a regular feature focusing on a particular one of the Welsh standards and its implications on the ground for staff.

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Cylchlythyr y Gymraeg - Gwanwyn 2023 / Welsh Newsletter - Spring 2023

Cylchlythyr y Gymraeg: Rhifyn Gwanwyn 2023 Darllenwch y diweddaraaf am y Gymraeg ym Mwrdd Iechyd Addysgu Powys

(PTHB – Therapies and Sciences) 20 March
18 views

Welsh Translation Service

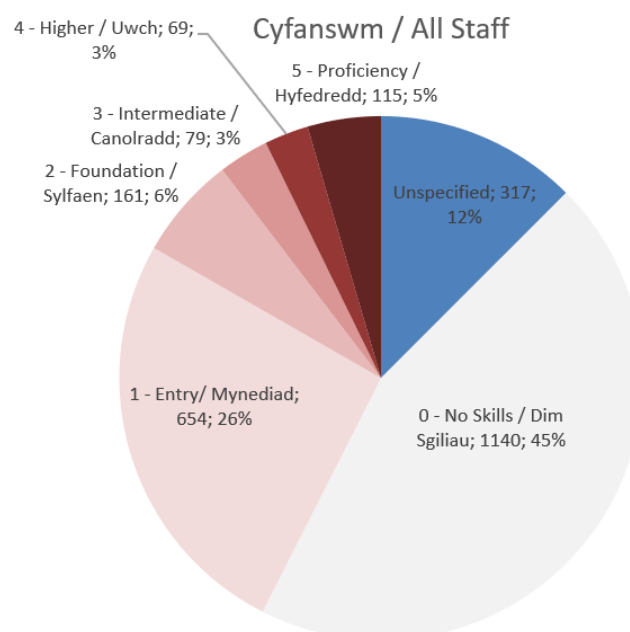
The health board's in-house translation service has continued to be popular with staff in its second year, with demands on the service now having settled down following fluctuations in the initial year 2021-22. A total of 477,7510 words were translated internally during 2022-23. Internal analyses have shown demonstrable financial savings from the introduction of this service, with an additional benefit from the use of Translation Memory software. However, the main benefits have been non-financial:

- Improved experience from the point of view of staff, with greater input on the finished product and the ability to consult with the translator in real time.
- Greatly improved turnaround times.
- Improved consistency of terminology.

During December 2022, PTHB made the difficult decision to stop routinely making Job Descriptions available in Welsh due to the disproportionate demands this was placing on the health board (greater than all other English to Welsh translation put together). Whilst acknowledging that this will mean we are not compliant with Standard 107A(ch), this decision was deemed necessary in order to protect wider expenditure on compliance whilst prioritising patient-facing materials and communications.

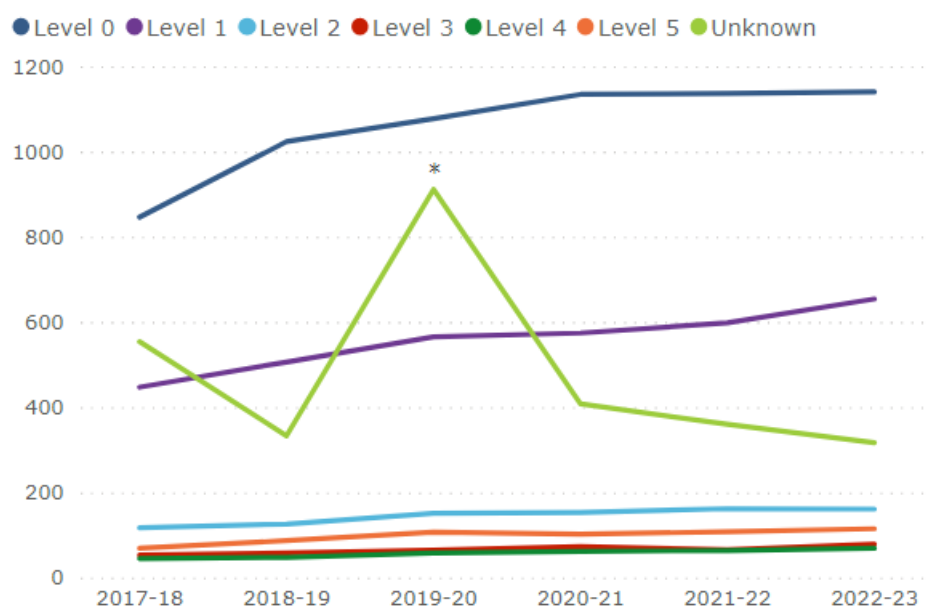
Current Welsh Language Skill Levels at PTHB

As of 31st March 2023, the 2,535 staff at PTHB staff indicated that their ability to speak Welsh was as follows:



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Welsh Language Skills by Year (Numbers)



* The significant temporary increase in 'unknowns' in 2019-20 likely reflects staff on temporary contracts related to Covid-19

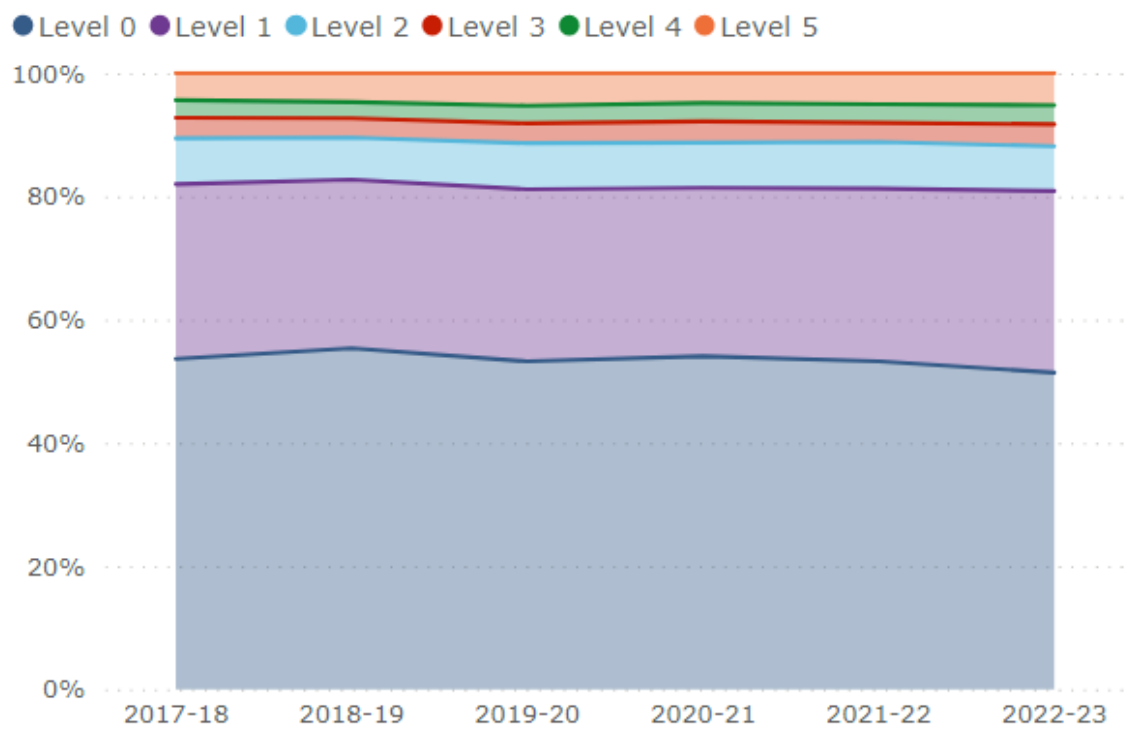
	Unknown	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5	TOTAL
2021-22	360	1,136	598	162	66	64	108	2,494
2022-23	317 (-43)	1,140 (+4)	654 (+56)	161 (-1)	79 (+13)	69 (+5)	115 (+7)	2,535 (+41)

The significant temporary increase in 'unknowns' in 2019-20 likely reflects staff on temporary contracts related to Covid-19)

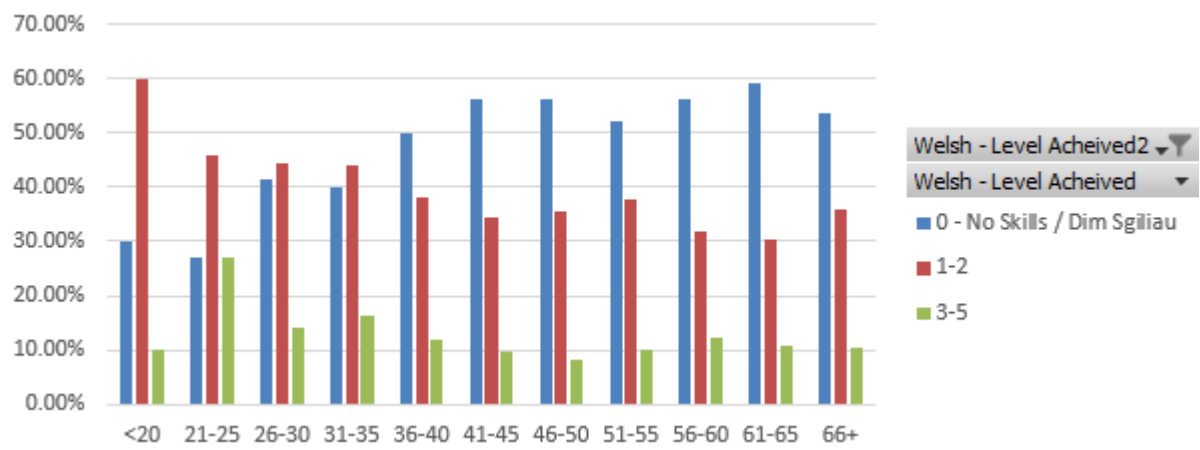
These figures represent a small increase in terms of the overall Welsh language skill levels of the organisation, compared to previous years.

These figures represent the highest ever recorded numbers of staff on levels 3, 4 and 5. There was also a significant increase in the number of staff reporting a low level of ability (Level 1), and a reduction in those with no skills and whose skills are unknown.

Welsh Language Skills by Year (Percentage; Unknowns Removed)



These increases are small and may be more likely to represent gradual social changes (such as an increase in Welsh medium education, and increased teaching and use of Welsh in English medium schools) than the result of PTHB interventions. This is corroborated by cross-referencing staff Welsh language skills to age, showing that younger staff are significantly more likely to report higher skill levels compared to older colleagues:



This suggests that the Welsh language skills of our workforce should be expected to increase slowly over time; we should therefore be cautious before attributing small year-on-year increases to specific policy interventions.

The distribution of Welsh skills amongst PTHB staff is uneven, with two sites in particular (Ystradgynlais and Bro Dyfi (Machynlleth) hospitals) showing

significantly higher levels of staff skills than other sites. This is in line with local population statistics on Welsh.

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Part 2: Compliance with the Welsh Language Standards

In addition to the examples provided above, the following provide details of steps PTHB has taken to ensure or improve compliance with the Welsh Language Standards during 2021-22:

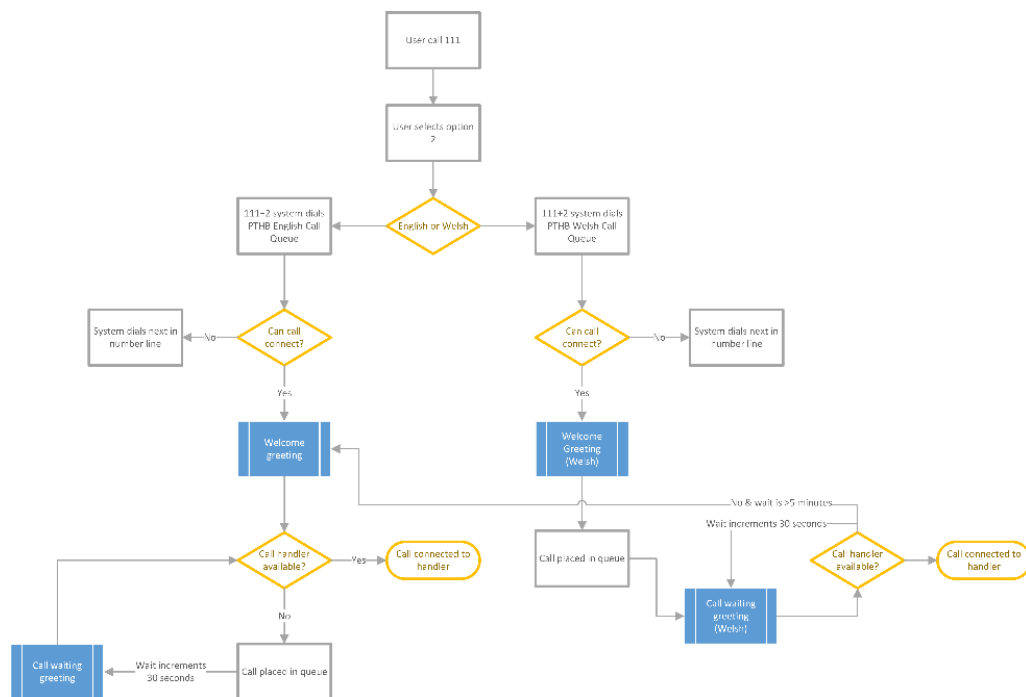
Service Delivery Standards

Standards	Situation as of 2022-23	Proposed Actions during 2023-24
Standards 1-7 relating to correspondence sent by the health board	<p>As per the standards and our internal PTHB policy, we have continued to proactively ensure standard correspondence is sent out bilingually as a matter of course.</p> <p>Regarding non-standard correspondence, the requirement to deal with this locally on a case-by-case basis is promoted via induction, language awareness courses and internal departmental action plans.</p> <p>A considerable quantity of communication with the health board takes place over social media, which is managed by the communications team who have a Welsh speaker in post able to ensure that any correspondence received using that platform can be addressed in Welsh without recourse to translation.</p>	Continue to ensure that correspondence is proactively translated as required, and to promote compliance with these standards via induction, language awareness courses and internal departmental action plans.

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	<p>Y GIG Ysbyty Briony Briony Pwyys L23 DU Rheol Ffôn: 01875 712760 Cyfeirnod Ffôn: 01875 712760</p> <p>Ysbyty Briony Briony Hospital Briony Pwyys L23 DU Rheol Ffôn: 01875 712760 Cyfeirnod Ffôn: 01875 712760</p> <p>Teitl ac Enw Cyfeirnod y Claf Llinell Cyfeirnod 2 Llinell Cyfeirnod 3 Llinell Cyfeirnod 4 Cod Post</p> <p>Dyddiad: 12/09/2022 Rheol GIG: 123 456 7890 Rheol Claf: TESTER10 Rheol Cyfeirnod y Ddogfen: 502-74629-1846</p> <p>Teitl ac Enw Cyfeirnod y Claf Llinell Cyfeirnod 2 Llinell Cyfeirnod 3 Llinell Cyfeirnod 4 Cod Post</p> <p>Dyddiad: 12/09/2022 Rheol GIG: 123 456 7890 Rheol Claf: TESTER10 Rheol Cyfeirnod y Ddogfen: 502-74629-1846</p> <p>Annwyl Teitl ac Enw, Rydych chi'n gallu trefnu apwyntiad gyda: Clinicdd: Teitl Enw Enw Arbenigedd: Llawfeddygaeth Gyffredinol</p> <p>I drefnu dyddiad ac amser apwyntiad sy'n gyfeus i chi, ffoniwch y Ganolfan Apwyntiadau ar y rhif ffôn uchod cyn gynted i phosib.</p> <p>Rydym yn cynnal gwasanaeth yn ddiogel mewn sawl lleoliad ledol Powys ac mewn rhai achosion, tu allan i'r ddi. Bydd dim hysbysu i'r apwyntiadau a gwyngyhoirwr yn cynnal eich apwyntiad ar adeigau.</p> <p>Os nad ydych chi'n gallu mynychu, neu os hoffech gael rhagor o wybodaeth, cysylltwch â ni ar y rhif ffôn ar frig y llythyr hwn. Mae'r Ganolfan Apwyntiadau ar agor 24-24 am 10-10.</p> <p>Fel arall, efallai y bydd yn fwy cyfeus i chi ymgyhoirwr atom yn y cyfeirnod ar frig y llythyr hwn.</p> <p>Os nad ydych chi'n mynychu neu'n methu â rhoi gwybodaeth i ni nad ydych chi'n gallu bod yn bresennol, efallai y caiff eich enw ei dynnu oddi ar y rhestr aros.</p> <p>Y Ganolfan Apwyntiadau</p> <p>Don't forget to call us on 01875 712760 Ysbyty Briony, Briony, Powys, L23 2DU Ffôn: 01875 712760</p> <p>Don't forget to call us on 01875 712760 Ysbyty Briony, Briony, Powys, L23 2DU Ffôn: 01875 712760</p> <p>Don't forget to call us on 01875 712760 Ysbyty Briony, Briony, Powys, L23 2DU Ffôn: 01875 712760</p> <p>Don't forget to call us on 01875 712760 Ysbyty Briony, Briony, Powys, L23 2DU Ffôn: 01875 712760</p>	
<p>Standards 8 – 20 relating to telephone calls made and received by the health board</p>	<p><i>Some new standard letters drafted in Welsh during 2022-23.</i></p> <p>New telephone services established during 2022-23, for example 111#2 ('111 press 2', the new telephone based service for patients requiring mental health assistance), these have been designed from scratch to incorporate the requirements of all Welsh language standards relating to telephony; high levels of compliance are assured on these lines due to the use of automated messaging services.</p>	<p>Work on these standards during 2023-24 will focus on the need to provide compliance assurance on hospital switchboard telephone lines. Options for using automated telephone messaging to meet the requirements of the standards, including directing incoming calls to a Welsh speaking call handler where required, are being explored for potential implementation.</p>

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It is harder to provide assurance of compliance on older telephone lines however due to the contact methods being decentralised, with each hospital contacted separately; and the small, community nature of PTHB sites, where the switchboard may be manned by only one individual.


Resources providing guidance on answering telephones have been distributed across the health board:

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	<div data-bbox="555 193 945 719"> <p>Welsh Language Standards</p> <p>Quick Guide</p> <p>Phone calls</p> <p>Remember: a phone call is one of the first ways in which we interact with our partners, clients, the public etc. Therefore it is of paramount importance that we ensure that those that contact us are aware that we welcome communications in Welsh, and that we will not treat Welsh less favourably than English</p> <p>Please see the Quick Guide for Pronunciation and Phrases for any help with pronouncing Welsh words and what to say on the phone</p> <p>This guidance applies to phone calls to main telephone numbers, helpline numbers or call centre numbers</p> <p>When a person contacts you, you must:</p> <ul style="list-style-type: none"> greet the person in Welsh inform the person that a Welsh language service is available deal with the call in Welsh (if that is the person's wish until such point as: <ul style="list-style-type: none"> it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject quote no Welsh speaking member of staff is available to provide a service on that specific subject quote When you advertise telephone numbers, helpline numbers or call centre services, you must not treat the Welsh language less favourably than the English language If you offer a Welsh language service on your main phone number(s), on any helpline/call centre numbers, the phone number for the Welsh language service must be the same as for the corresponding English language quote When you publish your main phone number, or any helpline/call centre service numbers, you must state (in Welsh) that yes, welcome calls in Welsh If you have performance indicators for dealing with phone calls, you must ensure that those performance indicators do not treat phone calls made in Welsh any less favourably than calls made in English Your main phone call answering service(s) must inform those calling, in Welsh, that they can leave a message in Welsh <p><small>This guidance relates to standards 6, 10, 11, 12, 13, 14, 15 and 16</small></p> </div> <div data-bbox="945 236 1599 719"> </div> <p>Training opportunities are promoted to staff continually, including opportunities for staff to develop existing Welsh language skills and improve confidence; and the revised Recruitment Policy published during 2022-23 reinforces the need to assess the Welsh language levels required for vacancies prior to advertising posts; see below for more information.</p> <p>Options for using automated telephone messaging to meet the requirements of the standards, including directing incoming calls to a Welsh speaking call handler where required, are being explored for potential implementation in 2023-24.</p>	
<p>Standards 20-22CH relating to meetings that are not open to the public</p>	<p>This requirement is promoted on an ongoing basis and individual teams have implemented processes as per their individual requirements; for example, the Primary Care team have asked all practices to indicate their preferred language for meetings (and correspondence); this will be reviewed on an annual basis.</p>	<p>Continue to monitor compliance levels and feedback.</p>

	<p>The Manager's Resource and Guidance document includes information on holding meetings with members of the public. Where Welsh speaking staff are not available to attend meetings, staff have access to interpretation services who can assist, and details of the approved interpretation services are available to staff on the intranet and have been promoted to staff.</p> <p>The upgrade Microsoft Teams permitting the use of online interpretation has improved the health board's ability to comply with this in online meetings. This new functionality was promoted to the health board during a staff briefing in which the health board's Chair, a Welsh speaker, delivered a part of the briefing in Welsh.</p> <p>Interpretation from Welsh to English has been made available at some staff events where the requirement was identified; other events e.g. the NHS Eisteddfod Awards Ceremony have been held bilingually via language relay, without the use of interpretation.</p>	
Standards 23-25 relating to in-patients and case conferences	In-patient language choice can be recorded via several channels across PTHB. Our WPAS and WCCIS electronic systems both have capacity to record patient language choice. Many of our service user referral forms also asks patients for their preferred language choice.	The development of a new five year plan under Standard 110 (see below) during 2023-24 will improve the health board's ability to meet the requirements of these standards in practice.
Standards 26-32 relating to meetings and events that are open to the public	<p>The requirement to ask the public if they would like to use Welsh at our meetings is outlined in guidance documentation on holding meetings and events.</p> <p>Uptake of this offer is rare, e.g. attendees at the Powys Dementia Conference were asked in advance whether they wished to use Welsh at the conference and no requests were received.</p>	Continue to monitor compliance levels and feedback.

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	<p>Participants at the AGM of the board were invited to use Welsh in questions, and all information</p> <p>The 'Welsh Language – Communication and Marketing' procedural guidelines which includes information on how to comply with the Standards when arranging meetings which are open to the public continues to be promoted to managers and staff within their teams.</p>	
<p>Standards 33-38 relating to publicity and advertising, displaying material in public, producing and publishing document and forms</p> <p>(Standards 47-49 relating to signage; also Standards 111 – 113 relating to signage)</p>	<p>Following the easing of restrictions post-pandemic, site audits have been carried out of the 9 main hospital sites, assessing compliance with a range of standards including those related to signage, information displays and documents or leaflets. As part of the NWSSP-led audit, some sites were also visited independently, with a remit to look at signage only.</p> <p>Fixed signage has been bilingual as a matter of course long before the introduction of the Welsh Language Standards, and no examples of non-compliance were found with regards fixed signage. The new facilities at Bro Dyfi (Machynlleth) have been designed from the start to be fully compliant with all the standards, with the Welsh language extremely prominent throughout the development.</p>  <p>Production of documents in Welsh has been standard practice for some time, and whilst occasional examples were found of leaflets available in</p>	<p>Issues of non-compliance with the standards relating to information displays and signage have already been escalated to local Patient Service teams and to the Director of Patient Services.</p> <p>Welsh Language Training for Managers' will cover responsibilities in this area, among others.</p> <p>Repeat site visits during 2023-24 to see whether compliance has improved.</p>

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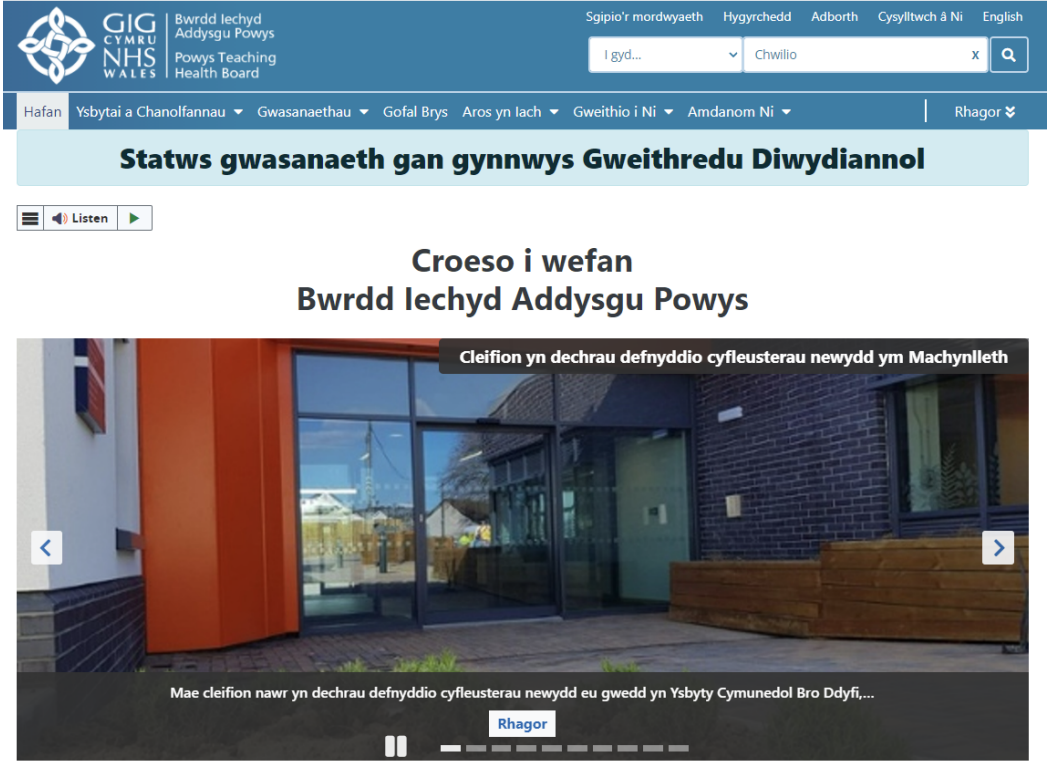
English only, these were invariably old leaflets pre-dating the standards. These were sent for translation or simply discarded, as appropriate.





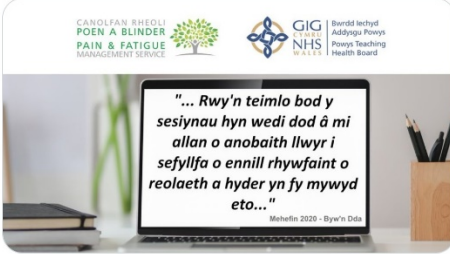
The audits revealed less consistency with regards temporary signage and information displays, however. At least some signage and posters in all sites was compliant, however, most sites included some examples of signs, or information displays, in English only, which were reported to local teams to remove or update as necessary.

It should be noted that a significant proportion of information posters on display in PTHB sites come from sources which do not have Welsh language standards and whom provide information in English only; for

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	<p>example, UK charities such as The Alzheimer's Society, or small local voluntary or charity groups. In line with guidance from the Welsh Language Commissioner, displaying this information does not consist of a breach of the standards, where PTHB (or another organisation which has received a Welsh Language Standards Compliance Notice) did not produce the information in the first place.</p>	
<p>Standards 39-46 relating to the health board's website, apps and social media</p>	<p>PTHB's website is wholly available in Welsh and managed by the communications team, who ensure that no pages are uploaded unless they are compliant with the Welsh language standards.</p>  <p>Cyfleoedd gwyh i Hyfforddi, Gweithio, Byw ym Mhowys</p>	<p>Comms team to continue to act as gatekeepers for the website and social media, ensuring best practice.</p>

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	<p>Corporate social media accounts are available in Welsh. Individual departments do not generally have separate social media presence, however where this is the case (e.g. Powys Living Well service), accounts are either bilingual or Welsh language equivalent accounts are in place.</p> <div> <div>  Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board 3 d · 🌐 </div> <div> <p>15-21 May 2023 is Mental Health Awareness Week. Focusing on anxiety for this year's Mental Health Awareness will increase people's awareness and understanding of anxiety. Mental Awareness Week is an ideal time for us all to think about our mental health, and tackle the stigma by creating a society that prevents mental health problems from developing and that protects our mental wellbeing.</p> <p>Mental Health Foundation To find out more visit https://www.mentalhealth.org.uk/mhaw</p> </div> </div> <div> <div>  Powys Living Well Service @PowysLivingWell </div> <div> <p>Mae adborth yn bwysig i ni gan ein bod yn ei ddefnyddio i ysgogi gwelliannau i wasanaethau.</p> <p>Os ydych wedi bod mewn cyswllt â'r Gwasanaeth Bwy'n lach Powys, yna hoffem glywed eich syniadau!</p> <p>#DyddGwenerAdborth #BywnDdaBIAP Translate Tweet</p> <div>  </div> <p>2:00 PM · Feb 4, 2022</p> <p>1 Retweet 1 Like</p> </div> </div>	
Standards 47-49 relating to signage	<i>See Standards 33-38 above.</i>	<i>See Standards 33-38 above.</i>
Standards 50-53 relating to receiving visitors	During the site visits carried out 2022-23, a sign was provided for each reception area (where there was not already a sign present), inviting visitors to use the Welsh language (Standard 52); badges/lanyards	Develop guidance and procedure to allow telephone reception services in Welsh possible at PTHB receptions.

	<p>were also distributed to Welsh speaking reception staff as required (Standard 53).</p> <p>Providing a full service in person in Welsh at all reception areas at all times remains an ambition rather than a practice, due to the difficulty in recruiting reception staff generally (whether with Welsh skills or not). Following receipt of the draft code of practice guidance from the Welsh language commissioner, it should be practical for PTHB to offer a telephone reception service, and PTHB will be developing this capacity in 2023-24.</p>	
Standards 54-59 relating to grants, tenders and procurement	PTHB remains compliant with these standards as per NHS Wales standard procurement and practice.	
Standards 60-62 relating to the organisation's corporate image	<p>PTHB's corporate identity is wholly bilingual, with the Welsh appearing above the English in our logo.</p> <p>PTHB promotes those services it is able to offer in Welsh e.g. the SilverCloud system (see above).</p>	
Standard 63 relating to education courses offered by the health board	This requirement has been raised with those teams offering education courses (primarily Womens' and Children's Services) as per the guidance notice relating to the standard; they will be surveying their patients to assess the need to provide courses in Welsh as per the guidance.	Ensure that the assessment is appropriately carried out during 2023-24 and followed up as required.
Standard 64 relating to public address systems	As of 31 st March 2023 there are currently no public address systems in operation within PTHB.	N/A
Standards 65-68 relating to primary care	Work is ongoing to ensure the PTHB website reflects the requirements of Standard 65, with primary care providers across the county having been surveyed as to the Welsh language services they can provide. This information is being collated to be published on the PTHB site during 2023-24.	Ensure relevant area of the PTHB website reflects the requirements of Standard 65 and ensure ongoing compliance.


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	The PTHB in-house translation service continues to be offered to primary care providers as per Standard 66 along with the opportunity to order badges / lanyards with the 'Iaith Gwaith' logo free of charge.	
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Policy Making Standards

Standards 69 – 78A relating to policy making decisions	<p>The assessment of policy decisions for their impact on Welsh continues to take place as part of the health board's wider Equality Impact Assessment (henceforth EIA) process.</p> <p>During 2021-22, 2 additional training sessions were delivered on carrying out EIAs. The training session and the corporate template cover the requirements under the Welsh Language Standards. Because the Equality and Welsh Language functions at PTHB are covered by the same staff, the requirement to assess policies and developments for their impact on Welsh is routinely reinforced as a matter of course as part of this broader process. All EIA training sessions are delivered by individual(s) with experience of Welsh Standards Compliance.</p>	Continue to monitor Equality Impact Assessments for evidence that this standard has been met.
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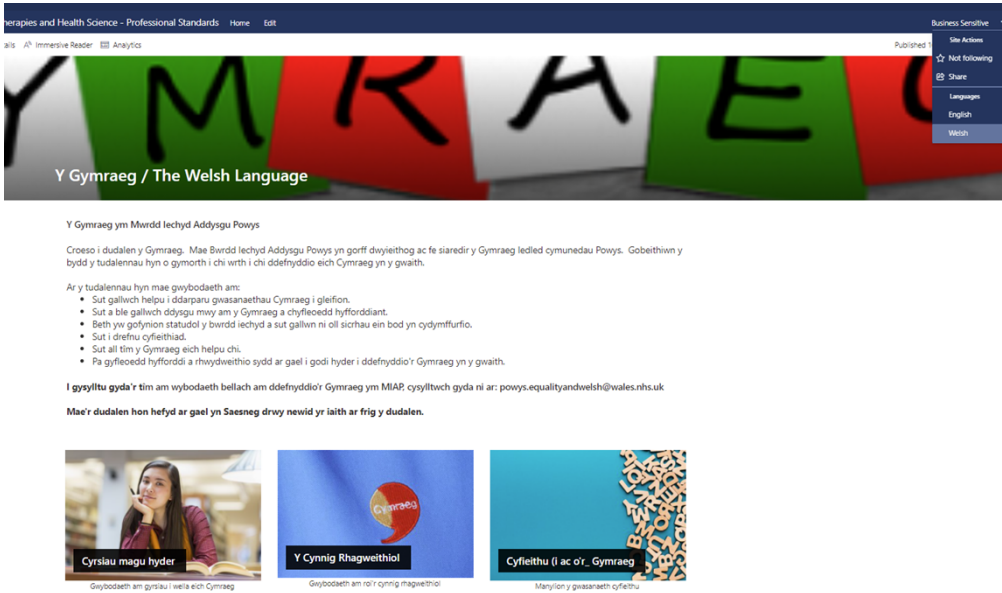
	 <p>http://pthb.nhs.wales</p> <h2>What do I need to consider? (5/6)</h2> <p>Welsh Language The Policy or Project must should not have negative effects and ideally will have positive effects on</p> <ol style="list-style-type: none"> 1) Opportunities to use the Welsh Language 2) Treating the Welsh Language less favourably than English <p><i>Questions to ask:</i> What provision have you made for Welsh? Will Welsh versions be distributed with English materials? Will it be easier for people to receive services in Welsh? If the service is new, how will you offer it in Welsh?</p> <p>11 Equality Impact Assessment Training</p> <p>More information on the health board's Equality Impact Assessment process is available in the PTHB 2022-23 Equality Annual Report.</p>	
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Operational Standards

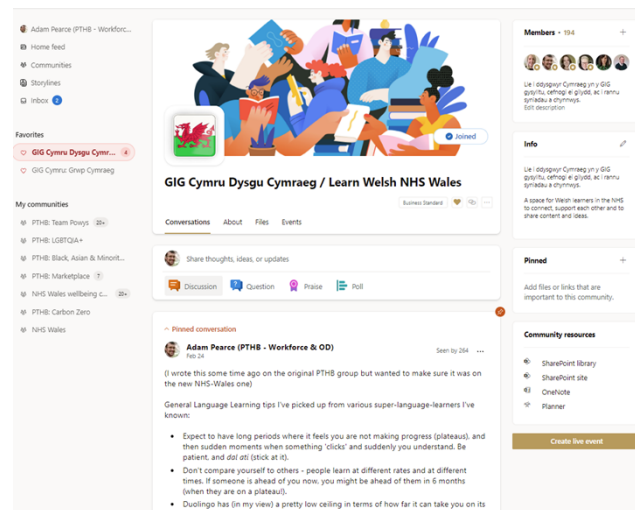
Standard 79 relating to a policy on the internal use of the Welsh language	PTHB had previously met this standard via it's Managers' Information pack, however the NWSSP-led audit mandated the adoption of a formal health board policy. As of March 2023 this policy, entitled the Welsh in the Workplace Policy, had been drafted and was awaiting formal approval via internal PTHB processes.	Ensure the Welsh in the Workplace Policy is approved and publicised.
Standards 80 – 81 relating to	Contracts (Standard 80) are standardised and automatically provided bilingually through the TRAC system.	

employment documents	Other Employment documents have been made available in Welsh on the Health Board intranet.	
Standard 82 - relating to operational policies	<p>A process has been put in place to ensure policies relevant to this standard are made available in Welsh, and where changes are made, these are flagged. Some of the policies covered by Standard 82 are published bilingually due to being All-Wales policies.</p> <p>Due to capacity limits within the Welsh translation team and the need to prioritise patient-facing information, these policies are being translated as and when they are separately reviewed; this work is expected to be completed over the next financial year.</p>	Continue to work to ensure all policies under this standard are available in Welsh by the end of 2023-24.
Standards 83-88 – relating to disciplinary, grievance and other internal processes.	All these requirements continue to be met via the existing relevant all-Wales and PTHB policies.	Continue to ensure all policies reflect these requirements.
Standard 89 relating to bilingual computer software interfaces	Cysgliad and Welsh interfaces for Windows, Office and ESR remain available to staff. Details on accessing these are available on the health board staff intranet.	Continue to promote these via staff induction and training/awareness sessions.

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<p>Standards 90 – 95 relating to the intranet</p>	<p>The previous staff intranet was replaced wholesale during 2022-23 with a new intranet using Microsoft Sharepoint architecture, which has been designed from the start to be wholly compliant with the Standards related to the intranet (to the extent that the architecture allows). The Welsh versions of intranet pages (where they exist) can be accessed by clicking 'Welsh' on the languages tab:</p>  <p>As well as the pages relating to the use of Welsh at work (see above), the homepage of the intranet is available in Welsh as are pages relating to OD and clinical education (Training) and all other sites as specified by the Standard 81.</p>	<p>Continue to monitor the intranet to ensure compliance continues as the intranet grows.</p>
<p>Standards 96 – 101 relating to staff Welsh language skills and training</p>	<p>See the section above for staff skills reporting responsibilities. PTHB have continued to promote and, where appropriate, financially support learning of Welsh in line with the standards; these courses have been more popular this year, with 32 19 expressions of interest</p>	<p>Continue to promote existing and new training options to staff across PTHB.</p>

(+11 compared to 2021-22) and 21 carrying out some kind of training (+9).



The *GIG Cymru Dysgu Cymraeg / Learn Welsh NHS Wales* Yammer group, originally a PTHB-only group but since opened up to staff across NHS Wales, provides a supportive network for staff learning Welsh as well as an opportunity to share tips and ask questions.

Standards 102-103 relating to Welsh language awareness training

In person Welsh Language Awareness training continues to be offered within the health board and primary care, with five departments partaking of this during 2022-23:

- Midwifery and Health Visiting
- Powys Living Well Service
- Memory Assessment Team
- Estates
- GP Practice Managers

Continue to monitor and encourage completion of the mandatory training module.


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	<p>In addition, the new online More than Just Words: Welsh Language Awareness module was introduced in December 2022. As of March 2023, a total of 73% of all PTHB staff had undertaken this mandatory training module. This figure is extremely encouraging given that the training has been available for only a short period (See also More than Just Words update). Compliance with this training module is managed as part of the health board's wider Statutory / Mandatory Training, helping to normalise the use of Welsh within health board business.</p> <p>The Welsh language team will continue to offer in-person Welsh language training sessions due to the greater depth offered by this kind of training.</p> <p>Although not formal training courses as such, events such as the Mari Lwyd talk and NHS Wales Eisteddfod provided further opportunities for staff to learn about Welsh history and culture.</p>	
Standards 104-105 relating to identifying Welsh speaking staff	<p>Badges and lanyards to identify Welsh speaking staff and Welsh learners are available to all staff. This enables patients to readily identify Welsh speaking staff and increases their confidence in the health board's ability to provide services in Welsh.</p> <p>Bilingual email signature templates are available on the Welsh language resource intranet page and also in the Managers Guidance and Resource document.</p>	
Standards 106 – 109 relating to recruitment	<p>The health board continues to ensure that all vacancies have the Welsh language requirement specified, and are advertised in Welsh as well as English as per Standards 106 and 106A; as a matter of course applicants to all vacancies are invited to apply in Welsh.</p> <p>107A a-c are all provided in Welsh as a matter of course. Previously, all job descriptions (Standard 107A (ch)) were also provided in Welsh as a matter of course. However, the health board took the decision in November 2022 to stop this practice; this was due to the</p>	<p>Develop a new plan under Standard 110 / More than Just Words to improve staff Welsh Language skills.</p> <p>Develop Welsh Language training for Managers to improve compliance with the recruitment process.</p>

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	<p>disproportionate cost of doing so (over 50% of all expenditure on Welsh translation) in the difficult financial context.</p> <p>During 2022-2023 PTHB advertised 1,264 vacancies:</p> <p>3 posts were advertised with Welsh language skills as essential.</p> <p>1,261 posts were advertised with Welsh language skills as desirable.</p> <p>0 posts were advertised with Welsh language skills as not required.</p> <p>The roles advertised with Welsh language skills included a Welsh Language and Equality Officer and a Welsh CBT Coordinator for the SilverCloud Service.</p> <p>As was identified in the previous Welsh Language Standards Annual Report, the recruitment process was revisited during 2021-22 and a new Recruitment Policy and process introduced in 2022. This included an interactive tool to replace the previous flowchart to identify whether Welsh Language Skills should be essential, desirable or not required.</p>	
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	 <p>Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board</p> <p>www.pthb.nhs.wales</p> <div style="background-color: #2c4e64; color: white; padding: 10px; text-align: center;"> <h2 style="margin: 0;">Vacancy Assessment: Welsh Language Skills</h2> <p style="margin: 0;">Assessment Tool for PTHB staff</p> <p style="margin: 0;">Use this interactive assesement to decide whether Welsh Language Skills are Essential, Desirable, or Not Essential for a vacancy.</p> <div style="background-color: white; color: #2c4e64; padding: 5px; display: inline-block; margin: 10px 0;">Click to begin</div> <p style="margin: 0; font-size: small;">If you have any queries on this tool or its content, please contact the Welsh Language team: powys.equalityandwelsh@wales.nhs.uk</p> </div> <p>Under these circumstances the lack of an increase in the number of roles advertised with Welsh language skills as essential in these figures is surprising, suggesting that either staff are not complying with PTHB processes or that those processes are not strict enough to direct change. These will be addressed in 2023-24 via a new plan under Standard 110 (see below) and planned Welsh Language for Managers training.</p>	
Standards 110-110A relating to a plan for bilingual clinical consultations	This plan has been published on the health board's website and can be accessed here ; it is updated annually. As the end of the initial five year period will take place during 2023-24, a new plan under Standard 110 will be a key priority for the following financial year.	Develop a new five-year plan under Standard 110.
Standards 111 - 113 relating to signage	(See Standards 33-38 above).	(See Standards 33-38 above).

Standard 114 - relating to recorded workplace messages.	This standard is not applicable to PTHB as there are not recorded workplace announcement systems in place on our sites.	N/A
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Record Keeping and Supplementary Standards

Standard 115 - relating to complaints.	<p>During 2022-2023 PTHB received no formal or informal complaints in relation to the implementation of the Welsh Language Standards.</p> <p>PTHB continues to follow the conditions set out in NHS Wales 'Putting Things Right' policy, which include information on dealing with complaints made in Welsh and relating to Welsh language provision. Copies of these documents can be found here.</p> <p>In late March 2023, the Welsh Commissioner opened an Investigation into the health board relating to non-compliance with Standards 8, 9 and 10 on some hospital switchboard numbers. Due to the timing of this investigation the impacts lie beyond the scope of this current document.</p>	N/A
Standards 116-121 relating to Record keeping and supplementary matters.	<p>For Standard 116, see 'current Welsh Language Skill levels at PTHB' above.</p> <p>For Standard 117, see under Standard 106.</p>	N/A

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More than Just Words Framework

The Welsh Government's More than Just Words Framework is separate to the Welsh Language Standards; however in the interests of simplicity and reduced duplication of reporting, the following update reflects PTHB's progress under the More than Just Words Action Plan.

Delivering the Welsh language actions as defined in the More than just words Action Plan 2022-27: For the period August 2022- April 2023

Year: 2022-23

NHS Organisation Powys Teaching Health Board

Completed by: Service Improvement Manager for Welsh Language and Equality Date: 31-March-2023

Ref	Action description	Issues to consider when providing the update	Update	Challenges / barriers to action and any other comments
1	We'll set personal performance objectives to ensure the delivery of <i>More</i>	These are the personal performance objectives set:	The PTHB Chair is a Welsh speaker and routinely uses Welsh in board meetings. All	<p>If there are any barriers to implementing the action please note them here and outline how you will address them.</p> <p>It should be noted that achieving much over 90% for Welsh</p>

	<p><i>than just words</i> so that the Active Offer is embedded in annual objectives of sector leaders, cascaded throughout organisations and considered in relevant individual appraisals at all levels. This will include Chairs of NHS boards and the Directors of Social Services report (Annual Council Reporting Framework).</p>	<p>➤ Demonstrate how they have provided Board leadership to develop and cascade an organisational culture of belonging that supports bilingualism and mainstreaming of Welsh language in plans and delivery of services. The Board has assured itself on progress on the short-term actions set out in the More than just words framework for health bodies. This to include:</p> <ul style="list-style-type: none"> - Improved data on workforce language skills (over 90% of staff recorded skills) to support planning of services to enable the active offer. - Over 90% of staff completing Welsh language awareness training 	<p>information presented at board meetings is in both Welsh and English.</p> <p>A Welsh Language Champion has been appointed for the Board.</p> <p>As of March 31st 2023, 87.48% of PTHB staff had recorded their Welsh language skills, just shy of the total.</p> <p>73% of staff had completed the online Welsh language Awareness training as of March 31st; this is very high considering it had only been available since November and bodes well for the future.</p>	<p>language skills and Welsh language awareness training may be difficult due to staff turnover; a figure of 80-90% compliance is common for NHS Wales mandatory training completion rates.</p>
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		- Board champions appointed and best practice evidenced and delivering system improvements.		
16.	Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities	This is something that will benefit from guidance to be developed at a national level. In the meantime please provide examples of best practice regarding this action point in your organisation.	<p>This is standard practice in PTHB where Welsh language skills are noted as essential. For example, the Equality and Welsh language officer role specified a required Level 4 of skills at speaking, reading and writing Welsh; the Online CBT Coordinator (Welsh) role specified Level 3.</p> <p>Where Welsh skills are desirable in PTHB job descriptions, no level is specified. This is because it is implicit that higher level is <i>more</i> desirable than a lower level; this enables recruiting managers to give greater weight to a higher level of skills at Welsh higher, without needing to treat candidates equally once a certain level is met.</p>	
17.	Gradual introduction of a minimum “courtesy” level of	This is something that will need guidance developed	PTHB are awaiting national guidance on this issue.	PTHB frequently recruit staff from outside

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	Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and receiving health and social care services. By the end of the life of this plan, all staff working in health and social care should have courtesy level Welsh	at a national level. In the meantime please provide information about any developments in your organisation including examples of best practice.	Analysis of our staff skill levels suggests that lower age correlates strongly with Welsh language ability, suggesting that the skill levels of our staff body will increase naturally with time regardless of any additional interventions.	Wales, and increasingly, internationally. 'Courtesy level' will need to be clearly defined, and careful consideration will need to be given to the wording of any such guidance to avoid discouraging potential candidates. For example, where prospective applicants do not already have Welsh language skills, they should be given the opportunity to commit to learning to 'courtesy level' following appointment (rather than needing to demonstrate this during or prior to interview).
29.	We'll collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs.	Please provide examples of good practice shared in your organisation and with other organisations. To what extent have you engaged with the Research and Innovation	The Welsh language team engage regularly with peers across other Health Boards and beyond via, for example, the Powys 'Bright Ideas' app, to share best practice.	

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		hubs to improve Welsh language services?		
30.	We'll use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user interface wherever possible. For information and advice websites we'll bring translators closer to content creation, drafting in Welsh and English together, so that we communicate clearly in both languages.	<p>Please provide examples of using the Bilingual Technology Toolkit when procuring / developing new digital services. To what extent were digital services produced bilingually Are there records of the uptake of Welsh language digital services?</p> <p>Provide examples of co-drafting for information and advice websites. If this did not happen please state why.</p>	<p>PTHB is continuing to ensure the bilingual development of the SilverCloud service. This is happening in collaboration between the SilverCloud contractors, PTHB Mental Health SilverCloud Service and the Welsh Language team (and translator), but also with the assistance of the Online CBT Coordinator (Welsh Essential) appointed to the SilverCloud team for this exact purpose.</p> <p>The PTHB Comms team has Welsh speakers in-house who contribute to the collation of information in Welsh on our digital platforms, without recourse to translation.</p>	
32.	We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and developing initiatives to celebrate success including	The Welsh Government will arrange a national meeting for relevant stakeholders. In the meantime please outline any other meetings / groups held to share best practice and ensure a consistent approach.	PTHB contribute fully to both Welsh government-organised meetings of NHS Welsh Language Officers and separate Strategic Group meetings of NHS Wales Welsh Language leaders. The health board collaborates with local partners e.g. PCC and PAVO	

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	promoting <i>More than just words</i> within existing awards and accolade schemes	Also indicate whether <i>More than just words</i> is promoted within existing awards / accolades.	via the <i>More than Just Words</i> forum. Promoting the excellence in delivering healthcare in Welsh specifically included as an example of activity that should be considered for the PTHB internal Awards.	
35.	Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of belonging. We'll extend the laith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves by wearing laith Gwaith badges or lanyards. We'll also in our ICT systems capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in	Visual markers are widely used to denote Welsh speaking staff, but there are still some areas where the markers are not used and some staff are reluctant to wear the Working Welsh badge. Can you be confident that the vast majority of workers in your organisations who can offer services in Welsh are identifying that by wearing the laith Gwaith badge? Do receptions/waiting areas have clear branding to show that Welsh language services are offered?	During site visits in 2022-23 all but two sites had clear branding on the reception with the 'laith Gwaith' logo encouraging visitors to use Welsh; these two sites were provided with a poster to use on the spot, ensuring full coverage. laith Gwaith badges and lanyards are frequently distributed during site visits and can be requested from the Welsh team.	PTHB are sometimes limited by the architecture of our ICT systems (Office, Outlook, Teams etc.) which do not always have the capability to display e.g. laith Gwaith logos alongside staff information; similarly ESR is a UK-wide system. PTHB has little or no ability to directly modify these systems.

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	Welsh — so we can use our Welsh with them. (Consideration would need to be given to additional funding/resources to enable this to be delivered.)	To what extent are ICT systems used to capture and share information about language choice and how is this information then used?		
37.	We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example <i>Gair i Glaf</i> . This to include in the short term Welsh language officers and translators working together on collation of terms and translation capacity and capability.	Please provide details about any initiatives in your organisation regarding terminology / translation.	PTHB's internal translation resource uses Translation memory software. Our team is small however collaborates fully with colleagues wherever possible, for example exchanging translation memories with other health boards / NHS organisation such as NWSSP and Cwm Taf Morgannwg University Health Board, and participating in terminology standardisation meetings.	
SECTION 4 – Monitoring Progress	All health and local authorities to appoint a person to be responsible for ensuring delivery on the actions and targets set in the plan	Please indicate whether this has been achieved and the name of the relevant person.	The Service Improvement Manager for Welsh Language and Equalities is responsible for monitoring the More than Just Words Framework, which sits within the Executive portfolio of the Director of Workforce & Organisational Development.	

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Guidance to RAG rating

Red	Majority are not on track and improvement needs to be made.
Amber	Majority are on track, but there is scope for improvement.
Green	On track.

Please provide an overall RAG rating

Green

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Moving Forward: Priorities for 2023-24

During the 2023-24 our original Five Year Plan for clinical consultations under Standard 110 will expire, and it will be necessary to develop a new plan in consultation with departments across the organisation, reflecting the lessons learned in the first five years since the introduction of the Welsh Language Standards. The development of this plan will be a major piece of work during this year. It is also proposed to incorporate our local plan under the More than Just Words Framework into this plan, as an efficient way to approach these requirements in a comparatively small organisation.

As mentioned previously there will be other new services coming online in the following year, with the official opening of the Bro Dyfi site in Machynlleth and the launch of new services such as 111 #2 (telephone-based mental health support). It will be crucial to ensure these services are designed from the start to accommodate the requirements of the standards.

Additionally, as part of the response to the NWSSP Audit, a need has been identified for Welsh Language training for Managers; the development and integration of this training into the existing PTHB Leadership Development program will be another major piece of work carried out.

The response to the notice of an investigation by the Welsh Language Commissioner into our compliance with Standards 8, 9 and 10 will also be a top priority; any actions in response to this investigation should strengthen compliance in these areas.

The 'Proposed Actions during 2023-24' column in the above section suggests further avenues of work during the next financial year.

For further information on the details of this report and for further information on PTHB's implementation of the Welsh Language Standards, please contact the Equality and Welsh Language team by emailing powys.equalityandwelsh@wales.nhs.uk.

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Board		Date of Meeting: 25 July 2023
Subject:	Equality, Diversity & Inclusion Annual Report 2022-2023	
Approved by:	Director of Workforce and Organisational Development	
Presented by:	Director of Workforce and Organisational Development	
Prepared by:	Service Lead for Welsh Language and Equalities	
Other Committees and meetings considered at:	Workforce and Culture Committee 11 July 2023 Executive Committee – 31 May 2023 Workforce Steering Group	

PURPOSE:

To provide the Equality Annual Report for 2022-23 for Board approval.

The Workforce and Culture Committee considered the report at its meeting on the 11 July 2023 and confirmed its recommendation for the Board to be presented to the Board for approval.

RECOMMENDATION(S):

The Board is asked to:

- APPROVE the Equality Annual Report for publication on the Health Board's website.

Approval	Discussion	Information
✓	✓	✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic	1. Focus on Wellbeing	✓
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Objectives:	2. Provide Early Help and Support	
	3. Tackle the Big Four	
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	✓
	5. Timely Care	
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

As part of the Statutory Duty under the Equality Act 2010, the health board is required to publish an Annual Report for each financial year outlining the steps it has taken to meet the Public Sector Equality Duty. The health board's annual reports are cross-referenced to the objectives outlined in the Strategic Equality Plan; the plan and annual reports, including the previous report for 2021-22, are published on the [health board website](#).

The Workforce and Culture Committee considered the report at its meeting on the 11 July 2023 and confirmed its recommendation for the Board to be presented to the Board for approval.

DETAILED BACKGROUND AND ASSESSMENT:

The report is descriptive and details work carried out by the Equality team as well as other departments. Highlights from 2022-23 include:

- Sponsorship of the inaugural Powys Pride event in Llandrindod Wells; the health board officially attended the event with representation from the Equality, Mental Health and Sexual Health teams to promote our services and engage with the local LGBTQ+ community. PTHB also participated in Hay Pride in June 2022.
- Publication of the 'Gender Services in Powys' leaflet, co-created with local trans service users and the Welsh Gender Service, providing advice and guidance on accessing healthcare services for those questioning their gender identity in Powys. This was launched at Powys Pride and distributed to primary and secondary care locations across the county.

- A review and refresh of the PTHB Strategic Plan for Health Inequalities, encompassing review of the impact of COVID-19 and the latest routine intelligence from Public Health Wales.
- Delivery of EasyRead training to a range of individuals and teams across the organisation, building the capacity to create documents in this format in-house. Early publications in the format have included the Equality Annual Report, information leaflets for collecting Patient Stories and patient information documents in the Learning Disability department.
- Establishment of an online repository of Equality reference information and resources on the newly redeveloped staff intranet.
- Establishment of new online-based staff networks for LGBTQ+ and Black, Asian and minoritised staff networks; these provide opportunities for staff to network professionally and offer mutual support.
- Continued rollout and monitoring of the Equality Impact Assessment process, with training offered to planning and North Powys Project teams.
- Establishment of Equality Training for Managers as a mandatory part of the PTHB Leadership Development offer.
- Ongoing promotion internally of a series of staff talks and events such as to commemorate World AIDs Day, Equality Week, Black History Month and others.

This Annual Report is an overview of some of the Health Boards key work to promote equality, diversity and inclusion throughout 2022-2023. It also outlines our intentions for the future to build upon the work already undertaken to continue to improve the health and wellbeing for individuals and reduce inequalities. The next year's annual report (2023-24) will be the last to relate to the previous Strategic Equality Plan; during 2023-24 we will also be working to develop a new Strategic Equality Plan for the period 2024-28.

As in 2021-22, the Communications team will improve the appearance of the Annual Report prior to final publication (this will only affect the aesthetics and not the content). The approved report will be uploaded in English and Welsh as well as in EasyRead format.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT

Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age				x
Disability				x
Gender reassignment				x
Pregnancy and maternity				x
Race				x
Religion/ Belief				x
Sex				x
Sexual Orientation				x
Marriage and civil partnership				x
Welsh Language				x
<p style="text-align: center;">Statement</p> <p>As part of the health board's broader work around Equality, publishing the Equality Annual Report is a key part of our accountability process and will promote better outcomes for all groups.</p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	x			
Financial	x			
Corporate	x			
Operational	x			
Reputational	x			
<p>There is no risk associated with the publishing of this report. Failing to publish could represent a compliance risk.</p>				

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Health Board

Powys Teaching Health Board

Equality, Diversity & Inclusion Annual Report 2022-2023

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Foreword

It's thirteen years now since the Equality Act 2010 changed the legislative landscape around prejudice and discrimination in the UK, but it often feels like these issues are more relevant than ever before. Take even a cursory glance at our national news channels and websites and you are certain to see a range of current issues and debates which raise questions about equality and discrimination, and about how we as a society and as employers, reflect diversity and ensure a fair and inclusive experience for all.

This is reflected in the profile these issues have been given in policy circles, particularly here in Wales with programmes like the LGBTQ+ Action Plan and Anti-Racist Wales Action Plan. These are commitments to actively work to stamp out discrimination and harassment and to ensure that equality is a fundamental principle of the work we undertake. In Powys Teaching Health Board, we wholeheartedly support this approach. We have our own distinct challenges, but these are never excuses for inaction or not to prioritise this important work. Fairness and Equality is one of our core organisational values and we will always be proud of this. The work outlined in this document is part of our long history of commitment to these ambitious aims.

Hayley Thomas, Interim CEO

Once again Powys Teaching Health Board is proud to present its Equality Report and highlight the work, we have done to meet our obligations under the Public Sector Equality Duty.

Equality, Diversity and Inclusion are priorities for all of our staff, not just those who directly work in these specialist areas. The work outlined in this report represents only a snapshot of our more visible work across the organisation. Not described here, but no less important than these specific examples, is the daily work carried out by members of the Equality team and

teams across the health board to embed Equality and Inclusion across our range of services; whether that is advising on specific cases arising from issues in the workplace or in contributing to consultations, project plans and workstreams. Our Equality Impact Assessment process ensures that important questions about how policies and services impact on our patients are being asked and being answered; and the training and awareness sessions we offer our staff ensures that they are continually learning and developing their expertise.

We will continue to build on this work in the future in order to ensure that we live our values.

Debra Wood-Lawson, Executive Director for Workforce and Organisational Development and Board-level lead for Equality, Diversity and Inclusion

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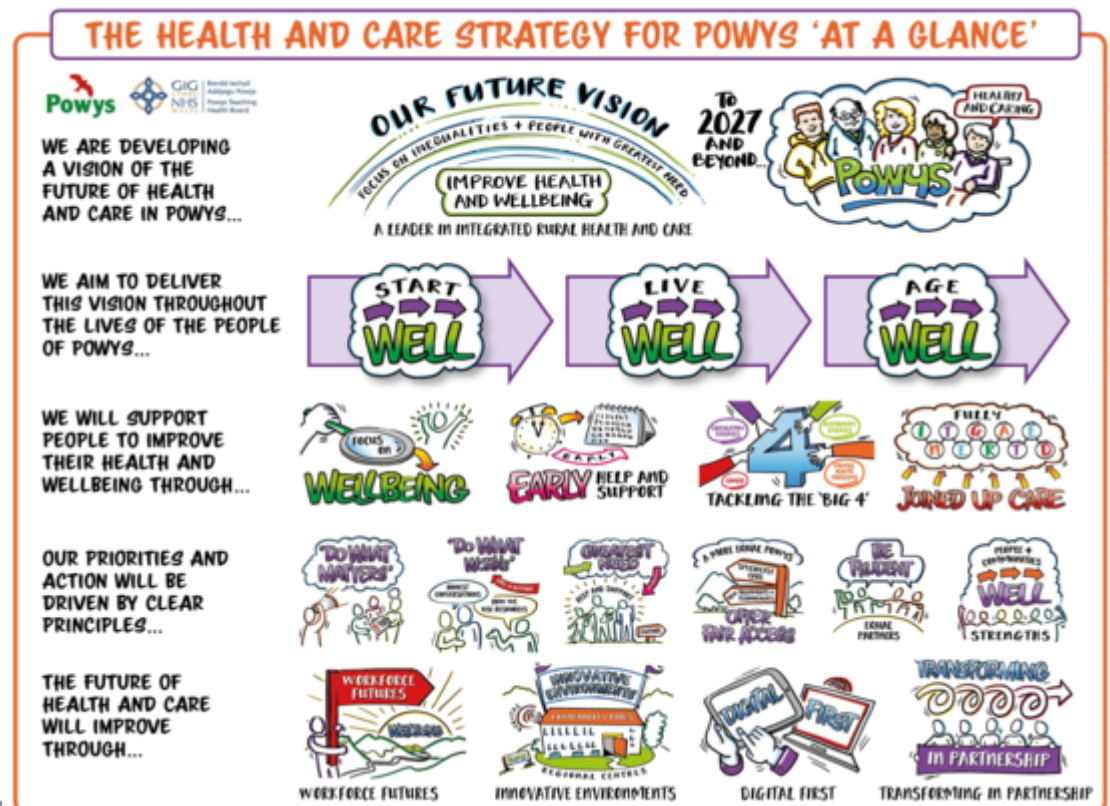
An Overview of 2022-23

Powys Teaching Health Board (PTHB) is committed to putting people at the centre of everything we do. Our vision is to create an organisational culture and environment that is accessible and inclusive for everyone. This includes our staff, those who receive care including their families and carers, as well as partners who work with us whether this is statutory organisations, Third sector partners and our communities.

Fairness & Equality represents one of the six core organisational values developed by our staff. Our values are the things that we believe are important in the way we live and work and represent the “guiding principles” behind our actions.

As a UK public sector organisation, we are also subject to the requirements set out in Public Sector Equality Duty and outlined in the Equality Act (2010) which, among other things, sets out our General Duty to reduce inequality of opportunity and foster good relations between groups of people.

Our [Strategic Equality Plan](#) (SEP) for 2020-2024 and objectives has been designed to sit alongside our 10-year Health and Care Strategy and our Integrated Medium Term Plan (IMTP) .



Each year, the Executive Lead for equality agrees an annual work plan to identify our priority actions for the year. Highlights from our work in 2022-23 include:

- Sponsorship of the inaugural Powys Pride event in Llandrindod Wells; the health board officially attended the event with representation from the Equality, Mental Health and Sexual Health teams to promote our services and engage with the local LGBTQ+ community. PTHB also participated in Hay Pride in June 2022.
- Publication of the 'Gender Services in Powys' leaflet, co-created with local Transgender service users and the Welsh Gender Service, providing advice and guidance on accessing healthcare services for those questioning their gender identity in Powys. This was launched at Powys Pride and distributed to primary and secondary care locations across the county.
- A review and refresh of the PTHB Strategic Plan for Health Inequalities, encompassing a review of the impact of COVID-19 and the latest routine intelligence from Public Health Wales.
- Delivery of EasyRead training to a range of individuals and teams across the organisation; building the capacity to create documents in this format in-house. Early publications in the format have included the Equality Annual Report, information leaflets for collecting Patient Stories and patient information documents in the Learning Disability department.
- Establishment of an online repository of equality reference information and resources on the newly redeveloped staff intranet.
- Establishment of new online-based staff networks for LGBTQ+ and Black, Asian and Minoritised staff networks; these provide opportunities for staff to network professionally and offer mutual support.
- Continued rollout and monitoring of the Equality Impact Assessment process, with training offered to planning and North Powys Project teams.
- Establishment of Equality Training for Managers as a mandatory part of the PTHB Leadership Development offer.
- Ongoing promotion internally of a series of staff talks and events such as to commemorate World AIDs Day, Equality Week, Black History Month and others.

This Annual Report is an overview of some of the health board's work to promote equality, diversity and inclusion throughout 2022-2023. It also outlines our intentions for the future to build upon the work already

undertaken to continue to improve the health and wellbeing for individuals and reduce inequalities.

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About the Powys Teaching Health Board Area

Powys Teaching Health Board occupies the same borders as the Powys County Council (PCC) area. At the time of the 2021 census there were 133,200 people living in Powys - a large, rural county of approximately 2000 square miles. This population density of 26 individuals per square kilometre is the lowest by far of Wales' local authority areas.

The rural nature of Powys means that whilst many services are provided locally through our community hospitals and services, there are no District General Hospitals within the health board area. This means that a significant proportion of secondary healthcare functions for Powys residents are commissioned from adjacent health boards, including over the border in England. A very significant proportion of PTHB's funding allocation is spent on commissioned services taking place outside of the health board, and the services that are offered directly are disproportionately concentrated in fields such as community care (compared to other Welsh health board areas).

A consequence of this is that the health board as an organisation is smaller than would be expected allowing for population alone, employing 2,539 staff (as of 31 March 2023), alongside volunteers. This total staff count represents fewer than a typical District General Hospital in other Welsh health boards. It reflects a very different mix of staff in terms of roles and specialisms, with a much greater proportion of allied healthcare professionals and correspondingly fewer medical and nursing staff. This needs to be borne in mind when comparing PTHB practice and performance with other health boards in Wales. Our operating model is different as it focuses on a mix of primary care, community / tertiary care and commissioned care. Due to the lack of centralised sites, the staff body is also quite disparate, and many staff live outside the county.

Partly as a response to our unique context, we have forged strong partnerships with colleagues in other sectors, such as Powys County Council , Dyfed-Powys Police and Powys Association of Voluntary Organisations (PAVO).

Information on how we intend to improve services for the people of Powys can be found on our website under the [Key Documents](#) section which includes copies of our annual reports, annual quality statements, strategies and plans.

Diversity within Powys

PTHB appreciates the diversity of our population and the need to treat one another with dignity and respect. Alongside our values we have specific

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legal obligations as a service provider and employer. In line with the Public Sector Equality Duty, this report focuses on the health board's activity in relation to promoting equality and tackling discrimination for our patients and wider population on the basis on the relevant protected characteristics of Age, Disability, Pregnancy and Maternity, Race and Ethnicity, Religion and Belief, Sex, Sexual Orientation and Gender Reassignment.

In keeping with the area's rural character, the demographic profile of Powys' population is quite different to the Wales average for some figures:

- Age – 27.8% of the population of Powys are aged 65 and over. This is the highest of any local authority area in Wales, where the average proportion in this group is 21.3%.
- Disability – 18.1% identified as having a disability, lower than the Wales average of 21.1%. 7.6% described their disability as limiting their day-to-day activities 'a lot'; this figure was the joint lowest in Wales.
- Race – 94.9% of the population described their Ethnicity as White (Welsh, English, Scottish or British), rising to 97.7% when including all other White groups (including Irish, European and all Traveller groups); these figures are among the highest in Wales and correspondingly the proportion of the population identifying as Black, Asian or other non-white groups is one of the lowest in Wales at just 2.2%, compared to 6.2% for the whole of Wales.

A sparse population spread across a large rural land mass, means that PTHB faces many challenges when seeking to address inequality of access, inequality of opportunity and ultimately, tackling health inequalities for people who live within Powys. We have a particular challenge around understanding and addressing socio-economic inequalities and ensuring that that people in lower income brackets who are particularly feeling the impact of the current cost of living crisis, are able to access the services they need. This has been acknowledged by reports from [Public Health Wales](#) and [the Nuffield Trust](#). Our [SEP](#) includes more details about these challenges and outlines our aims and objectives to reduce inequality, which are aligned to our IMTP.

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SEP Objectives 2020-2024

In the development of its SEP, PTHB agreed a set of Strategic Equality Objectives for 2020-2024 which include 3 broad long-term aims each with an overarching equality objective. These are:

Long-term Aim 1: Engagement

To ensure strong and progressive equality and human rights protections for everyone in Powys.

Equality Objective:

We will promote a positive attitude towards equality and diversity across our organisation. Our processes of continuous engagement to develop and deliver services will be informed by local needs, with the aim of improving access to healthcare services and reducing inequalities.

Long-term Aim 2: Service Delivery

The needs and rights of people who share protected characteristics are at the forefront of the design and delivery of our healthcare services.

Equality Objective:

We will work with our population, staff and partners to shape the design and delivery of our services.

Long-term Aim 3: Workforce

PTHB is a leading, exemplar, inclusive and diverse organisation and employer.

Equality Objective:

We will have an engaged workforce who have positive working relationships with their managers and colleagues in an environment where they feel safe and are supported to manage their own wellbeing.

The activity taking place during in 2022-23 and described in this plan has been mapped against each of these Equality objectives. As of 2023 work is already underway on the initial stages of preparing the next Strategic Equality Plan, covering the period 2024-28.

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Activity during 2022-2023

The following activity has taken place during 2022-2023, and in each case the activity has been cross-referenced to one or more of the Long Term Aims/Equality Objectives outlined in our SEP (see above):

Communication of Key Messages and Information (Objective 1)

PTHB has continued to promote positive messages internally and on social media relevant to the broader Equality agenda, as part of a regular Equality calendar to ensure that particular dates are recognised and promoted.

We have promoted a series of Equality-relevant events and messages for our staff such including, but not limited to:

- Celebrating Equality Week 2022
- Celebrating Pride 2022
- A talk for Black History Month (October 2022)
- A panel discussion for World Aids Day, including an exploration of the condition's relevance to LGBTQ+ culture (December 2022)
- An event for International Women's Day (including a presentation on the Gender Pay Gap) (March 2023)

The image displays three promotional posters for NHS Wales events. The first poster on the left is for World AIDS Day on December 1st, 2022, at 12-1pm, featuring speakers Jill Nalder and Lisa Power. The middle poster is for International Women's Day on Wednesday 8th March, 2023, from 12pm to 1.30pm, featuring speakers Bhavani Athithan and Dr Adam Pearce. The third poster on the right is for Black History Month on 27th October, 2022, from 12-1pm, featuring speaker Abu-Bakr Madden Al-Shabazz. Each poster includes the GIG NHS Wales logo and contact information for booking.



PTHB-Intranet
Understanding Muslim Mental Health - Online Course - FutureLearn
Explore the distinctive mental health experiences of Muslims and how mental health support can

(Powys Teaching Health Board – Communications) 2 days ago
19 views









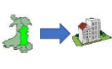
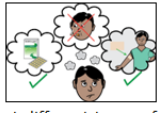


These events are typically in collaboration with other organisations across NHS Wales, providing opportunity for staff to share experiences and

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network with their colleagues in other health boards. This is particularly important for a smaller organisation like PTHB.

Accessible Information: EasyRead (Objectives 1, 2 & 3)

Following the EasyRead training that was offered to staff during 2021-22, the health board now routinely produces a range of documents in this format. Documents published by the health board in EasyRead include a Leaflet collecting Patient Stories, .

<h3>Introduction</h3>  <p>Powys Teaching Health Board runs the hospitals in Powys.</p>  <p>We also run some community health programs.</p>  <p>We want to hear about your experience of health services.</p>  <p>Whether they were good or need improving.</p>		<h3>About Powys</h3>  <p>Powys is a large area in Mid Wales.</p>  <p>The biggest towns in Powys are Newtown, Brecon, Llandrindod, and Ystradgynlais.</p>  <p>But lots of people in Powys live in the countryside.</p>  <p>The hospitals we run are quite small.</p>  <p>This means sometimes people have to go out of Powys, to get to big hospitals.</p>		 <p>You can get different types of medication and treatment to give up smoking.</p>  <p>You can chew gum instead of smoking a cigarette.</p> <p>Chewing nicotine gum can help you not to have a cigarette.</p>  <p>A nicotine patch is a sticker that goes on your skin.</p> <p>It has nicotine in it so that you no not want a cigarette.</p>
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A selection from EasyRead documents produced by PTHB in 2022-23.

Health Inequalities Framework (Objectives 1 & 2)

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. Health inequalities are caused by a complex interplay of individual factors (including age, sex and ethnicity); lifestyle factors (including smoking, alcohol consumption, diet and physical activity); healthcare; and the “wider determinants” of health (for example: income, housing and the environment).

Although the picture is complex, during the decade before the COVID-19 pandemic, improvements in life expectancy had stalled and health inequalities had increased in many parts of the UK, including in Wales. Expert commentators have attributed these trends to austerity. With specific reference to COVID-19, there is consensus amongst subject experts that there has already been a further adverse impact on health inequalities in the UK and that, unmitigated, health inequalities will continue to worsen due to the impact of COVID-19 over coming years. Further, there are clearly other forces which, unless addressed, are also highly likely to cause a deterioration in the pattern and extent of health inequalities, including the current cost of living and energy crises.

Based on recent evidence from Public Health Wales and as part of the overall trend which pre-dates COVID-19, health inequalities have not generally been improving over recent years in Powys. Key messages include that, between 2011/13 and 2018/20, for both the PTHB male and female populations, the gaps in life expectancy between the least and most deprived fifths of the Powys population increased (deteriorated).

The reduction of health inequalities has been a strategic priority for PTHB in successive IMTPs and during 2022/23, work commenced to further develop the health board's approach to local health inequalities. One framework under review recognises the role of the health board in addressing health inequalities across three distinct domains of influence:

- As a partner: influencing multi-agency action to address the wider determinants of health
- As an anchor institution: that is, as a large (public sector) organisation which, for example, is recognised by communities and is also a significant local employer
- As a commissioner and provider of NHS health care services

The Powys population surveillance which was summarised above has formed part of the "Discovery" phase of the PTHB Accelerated Sustainable Model programme, during 2022/23 and 2023/24. The PTHB Annual Delivery Plan for 2023/24 also encompasses examples of activities across the three domains of influence.

Equality Impact Assessment (Objective 2)

We have continued to embed this process and promote high quality Equality Impact Assessment (EIA) practice across the organisation. Highlights of our work in this area include A revised process in place to assess all Workforce Policies

- An EIA of the application by Crickhowell Group Practice to close their Belmont Branch Surgery in Gilwern, Monmouthshire (affecting some Powys residents).

Training sessions on EIA have been made available to staff across the health board as well as to local Primary Care staff and to local third sector organisations via Powys Association of Volunteer Organisations; groups to whom the sessions have been delivered have included the Planning and North Powys project teams with a total of 12 staff undergoing the training in 2022-23.

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PTHB Equality Intranet Site (Objectives 2 & 3)

As part of the planned rollout of the new PTHB intranet, we have created a comprehensive intranet Equality site which provides a range of equality-related information and resources, accessible by all staff. This is a significant upgrade on previous versions of the Equality pages and for our staff and supports our work across all aspects of Equality, Diversity and Inclusion. The site experiences heavy traffic with over 800 unique visitors making an average of 1,000 visits per month.

Cydraddoldeb / Equality



Equality at PTHB

At PTHB we are committed to Equality, Diversity and Inclusion.

- Equality is about making sure that everyone is treated fairly and not discriminated against.
- Diversity is about recognising, respecting and valuing people of differing experiences, views and backgrounds.
- Inclusion is about creating environments for staff and patients where everyone is able and welcome to participate.

The Equality and Welsh Language Team can help you with:

- Working with a patient or member of staff
- Access to interpretation / translation or accessible formats
- Advice on developing a policy or carrying out an Equality Impact Assessment
- If you have concerns about discrimination
- Training and development opportunities
- Disability, reasonable adjustments and access to work.

You can contact the team directly on pthb.equalityandwelsh@wales.nhs.uk



Equality Impact Assessment

Information on Equality Impact Assessments



LGBTQ+

Information on supporting and inclusion of LGBTQ+ patients and staff



Sensory Loss

Help supporting patients and staff with sensory loss



Diversity Monitoring Forms

Sample Diversity Monitoring Forms to use when surveying staff or patients.



Accessing Translation and Interpretation

How to access translation and interpretation



Events and activities

Information on events and activities



Disability Resources

Help supporting patients and staff with disabilities, long term health conditions and/or who are neurodivergent.



Attend Anywhere

Attend Anywhere is an NHS Wales Video Consultation platform.

The PTHB Equality team is able to administer the site directly and without support from other parts of the organisation. This helps ensure the information is up-to-date and fit for purpose.

Patient Stories (Objectives 1 & 2)

Building on the work established in the previous financial year, Patient Stories has become a regular item on the agenda of Board Meetings. Many of these stories have provided an opportunity for members of the board to hear the lived experience of individuals in protected groups, particularly those with Disabilities and their carers: patient stories shared with the board have included those of a patient with diabetes, two patients with sensory loss, and one of a child with disabilities.



Staff Networks (Objective 1 & 3)

In line with the commitments in our Strategic Equality Plan, the Health Board has continued to support the establishment and development of virtual networks to support staff. Each of the networks is targeted at a different group, however, follows a similar model, providing a number of functions:

- An opportunity for staff from across the organisation to meet, network professionally and to socialise, irrespective of seniority or department.
- An opportunity for staff to share experiences and support one another.

- An opportunity for staff to contribute by consultation and/or co-creation for events, resources, policies, or other projects.

Where staff networks have relevance to a Protected Characteristic under the Equality Act 2010, they can be consulted as part of the Equality Impact Assessment process.

The following staff networks were active in 2022-23:

Menopause Café

This group, in collaboration with Powys Council, has continued to meet to provide support to staff across both organisations experiencing Menopause; it has met a total of fifteen times throughout the year with sessions typically having around 10 attendees. It is planned to expand this work in 2023-24, with an aim to becoming a certified Menopause Friendly Employer.

PtHB Virtual Menopause Cafés

- Are you or a family member/work colleague, struggling with the menopause?
- Would you like to join a friendly, informal group to chat and support each other regarding all things perimenopause and menopause related?
- Share hints and tips on how to cope with symptoms and guide each other.
- Café's are hosted monthly via Microsoft Teams.
- Facebook page:- Powys Menopause Virtual Café.



Email Sharon.Davies7@wales.nhs.uk if you would like more information.

Useful links:-
www.menopausematters.co.uk
www.balance-menopause.com

Neurodiversity Network

This network, organised by PTHB and PCC staff with a range of Neurodiverse perspectives, has a total of 17 members and met twice during the year, providing an opportunity for staff to network and share their experiences.

Welsh Learners

The transfer of this group from Teams to Yammer as its electronic platform coincided with a massive increase in interest, including from staff outside staff PTHB able to access the group's content because of the cross-organisational nature of the platform. In consultation with the group's members, the group was expanded to welcome members from across NHS Wales; activity has grown as a result and the group continues to go from strength to strength, with almost 200 members. Whilst this group does not hold meetings as such, it provides an opportunity for learners to ask questions and share resources.

Public Health Wales - No.2 Capital Q... Seen by 1,317 ...

May 18

Prynhawn da
Tip Cymraeg mis Mai gan y Ganolfan Dysgu Cymraeg / Tip of the month for May from the Learn Welsh centre:



Like Comment Share

(Swansea Bay UHB - Calon Lan) and 10 others

Show 2 previous comments

(Public Health Wales - No.2 Capital Quarter) Tue at 10:55 AM

Bore da
Diolch so much for your message.
Apologies that the English isn't always clear on these.

i'w = in English means 'to his', 'to her' or 'to their'
i'w tŷ = to their house

yw = in English means 'is'
Hwyl yw ei llyfr
This is her book

Hope this helps,
Diolch

(BCUHB - Audiology) 4h ago

Thanks for the clarification

Write a comment

LGBTQ+ Network

The adoption of Yammer as an internal platform has facilitated the establishment of informal networks within the health board. The Powys staff LGBTQ+ Network organised spontaneously; it currently has around ten members and provides a space for staff to promote and share events as well as discussing issues and it also has a presence on Facebook.

Black, Asian and Minority Ethnic Network

This was another group made more feasible by Yammer and formed by staff who had previously worked in other Welsh health boards with previous experience of staff networks in those organisations. It currently has around eight members. The existence of this group contributes to PTHB's response to the Anti-Racist Action Plan (see below).

Pride Cymru (Objectives 1, 2 & 3)

PTHB took part in national online Pride Cymru and LGBTQymru events during the summer of 2022, including the NHS Wales Pride Quiz. Open invitations were sent to all PTHB staff to participate in the events.

Powys Pride 2022 (Objectives 1, 2 & 3)

Summer 2022 saw the inaugural Powys Pride event taking place in Llandrindod Wells, following previous postponements due to Covid-19. PTHB sponsored the event with a financial contribution and held a stall at the event with representation from several teams across the organisation including the Mental Health, Sexual Health and Equality teams, as well as the Powys Living Well service, promoting the services of the health board and celebrating the local LGBTQ+ community in Powys.

NHS Gender Services in Powys Leaflet (Objectives 1 & 2)

As part of our contribution to Powys Pride (see above), we undertook a consultation and workshop exercise with members of the trans and non-binary community in Powys in which we asked the open question of what they would like to see the health board do to make things easier for them. A consistent theme to the discussion was the availability of information for those seeking to transition, with many individuals frustrated not just by the lack of information available to the public about accessing gender services, but also the fact that many GPs were unable to answer questions on the subject, despite being identified as the appropriate initial contact in NHS guidance.



The result of this co-creation exercise was the information leaflet entitled 'NHS Gender Services in Powys', produced in collaboration between PTHB, the Trans community in Powys, and the Wales Gender Service at Cardiff & Vale University Health Board. This leaflet provides a wide range of

information on the process of transitioning through the NHS, as well as signposting patients to a range of Third-sector organisations. It was distributed at Powys Pride and copies have been made available at all PTHB sites as well as primary care providers throughout the county.

Anti Racist Wales Action Plan: 2022-23 Update

The Welsh Government's [Anti-Racist Wales Action Plan](#) was launched in June 2022. It includes a number of actions which public bodies, including PTHB needs to undertake in support of the government's ambition for an Anti-Racist Wales.

As this current Equality Annual Report reflects only those actions carried to during 2022-23 the work done in this area is only just beginning. During 2022-23 the Health Board carried out the following actions:

Priority Action 1: Leadership

- Facilitated the establishment of a Black, Asian and Minority Ethnic Staff Network (see above). This is a key part of ensuring there is a forum by which the health board management is able to engage with its Black, Asian and Minority staff stakeholders, as well as providing the staff themselves with the opportunity to support one another and share experiences.
- Promoted events as part of an ongoing program to provide staff with the opportunity to hear about the lived experience of individuals from Black, Asian and Minority Ethnic backgrounds.
- Commenced reporting on Pay and Ethnicity (See Appendix B). This will now be a feature of PTHB Equality Reports in the future.

Priority Action 2: Workforce

- We have updated the PTHB Equality for Managers Training program to incorporate the principles of Anti-Racism.

Patterson, Liz
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What is Anti-Racism?



- The Welsh Government's aspiration to be an **Anti-Racist Wales** is based on the idea that in order to achieve true equality we need to go beyond simply 'not discriminating' and actively dismantle systems that produce negative outcomes.

Anti-racism is about changing the systems, policies and processes which for so long have embedded a negative view of ethnic minority people...

Often it is the systems for progression, and for selecting who will be mentored, coached or sponsored, that fail people. In service provision, it is often the 'colour-blind' approach that works against ethnic minority people. For us, anti-racism involves actively identifying and getting rid of policies, systems, structures and processes that produce radically different outcomes for ethnic minority groups. It requires us to acknowledge that even if we do not see ourselves as 'racist' we can, by turning our eye away, be complicit in allowing racism to continue.

Moving Forward: Priorities for 2023-24

The health board's main priority in the fields of Equality, Diversity and Inclusion during 2023-24 is to begin consulting on and developing the next Strategic Equality Plan, which will cover the period 2024-28. The 2023-24 Annual Report will be the last under the existing Strategic Equality Plan and will include a review of the plan.

As part of the process of developing a new plan for the next four-year period, the health board has already been busy planning a joint consultation exercise with regional partners across Mid and West Wales, including Hywel Dda Health Board, Carmarthenshire, Pembrokeshire, and Ceredigion Councils, Mid and West Wales Fire and Rescue, Dyfed-Powys Police and the Bannau Brycheiniog National Park, among others. This joint approach will reduce duplication of activity across participating organisations and maximise the number of responses received for all organisations participating. The consultation at this stage is a high-level information gathering exercise that asks members of the public what they think the health board should prioritise in terms of Equality.

As a part of the process, the health board will be attending events across the county during summer 2023 to promote the survey with specific communities and groups. It has been made available in a range of languages, as well as being promoted online.

Our other priorities in the coming financial year include:

- Surveying our staff for their views on equality, both as part of the SEP consultation but also regarding their views on career progression for ethnic minority staff (as part of our Anti-Racist Action Plan).
- Develop and deliver Gender awareness training following requests from departments and primary care.
- Ensuring that all actions in the Anti-Racist Action Plan are followed through within the identified timelines.

These priorities are naturally subject to change. PTHB remains committed to Equality, Diversity and Inclusion will continue to take advantage of new opportunities to ensure we are meeting the Public Sector Equality Duty as and when they arise.

Patterson, Liz
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Further information

More information on Equality, Diversity and Inclusion at Powys Teaching health board can be obtained by contacting the team (powys.equalityandwelsh@wales.nhs.uk). Please also contact the team if you have any queries about individual activities touched on in this report.

Further information on the health board's broader initiatives and achievements throughout 2021-2022 can be found in the [Annual Reports](#) section on the health board's website.

For further information on the health board's OD Framework, please [contact the health board](#) and ask to speak to a member of the WOD team who will be able to assist you further.

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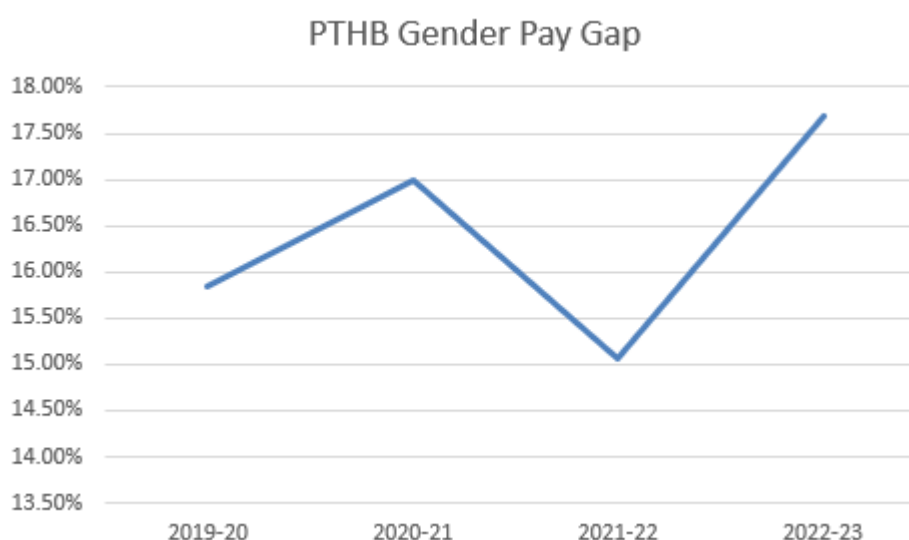
Appendix A: Gender Pay Gap Reporting

Note: All the information in this section reflects the situation as of 31st March 2023.

As per UK legislation, as an organisation with over 250 employees PTHB is obliged to report on its Gender Pay Gap including the average and median hourly rates earned by men and women.

As of 31st March 2023, the Gender Pay Gap in Powys Teaching Health Board was as follows:

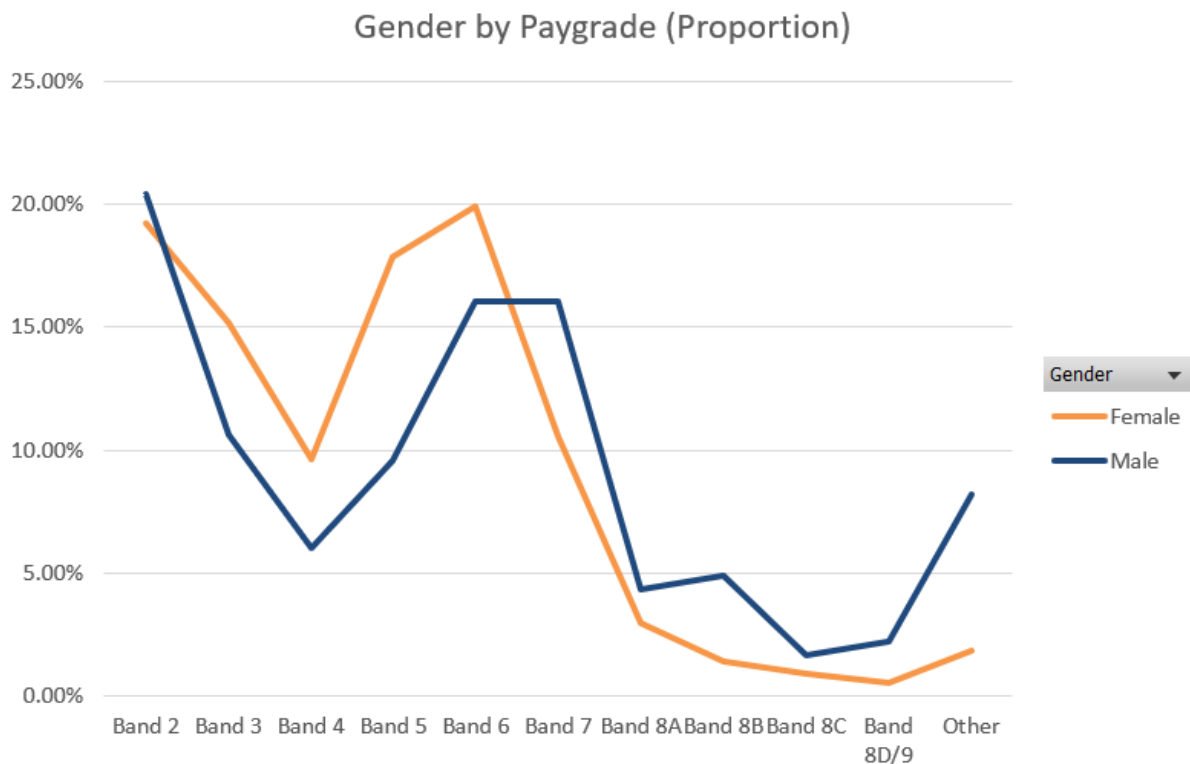
Gender	Avg. Hourly Rate	Median Hourly Rate
Male	21.0137	18.1917
Female	17.2972	15.4695
Difference	3.7165	2.7221
Pay Gap %	17.6862	14.9636



PTHB first reported on the Gender Pay Gap in 2019-20. Since then, the figures each year have been relatively similar. Of our 2,539 staff, 2,172 are women (86%) and 367 are men (14%). This is very similar to other NHS Wales organisations; however, our gender pay gap of 17.7% is a little above the UK average (14.9% in 2022) but compares favourably to other NHS Wales organisations.

(note: due to small numbers, in the following graph Bands 8D and 9 have been merged)

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Graph shows the proportion of men and women at each AFC Pay Band, as a % of the total of men or women. For example, compared to women, a greater proportion of men are in Bands 2 and 7-9.

Because salaries, terms and conditions are dictated to a large part by Agenda for Change and other pay-band frameworks, there is no reason to think that Equal Pay (women being paid less than men to do the same work) is an issue in PTHB. The gender pay gap arises instead due to the disproportionate number of employees who are women: whilst the highest paying pay brackets are gender-balanced (or close to it), women are represented far more than men at other pay bands.

Some of the less well-paid roles within the organisation are stereotypically associated with women e.g., healthcare support worker, catering assistant, domestic assistant.

Despite this, as noted the gender pay gap of 17.7% is lower than other (generally larger) Welsh health boards. This contrast is likely a reflection of the lower proportion of the PTHB workforce from medical professions (typically significantly higher paid than the health board average, and significantly more likely to be male).

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Appendix B: Ethnicity Pay Reporting

Note: All the information in this section reflects the situation as of 31st March 2022.

There is no statutory requirement to report on ethnicity and pay. However, PTHB has agreed to begin reporting this voluntarily as per the locally agreed Anti-Racist Action Plan (see above).

Due to data collection limitations, it is not possible to provide a specific pay gap figure (as is provided for Gender above). This report therefore highlights comparative figures by AFC pay grade.

Out of a total of 2,539 staff, 2,172 described their Ethnic Group as White and 66 as a non-White group; a further 334 are unknown (either because they have not filled in the form, or because they chose not to provide this information).

With the unknowns removed, this shows that **2.99%** of the staff body are from minority ethnic groups, with the remainder being white.

These groups break down by pay grade as follows:



Graph shows the proportion of White versus Minority Ethnic staff at each AFC Pay Band, as a % of the total of White or Minority Ethnic staff.

As shown in the above graph, minority ethnic staff are more likely than their white peers to be in Band 2 and *much* more likely to be in Band 5. This is likely explained by the recruitment of registered nurses from overseas and/or their transfer from neighbouring health boards.

Although minority ethnic staff are less likely than their white peers to be in Bands 7-8B, the differences are small compared to the differences at Bands 2 and 5. There are no staff from ethnic minority backgrounds in Bands 8C, 8D or 9, however, this represents a very small total number of staff. This suggests that any interventions to improve career progression for minority ethnic staff should focus at the 5-6 transition and 2-3/4.

The significantly higher proportion of minority ethnic staff whose paygrade is listed as 'other' represents the greater proportion of doctors who are of minority ethnic backgrounds.

A more detailed survey of our staff body is planned for 2023-24, including a specific focus on career progression for Minority Ethnic staff.

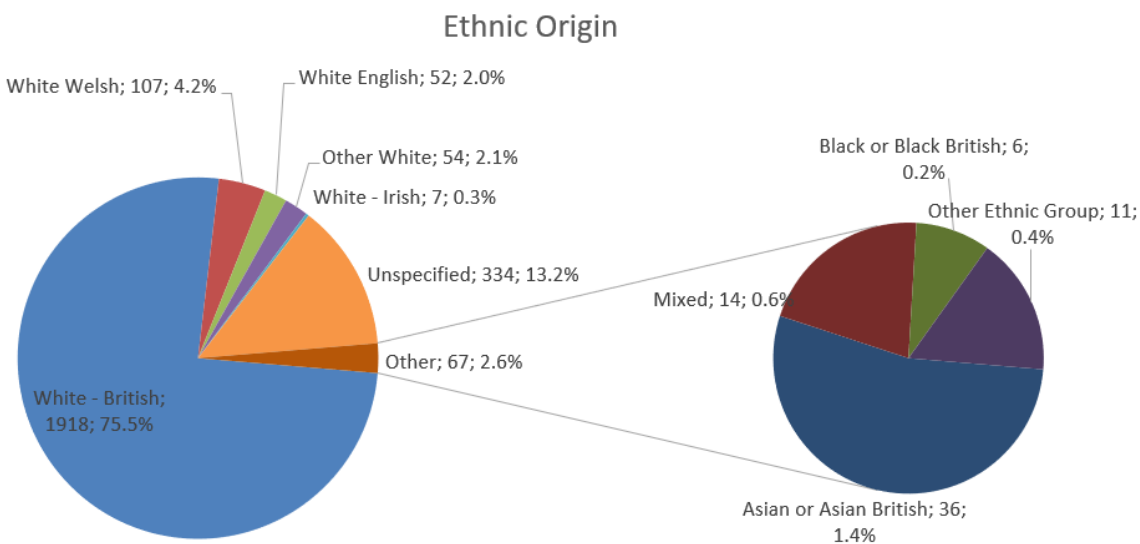
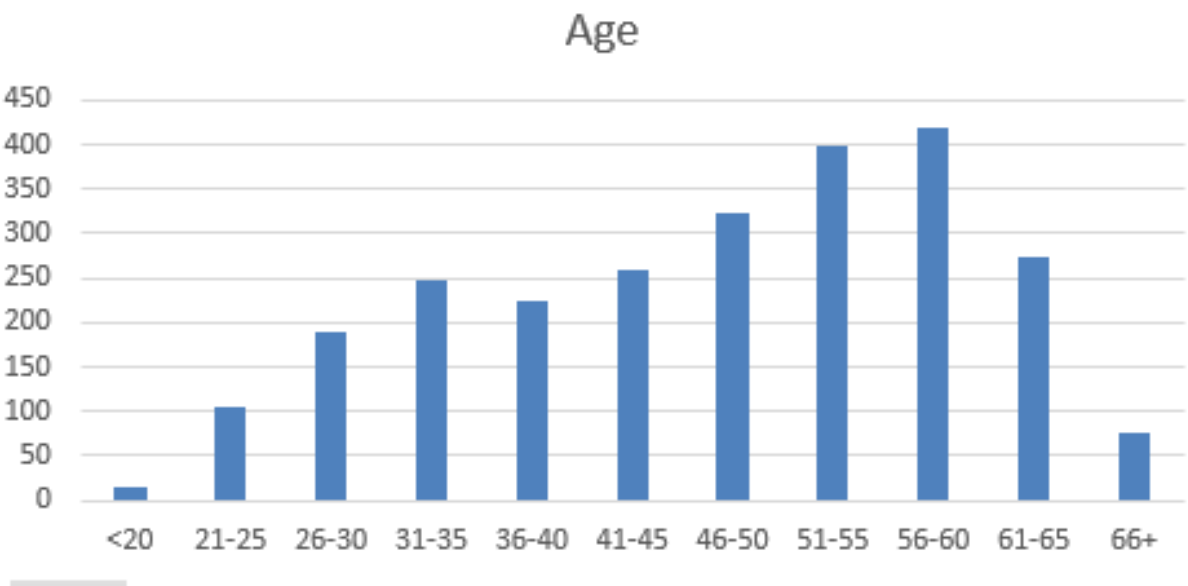
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Appendix C: Workforce Data

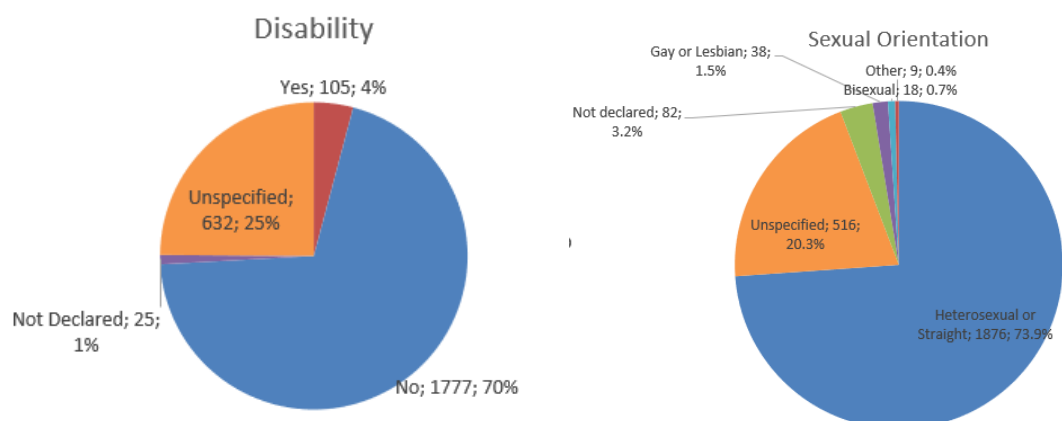
Note: All the information in this section reflects the situation as of 31st March 2023.

Powys Teaching Health Board employs 2,539 substantive members of staff (an increase of 45 since March 2022). In this section, these staff are broken down by Relevant Protected Characteristics (see above for Sex/Gender).

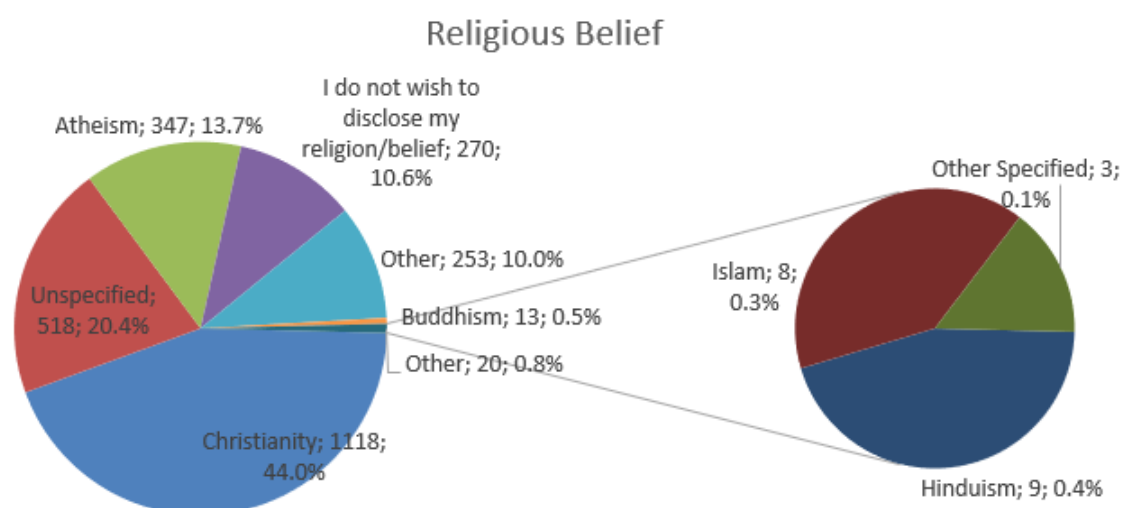
Some small groups may be merged or hidden in the following graphs to preserve anonymity.



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In the above graphs, *Unspecified* means no information is held on that individual (they did not fill this element of the form); *Not declared* means that the individual was asked but declined to provide a response.



In the above graph, *Unspecified* means that no information is held on that individual (they did not fill in that part of the form). *Other Religion* means that they chose to describe their religion as 'Other'. *Other (Specified)* means the individual chose a specific named religion, but too few individuals chose the same religion and in order to preserve anonymity these groups have been merged.

Note on Data: Powys Teaching Health Board uses the ESR system to collect and store this data, which does not hold data on Gender Reassignment or Pregnancy and Maternity. The data is also very likely influenced by the structure and limitations of the ESR system. For example, the ability to specify one's Ethnicity as 'White Welsh/English/Scottish' is a comparatively recent addition; staff who have been in the organisation for a long time

may not have been prompted with these options. This likely explains the significantly higher proportion identifying as 'White British' compared to the figures in other sources e.g., Census information.

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