Audit Risk & Assurance Committee

Tue 17 June 2025, 10:30 - 12:30

Agenda

10:30 - 10:30
0 min

1. PRELIMINARY MATTERS

Agenda_ARAC_ 17June2025.pdf (2 pages)

1.1. Welcome and Apologies

Verbal *Chair*

1.2. Declarations of Interest. Board Members Register of Interests

Verbal/attached *All*

ARAC_1.2_Board Members Declaration Of Interests summary 2024-25.pdf (4 pages)

10:30 - 10:30
0 min

2. CONSENT AGENDA BUSINESS

There are no items for inclusion within this section

10:30 - 10:30
0 min

3. ITEMS FOR APPROVAL/RATIFICATIONS/DECISION

3.1. Minutes of the meeting held on the 13 May 2025

Attached *Chair*

ARAC_3.1_DRAFT ARAC Minutes 13MAY2025.pdf (12 pages)

3.2. Committee Action Log

Attached *Chair*

ARAC_3.2_Action Log 2025-26.pdf (1 pages)

10:30 - 10:30
0 min

4. ESCALATED ITEMS

There are no items for inclusion within this section

10:30 - 10:30
0 min

5. ITEMS FOR ASSURANCE

5.1. Hosted Body Annual Report

Attached *Director of Corporate Governance*

ARAC_5.1_Hosted Body Health and Care Research Wales PTHB Audit Committee June 2025.pdf (12 pages)

5.2. Structured Assessment Report 2024 - Management Response

Attached *Director of Corporate Governance*

ARAC_5.2_Structured Assessment_Management Response.pdf (6 pages)

5.3. Internal Audit Reports 2024/2025: Quality and Safety Governance and Contract Management

Attached *Head of Internal Audit*

- ARAC_5.3a_Quality Safety Governance Final Audit Report.pdf (8 pages)
- ARAC_5.3b_Contract Management Final Advisory Report.pdf (9 pages)

5.4. Final Head of Internal Audit Opinion

Attached *Head of Internal Audit*

- ARAC_5.4_Powys THB HIA Opinion & Annual Report 24-25 Cover.pdf (2 pages)
- ARAC_5.4a_HIA Opinion & Annual Report 24-25.pdf (28 pages)

5.5. PTHB Final Accountability Report and Financial Accounts (letter of representation)

Attached *Director of Corporate Governance and Deputy Chief Executive/Director of Finance, Capital and Support Services*

- ARAC_5.5_Powys HB - ISA260 24-25.pdf (34 pages)
- ARAC_5.5a_Final Annual Report and Accounts 2024-2025 cover paper.pdf (6 pages)
- ARAC_5.5b_Appendix 1 - Annual Report - Combined Final Draft (no foreword).pdf (189 pages)
- ARAC_5.5c_Appendix 2 - Financial Statement 2024-25.pdf (78 pages)

5.6. Enquiries of Management and those charged with Governance

Attached *Director of Corporate Governance and Deputy Chief Executive/Director of Finance, Capital and Support Services*

- ARAC_5.6_Audit enquiries letter - PTHB 24-25 response.pdf (29 pages)

5.7. Risk Appetite (Financial Sustainability)

Attached *Director of Corporate Governance*

- ARAC_5.7_Risk Appetite - Financial Sustainability June25.pdf (10 pages)

10:30 - 10:30
0 min

6. ITEMS FOR DISCUSSION

There are no items for inclusion within this section

10:30 - 10:30
0 min

7. CONSENT AGENDA

There are no items for inclusion within this section

10:30 - 10:30
0 min

8. OTHER MATTERS

8.1. Any Other Urgent Business

Verbal *Chair*

8.2. Items to be Brought to the Attention of the Board and Other Committees

Verbal *Chair*

8.3. Committee Reflections

Verbal *All*

8.4. Date of next meeting: 08 July 2025 via Microsoft Teams

AUDIT, RISK AND ASSURANCE COMMITTEE

TUESDAY 17 JUNE 2025
10:30-12:30
VIA MICROSOFT TEAMS
CHAIR: STEVE ELLIOT

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

AGENDA				
Time	**Item**	**Title**	**Attached / Verbal**	**Owner**
	1	**PRELIMINARY MATTERS**		
10:30	1.1	Welcome and Apologies	Verbal	Chair
	1.2	Declarations of Interest • Board Members Register of Interests	Verbal/ Attached	All
	2	**CONSENT AGENDA BUSINESS**		
There are no items for inclusion within this section.				
	3	**ITEMS FOR APPROVAL / DECISION / RATIFICATION**		
	3.1	Minutes of previous meeting held on 13 May 2025	Attached	Chair
	3.2	Committee action log – No live actions	Attached	Chair
	4	**ESCALATED ITEMS**		
There are no items for inclusion within this section				
	5	**ITEMS FOR ASSURANCE**		
10:35 10min	5.1	Hosted Body Annual Report	Attached	Director of Corporate Governance
10:45 15min	5.2	Structured Assessment Report 2024 - Management Response	Attached	Director of Corporate Governance
11:00 25min	5.3	Internal Audit Reports 2024/2025 • Quality & Safety Governance *(reasonable assurance)* • Contract Management *(Advisory)*	Attached	Head of Internal Audit
11:25 15min	5.4	Final Head of Internal Audit Opinion	Attached	Head of Internal Audit
11:40 20min	5.5	PTHB Final Accountability Report and Financial Accounts (letter of representation)	Attached	Director of Corporate Governance and Deputy Chief Executive/Executive Director of Finance, Capital and Support Services
12:00 15min	5.6	Enquiries of Management and those charged with Governance	Attached	Deputy Chief Executive/Executive Director of Finance,

				Capital and Support Services
12:15 15min	5.7	Risk Appetite (Financial sustainability)	Attached	Director of Corporate Governance
	6	**ITEMS FOR DISCUSSION**		
There are no items for inclusion within this section.				
	7	**CONSENT AGENDA**		
There are no items for inclusion within this section.				
	8	**OTHER MATTERS**		
12:30	8.1	Any other urgent business	Verbal	Chair
	8.2	Items to be brought to the attention of the Board and/or other Committees	Verbal	Chair
	8.3	Committee reflections	Verbal	All
	8.4	Date of the next meeting: 08 July 2025 via Microsoft Teams		

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.

Meetings are currently held virtually, should you wish to observe a virtual meeting of a committee, please contact the Director of Corporate Governance at PowysDirectorate.CorporateGovernance@wales.nhs.uk at least 24 hours in advance of the meeting in order that your request can be considered on an individual basis.

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 Committee meetings are not public meetings, questions are invited and welcome from members of the public – pleased 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.

POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2024/25

Updated: February 2025

Position	Name	Nature of Interest	Nature of Declaration	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment	Date Returned	Last day in Powys Teaching Health Board
INDEPENDENT MEMBERS									
PTHB Chair	**Carl Cooper**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2017	2025	Board Member, Social Care Wales	Remunerated Public Appointment	03/02/2025	
		Spouse/Partner/Other	Ownership or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB.	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	NIL		
			A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2025	Ongoing	Stepdaughter's partner is a Pharmaceutical Control Analyst employed by Cardiff & Vale Health Board.	Nil		
Vice Chair	**Kirsty Williams**	Personal	A position of authority in a Charity of Voluntary Body in the field of health and/or social care	May-22	Current	Deputy Director Samaritans Powys	None	22/05/2024	
			Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Nov-22	Current	ILEP- A Subsidory of Cardiff University	None		
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice	Feb-24	Ongoing	Commissioner for South Wales Fire and Rescue	Ministerial Appointment		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (General)	**Rhobert Lewis**	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Nov-21	Current	Chair NPTC Group of Colleges	NIL	08/04/2024	
				Sep-23	Current	Chair Confederal Governance UWTSD	NIL		
				Nov-21	Current	Member of National Assesmbly of Wales Cross-Party Group on STEMM	NIL		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL			
Independent Member (Trade Union)	**Cathie Poynton**	Personal	NIL	NIL	NIL	NIL	NIL	02/04/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (Information and Technology)	**Ian Phillips**	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	01-Aug-21	Current	Independent Chair Welsh Kidney Network	Remunerated	08/04/2024	22/08/2024
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (finance)	**Steve Elliot**	Spouse/Partner/Other	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	04/02/2024	Current	Director of Oshi's World Private Limited Company	NIL	19/08/2024	
		Personal	Ownership or part ownweship of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB	22/09/2023	31/03/2024	Special Advisor (Finance) to Powys tHB Audit and Delivery and Performance Committees	Yes		
		Spouse/Partner/Other	A position of authority in a Charity or Voluntary Body in the field of health and/or social care	04/02/2024	Current	Trustee of Oshi's World Charity	NIL		
Independent Member (General)	**Ronnie Alexander**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only	15/08/2024	
			A position of authority in a Charity or Voluntary Body in the field of health and/or social care.	2017	Current	Member of Finance, Risk and Audit Committee Hafod/Hendre Housing Association	£2500.00 per annum		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	Mar-21	Current to Dec-27	Personal: Independent Monitoring Authority (IMA) – Non Executive Director	£7500.00 per annum		
		Spouse/Partner/Other	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2017	Current	Director of RA and CJ Consulting Limited	Dividend Payment only		
Independent Member (University)	**Simon Wright**	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	2015	Current	Personal: Academic Registrar, Cardiff University- Various Healthcare Programmes	Salaried Employment		

		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment	08/07/2024	
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment		
Independent Member (Third Sector)	**Jennifer Owen Adams**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None	30/04/2024	
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	Apr-14	Ongoing	Trustee of Impelo Dance CIO	None		
				Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None		
		Spouse/Partner/Other	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL		
Independent Member (Local Authority)	**Christopher Walsh**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.			Member of Community Speed Wath Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL	09/09/2024	
			Ownership or part ownweship of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner:CTW Genealogy Research and	NIL		
			A position of authority in a Charity or Voluntary Body in the field of health and/or social care.		Ongoing	Elected Member Powys County Council •Trustee/Chair: Brecon University Scholarship Fund •Brecon Town Council Elected Member •Governor of Priory Church in Wales School •Member Brecon Beacons National Park Authority SDF & Grant Advisory Panel	NIL		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL		
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.		Ongoing	Labour Party	NIL		
Independent Member (Capital)	**Michael Giannai**	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated	01/04/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member	**Ian Thomas**	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Jan-23	Current	Family Fund (UK Charity)	NIL	09/01/2025	
				Jun-24	Currne t	Family Fund Business Services (FFBS)	NIL		
EXECUTIVE MEMBERS									
Chief Executive Officer	**Hayley Thomas**	Personal	NIL	NIL	NIL	NIL	NIL	30/05/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of Planning, Performance & Commissioning	**Stephen Powell**	Personal	NIL	NIL	NIL	NIL	NIL	03/07/2024	18/10/2024
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of Finance, Capital	**Pete Hopgood**	Personal	NIL	NIL	NIL	NIL	NIL		

and Support Services		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	Ongoing	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant	22/05/2024	
Executive Director of Allied Health Professions, Health Science and Digital	**Claire Madsen**	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	07-Jan-19	Current	Occasional Lecturer for University of West of England.	Hourly rate	02/04/2024	
			Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	10-Jun-05	Current	Member of the The Chartered Society of Physiotherapy	NIL		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of Nursing, Quality, Women and Family Health	**Claire Roche**	Personal	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2018	Current	Member of the Royal College of Nursing	NIL	22/08/2024	
				1994	Current	Member of the Royal College of Midwifery			
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Medical Director	**Kate Wright**	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	01-Aug-91	Current	Member of the British Medical Association		12/08/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of People and Culture	**Debra Wood Lawson**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	01-Nov-24	Current	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	NIL	18/11/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of Public Health	**Mererid Bowley**	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	NIL	NIL	Member of Faculty of Public Health	NIL	23/05/2024	
		Spouse/Partner/Other	Ownership or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB.	NIL	NIL	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	NIL		
Interim Executive Director of Operations	**Joy Garfitt**	Personal	NIL	NIL	NIL	NIL	NIL	No change from 2023 submission	30/09/2024
		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2012	Current	Spouse employed by PTHB within Mental Health Department	NIL		
Director of Corporate Governance/ Board Secretary	**Helen Bushell**	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	Nov-21	Current	School Governor – primary school (Bridgend Local Authority)	Not remunerated	03/06/2024	
		Spouse/Parter or other Relative	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Sep-16	Current	Board Diretor and Chair of the Board Cadarn Housing Ltd (Powys is a zonal partner)	Remunerated part time role, 2-4 days per month		
			A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	Jul-24	Oct-24	Spouse member of the PTHB Bank working occasionally for the Health Board	Paid per hour/day of work		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Sep-22	Current	Public Appointment - Youth Work strategy and implementation Board - Oct 22 - Sept 24	Remunerated 2-4 days per month		
Associate Director of Capital and Estates	**Wayne Tannahill**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	1996	2016	Director of Pembrokeshire Surveyors Ltd. Sole proprietor, small architectural business, made dormant April 2016 (formally closed April 2017)		24/04/2024	
		Spouse/Parter or other Relative	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	1996	2016	Daughter Kate was Company Secretary			
Director of Strategic	**Lucie Cornish**								

Improvement and Transformation		Nil	Nil	Nil	Nil	Nil	Nil	13/11/2024	
Executive Director of Planning, Performance & Commissioning	**Nicola Johnson From 07/10/24**	Nil	Nil	Nil	Nil	Nil	Nil	16/10/2024	
Executive Director of Primary, Community Care and Mental Health	**Elaine Lorton From 30/09/2024**	Personal	A position of authority in a Charity or Voluntary Body in the field of health and/or social care.	Nov-19	Current	Chair – West Wales Care & Repair	Nil	17/10/2024	
				Apr-24	Current	Independent Member – ateb	£2,960 Per Annum		

AUDIT, RISK AND ASSURANCE COMMITTEE

UNCONFIRMED MINUTES OF THE MEETING HELD ON 13 MAY 2025 AT 10:00 VIA MICROSOFT TEAMS

MEMBERS		
Steve Elliot	SE	Independent Member (Finance) (Chair)
Ronnie Alexander	RA	Independent Member (General)
Chris Walsh	CW	Independent Member (Local Authority)
IN ATTENDANCE		
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services and Deputy Chief Executive
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Carl Cooper	CC	PTHB Chair (observing)
Mathew Evans	ME	Counter Fraud
Louisa Steele	LS	Lead Local Counter Fraud Specialist
Bethan Hopkins	BH	Audit Wales
Mike Jones	MJ	Audit Wales
Sarah Pritchard	SP	Head of Financial Services
Stella Gwynne	SG	Deputy Board Secretary
Hayley Thomas	HT	Chief Executive Officer
Amanda Smart	AM	Head of Information Governance
Ian Virgil	IV	Head of Internal Audit
Bethan Powell	BP	Corporate Governance Officer
APOLOGIES FOR ABSENCE:		
Amanda Legge	AL	Post Payment Verification team (NWSSP)
Sue Tilman	ST	Post Payment Verification team (NWSSP)
Kirsten Jones	KJ	Llais

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (ARA/25/001)

The Chair welcomed everyone to the meeting. Apologies for absence were received as recorded above.

1.2 DECLARATIONS OF INTEREST (ARA/25/002)

The Chair NOTED the attached Register of Interests and provided an opportunity for the declaration of any further interests pertaining to the meeting agenda.

HB highlighted a declaration on behalf of all Board Members in relation to the information provided in the Remuneration Report section of the Health Board's Annual Report 2024/25 (Item 5.1). The Committee NOTED the declaration.

2. CONSENT AGENDA BUSINESS (ARA/25/003)

No items were requested for inclusion in the main agenda.

3. ITEMS FOR APPROVAL/DECISION/RATIFICATION

3.1 MINUTES OF THE PREVIOUS MEETING HELD ON 14 JANUARY 2025 (ARA/25/004)

The minutes of the meeting held on 11 March 2025 were **CONFIRMED** as an accurate record.

3.2 COMMITTEE ACTION LOG (ARA/25/005)

The Committee **RECEIVED** and **CONFIRMED** the four actions that were recommended for closure.

3.3 COMMITTEE WORK PROGRAMME (ARA/25/006)

HB presented the work programme for 2025/26 for approval which was based on the Committee Terms of Reference. It was noted that the work programme would be subject to change throughout the year to ensure the necessary flexibility to adapt based on organisational need. It was confirmed that the work programme would continue to be provided at each Committee meeting under the consent agenda and implementation would be monitored throughout the year by the Corporate Governance Team.

The Committee **APPROVED** the work programme for 2025/26.

4 ESCALATED ITEMS

There were no items for inclusion within this section.

5 ITEMS FOR ASSURANCE

5.1 PTHB DRAFT ACCOUNTABILITY REPORT AND FINANCIAL ACCOUNTS (ARA/25/007)

PH presented an overview of the financial accounts and highlighted the following matters for the Committee's attention:

- The revenue position for 2024/25 was a deficit of £15,753k resulting in a 3-year cumulative deficit of £34,738.
- Capital resource limit had delivered a modest surplus of £50k.
- Public Sector Pay Policy (PSPP) position had improved since 2023/24 but remained short of the 95% target at 93.80%.
- Three key areas of expenditure were hospitals and community services, healthcare commissioned from other providers and primary healthcare.
- Without prior notification, an invoice for £5M from Wye Valley NHS Trust (WVT) has been received (dated 13th March 2025). It had the description "Recognition of discussions regarding parity of funding with English commissioners including remoteness uplift, PFI and inflation". The Health Board strongly refutes the basis for the charge and the amount and immediately corresponded with WVT seeking a credit note. This was noted as a serious matter for both organisations in terms of agreeing the end of year position and the preparation of annual accounts. The £5m invoice had not been included within the Health Board's 2024/25-month 12 financial position reported to Welsh Government. It was confirmed that senior officials have been alerted to the situation, as had Audit Wales. The Health Board is seeking to resolve the issue through the disputes mechanism contained within the Long Terms Agreement (LTA). If this is unsuccessful, then resolution between Welsh Government and NHS England will be sought. The invoice was included

as a Contingent Liability, so it is transparently reflected in the Annual Accounts as potential liability.

- The presentation also provided an overview of:
  - Miscellaneous income
  - Property, Plant and Equipment
  - Right of Use Assets
  - Provisions
  - Cash Flow
  - Statement of Comprehensive Net Expenditure (SOCNE), which demonstrated a significant increase in operating costs.

Committee Members sought assurance by asking the following questions:
Had there been any material changes to the Accounting Policy?
SP confirmed there had been no material changes and that a comprehensive manual for accounts was issued annual by Welsh Government. It was noted that IFRS19 was due to be introduced from April 2026 in relation to insurance, though the Health Board did not anticipate any of its contracts would be reportable.

The Chair observed the significant of the in-year and cumulative deficit and noted the collective actions to improve this position within the 2025-26. The achievement of the planned deficit in 2024-25 was recognised as positive, as was the capital outturn. The Committee formally NOTED the contingent liability in regard to the WVT invoice which was subject to escalation if unable to be resolved directly and expressed a hope for resolution via national arbitration.

HT raised the following matters for the Committees information:

- A Chief Executive to Chief Executive meeting had been held on 9 May in regard to the WVT invoice, in which it was recognised the matter was material to both organisations' accounts.
- The provision in regard to Clinical Negligence has doubled in-year and work was underway to understand the drivers behind the increase
- The strategic cash support of £9M provided by Welsh Government in Q4 of 2024-25 was recognised.
- The importance of the actions to remedy the cumulative deficit was noted as a key focus for the coming year.

MJ noted that Audit Wales had not yet formed a view in relation to the WVT invoice and noted the additional complexity of the cross-border relationship in regard to arbitration. It was noted that there was a risk that the issue may not be resolved by the 27 June, and that Audit Wales were mindful the position would be subject to change up to the signing date.

The Committee **RECEIVED** and **NOTED** the financial accounts and the Chair and Chief Executive both expressed their thanks to the work undertaken by the Finance Team.

HB noted the Annual Report comprised of the three sections: the Financial Statements, the Performance Report and the Accountability Report. The Financial Statements and Accountability Report would be considered at this Committee, whilst the Performance Report would be considered by the Delivery and Performance Committee.

HB presented the accountability report which was made of the Corporate Governance Report, the Remuneration Report and Parliamentary Accountability Report. It was noted that the content of the report was based on the Manual for Accounts as published by Welsh Government and the draft had been submitted to Welsh Government, Audit Wales and Internal Audit on 9 May and would not be subject to review. It was noted that HT would also review the report from her perspective as Accountable Office (AO).

Committee Members sought assurance by asking the following questions:
Had consideration been given to the production of an easy-read version of the document?
HB noted that previously an easy-read version hadn't been produced but the team would reflect on resources and capacity and consider options for simplifying and clarifying language where possible and the potential production of summary slides similar to those provided for the financial statements.

What was the rationale for those risks included in Figure 8?
HB confirmed those risks that were included where scored above a certain level, this would be clarified in the document.

The Committee **RECEIVED** and **NOTED** the financial accounts and the Chair and Chief Executive both expressed thanks to the work undertaken by the Corporate Governance and team others across the organisation in the production of the report

5.2 INTERNAL AUDIT PROGRESS REPORT (ARA/25/008)

IV introduced the progress report and highlighted that the executive summaries of the 7 finalised reports since the last Audit Risk and Assurance Committee in March 2025 were included in section 7 of the report. Full copies of the final reports are included at item 5.3 on the agenda.

Current position with progress of the 2024/25 plan:

- Nineteen audits finalised to date (seven since the last meeting – three substantial, three reasonable, one advisory)
- Four audits were work in progress with planned delivery to include in the Head of Internal Audit Opinion 2024-25
- One audit in Mental Health has been delayed due to staff availability and would be moved into 2025-26, this still allowed sufficient coverage for the provision of the Head of Internal Audit Opinion

The Committee noted that it had previously been agreed that Internal Audits would be shared with members on finalisation, as well as part of the Committee papers to better balance the volume of reading required in the days prior to the Committee meeting. It was noted that the mechanism for this had been enacted but there had been issues with communicating to members when reports had been made available. It was noted that this would be rectified in the period leading up to the next Committee.

Committee Members sought assurance by asking the following questions:
Had there been any difficulties in communicating with managers in the context of the Mental Health audit delay?

IV confirmed that communications were generally very good and that the circumstances in relation to the Mental Health audit were isolated and had been raised internally and with HB.

What steps where being taken to ensure that audits were not concentrated in Q4 for coming years?
IV confirmed a plan had been developed for delivery in Q1 and 2 and that conversation were already underway with management to ensure timely delivery within the early quarters.

Were there any reflections on the red compliance in relation to timescale for management sign off?
IV noted that there were only 4 audits out width of the timescale and that comparatively Powys's compliance was positive. It was recognised that meetings are held when issuing a report to agree actions in a timely way from both sides.

What is the difference between a standard audit and an advisory report?
IV noted that when a process of service is under development an advisory report is produced to support development rather than provide assurance, through the report is produced utilising the same principles.

The Committee **RECEIVED** and **NOTED** the report.

5.3 INTERNAL AUDIT REPORTS (ARA/25/009)

IV gave an overall view of the Assurance obtained from the following Audits:

a) Primary Care GMS Unified Contract
b) Pharmacy Stores
c) Business Continuity Planning
d) Risk Management
e) Information Governance
f) Llandrindod Phase 2
g) Partnership Governance

a) Primary Care GMS Unified Contract

The Committee **RECEIVED** and **NOTED** the report which provided Substantial Assurance.

b) Pharmacy Stores

IV provide an overview of the report an confirmed a rating of Reasonable Assurance. Three high priority findings had been found in relation to lack of supporting documentation, inadequate recording of information and inadequate stock reconciliation procedures, all three of which had been completed at the time of the management response.

Committee Members sought assurance by asking the following questions:
How was the assessment of vaccine wastage made?
IV noted that it was not possible to assess vaccine wastage entirely as this is not recorded under the current system, the assessment was therefore based on increased or decreased risk of wastage.
What was the underlying cause of the issues resulting in the key findings?

IV recognised the small team size and noted that the recommendations related to a lack of evidence confirming compliance rather than a fundamental issues with the processes in place.

The Committee **RECEIVED** and **NOTED** the report.

c) Business Continuity Planning

The Committee **RECEIVED** and **NOTED** the report which provided Substantial Assurance.

d) Risk Management

IV provided an overview of the report and confirmed a rating of Reasonable Assurance. It recognised the substantial changed made in the revision of the Risk Management Framework and the ongoing work the integrate of develop the Datix Cloud Risk Management System and the Board Assurance Framework. It was noted that one recommendation had been made in relation to the way Directorate and Services record their risks.

Committee Members sought assurance by asking the following questions:
What was the management action not due to be implemented until November?
HB noted that the resolution of the recommendation was linked to the roll out of the Datix system which was likely to take several months to full integrate.

The Committee **RECEIVED** and **NOTED** the report.

e) Information Governance

The Committee **RECEIVED** and **NOTED** the report which provided Substantial Assurance.

f) Llandrindod Phase 2

IV provided an overview of the report and confirmed a rating of Reasonable Assurance with three Medium Priority findings identified in relation to the Risk Register, Key Performance Indicators and the Performance Bond.

The Committee **RECEIVED** and **NOTED** the report.

g) Partnership Governance

The Committee **RECEIVED** and **NOTED** the advisory report.

5.4 DRAFT HEAD OF INTERNAL AUDIT OPINION (ARA/25/010)

IV presented the draft Head of Internal Audit Opinion and confirmed that that the opinion provided the Health Board with Reasonable Assurance for 2024/25. It was noted that a number of audits remained in draft at the time of writing the draft report, though it was not anticipated that the outcome of these reports raises any significant issues or impact on the overall assurance rating provided. The following summary of 2024-25 audits was provided:

Substantial Assurance	• Integrated Performance Framework • Core Financial Systems • Board & Committee Structure / Effectiveness • Records Management • GMS Unified Contract Assurance Framework • Business Continuity Planning • Information Governance Follow-up
Reasonable Assurance	• Integrated Plan Development Process • Cleaning Standards • Staff Retention • Capital Systems • Energy Management • Patient Flow / Discharge Management • Additional Learning Needs Legislation • Community Cardiology • Medicines management (Pharmacy Stores) • Risk Management & Assurance • Llandrindod Wells Phase 2
Limited Assurance	• Deprivation of Liberties Safeguards (DoLS)
Unsatisfactory	•
Advisory/Non-Opinion	• Partnership Governance Framework

With the following reports remaining work in progress with assurance yet to be determined:

- Quality & Safety Governance (Duty of Quality)
- Contract Management
- Cancer Services
- Medical Devices Mattresses
- Mental Health Care & Treatment Planning

IV expressed his thanks to colleagues in the Health Board for their support through 2024-25 and note that the final audits from 2024-25 would be brought forward to the June Committee.

Committee Members and HB echoed that the thanks provided and welcomed the supportive but appropriate challenge provided and the collegiate relationship was recognised.

The Committee **CONSIDERED** and **NOTED** the Draft Head of Internal Audit Opinion and Annual Report for 2024/25.

5.5 EXTERNAL AUDIT PROGRESS REPORT AND ANNUAL REPORT (ARA/25/011)

BH presented the Audit Progress Report which provided an update on the current and planned accounts and performance audit work presented to the Committee in March 2025. It was noted that the Structured Assessment 2024-25 was included within the next agenda item for consideration. The following projects were noted as in the pipeline, some of which were local and others thematic reviews:

- Management of Estate
- Agency use in Mental Health and Learning Disabilities
- Quality Governance

It was noted that the 'No time to lose: Lessons from our work under the Well-being of Future Generations Act' report had been published in April 2025 and Members were encouraged to register for the GPX conference on the shift to prevention in July 2025 should they wish to attend.

The Committee **RECEIVED** the report.

5.6 EXTERNAL AUDIT REPORTS: STRUCTURED ASSESSMENT (ARA/25/012)

HB presented the report and recorded her thanks to Audit Wales for the helpful conversation in the development of the report. It was confirmed that the Health Board was fully accepting of the report and the actions contained within it, however it was noted that work was still underway to finalise the management response. The Committee recognised the importance of allowing Executive Leads the opportunity to review timelines to ensure achievability in the current context.

Committee Members sought assurance by asking the following questions:
What were the actions required to strengthen the tracking of Audit Recommendations for reporting to the Committee?
BH confirmed this was in relation to the recording of clear evidence when closing recommendations to improve transparency. HB confirmed that the recommendation was to ensure Executive Directors were able to demonstrate a source for closure if required. It was confirmed that both Internal and External Audit undertake a check on a sample of audits each year requesting evidence in relation to completion/closures.

Was there a reason Well-being Objectives weren't reviewed annually?
HB confirmed that Well-being Objectives are reviewed annually however it was recognised that there was a need to strengthen the mechanism and communication of this review. HT confirmed that consideration was being given to how this is captured and recognised that the Health Board's 10-year strategy would be due for review in the coming year.

What skills were being referred to in the recommendation relating to Board Member skills and capacity to support transformation?
BH noted that the recommendation was in regard to the assurance available to confirm that the skills and capacity of Board Members to review papers, ask pertinent questions etc.

The Committee **RECEIVED** the Structured Assessment and **NOTED** that the management response would return to the Committee on 17 June.

5.7 COUNTER FRAUD UPDATE: INCLUDING ANNUAL REPORT AND INVESTIGATIONS (ARA/25/013)

ME presented the item which updated the committee on key activity and developments in relation to the Counter Fraud Work Plan 2025/26 and provided the Counter Fraud Annual Report 2024/25 which summarised the performance and counter fraud activity delivered in the Health Board throughout 2024/25 and incorporated the Health Board's self-assessment return regarding compliance with Counter Fraud Standards which required approval by the Committee Chair.

Committee Members sought assurance by asking the following questions:
Is the dynamic of cases closed throughout the year vs cases that remain open and whether that balance is rise?
ME confirmed that he had no concerns with the number of cases closed in year and reported that this was in alignment with other Welsh Health Boards.

Was it felt there were sufficient resources to respond as needed?
ME suggested that resourcing felt about right, with some be and flow throughout the year. It was noted that contingency was built into the work programme for each year to allow flexibility to respond to emerging risks and issues.

Was there confidence in the mechanism used to report of values associated with cases of fraud?
ME reported that there was a robust formula in place for identifying the value of investigations, and for monies recovered via the proceeds of crime act. It was noted that the extrapolation was slightly more complex and was calculated based on potential values based on fraud continuing saved which may provide a false positive, it was however noted that this is not routinely used in NHS Wales.

In terms of turnover of cases, where there any long-term cases relating to previous financial years?
ME reported that most cases were completed in-year with only complex cases going beyond the 12-month threshold, likely linked to presentation of charges and charges brough to trail. For example, the last large-scale investigation took around 18 months to investigate and prepare with another 18 months to bring charges.

The Committee **RECEIVED** the update report, took **ASSURANCE** that appropriate counter fraud systems were in place and **APPROVED** the Counter Fraud Annual Report 2024/25 following which the Committee Chair will be asked to approve the annual self-assessment return.

5.8 SINGLE TENDER WAIVERS (INCLUDING EXTENSIONS TO CONTRACTS) (ARA/25/014)

SP presented the item and noted that during the Period 1st March to 31st March 2025 there has been no instances of Single Tender Waivers. An analysis of approved Single Tender documents covering the period 1st April 2020 to 31st March 2025 had been undertaken and the findings of the analysis confirmed that during 2020-21 the amounts per year of STW were at a relatively low level until an increase in 2021/22. The increase in 2021/22 was mainly due to Health Care Provision related STWs for longer periods and larger values. Since this peak, the annual value and number of STWs had decreased over the following two years.

The Committee **NOTED** there has been no Single Tender Waiver requests made between 1 March 2025 and 31 March 2025 and took **ASSURANCE** that the organisation has appropriate monitoring in place for single tender waivers.

5.9 LOSSES AND SPECIAL PAYMENTS ANNUAL REPORT (ARA/25/015)

SP presented the item and noted which provided a summary for the period 1st April 2024 to 31st March 2025. The payments had been categorised as follows:

- Clinical negligence and personal injury
- Redress (Putting Things Right)
- General Medical Practice Indemnity (GMPI)
- Other Special Payments

Committee Members sought assurance by asking the following questions:
It was queries whether any trends had been identified in regard to GMPI?
SP confirmed there had been 10-12 cases since inception, with more cases claimed for this year but also withdrawn with some dual with clinical negligence. It was noted that it was difficult to track trends due to the small numbers though it was recognised that there had been slightly increase in numbers of GMPI.

The Committee **RATIFIED** the Annual Report on Losses and Special payments covering the period 1st April 2024 to 31st March 2025.

5.10 INFORMATION GOVERNANCE RECORDS MANAGEMENT AND ANNUAL REPORT (ARA/25/016)

Amanda Smart, Head of Information Governance joined the meeting.
HB introduced the item and welcomed AS to the meeting to present the report. It was noted that this was the first combined report on information governance and records management. The report provided an overview of the following matters and metrics:

- Freedom of Information (FOI) performance
- Requests for Personal Information
- IG Mandatory E-Learning Training compliance
- Delivery of training
- Datix Incidents (Breach Reporting)
- National Intelligent Integrated Audit Solution (NIIAS) notifications
- Records Management re-audited by Internal Audit
- NHS Wales Information Governance Toolkit
- Policy and procedure development
- Data Protection Impact Assessments (DPIAs)
- contracts and information sharing agreements
- Research proposals and service evaluation requests
- Information Asset Register platform

HB welcomed the report and highlighted the work undertaken by AS and the team resulting in a previous Limited Assurance Internal Audit Rating being updated to Substantial Assurance in April 2025.

Committee Members sought assurance by asking the following questions:
What are Environmental Regulation Information Requests?
AS confirmed that this category was used to collect information relating to environmental subjects such as water, energy, carbon footprint etc. It was noted that these requests were managed via the same mechanism as FOIs however were captured under difference legislation.

Had any themes been identified in relation to requests for personal information?
AS reported that there were no obvious trends in relation to Subject Access Requests (SARs) but suggested that an increase in general awareness of the ability to request personal data was likely the cause in a steady increase in SARs across Wales.

Were there any concerns in relation to IT access for staff impacting on training compliance?

AS noted that work was currently underway with colleagues in workforce to understand potential training access issues relating to bank workers, it was suggested that this issue was common across Wales.

The Committee welcomed the combination of the previously separate reports and recognise the significant progress made to date.

The Committee **RECEIVED** the annual report for 2024/25 and took **ASSURANCE** appropriate mechanisms are in place to monitor and record progress. The Committee **NOTED** the actions for continued development into 2025/26.

Amanda Smart, Head of Information Governance left the meeting.

5.11 ANNUAL REVIEW OF COMMITTEE EFFECTIVENESS (ARA/25/017)

HB provided a summary of the findings arising from the recent Committee Effectiveness Survey, it was note that for 2024/25 the circulation of the survey had been extended beyond Committee Members and Executive Directors to include other regular attendees such as Deputy and Assistant Directors, Committee Secretariat, Auditors etc.

HB noted that the findings of the survey were broadly very positive however noted the following areas for further consideration:

- Committee Membership and Quoracy
- Focus of Committee time, e.g. on lower assurance audits, long overdue audit recommendations and WHCs, financial controls
- Induction/training specific to ARAC
- Benchmarking for Committee effectiveness and 'what good looks like' in and audit Committee context

Committee Members sought assurance by asking the following questions:
Had consideration been given to standardising arrangements for Committee Vice-Chairs?
HB confirmed that under current arrangements some Committees have Vice-Chairs whilst others do not. It was confirmed Vice-Chair arrangements would be considered as part of the forthcoming review of Committee Membership.

The Committee **DISCUSSED** the summary of the Committee Effectiveness survey and any areas for action/improvement.

5.12 REVIEW OF COMMITTEE TERMS OF REFERENCE (ARA/25/018)

HB presented the following summary of proposed changes to the Committee Terms of Reference following review:

Section of Terms of Reference	Updates
3 – Delegated Powers and Authority	Assurance in regard to the performance management of digital and information management and technology (IM&T) systems is removed, to be transferred to the Committee (previously Delivery and Performance Committee).

	Increased clarity on the role of the Committee in relation to the oversight of the system of risk and assurance.
4 - Membership	Reworded to clarify membership comprises of a minimum of 3 members including the Chair and Vice Chair
5 - Committee meetings	The modern practice of holding meetings virtually has been reflected, including clarification in regard to arrangements for in-person meetings
6 – Relationship and accountabilities with the Board and it's Committees/Groups	Inclusion of a statement on embedding the Health Board's Values and Behaviours in alignment with the other Committees of the Board
Tidying up	The document has undergone general tidying up to ensure correct job titles etc. are reflected

The Committee **ENDORSED** the proposed amendments to the Terms of Reference and **NOTED** that an update to work programme would need to be undertaken to reflect the inclusion of Digital.

6 ITEMS FOR DISCUSSION

There were no items for inclusion in this section

7. CONSENT AGENDA (ARA/25/019)

The following items were **RECIEVED** as part of the consent agenda:

- Post Payment Verification Year End (for Assurance)
- Welsh Health Circular Tracker (for Assurance)
- Committee Annual Report (for Approval)
- PTHB Glossary (for Information)

8.OTHER MATTERS

8.1 ANY OTHER URGENT BUSINESS (ARA/25/023)

No other urgent business was raised.

8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES (ARA/25/024)

There were no matters for the attention of Board or other Committees.

8.3 COMMITTEE REFLECTIONS (ARA/25/025)

The following feedback was noted:

- Meeting was well chairs and purposeful
- A large pack of papers consisting of 566 pages, excluding the 120 pages of internal report
- Papers received were of good quality
- The additional of an hour to the meeting had been helpful and had provided flexibility to discuss matters in more detail where appropriate

5.5 DATE OF NEXT MEETING

The date of the next meeting is scheduled on 17 June 2025 at 10:30 via Microsoft Teams.

Meeting closed at 13:00

Beth Powell

Audit and Risk Assurance Committee

RAG Status:	
At risk	Red - action date passed or revised date needed
On track	Yellow - action on target to be completed by agreed/revised date
Completed	Green - action complete
No longer needed	Blue - action to be removed and/or replaced by new action
Transferred	Grey - Transferred to another group

Audit and Risk Assurance Committee

Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status
OPEN ACTIONS FOR REVIEW- (NONE)								
OPEN ACTIONS - NOT YET DUE (NONE)								
ACTIONS RECOMMENDED FOR CLOSURE (NONE)								

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Ariennir gan Lywodraeth Cymru
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Powys Teaching Health Board

Audit Risk & Assurance Committee

17 June 2025

Helen Grindell, Head of Support and Delivery Centre
Cath Quarrell, Corporate Services Manager

Audit and Risk Assurance Committee on 17 June 2025	Agenda Item XX

Subject:	Hosted Body Annual Assurance Report (Health & Care Research Wales)
Approved and Presented by:	Debra Wood-Lawson, Executive Director People & Culture
Prepared by:	Helen Grindell, Head of Support and Delivery Centre (HCRW) Cath Quarrell, Corporate Services Manager (HCRW)
Purpose:	The Health Board hosts the Health & Care Research Wales Support and Delivery Centre (HCRW), the paper is provided annually to offer assurance that both the Health Board as host and the hosted body (HCRW) are both fulfilling the requirements of the hosting agreement.
Recommendations:	The Committee is asked to: • **RECEIVE** the hosted body annual assurance report for Health & Care Research Wales • Take **ASSURANCE** that the hosting agreement is being managed appropriately by both host and hosted body.

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Health and Care Research Wales

Overarching Goal of Health and Care Research Wales

- To ensure that today's research makes a difference to tomorrow's care.

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Health and Care Research Wales - Remit 2025 /2026

The services we provide are:

- **All Wales Research Delivery** - provides service coordination and an all-Wales approach to research delivery.
- **Researcher Development Services -** supports the ongoing development of research careers through personal awards, mentoring, training and personal development
- **Research Support Services:**
  - **Information** - Wales wide information services function for research support and delivery.
  - **Approvals** - UK wide function providing governance and ethical approval for research and provides support for the 7 Research Ethics Committees in Wales.
- **Communications, Engagement and Involvement –** national service for research including public engagement campaigns, media, social media coverage and communications advice
- **National Projects and Programmes -** supporting service and continuous improvement projects and programmes across the remit of Health and Care Research Wales

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New Work Areas within current Remit

- VPAG as part of commercial delivery Wales
- Integrating ENRICH Cymru
- Research Development Advice on personal awards for researchers
- Embedding Research in the NHS programme

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Health and Care Research Wales

Governance

- **Hosting Agreement**
  - Move to a three-year agreement in draft form – May 2025.
  - Outlines the obligations of the Support and Delivery Centre in complying with: PTHB Standing Orders and Standing Financial Instructions; All relevant PTHB policies and procedures
  - Outlines the obligations of PTHB in undertaking roles and responsibilities to host the Support and Delivery Centre

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Governance

- **Roles and Responsibilities**
- PTHB shall provide services and facilities for hosting the Support and Delivery Centre
- The Responsible Officer is the Director of Support and Delivery and will report to Director of Workforce & OD at PTHB. The Accountable Officer is the Chief Executive of PTHB.
- The Director of Support and Delivery (reporting directly to the contract manager within WG) is responsible for setting the direction, workplans, performance, ensuring compliance with PTHB policies and management of risk
- The Support and Delivery Centre is contract managed by Welsh Government for both financial management and performance (quarterly)
- In the event that the core budget has insufficient funds to meet or cover financial liability, WG will underwrite the financial liabilities of HCRW Support and Delivery Centre

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Health and Care Research Wales

Governance

- **Monitoring & Review**

- **Quarterly Review meetings:** the operational leads for the Support and Delivery Centre and PTHB meets quarterly to discuss hosting arrangements and any areas of concern.
- **Annual presentation:** the Support and Delivery Centre Leadership Team updates the PTHB Board via the Audit Committee on an annual basis re: all activity, identifying and highlighting any areas of risk
- **Regular formal meeting**: the leads for the Support and Delivery Centre, PTHB and R&D Division within WG, will meet on a three yearly basis to discuss issues, governance and any hosting arrangements. (Routinely every three yearly and at escalation points)

- We are currently complying with the governance arrangements as highlighted within the Hosting Agreement.

Health and Safety

Risk Assessment and Management

- Individual Teams within the Support and Delivery Centre manage their own service level risk registers. Risks scoring over 12 escalated to the Leadership Team – during this time period no escalation has been required.

Datix Reporting

- 8 incidents were reported in 2024 / 2025, a summary is include below:

Month	Classification	Subcategory	Description
Apr-24	Equipment, Devices	Failure of equipment (boiler)	Boiler fault caused odor and condensation; area ventilated.
May-24	Infrastructure (including staffing, facilities, environment, security)	Failure of water	No running water and non-functioning toilets led to office closure.
Jun-24	Infrastructure (including staffing, facilities, environment, security)	Telecommunications failure including bleeps	MS Teams call queue error prevented calls from reaching the department.
Jul-24	Equipment, Devices	Accidental damage / loss	Laptop fell from cupboard, causing minor head injury; incident recorded, and reporting training completed.
Jul-24	Infrastructure (including staffing, facilities, environment, security)	Damage caused whilst manoeuvring in garage	Vehicle scraped against pillar in car park due to restricted access and faulty shutter; incident reported with photos.
Aug-24	Infrastructure (including staffing, facilities, environment, security)	Maintenance - Building	Staff member nearly tripped on 2nd floor stairs due to missing edging strip; hazard reported
Mar-25	Accident, Injury	Lifting/lowering a load	Staff member sustained minor foot injury from dropped trolley; self-administered first aid.
Mar-25	Accident, Injury	Struck against stationary object e.g. furniture, fixtures, fittings, equipment, machinery	Glass notice board tilted and struck staff member's head while removing adjacent item.

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Health and Care Research Wales

Finance

- Overall budget: core budget, additional budget and funding for programmes and expansion of scope.
- Financial position is reported quarterly to WG as part of contract management

Description	Additional Budget	Cumulative Total
Core Budget 2025/2026 (with Public and Patient Involvement, Faculty Admin Team, and Faculty non-pay inc.)		£3,611,000
Core Budget 2025/2026 with additional post & Public & Patient Involvement additional funding) Health and Care Research Wales Secretariat post (£47,339)	£47,339	£3,658,339
Core Budget 2025/2026 with additional posts and additional Faculty budget. (MB (£81,092), Personal Award Holder BG (£21,150), RDA's 1.2wte (£122,288), RDA non-pay (£6,000) and GMS (£37,433))	£267,963	£3,926,302
Other additional items. (Primary Care Specialty Lead (£31,614), LPMS (£120,288), YouGov Survey (£5,000), R&D Framework (£80,553), ENRICH Cymru (£149,165) & VPAG (£238,888).	£625,508	**£4,551,810**

Workforce – Compliance as of March 2025

- **PADR Compliance**

- 84.42% (April 2024 - 70.27%). Service areas needing improvement have been identified and support provided.

- **Mandatory and Statutory Training**

- 91.53% (April 2024 - 81%) Provision of face-to-face courses being planned for 2025/2026 when move to new office accommodation is complete.

- **Staff Absence**

- 3.25% (April 2024 - 3.65%) Stress / Anxiety and Colds, Coughs Flus remain the top reasons for absences with many staff being absent for 1 – 2 days.

- **Return to Work Conversations**

- 98.77% (April 2024 - 76.74%).

- **Staff Turnover**

- Staff turnover remains consistent (1.29%), and recruitment remains steady.

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Health and Care Research Wales

Workforce – Other Metrics

- **Respect and Resolution** – There have been no R&R cases raised in the last 12 months. 1 mediation complete with no further requests for mediation.
- **Disciplinary** – There has been 1 disciplinary investigation, with outcome “no case to answer”.
- **Capability** – There is 1 active case which is entering into second formal stage.
- **Occupational Health Referrals** – 4 complete. No outstanding referrals.
- **Counter Fraud** – two issues being managed

Management response form

Archwilio Cymru
Audit Wales

Report title: Powys THB Structured Assessment 2024

Completion date: May 2025

Document reference: 4647A2024

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	The Health Board should require staff with significant budget oversight and/or significant influence on commissioning arrangements to provide information on any relevant interests and include this information on the Register of Interests (**paragraph 21**).	**Recommendation accepted.** The Standards of Behaviour Policy was updated to include relevant staff and was approved by the Board on the 26 March 2025.	Complete	Director of Corporate Governance
R2	The Health Board should set out its ambitions for the quality and safety of its services and how it will go about achieving them (paragraph 66)	**Recommendation accepted.** The Integrated Quality and Performance Framework was reviewed and approved by the	Complete	Executive Director Nursing, Quality, Women & Family Health

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
		Board on the 21 May 2025. Bi monthly reporting will continue to take place to the Boards Finance & Performance Committee and Board alongside the other requirements set out in the revised framework.		
R3	The Health Board should strengthen recommendation tracking by ensuring information is provided to assure the Audit, Risk and Assurance Committee that actions taken have effectively addressed the recommendations (paragraph 74).	**Recommendation accepted.** The audit tracking tool and process will be updated to reflect the action.	1 November 2025	Director of Corporate Governance
R4	The Health Board should: 4.1. Ensure annual reviews of its well-being objectives are clearly communicated (paragraph 86); and	**Recommendation accepted.** 4.1 – It is noted that the WB Objectives are part of the Joint Health and Care Strategy (agreed with Powys County Council). Overall review undertaken via RPB workplan.	4.1 – annual – March 2026	Executive Director Planning, Performance & Commissioning

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	4.2. Ensure a review of its long-term strategy to confirm its continued appropriateness post pandemic, and, in light of the financial challenges is communicated and contributes to future strategy review plans (paragraph 90).	The Health Board will review them each year as part of the annual and medium term planning cycle and communicate to the PPPH Committee and Board as part of the IMTP process. 4.2 – The current Joint Health and Care Strategy is agreed up until 2027. The Health Board reviews the strategic priorities to deliver the Strategy each year as part of the annual planning cycle and will continue to do so. The review and development of the refreshed Strategy will be planned ensuring it is completed by 2027 and will be reported to both the Planning, Partnerships and Population Health Committee and Board. Note that due to the joint nature of the Strategy the RPB coordinates this work.	4.2 – completion by April 2027	

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R5	As part of its core planning arrangements, the Health Board should clearly set out and monitor: 5.1. the actions it intends to take to deliver its well-being objectives over the lifespan of its long-term strategy (paragraph 87); and 5.2. strategic performance measures to accompany its well-being objectives that capture the long-term impact it is seeking to achieve (paragraph 87).	**Recommendation accepted.** 5.1 - Due to the joint nature of the Strategy this is monitored by the RPB and for the Health Board will also form part of the annual and medium term planning cycle. 5.2 - Due to the joint nature of the Strategy this will be coordinated by the RPB as part of the refreshed Strategy review and development.	5.1 – March 2026 5.2 – March 2027	Executive Director Planning, Performance & Commissioning
R6	The Health Board should strengthen reports setting out progress against wider corporate strategies and plans by clearly articulating where delivery is off-track, mitigating actions, and revised delivery timescales (paragraph 92).	**Recommendation Accepted.** Reports will include strengthened information articulating where delivery is off track.	31 March 2026	Director of Corporate Governance with support from all relevant Executive Directors

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R7	The Health Board should identify, monitor, and manage any immediate quality and performance risks that may arise because of the ongoing financial challenges (paragraph 105).	**Recommendation Accepted.** This forms part of the assessment of financial improvement options as part of the planning process. The monitoring is undertaken via the Integrated Quality and Performance Framework. Bi-monthly Integrated Quality and Performance Reports will continue to be presented to the Finance & Performance Committee and Board alongside the other requirements set out in the revised framework.	Completed – as forms part of the revised Integrated Quality and Performance Framework approved by the Board in May 2025.	Executive Director Planning, Performance & Commissioning
R8	The Health Board should provide greater assurances within finance reports on the impact of mitigating actions to address key financial risks (paragraph 116).	**Recommendation Accepted.** Further assurances will be included in the finance report for both the Boards Finance & Performance Committee and Board as well as the assurance of financial control reporting	September 2025	Executive Director Finance, Capital & Support Services

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

Quality & Safety Governance (Duty of Quality)

Final Internal Audit Report

2024/25

Powys Teaching Health Board

Reasonable Assurance

Contents

Review Reference	PTHB-2425-09
Fieldwork	February - May 2025
Executive Sign Off	June 2025
Audit Committee	June 2025
Executive Lead	Claire Roche, Executive Director of Nursing, Quality, Women and Family Health
Audit Team	Ian Virgill, Head of Internal Audit
	Lucy Jugessur, Deputy Head of Internal Audit

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

Executive Summary

Purpose

Review of the Health Board's arrangements for quality monitoring and reporting through the Integrated Quality Report, as part of ensuring compliance with the Duty of Quality.

Overview

The Welsh Government's 'A Healthier Wales' plan sets out the long-term future vision of a whole system approach to health and social care, one which is focussed on health and wellbeing, and on preventing illness. The Duty of Quality is part of the Health and Social Care (Quality and Engagement) Wales Act 2020, and alongside the Duty of Candour, supports the ambitions within a Healthier Wales. The Duty of Quality (the 'Duty') came into force on 1 April 2023 and affects all NHS Wales organisations, including non-clinical settings. The Duty aims to improve the quality of services and improve the health outcomes for people in Wales. The Duty focuses on four key elements:

- Health and Care Quality Standards;
- Quality-driven decision making;
- Quality Management System; and
- Quality Reporting.

The Duty of Quality compels NHS organisations to:

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

The Integrated Quality Report was introduced to provide an overview of the Quality & Safety agenda across the Health Board and provide assurance that Quality and Safety is appropriately monitored and reported.

We have concluded **Reasonable** assurance on this area. The matters requiring management attention include:

- Timely update of the structure and content of the Health Board's Integrated Quality Report (IQR).
- Ensuring full accuracy of the indicators included within the IQR prior to publishing for the committees.
- Clarity on impact of information within the IQR.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

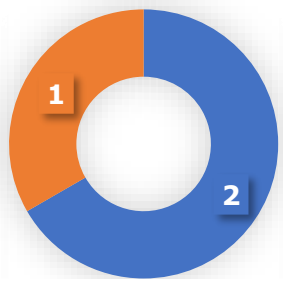
Scope & Assurance Summary

	Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.)	Related Findings	Assurance
1	The structure and content of the Health Board's Integrated Quality Report allows for effective reporting and monitoring of key areas of quality and improvement	1	**Reasonable**
2	Robust systems and processes are in place to capture and validate the data required to populate the Integrated Quality Report	1,2	**Reasonable**
3	The Integrated Quality Report is completed within required timescales to allow for timely submission to the relevant governance forums		**Substantial**
4	The Integrated Quality Report is submitted to appropriate groups and / or committees and is subject to effective review so that areas of poor performance are identified and addressed	3	**Reasonable**

Management Actions

0	3
High Priority	Medium Priority

Themes



- Information, Data Quality & Data Accuracy
- performance Monitoring

Risk Types

Legal & Regulatory Non-Compliance

Quality or Safety Issues

Quality or Safety Issues

Choose an item.

Gwynne.Stella 17/06/2025 09:04:09

Findings & Agreed Action Plan

Objective 1: The structure and content of the Health Board's Integrated Quality Report allows for effective reporting and monitoring of key areas of quality and improvement	**Reasonable**

Overview

The purpose of the Integrated Quality Report (IQR) is to provide an overview of the Quality and Safety agenda across the Health Board.

There is on-going work on the report to ensure the organisation is able to demonstrate how they are maintaining the Duty of Quality (DoQ).

At the time the DoQ became live, there was no template provided on an All-Wales basis or centrally for reporting against the requirements of the DoQ. However, the Health Board initiated and developed the IQR for this purpose. The IQR's current template has been in use since 2023.

The IQR was developed using the knowledge and skills of the Quality and Safety team. The IQR also takes into consideration the Health and Care Quality standards and further items are included based on key areas the Board wants to be reported.

There are standard and non-standard items currently being reported through the IQR. Non-standard items may be reported depending on what the Health Board deems important at the time, influenced by the changes in risks and regulations and the need to reflect key areas of Quality. The report highlights information on areas such as Putting Things Right (PTR), Infection, Prevention & Control, RLDatix, Incident reporting, Incident management, Patient's experience framework and Welsh Risk Pool assurance report, which is currently being developed.

We note that whilst there is work ongoing to further develop the robustness of the IQR, the current format and content allows for effective reporting and monitoring.

	Key Findings	Risk & Impact	Agreed Management Action
1	<u>On going changes to the Integrated Quality Report.</u> We note that work is already underway and ongoing regarding the presentation of the IQR and future changes that may be required as a result of new/ updated legislation and frameworks the Health Board has to comply with. The IQR is an evolving report responsive to changes relevant to the Duty of Quality and the organisation. For instance, over time the IQR has evolved with the addition of the bereavement framework. There will also be some upcoming changes that will affect the reporting structure of the IQR as a result of the Welsh Government People's Experience Framework and changes regarding the Duty of Candour and how targets are going to be met.	Legal & Regulatory Non-Compliance Inaccurate and / or incomplete quality information	People's Experience Framework paper to Executive Team in q2 PTR changes to be taken to Exec Team 18 June **Expected Evidence of Implementation:** Updated Integrated Quality Report with required changes.
	Theme: Information, Data Quality & Data Accuracy	Control Design	**Medium Priority** **Officer:** Heidi Sinclair, Head of Quality & Safety **Target Implementation Date:** 30 September 2025

Objective 2: Robust systems and processes are in place to capture and validate the data required to populate the Integrated Quality Report	**Reasonable**

Overview

The IQR is produced every quarter. The Quarter three IQR presented at the Executive Committee in January 2025 and the PEQs in February 2025 was used for our review. The Head of Quality & Safety is responsible for the preparation of the IQR and is supported by the datix administrator, concerns manager and redress co-ordinator. The datix administrator runs the report at the beginning of each month to have the most accurate information.

Five areas were selected for review within the IQR to ensure systems and processes are in place to capture and validate the data. Some exceptions were found regarding 1 of the 5 areas sampled. The areas selected were:

- Claims, Redress & Clinical Negligence- The primary system is datix where a report is downloaded and used to populate the relevant data within the IQR. As this is a live system, the reported figures could not be fully validated due to the timing difference. However, we were able to confirm the reasonableness of the reported figures.
- The Early Warning Notifications (EWN)- The data as stated within the IQR was validated to the datix exported download.
- Nationally Reportable Incidents - There has been a recent change in the use of the NRI table that was presented in the February 2025, Quarter 3 IQR. Due to the timing of this change in process, we have not validated the previously mentioned information but accept that it was reasonable.
- Civica - This is a patient service survey done on a service-by-service basis. The survey is done via SMS, use of QR codes on posters and iPad. The system cannot be manually influenced.
- Infection Prevention and Control- The action plan includes the relevant fields (link to DoQ, recommendation, action required, target dates, key leads), with RAG ratings stating the position of the actions of the plan and evidence update. The action plan highlights 2 ongoing actions remaining, as reported within the IQR.

Before publication, the information within the IQR is quality assured by the Head of Quality & Safety and is reviewed by the Assistant Directors of Nursing and Quality, before final review and sign-off by the Executive Director of Nursing, Quality, Women & Family Health.

	Key Findings	Risk & Impact	Agreed Management Action
2	**CIVICA review outcome** 85% is the benchmark set for positive responses on an all-Wales basis and is used to determine the position of any outcome. The benchmark does not relate to the number of respondents but the positivity of the response irrespective of the size/ number of	Inaccurate and / or incomplete quality information	The quarter dates will be displayed in the relevant graphs.

	people responding. The table which has the collated result used for benchmarking does not state its metric is in percentages. We also note that graph 9 was completed by only one person in Dec 2024. A part of the table under graph 8 should also have shown a red or amber highlight for the overall satisfaction level but was showing as all green. However, the Datix Administrator explained that this is a system error and this function cannot be manipulated, and no form of adjustment can be made to it.		**Expected Evidence of Implementation:** Information within the IQR completely and accurately reported.
	Graphs 10 & 11, 12 & 13 and 14 did not state the period of coverage, and the Datix Administrator was also unable to determine the period the data within the graphs related to.	**Medium Priority**	**Officer:** Heidi Sinclair, Head of Quality & Safety **Target Implementation Date:** 31 July 2025
	Theme: Information, Data Quality & Data Accuracy	Control Operation	

Objective 3: The Integrated Quality Report is completed within required timescales to allow for timely submission to the relevant governance forums — **Substantial**

Overview

There are arrangements in place to ensure the timely compilation of the IQR for reporting to the relevant governance forum. The Executive committee receives and reviews the IQR prior to its formal presentation to the quarterly Patient Experience, Quality & Safety (PEQS) committee meetings. The rhythm and timing are set such that the IQR is available to be presented at each of the PEQS meetings.

We confirmed that the 2024/25 Quarter two and three IQR reports were timely presented at the respective Executive committee and PEQS committee meetings.

The Nursing business support officer maintains a copy of the reporting timetable for the financial year 2024/25.

Staff responsible for providing the information for inclusion within the IQR are aware of the deadlines for submission.

Objective 4: The Integrated Quality Report is submitted to appropriate groups and / or committees and is subject to effective review so that areas of poor performance are identified and addressed	**Reasonable**

Overview

As noted under objective 3, the quarterly IQR is presented to the Executive Committee and PEQS Committee for review.

Our review of the committee papers evidenced that discussions are held on the content of the IQR and actions are put in place, as noted within the minutes of the meetings and action notes.

As an example of this, there were concerns highlighted around incidents within Mental Health which led to a service review and subsequent internal escalation of the service. An escalation report has since been provided via the IQR process with updates on required actions included. Mental Health has an action log and they provide up to date information on this to the PEQS Committee.

The committees keep a log and from time-to-time request updates within an agreed timeline as evidenced within the meeting action notes. However, it can be difficult to follow through or monitor information being reported if an overview from previous periods is not available.

Key Findings		Risk & Impact	Agreed Management Action
3	**Clarity on Impact of Information within the IQR** The information on IP&C Claims, Redress & Clinical Negligence, and Early warnings notifications reported in the IQR are extracted from datix. These were some of the sampled areas we reviewed as a part of our testing under objective two. The purpose of the IQR is to provide the Executive Committee and PEQS Committee with an overview of the Quality and Safety agenda across the Health Board. However, we noted that the relevance of some of the figures highlighted within the report was sometimes unclear, specifically on how they enable the Health Board to demonstrate that quality has been improved through the monitoring of the figures over time via the IQR.	Ineffective oversight and monitoring	Year to date analysis of Performance will be included within the IQR where this is applicable. **Expected Evidence of Implementation:** Copies of IQR with year to date analysis included.
	Theme: Performance Monitoring	**Medium Priority** Control Operation	**Officer:** Heidi Sinclair, Head of Quality & Safety **Target Implementation Date:** 31 July 2025

Appendix A

Assurance Opinion

 **Substantial**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
 **Reasonable**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
 **Limited**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
 **Unsatisfactory**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
 **Advisory**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership]

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Powys Teaching Health Board, and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Powys Teaching Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Contract Management

Final Advisory Report

2024/25

Powys Teaching Health Board

Contents

Review Reference	PTHB-2425-05
Fieldwork	February 2025 – May 2025
Executive Sign Off	June 2025
Audit Committee	July 2025
Executive Lead	Pete Hopgood, Executive Director of Finance, Capital and Support Services
Audit Team	Ian Virgill, Head of Internal Audit
	Lucy Jugessur, Deputy Head of Internal Audit

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Shared Services Partnership
Audit and Assurance Services

Executive Summary

Purpose

The review assessed whether appropriate contract management arrangements were in place within Powys Teaching Health Board (the "Health Board"). This review was undertaken further to the advisory review of Contract and Procurement at Betsi Cadwaladr University Health Board (BCUHB), completed at the request of Welsh Government in 2023/24, which identified several areas of concern and non-compliance with the organisation's Standing Financial Instructions. Through inclusion within NHS Wales Organisations 2024/25 Internal Audit plans, this review has compared and contrasted the appropriateness of contract management arrangements across eight more organisations, with common issues and challenges noted.

An assurance rating has not been applied to this review, recognising the consistency of approach with the BCUHB review, and that actions raised will need to be taken forward in partnership with other NHS Wales organisations, including NHS Wales Shared Service Partnership (NWSSP) Procurement Services. These actions, alongside those specific to the Health Board, are aimed at improving and/or enhancing expected controls in contract management arrangements.

Overview

Noting the absence of a Health Board contract register, for the purposes of this audit, sample testing was based on the Electronic Contract Management module of the Bravo e-tendering system held by NWSSP. Contract selection was undertaken to ensure consistency with similar reviews undertaken at a number of NHS Wales organisations. All Wales Contracts were excluded from our sample; in addition to Capital and Estates contracts noting that separate Capital Systems reviews have been undertaken by our Specialist Services Unit (SSU) at a number of NHS organisations as part of the 2024/25 Internal Audit Plan – the coverage of which has also included contract management.

The following opportunities have been identified for management attention across all reviews completed:

- The need for consistent contract management procedures to support the requirements of the Standing Financial Instructions, this could be through engagement with NWSSP Procurement Services to adopt their Contract Management Procedure;
- The need to introduce comprehensive contract registers;
- The introduction of a mechanism to determine the capacity and support needed to meet existing and future contract monitoring requirements, with appropriate training provision;
- The need to retain full and accurate records to support contract ownership, contract documentation, and monitoring of contract performance;
- The need to remove variations in the formality of contract management, performance reporting, and documentation, which indicates a level of inherent risk, and which could be addressed by increasing the robustness of the control environment; and
- The minimum internal reporting, accountability and escalation requirements should be considered and defined at the outset of contracts.

The Health Board should ensure appropriate arrangements are in place to engage with wider NHS Wales Organisations and NWSSP Procurement Services in developing a coordinated and agreed action plan via the Directors of Finance forum (or other appropriate forum), to address the common themes and issues identified within this and corresponding reports.

Full details of matters arising are detailed within the Findings & Agreed Actions.

Scope & Actions Summary

Objectives		Related Actions
1	There is a clear framework of policies, procedures and processes for contract management, with roles and responsibilities clearly defined.	1
2	Contract registers are used as the basis for effective contract management and procurement planning.	2
3	Contract managers have access to relevant training and development.	3, 4
4	Service levels/deliverables are specified in the contract, with standard terms and conditions applied, and are linked to service needs and monitored by the assigned contract manager/end user.	5
5	Contract performance and risk is reported and managed within the Health Board's governance structure.	6

Management Actions

6

Themes

Risk Types

Public Perception & Reputational Risk

Financial Loss

Quality or Safety Issues

Legal & Regulatory Non-Compliance

Findings & Agreed Actions

Objective 1: There is a clear framework of policies, procedures and processes for contract management, with roles and responsibilities clearly defined.

The Heath Board's Standing Financial Instructions (SFIs) includes a section on contract management. Section 11.16.1 outlines that the relevant budget holder is responsible for overseeing and managing each contract on behalf of the Health Board to ensure that implicit obligations are met. This includes:

- *Retaining accurate records;*
- *Monitoring contract performance measures;*
- *Engaging suppliers to ensure performance delivery;*
- *Implementing contractual sanctions in the event of poor performance in conjunction with advice from Procurement Services; and*
- *Permitting stage payments as part of a formally agreed implementation/delivery plan which must be supported by written evidence issued by the budget holder.*

In addition to the above, there is an All-Wales Procurement e-manual, which contains high-level contract management guidance, available on NWSSP's website. In discussion with the sampled contract leads within the Health Board, this document was only known by the Digital team. Furthermore, the Health Board's Digital team have drafted a digital contract and supplier management Standard Operating Procedure (SOP) which is in the process of an internal review but yet to be approved.

Review of other NHS organisations indicated that the majority did not have local contract management guidance in place, an exception was noted for Aneurin Bevan University Health Board (ABUHB), where in conjunction with local NWSSP Procurement, there has been the development of a Contract Management Financial Control Procedure (FCP). The ABUHB FCP outlines roles and responsibilities for contract management, requiring designated contract managers to complete standardised 'Contract Management Plans' for contracts over £100,000 in value. Wider dissemination of the content from the FCP was discussed at the NWSSP Heads of Procurement meeting in February 2025, and there was support for its further roll out across other NHS Wales organisations.

The above could inform the basis for a Health Board wide guidance document, with consideration of enhancements identified from good practice elsewhere through supportive template documentation, expected monitoring (especially where the contract is informal in nature), expected reporting and escalation arrangements, and integration with the Health Board's risk management framework to provide robustness for wider use across the organisation. (see **Opportunity 1**).

Opportunity 1: Contract Management Procedures

Recognising that some established good practice is now available from within the wider NHS, the Health Board may wish to engage with NWSSP Procurement Services in relation to implementation of the NWSSP Contract Management Procedure.

Objective 2: Contract registers are used as the basis for effective contract management and procurement planning.

A contract register is important as it provides:

- Contract Tracking: to track important dates, such as start and end dates, renewal periods, and milestones associated with each contract.
- Compliance and Risk Management: to ensure that the organisation stays compliant with contract terms and legal requirements, and to help identify any potential risks by keeping a record of contract clauses, obligations, and renewal terms.
- Audit Trail: provided for each contract, including amendments and performance evaluations. This makes it easier to track changes and decisions related to a contract.
- Centralised Repository: allowing easier access for teams like legal, procurement, and finance when they need to refer to specific terms, obligations, or other contract details.
- Improved Communication: enhances communication across departments, as everyone involved can refer to the register to ensure that they are aware of their obligations and responsibilities under various contracts.
- Budget and Financial Tracking: for financial management to track contract values, payment terms and other financial aspects to ensure proper budgeting and forecasting.

The Social Partnership and Public Procurement (Wales) Act 2023 includes that a contracting authority must create, maintain, and publish a contract register.

Within our sampled contracts (see *objective 4*), some of the records were held in a listed format for instance there was one in the form of a digital SharePoint page (IT Service Management System (ITSM)) and for the Electrical and Biomedical Engineering (EBME) contract an asset management system was maintained detailing what servicing was required. In addition, one of the sample (Maintenance Contract Pentax Scopes) also maintained a list to enable them to monitor contract expiry dates. However, there is no organisation-wide contract register in place. (see **Opportunity 2**).

Opportunity 2: Contracts register

The Health Board should establish and retain a formal, comprehensive organisation-wide contract register to systematically record and manage all contract records and associated information (potentially utilising existing available information such as ECM).

Objective 3: Contract managers have access to relevant training and development.

This review and similar reviews at other NHS Wales Organisations, observed that contract management was undertaken by a combination of:

- Dedicated contract managers;
- To fulfil an existing element of a job description / role; and
- As an unspecified additional responsibility.

The demands on staff were dependent on the specific performance monitoring requirements of the contract and varied significantly.

For the sampled contracts, there was no evidence of an assessment of the capacity / capability requirements to fulfil the role and / or the identification of any training requirements to address any gaps (see **Opportunity 3**). Similarly, no specific contract monitoring training had been provided. However, we evidenced for one of the sample reviewed (Medical Device & Point of Care Testing) that the Deputy Director of Allied Health Professions and Health Science was requested to investigate training for some of the operational/clinical teams less familiar with the concept of contract management. Evidence showed they have been exploring training opportunities for Medical Device & Point of Care Testing.

The Health Board's SFIs include within Section 11.16.3 that 'Advice on best practice on Contract Management is available from NWSSP Procurement Services.' As per objective one, two of the contract leads contacted during our fieldwork were aware of the NWSSP Procurement e-Manual, which contains contract management guidance (see **Opportunity 4**).

Opportunity 3: Training Needs Analysis

A mechanism should be established to ensure senior managers identify any specific training requirements to support operational contract management – reflecting the capacity / capability of individuals and the requirements of the specific contracts.

Opportunity 4: Training provision

The Health Board should engage with other NHS Wales organisations to develop contract management training, to ensure staff are equipped with the tools and skills to manage the key stages and lifespan of contracts.

Objective 4: Service levels/deliverables are specified in the contract, with standard terms and conditions applied, and are linked to service needs and monitored by the assigned contract manager/end user.

Standing Financial Instructions (11.6.1) require that "*The relevant budget holder, shall oversee and manage each contract on behalf of the Health Board so as to ensure that these implicit obligations are met*."

A sample of five contracts were selected from the contract management module of the Bravo e-tendering system, and this was undertaken in conjunction with reviews taking place at other NHS Wales organisations to provide consistency of service/contract type where possible. Common themes across these reviews have been identified which will need a consistent approach to be addressed on an All-Wales basis, in conjunction with NWSSP's Procurement Services. Evidence from Health Board's contract managers demonstrated ongoing contract management and operational understanding of the requirements of such, where exceptions have been identified these were accompanied by mitigations. Through discussion with contract managers and review of documentation we identified the following:

Designated responsible officer/contract ownership - Whilst the review was directed to certain individuals for the sampled contracts, not all of those individuals had been formally assigned responsibility for contract monitoring. Two of the sample had their contract lead within the Digital team, however, one of the services was utilised on a Health Board wide basis while the other was used by the Mental Health team. The contract lead had prior involvement with the tendering process which helped in understanding the expectations of the role.

Within our sample of contract managers, we did not identify any individual who performed a dedicated contract management role.

Contract documentation - Final signed contracts were not available for two of our sampled contracts - Maintenance of Endoscopes and Electromed Equipment, and Cisco Webex calling support (see **Opportunity 5**). However, we were provided with a specification for one of the contracts and a system cover document for the other contract.

Contract deliverables/performance measures - Review of contract documentation established that agreed and defined service deliverables were in place for all the contracts tested. Contracts and specifications included detailed criteria for services or goods to be provided alongside associated key performance indicators and ongoing contract management arrangements.

Contract management/monitoring - The formality of monitoring arrangements within our sample reflected the differences in their value and business criticality, and this varied with weekly, monthly, and annual arrangements noted. We found that the monitoring reporting was broadly in line with that specified within contracts, with the exception of the contract for maintenance of Endoscopes and Electromed Equipment where only partial monitoring was in place, and the contract for Cisco Webex calling support where there was no monitoring. (see **Opportunity 5**).

Opportunity 5: Contract Ownership, Documentation and Management

Noting that some contract managers are aware of their responsibilities as required by the SFIs, the need to retain full and accurate records in support of contract ownership, contract documentation, and monitoring of contract performance should be reiterated.

Objective 5: Contract performance and risk is reported and managed within the Health Board's governance structure.

The SFIs relating to contract management (section 11.6) do not provide information on the expected minimum reporting, accountability and escalation arrangements in relation to contracts.

Our review observed varying approaches to monitoring arrangements, with individuals with responsibility for contract monitoring outlining that escalation reporting was exception based. Evidence on adequate steps taken was noted for one of the sampled contracts reviewed that required escalation. Varying reporting routes for escalation were provided for three of the contracts within our sample in the event that they would require escalation. However, one of the sample could only provide information for future plans on escalation routes as there was no monitoring undertaken at the time. (see **Opportunity 6**).

Opportunity 6: Reporting, Escalation and Risk Management Arrangements

Expected internal monitoring / reporting arrangements should be defined at the outset of the contract – cognisant of the risk, value, complexity and strategic importance of the contract.

Minimum requirements could be defined within the contract management procedure (see **Opportunity 1**), with any divergence subject to appropriate approval.

Discussion with contract managers confirmed that they were aware of operational risks related to non-delivery of contracts, they were also able to demonstrate with examples of risk registers where contract's risk can be recorded and monitored. We identified in one sample that the formal risk management practices relating to contract risk were being updated as required.

In-line with the organisation's Standing Orders, all single tender waiver and extension of contracts are reported to the Audit Risk and Assurance Committee. This report does not extend to the ongoing management of contracts. Developing a Health Board's contract register, will give the ability to provide regular assurance that contracts are managed appropriately, with exceptions identified and proportionate actions undertaken where required.

Appendix A: Assurance Opinion & Prioritisation of Findings

Assurance Opinion

 **Substantial**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
 **Reasonable**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
 **Limited**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
 **Unsatisfactory**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
 **Advisory**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

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Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

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Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership]

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda Item: 5.4

Audit, Risk and Assurance Committee	**17 June 2025**
Subject:	**Head of Internal Audit Opinion & Annual Report 2024/2025**
Approved and presented by:	Helen Bushell, Director of Corporate Governance / Board Secretary Ian Virgil, Head of Internal Audit (NWSSP)
Prepared by:	Head of Internal Audit
Other Committees and meetings considered at:	N/A

PURPOSE:

To provide the Audit, Risk and Assurance Committee with information regarding the Head of Internal Audit Opinion for 2024/25 and the Annual Report.

RECOMMENDATION(S):

The Audit, Risk & Assurance Committee are requested to:

- **RECEIVE** the Head of Internal Audit Opinion and Annual Report for 2024/25.
- Take **ASSURANCE** that the internal audit programme for 2024/25 has received a 'reasonable' assurance rating for the organisation which will be reflected in the organisational annual report 2024/25.

Approve/Take Assurance	Discuss	Note
	Y	Y

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

EXECUTIVE SUMMARY:

The HIA Opinion for 24/25 is that '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'.

From the individual audits completed at the time of producing the Annual Report, the following final / draft ratings have been provided:

- 7 Substantial Assurance
- 13 Reasonable Assurance
- 2 Limited Assurance.
- 2 Advisory

The Report also includes details of the 4 audits that have been removed from the plan during 2024/25, as reported to previous meetings of the Committee. These audits and the reason for their removal / deferment have been considered when compiling the HIA Opinion.

The HIA Opinion will need to be reflected within the Health Board's Annual Governance Statement along with confirmation of action planned to address the issues raised. Particular focus should be placed on the agreed response to the two Limited Assurance reports issued during the year and the significance of the recommendations made.

BACKGROUND AND ASSESSMENT:

In accordance with the Public Sector Internal Audit Standards (PSIAS), the Head of Internal Audit (HIA) is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

This is achieved through delivery of the annual audit plan that has been focused on key strategic and operational risk areas and known improvement opportunities. The 2024/25 plan was formally approved by the Audit Committee at its March 24 meeting.

The Annual Report sets out the HIA Opinion together with the summarised results of the internal audit work performed during the year. The report also includes a summary of audit performance and an assessment of conformance with the Public Sector Internal Audit Standards.

The report also details the outcome of audits undertaken at NWSSP, DHCW and JCC that support the overall opinion for the Health Board.

NEXT STEPS:

Head of Internal Audit Opinion & Annual Report 2024/25

Powys Teaching health Board

Reasonable Assurance

Contents

Report status:	Final
Draft report issued:	May 2025
Final report issued:	June 2025
Author:	Ian Virgill
Audit Committee:	June 2025

1. Executive Summary

1.1 Purpose of this Report

Powys Teaching Health Board (the 'Health Board') Board is accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is also responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system. A key element in that flow of assurance is the overall assurance opinion from the Head of Internal Audit.

This report sets out the Head of Internal Audit Opinion together with the summarised results of the internal audit work performed during the year. The report also includes a summary of audit performance and an assessment of conformance with the Public Sector Internal Audit Standards (PSIAS).

1.2 Head of Internal Audit Opinion 2024/25

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Chief Executive as Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the system of internal control. The approved Internal Audit plan is focused on risk and therefore the Board will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the Annual Governance Statement. The overall opinion for 2024/25 is:

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

1.3 Delivery of the Audit Plan

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 PSIAS.

The Internal Audit Plan for 2024/25 year, was presented to the Committee in March 2024. Changes to the plan have been made during the year and these changes have been reported to the Committee as part of our regular progress reporting.

There are, as in previous years, audits undertaken at NWSSP, DHCW, and the new NHS Wales Joint Commissioning Committee (JCC) that support the overall opinion for NHS Wales health bodies (see section 3).

Our latest External Quality Assessment (EQA), conducted by the Chartered Institute of Public Finance and Accountancy (CIPFA) in March 2023, reported in April 2023, stated we 'Fully Conform', and our own annual Quality Assurance and Improvement Programme (QAIP) confirmed that our internal audit work continues to 'generally conform' to the requirements of the Public Sector Internal Audit Standards for 2024/25. We can state that our service 'conforms to the IIA's professional standards and to PSIAS.'

1.4 Summary of Audit Assignments

This report summarises the outcomes from our work undertaken in the year. In some cases, audit work from previous years may also be included and where this is the case, details are given. This report also references assurances received through the internal audit of control systems operated by other NHS Wales organisations (again, see section 3).

The audit coverage in the plan agreed with management has been deliberately focused on key strategic and operational risk areas; the outcome of these audit reviews may therefore highlight control weaknesses that impact on the overall assurance opinion.

Overall, we can provide the following assurances to the Board that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the substantial and reasonable areas in the table below.

Where we have given Limited or Unsatisfactory Assurance, management are aware of the specific issues identified and have agreed action plans to improve control in these areas. These planned control improvements should be referenced in the Annual Governance Statement where it is appropriate to do so.

In addition, we also undertook advisory and non-opinion reviews to support our overall opinion. A summary of the audits undertaken in the year and the results are summarised in table 1 below.

Table 1 – Summary of Audits 2024/25

Substantial Assurance	• Integrated Performance Framework • Core Financial Systems • Board & Committee Structure / Effectiveness • Records Management • GMS Unified Contract Assurance Framework • Business Continuity Planning • Information Governance Follow-up
Reasonable Assurance	• Integrated Plan Development Process • Cleaning Standards • Staff Retention • Capital Systems • Energy Management • Patient Flow / Discharge Management • Additional Learning Needs Legislation • Community Cardiology • Medicines management (Pharmacy Stores) • Risk Management & Assurance • Llandrindod Wells Phase 2 • Quality & Safety Governance (Duty of Quality) • Cancer Services (Draft)
Limited Assurance	• Deprivation of Liberties Safeguards (DoLS) • Medical Devices Mattresses (Draft)
Advisory/Non-Opinion	• Partnership Governance Framework • Contract Management

Please note that our overall opinion has also considered both the number and significance of any audits that have been deferred during the year (see section 5.7) and other information obtained during the year that we deem to be relevant to our work.

2. Head of Internal Audit Opinion

2.1 Roles and Responsibilities

The Board is collectively accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is a statement made by the Accountable Officer, on behalf of the Board, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;

- the purpose of the system of internal control, as evidenced by a description of the risk management and review processes, including compliance with the Health & Care Quality Standards; and
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures, together with assurances that actions are or will be taken where appropriate to address issues arising.

The Health Board's risk management process and system of assurance should bring together all the evidence required to support the Annual Governance Statement.

In accordance with the PSIAS, the Head of Internal Audit (HIA) is required to provide an annual opinion, based upon and limited to the work performed on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This is achieved through an audit plan that has been focussed on key strategic and operational risk areas and known improvement opportunities, agreed with executive management and approved by the Committee, which should provide an appropriate level of assurance.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the Health Board. The opinion is substantially derived from the conduct of risk-based audit work formulated around a selection of key organisational systems and risks. As such, it is a key component that the Board considers but is not intended to provide a comprehensive view.

The Board, through the Committee, will need to consider the Head of Internal Audit opinion together with assurances from other sources including reports issued by other review bodies, assurances given by management and other relevant information when forming a rounded picture on governance, risk management and control for completing its Governance Statement.

2.2 Purpose of the Head of Internal Audit Opinion

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Accountable Officer and the Board of Powys Teaching health Board which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control.

This opinion will in turn assist the Board in the completion of its Annual Governance Statement and may also be considered by regulators, including Healthcare Inspectorate Wales, in assessing compliance with the Health and Care Quality Standards in Wales, and by Audit Wales in the context of both their external audit and performance reviews.

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

2.3 Assurance Rating System for the Head of Internal Audit Opinion

The overall opinion is based primarily on the outcome of the work undertaken during the 2024/25 audit year. We also consider other information available to us such as our overall knowledge of the organisation, the findings of other assurance providers and inspectors,

and the work we undertake at other NHS Wales organisations. The Head of Internal Audit considers the outcomes of the audit work undertaken and exercises professional judgement to arrive at the most appropriate opinion for each organisation.

A quality assurance review process has been applied by the Director of Audit & Assurance and the Head of Internal Audit in the annual reporting process to ensure the overall opinion is consistent with the underlying audit evidence.

We take this approach into account when considering our assessment of our compliance with the requirements of PSIAS.

The assurance rating system based upon the colour-coded barometer and applied to individual audit reports remains unchanged. The descriptive narrative used in these definitions has proven effective in giving an objective and consistent measure of assurance in the context of assessed risk and associated control in those areas examined.

This same assurance rating system is applied to the overall Head of Internal Audit opinion on governance, risk management and control as to individual assignment audit reviews. The assurance rating system together with definitions is included at **Appendix B**.

The individual conclusions arising from detailed audits undertaken during the year have been summarised by the assurance ratings received. The aggregation of audit results gives a better picture of assurance to the Board and also provides a rational basis for drawing an overall audit opinion. However, please note that for presentational purposes we have shown the results using the eight areas that were previously used to frame the audit plan at its outset (see section 2.4.2).

2.4 Head of Internal Audit Opinion

Scope of opinion

As noted already, the scope of my opinion covers both those areas examined in the risk-based audit plan which has been agreed with senior management and approved by the Committee, and other information obtained during the year that we deem to be relevant to our work. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement. The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management, and control 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. **Low to moderate impact** on residual risk exposure until resolved.

This opinion will need to be reflected within the Annual Governance Statement along with confirmation of action planned to address the issues raised from reviews.

Focus should be placed on the agreed response to any Unsatisfactory and Limited Assurance opinions issued during the year and the significance of the recommendations

made (of which there were two Limited audits in 2024/25) as well as addressing implementation of recommendations from previous year reviews.

Basis for Forming the Opinion

The audit work undertaken during 2024/25, and reported to the Committee, has been aggregated at Section 5.

The evidence base upon which the overall opinion is formed is as follows:

- An assessment of the range of individual opinions and outputs arising from risk-based audit assignments contained within the Internal Audit plan that have been reported to the Committee throughout the year. In addition, and where appropriate, work at either draft report stage or in progress but substantially complete has also been considered, and where this is the case then it is identified in the report. This assessment has taken account of the relative materiality of these areas and the results of any follow-up audits in progressing control improvements.
- The results of any audit work related to the Health & Care Quality Standards including, if appropriate, the evidence available by which the Board has arrived at its declaration in respect of the self-assessment for the leadership standard.

  Other assurance reviews which impact on the Head of Internal Audit opinion including audit work performed at other organisations (see Section 3).
- Other knowledge and information that the Head of Internal Audit has obtained during the year including cumulative information and knowledge over time; observation of Board and other key Committee meetings; meetings with Executive Directors, senior managers and Independent Members; the results of *ad hoc* work and support provided; liaison with other assurance providers and Inspectors; research; and cumulative audit knowledge of the organisation that the Head of Internal Audit considers relevant to the Opinion for this year.

As stated above, these detailed results have been aggregated to build a picture of assurance across the Health Board.

In reaching this opinion we have identified the majority of reviews carried out during the year concluded positively with effective control arrangements operating in some areas.

From the opinions issued during the year, seven were allocated Substantial Assurance, thirteen were allocated Reasonable Assurance, two were allocated Limited Assurance with none allocated an Unsatisfactory assurance opinion. Two advisory reports were also issued.

At the time of producing the Annual Report, one audit was still ongoing but had not been sufficiently progressed to reliably determine the assurance rating. The outcome for this audit will therefore feed into the Opinion for 2025/26.

In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited assurance was reported. Further, the Head of Internal Audit has considered the impact where audit assignments planned this year did not proceed to full audits following preliminary planning work and these were either: removed from the plan; removed from the plan and replaced with another audit; or deferred until a future audit year. The reasons for changes to the audit plan were presented to the Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review, the Head of Internal Audit has considered the impact of changes made to the plan when forming the overall opinion.

A summary of the findings is shown below. We have reported the findings using the eight areas of the Trust's activities that we had previously used to structure our strategic and one-year operational plans.

Corporate Governance, Risk Management and Regulatory Compliance

We have undertaken three reviews in this area:

- **Board & Committee Structure / Effectiveness:** We identified that the Health Board has clear, defined Board and Committee governance and assurance structures that allow for effective and efficient decision-making and scrutiny on areas of accountability. Board and Committee work programmes are aligned to the Health Board's strategic objectives and risks, and reporting is clear and concise. We concluded **substantial** assurance on this area**:**
- **Risk Management & Assurance:** At the time of our review the Health Board was undertaking substantial changes to its risk management framework. It was continuing to develop the use of the Datix Cloud software to record and manage its key risks and was revising its overall approach in the recognition that the Board Assurance Framework (BAF) required further development. As part of this the Health Board was developing a sub-component of the BAF that will sit alongside a new Strategic Risk Register, which will replace the current Corporate Risk Register. An Organisational Risk Register was also to be introduced to sit in between the Strategic Risk Register and those at a Directorate level. The reporting of the current key risks through the Board and its sub-committees was working effectively but we did note the need to ensure that Directorates and Services have a consistent and accurate approach to recording their risks. We concluded **reasonable** assurance on this area.
- **Partnership Governance Framework:** At the time of our review, the Partnership Governance Framework had only just been approved and was starting to be implemented. Therefore, our review was limited to the work done on populating the framework and the plans for its operation. This appeared to be reasonable, but as the framework is extended to cover "Partnerships by Choice" it will become increasingly important to ensure that the time and investment in maintaining the framework is justified by the value that it delivers. In particular, the Health Board needs to ensure that reporting on individual partnerships is proportionate to their importance to the Health Board, and also that current reporting mechanisms are not disrupted and/or duplicated. This was an **advisory** review.

A review of the Annual Governance Statement highlighted that it was generally consistent with our knowledge of the UHB through the audit work performed in the Internal Audit plan and a review of other organisational documents.

The planned audit of Policy Management was deferred to the 2025/26 plan as a new system for management of policies had been approved for implementation during 2024/25.

Strategic Planning, Performance Management & Reporting

We have undertaken three reviews in this area.

- **Integrated Performance Framework:** We identified that the Health Board's Framework is well designed and had been effectively implemented with strong governance and data validation processes in place. We also noted that the Framework

was subject to effective reporting and review with evidence of actions being taken to address performance issues. We concluded **substantial** assurance on this area.

- **Integrated Plan Development Process:** The Health Board had a robust process in place for developing the Integrated Plan that aligned with Welsh Government requirements and timescales and was supported by strong governance arrangements that provided effective oversight and scrutiny of the plan prior to submission to Welsh Government. However, the Health Board were unable to meet the statutory requirement to produce a financially balanced plan, meaning that the plan could not be approved by WG. We also noted that the Health Board had not identified schemes to fully meet its savings requirement at the point that the plan was submitted to WG at the end of March 24. We concluded **reasonable** assurance on this area.
- **Business Continuity Planning:** The Health Board has appropriate operational business continuity plans and supporting processes in place, which cover all its critical operations. Sufficient training is available for operational staff to make them aware of business continuity plans and the actions required during an incident. Processes are in place for the testing of plans and ensuring lessons are learned, but we noted that some service area plans had not been tested in the last 12 months. We concluded **substantial** assurance on this area.

Financial Governance and Management

We have undertaken one review in this area.

- **Core Financial Systems – Treasury Management:** The Health Board's Standing Financial Instructions were in place and up to date, although Some updates were outstanding with respect to the Financial Procedure Rules and review dates had not been defined. Robust processes were operating around cash forecasting, payments, receipts and reconciliations, with sufficient cash balances maintained and cash allocation requests appropriately made where required. We concluded **substantial** assurance on this area.

The audits of the payment systems provided by NWSSP, which we undertake each year to provide assurance to the Health Board all concluded with positive assurance. The audit of Payroll received substantial assurance with Accounts Payable receiving Reasonable Assurance. The audit of PCS Pharmacy received substantial assurance.

Quality & Safety

We have undertaken three reviews in this area.

- **Deprivation of Liberties Safeguards (DoLS):** We reviewed the processes for DoLS applications to establish if they were managed in accordance with the DoLs code of practice, WG guidance and legislation. Whilst we noted that processes had improved recently, the position was not sustainable going forward due to a lack of clarity over the DoLS Supervisory Body role and issues around capacity and delays in key stages of the DoLS application process. We noted three high priority issues relating to the need to establish a sustainable approach for the future delivery of the DoLS Supervisory Body role, improve the process and timeliness for authorisation of DoLS applications and improve the case tracking and management information processes so that performance

and delays against target dates in the DoLS process are identified, reported and addressed. We concluded **Limited** assurance on this area.

- **Quality & Safety Governance:** The Health Board's Integrated Quality Report (IQR) allows for effective monitoring and reporting on key areas of quality and improvement. Whilst systems are in place to capture and validate the data reported within the IQR, we noted that further work is required to ensure the accuracy of all indicators. We also noted that the relevance of some of the figures highlighted within the report was sometimes unclear, specifically on how they enable the Health Board to demonstrate that quality has been improved. We concluded **reasonable** assurance on this area.
- **Medical Devices Mattresses (Draft):** Whilst the Health Board has an up-to-date policy in place covering the management of mattresses, we identified several issues relating to its application. These included a lack of specific training on the mattress policy, inconsistent monthly compliance confirmations, incomplete monthly mattress audits, and missing audit information. We emphasised the need for better governance, monitoring, and reporting arrangements, including the retention of mattress audits on a central platform. We concluded draft **limited** assurance on this area.

Information Governance & Security

We have undertaken two reviews in this area:

- **Records Management:** The Health Board had appropriate policies, procedures and guidelines in place for records management. Acute health records were stored in environmentally controlled, secure locations with smoke detectors, but we did note a lack of fire suppression. The records were being transported and tracked appropriately with effective processes in place for archive and disposal. We concluded **substantial** assurance on this area.
- **Information Governance Follow-up:** Management had made good progress in addressing the recommendations, and implementing the management actions detailed in the previous Internal Audit Report. An Information Governance Activity Tracker had been constructed but implementation had been delayed. Information Asset Owners and Administrators had been identified across the Health Board and a new Information Asset Register platform had been set-up and the population of assets had begun. An Information Governance & Records Management Operational Group had also been established to further promote and co-ordinate good practice across the Organisation. We concluded **substantial** assurance on this area.

Operational Service and Functional Management

We have undertaken eight reviews in this area:

- **GMS Unified Contract Assurance Framework:** The Health Board had undertaken significant work to ensure that the requirements of the Framework were complied with in delivering the 2023/24 cycle. An assessment of practice assurance was undertaken for all 16 GP practices in Powys and visits were then carried out at the 5 practices identified for further assessment. Outcome reports were provided to each practice with action plans agreed to address issues raised. We did however note that there was no procedure in place for determining the overall assurance rating for the visited practices. We concluded **substantial** assurance on this area.

- **Cleaning Standards:** We reviewed the processes and controls in place to ensure compliance with the cleaning standards in place within the Health Board. We found that processes are in place to ensure the effective management and supervision of cleaning standards, supported by a comprehensive cleaning standards procedure. We did identify three key matters relating to the need to clarify the line of reporting and escalation for cleaning standards, develop mechanisms for assuring compliance with cleaning standards in areas that are not directly cleaned by Health Board staff and finally review and clarify the arrangements for reporting performance against the cleaning standards. We concluded **reasonable** assurance on this area.
- **Patient Flow / Discharge Management:** Following our review, it was evident that a significant amount of work was being undertaken on discharge management both within the Health Board's community hospitals and for those Powys residents in beds in other Welsh Health Boards and English Trusts. However, we identified a number of issues around the adequacy and completeness of evidence to confirm that the requirements of the WG Hospital Discharge guidance and associated Discharge to Recover then Assess guidance are being fully and consistently complied with. We also noted that the HBs Community Hospital Discharge Policy and Procedures require updating to provide clear guidance for staff on the Red 2 Green process, so it is correctly applied in all cases. We concluded **reasonable** assurance on this area.
- **Additional Learning Needs Legislation (ALN):** The Health Board had a Standard Operating Procedure in place and had made progress with developing its systems for managing ALN requests and referrals. It was also working with partners to develop the wider strategies and plans. However, the collaborative governance arrangements required strengthening and a formal training programme was required for ALN operating within the Health Board. We also identified the need to improve the monitoring and scrutiny of the partnership's workplan and complete the introduction of data validation processes for the Health Board's case management system. We concluded **reasonable** assurance on this area.
- **Community Cardiology:** The Service was providing effective assessment and treatment to patients via clear pathways with appropriate discharge and onward referral where required. The Service also had robust systems for recording patient data and outcomes. However, we noted that there was an absence of a formal documented structure and adequate resource for the Service and also that there was a need to develop effective governance arrangements following the services move from the project phase into its fully operational status. We concluded **reasonable** assurance on this area.
- **Medicines Management (Pharmacy Stores):** Appropriate and up to date policies and procedures were in place for Pharmacy Stores covering the ordering, receipt, storage and distribution of vaccine stock which allow for vaccines stock to be managed correctly and safely. We did however note three issues around a lack of supporting documentation for the ordering, receipt and distribution of vaccine stock, inadequate and / or incomplete recording of information within the stock management spreadsheets and inadequate stock reconciliation procedures, including a lack of book to physical stock reconciliations. We concluded **reasonable** assurance on this area.
- **Contract Management:** Through inclusion within NHS Wales Organisations 2024/25 Internal Audit plans, this review compared and contrasted the appropriateness of contract management arrangements across eight organisations, with common issues and challenges noted; including establishing consistent contract management procedures, creating comprehensive contract registers, assessing and addressing

training needs for contract managers, and ensuring robust documentation and monitoring of contract performance. We highlighted the need for collaboration with NHS Wales Shared Services Partnership to develop a coordinated action plan to address these common issues across NHS Wales organisations. This was an **advisory** review.

- **Cancer Services (Draft):** The Health Board has an approach through its strategic focus and commissioning arrangements which aims to deliver sustainable cancer services that meet the suspected cancer pathway standards. However, significant issues such as the lack of formal governance for the Cancer Performance Group, inconsistent documentation methods for action logs, and challenges in tracking cancer patients across Welsh and English providers due to fragmented IT systems, mean that the SCP performance for Powys residents remains challenged. These issues need to be addressed to ensure compliance with national cancer care standards and improvement in patient outcomes. We concluded **reasonable** assurance on this area.

The planned audit of Local Primary Mental Health Services was removed from the plan due to significant delay in agreeing to the scope of the audit which meant resource was no longer available to deliver.

The planned audit of Site Co-ordination was deferred to the 2025/26 plan due to a recent change in director responsibility for the area and on-going recruitment to the Head of Facilities post.

Workforce Management

We have undertaken one review in this area:

- **Staff Retention:** We identified that the Health Board was working to implement the National Nurse Retention Plan and also develop a local wider workforce retention plan. A number of initiatives had also commenced to encourage and improve the retention of staff and the Health Board was developing the process around exit questionnaires. However, the Health Board needed to set timeframes for those actions within the National Nurse Retention plan that had passed their original dates, and the local retention plan needed to be fully developed to ensure all actions are incorporated. Further work was also required to increase the rate of completion of exit questionnaires. We concluded **reasonable** assurance on this area.

Capital & Estates Management

We have undertaken three reviews in this area:

- **Capital Systems:** Capital and Estates had dedicated substantial time and effort to developing a structured control environment for their projects by implementing a capital toolkit designed to enhance project management and oversight. By establishing clear processes and standards, the department aimed to ensure consistency and quality across all projects. However, we did identify several significant matters including developing appropriate contract strategies for individual projects, standardising the level of detail in the procurement strategy for individual projects, establishing mechanisms to track and monitor areas for improvement identified in the annual procurement reports and reviewing the capital procedures to ensure document retention criteria is appropriate. We concluded **reasonable** assurance on this area.

- **Energy Management:** Appropriate governance arrangements were in place along with robust systems for data capture, validation and payments. The Health Board was also in the process of utilising re-fit monies of circa £4m to introduce or upgrade Building Management Systems (BMS). The move to the new NHS Wales energy contract in 2023 had encountered some issues, however, recognising the robust data processes operated at the THB, the impact of the national issues had not been as significant as seen elsewhere. We identified matters requiring management attention including enhancing energy issue reporting, maintaining appropriate attendance at the all-Wales Energy group meetings, conducting of site walk-arounds and consideration of additional energy risks for inclusion on the Estate's Risk Register. We concluded **reasonable** assurance on this area.
- **Llandrindod Wells Phase 2:** At the time of the audit fieldwork the project was on schedule to be delivered on time and within budget with no quality issues identified. The project benefited from good overall governance, with robust reporting channels and clear ongoing engagement with stakeholders ensuring they were informed of progress and key milestones/events. We did identify that the Project risk register did not incorporate costs, KPIs were not completed in respect of the Health Board's advisers or the Supply Chain Partner and despite contractual obligations, a performance bond was not provided by the Supply Chain Partner. We concluded **reasonable** assurance on this area.

The planned Estates Condition Follow-up was removed from the plan due to the funding constraints in addressing the underlying issues.

2.5 Approach to Follow Up of Recommendations

As part of our audit work, we consider the progress made in implementing the actions agreed from our previous reports for which we were able to give only Limited Assurance. In addition, where appropriate, we also consider progress made on high priority findings in reports where we were still able to give Reasonable Assurance. We also undertake some testing on the accuracy and effectiveness of the audit recommendation tracker.

In addition, Audit Committees monitor the progress in implementing recommendations (this is wider than just Internal Audit recommendations) through their own recommendation tracker processes. We attend all audit committee meetings and observe the quality and rigour around these processes.

However, it remains the role of Audit Committees to consider and agree the adequacy of management responses and the dates for implementation, and any subsequent request for revised dates, proposed by Management. Where appropriate, we have adjusted our approach to follow-up work to reflect these challenges.

We have considered the impact of both our follow-up work and where there have been delays to the implementation of recommendations, on both our ability to give an overall opinion (in compliance with the PSIAS) and the level of overall assurance that we can give.

From the specific Information Governance follow up audit undertaken in 2024/25, it was identified that progress had been made by management in implementing the agreed actions and we were therefore able to provide substantial assurance for the follow-up.

Through 2024/25, the Corporate Governance team has continued to review all outstanding recommendations with management and the outcomes have been reported to each meeting of the Committee.

We undertook work towards the end of the year to validate the stated position for a sample of recommendations. We were able to confirm the recorded position for the majority of the sampled recommendations and therefore provide the Committee with additional assurance around the accuracy of the tracker.

2.6 Limitations to the Audit Opinion

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems.

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

Caution should be exercised when making comparisons with prior years. Audit coverage will vary from year to year based upon risk assessment and cyclical coverage on key control systems.

2.7 Period covered by the Opinion

Internal Audit provides a continuous flow of assurance to the Board and, subject to the key financials and other mandated items being completed in-year, the cut-off point for annual reporting purposes can be set by agreement with management. To enable the Head of Internal Audit opinion to be better aligned with the production of the Annual Governance Statement a pragmatic cut-off point has been applied to Internal Audit work in progress.

By previous agreement with the Health Board, audit work reported to draft stage has been included in the overall assessment, with all other work in progress rolled-forward and reported within the overall opinion for next year.

Most audit reviews will relate to the systems and processes in operation during 2024/25 unless otherwise stated and reflect the condition of internal controls pertaining at the point of audit assessment.

Follow-up work will provide an assessment of action taken by management on recommendations made in prior periods and will therefore provide a limited scope update on the current condition of control and a measure of direction of travel.

There are some specific assurance reviews which remain relevant to the reporting of the organisation's Annual Report required to be published after the year end. Where required, any specified assurance work would be aligned with the timeline for production of the Health Board's Annual Report and accordingly will be completed and reported to management and the Committee after this Head of Internal Audit Opinion. However, the Head of Internal Audit's assessment of arrangements in these areas would be legitimately informed by drawing on the assurance work completed as part of this current year's plan.

2.8 Required Work

Please note that following discussions with Welsh Government we were not mandated to audit any areas in 2024/25.

2.9 Statement of Conformance

The Welsh Government determined that the Public Sector Internal Audit Standards (PSIAS) would apply across the NHS in Wales from 2013/14.

The provision of professional quality Internal Audit is a fundamental aim of our service delivery methodology and compliance with PSIAS is central to our audit approach. Quality is controlled by the Head of Internal Audit on an ongoing basis and monitored by the Director of Audit & Assurance. In addition, at least once every five years, we are required to have an External Quality Assessment. This was undertaken by the Chartered Institute of Public Finance and Accountancy (CIPFA) in March 2023, reported in April 2023, who concluded we 'Fully Conform' with the Standards.

The NWSSP Audit and Assurance Services can assure the Committee that it has conducted its audit at the Health Board in conformance with the Public Sector Internal Audit Standards for 2024/25.

Our conformance statement for 2024/25 is based upon:

- the results of our internal Quality Assurance and Improvement Programme (QAIP) for 2024/25 which will be reported formally in the Summer of 2025; and
- The results of the External Quality Assessment.

We have set out, in **Appendix A**, the key requirements of the Public Sector Internal Audit Standards and our assessment of conformance against these requirements. The full results and actions from our QAIP will be included in the 2024/25 QAIP report. There are no significant matters arising that need to be reported in this document.

We also note that there have been no impairments to the independence of the Head of Internal Audit or to any other members of NWSSP's Audit & Assurance Service who undertook work on the Health Board's audit programme for 2024/25.

The Head of Internal Audit has unfettered access to the Chief Executive, Chair of the Audit Committee and Chair of the Trust.

2.10 Completion of the Annual Governance Statement

While the overall Internal Audit opinion will inform the review of effectiveness for the Annual Governance Statement, the Accountable Officer and the Board need to consider other assurances and risks when preparing their Statement. These sources of assurances will have been identified within the Board's own performance management and assurance framework and will include, but are not limited to:

- direct assurances from management on the operation of internal controls through the upward chain of accountability;
- internally assessed performance against the Health & Care Quality Standards;
- results of internal compliance functions including Local Counter-Fraud, Post Payment Verification, and risk management;

- reported compliance via the Welsh Risk Pool regarding claims standards and other specialty specific standards reviewed during the period; and
- reviews completed by external regulation and inspection bodies including Audit Wales, Healthcare Inspectorate Wales and Health and Safety Executive.

3. Other work relevant to the Health Board

As our internal audit work covers all NHS Wales organisations there are a number of audits that we undertake each year which, while undertaken formally as part of a particular health organisation's audit programme, will cover activities relating to other health bodies. These are set about below, with relevant comments and opinions attached, and relate to work at:

- NHS Wales Shared Services Partnership;
- Digital Health & Care Wales; and
- NHS Wales Joint Commissioning Committee.

NHS Wales Shared Services Partnership (NWSSP)

As part of the internal audit programme at NHS Wales Shared Services Partnership (NWSSP), a hosted body of Velindre University NHS Trust, a number of audits were undertaken which are relevant to the Health Board. These audits of the financial systems operated by NWSSP, processing transactions on behalf of the Health Board, derived the following opinion ratings:

Audit	Opinion	Outline scope
Accounts Payable	Reasonable	To review the adequacy of the systems and controls in place for key risk areas in the accounts payable process, including progress in implementing the actions agreed with management to address the issues identified in the previous audit report.
PCS Pharmacy	Substantial	To provide assurance that Primary Care Services is maintaining a robust system to facilitate timely and accurate payments to pharmacy contractors.
Payroll	Substantial	To evaluate the design and operation of the systems and controls in place within payroll services.
Recruitment Services	Substantial	To review the adequacy of systems and controls in place for Recruitment Services.

Please note that other audits of NWSSP activities are undertaken as part of the overall NWSSP internal audit programme. All audits in this programme are reported to the Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership. The overall Head of Internal Audit Opinion for NWSSP is Reasonable Assurance.

Digital Health & Care Wales (DHCW)

As part of the internal audit programme at DHCW, a Special Health Authority that started operating from 1 April 2021, a number of audits were undertaken which are relevant to the Health Board. These audits derived the following opinion ratings:

Audit	Opinion	Outline scope
Financial Sustainability	Reasonable	To review the financial management arrangements in place to ensure the ongoing sustainability of services and project delivery, with a particular focus on sustainable funding requirements for projects (e.g. DPIF, WASPI).
Programme Management	Reasonable	To establish the effectiveness of the portfolio management model used by DHCW and the controls that are in place to ensure it operates across the range of active projects.
Mission One – National Data Resource	Reasonable	To provide assurance over the National Data Resource (NDR) Platform programme of work, including progress towards implementing local datastores, and reference, demographics and medicines data.
Mission One – Cloud Services	Substantial	To provide assurance over the programme of work to move live services from datacentres into the cloud.

Please note that other audits of DHCW activities are undertaken as part of the overall DHCW internal audit programme. The overall Head of Internal Audit Opinion for DHCW is Reasonable Assurance.

NHS Wales Joint Commissioning Committee (JCC)

The work at the JCC is undertaken as part of the Cwm Taf Morgannwg internal audit plan. These audits are listed below and derived the following opinion ratings:

Audit	Opinion	Outline scope
Mental Health Quality Commissioning arrangements	Reasonable	The purpose of the review was to assess the effectiveness of the arrangements in the JCC to oversee the quality and safety aspects of the commissioning of mental health and learning disability placements.
Governance	Advisory	To assess the arrangements that have been put in place at the JCC for embedding the statutory governance framework and the establishment of operational governance arrangements to provide effective oversight in the new organisation.

Audit	Opinion	Outline scope
Financial arrangements [Draft]	Reasonable	To consider the financial arrangements in relation to financial management and budgetary control, procurement and income.
Review of Traumatic Stress Wales [Draft]	Limited	The purpose of the review was to provide information to assist with determining the optimum delivery mechanism for the national objective of Traumatic Stress Wales (TSW), by review of the adequacy of the systems and controls in place within TSW and the JCC in relation to its management of TSW.

While these audits do not form part of the annual plan for the Health Board, they are listed here for completeness as they do impact on the organisation's activities. The Head of Internal Audit has considered if any issues raised in the audits could impact on the content of our annual report and concluded that there are no matters of this nature.

Full details of the NWSSP audits are included in the NWSSP Head of Internal Audit Opinion and Annual Report. DHCW audits are summarised in the DHCW Head of Internal Audit Opinion and Annual Report, and the JCC audits are summarised in the Cwm Taf Morgannwg University Health Board Head of Internal Audit Opinion and Annual Report.

4. Delivery of the Internal Audit Plan

4.1 Performance against the Audit Plan

The Internal Audit Plan has been delivered substantially in accordance with the schedule agreed with the Committee, subject to changes agreed as the year progressed. Regular audit progress reports have been submitted to the Committee during the year. Audits that remain to be reported, but are reflected within this Annual Report, will be reported alongside audits from the 2025/26 operational audit plan.

The audit plan approved by the Committee in March 2024 contained 28 planned reviews. Changes have been made to the plan with 4 audits removed or deferred. All these changes have been reported to, and approved by, the Committee.

The assignment status summary is reported at section 5.

In addition, we may respond to requests for advice and/or assistance across a variety of business areas across the Health Board. This advisory work, undertaken in addition to the assurance plan, is permitted under the standards to assist management in improving governance, risk management and control. This activity is reported during the year within our progress reports to the Committee.

4.2 Service Performance Indicators

In order to monitor aspects of the service delivered by Internal Audit, a range of service performance indicators have been developed.

Indicator Reported to Audit Committee	Status	Actual	Target	Red	Amber	Green
Operational Audit Plan agreed for 2024/25	G	March 2024	By 30 June	Not agreed	Draft plan	Final plan
Total assignments reported against adjusted plan for 2024/25	G	96% 23/24	100%	v>20%	10%<v<20%	v<10%
Report turnaround: time from fieldwork completion to draft reporting [10 working days]	G	96% 23/24	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time taken for management response to discussion & draft report [20 working days]	G	86% 19/22	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time from management response to issue of final report [10 working days]	G	100% 22/22	80%	v>20%	10%<v<20%	v<10%

Key: v = percentage variance from target performance

5. Risk based audit assignments

The overall opinion provided in Section 1 and our conclusions on individual reviews is limited to the scope and objectives of the reviews we have undertaken, detailed information on which has been provided within the individual audit reports.

5.1 Overall summary of results

In total 24 audit reviews were reported during the year. Figure 1 below presents the assurance ratings, and the number of audits derived for each.

Figure 1 Summary of audit ratings

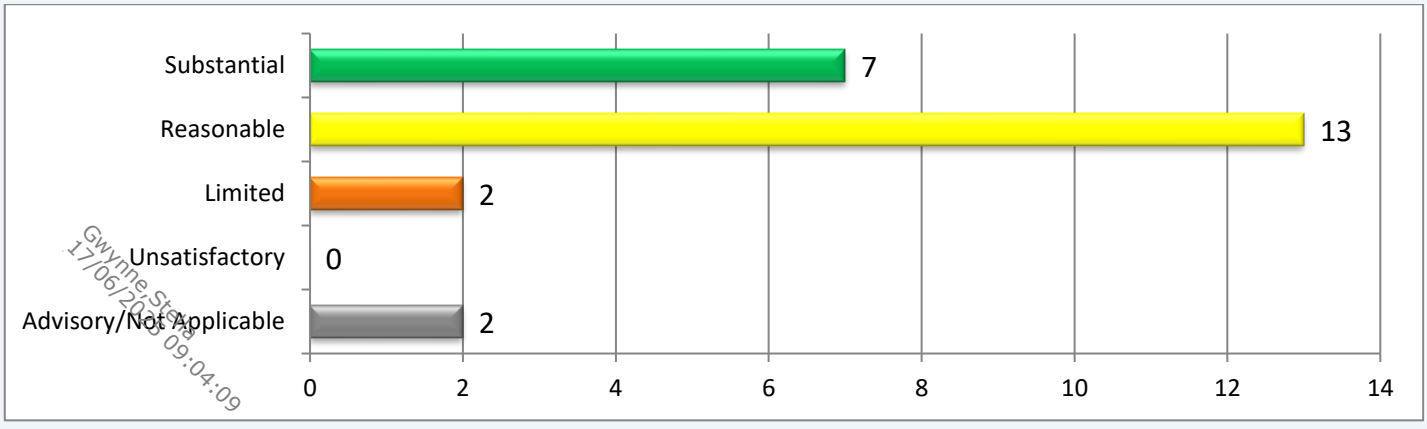

Figure 1 above does not include the audit ratings for the reviews undertaken at NWSSP, DHCW or the NHS Wales Joint Commissioning Committee.

The assurance ratings and definitions used for reporting audit assignments are included in **Appendix B**.

In addition to the above, there were several audits which did not proceed following preliminary planning and agreement with management. In some cases, it was recognised that there was action required to address issues and/or risks already known to management and an audit review at that time would not add additional value. These audits are documented in section 5.7.

The following sections provide a summary of the scope and objective for each assignment undertaken within the year along with the assurance rating.

5.2 Substantial Assurance (Dark Green)

In the following review areas, the Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Those few matters that may require attention are compliance or advisory in nature with low impact on residual risk exposure.

Review Title	Objective
Integrated Performance Framework	Review how the Integrated Performance Framework has been introduced and establish if it is being appropriately utilised to provide effective assurance on the services being provided and commissioned.
Core Financial Systems – Treasury Management	To evaluate and determine the adequacy of the systems and controls in place within the Health Board for Treasury Management.
Board & Committee Structure / Effectiveness	Evaluate the Health Board's Board and Committee structure and assess the operation of the Board and Committees to ensure effective and efficient reporting, scrutiny and decision making on areas of accountability.
Records Management	Review of arrangements for managing records within the Health Board and ensuring compliance with Standards / regulations.
GMS Unified Contract Assurance Framework	Review of the processes for managing the GMS Unified contract performance framework and monitoring and reporting performance.
Business Continuity Planning	Establish if the Health Board has appropriate arrangements in place to ensure effective business continuity across all areas and services.

Review Title	Objective
Information Governance Follow-up	To provide the Health Board with assurance regarding the implementation of the agreed management actions from the 2023/24 Information Governance audit that reported 'Limited' assurance.

5.3 Reasonable Assurance (Light Green)

In the following review areas, the Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Some matters require management attention in either control design or operational compliance and these will have low to moderate impact on residual risk exposure until resolved.

Review Title	Objective
Integrated Plan Development Process	Review of the processes and assumptions used for developing the IMTP and Annual Plan, Including a focus on assessment of financial plans.
Cleaning Standards	Review of processes and controls in place to ensure compliance with national cleaning standards.
Staff Retention	Review and assessment of the plans and processes in place to enable the Health Board to retain an appropriate workforce to allow for the sustained delivery of high-quality services.
Capital Systems	A review of the arrangements in place for the selection and award of advisers and contractors at health board projects; to include the use of local, regional, and national framework arrangements, adequacy of contractual arrangements applied etc.
Energy Management	Determine the adequacy of and operational compliance with, the established systems for the management and control of energy consumption within the Health Board, will also take account of other supporting regulatory and procedural requirements.
Patient Flow / Discharge Management	Review of the current controls and systems around patient flow, reducing discharge delays and work of the Complex Care and Unscheduled Care Team. Include a focus on the repatriation of patients from other providers.

Review Title	Objective
Additional Learning Needs Legislation	Review the structures and processes in place within the Health Board for ensuring compliance with the requirements of the Additional Learning Needs and Educational Tribunal Act (Wales).
Community Cardiology	Review of the structure and delivery of the service implemented in North Powys, to inform further roll-out across Powys.
Medicines Management (Pharmacy Stores)	Review of Medicines Management arrangements, potentially including medicines efficiency / prescribing, interfaces with community pharmacies or antimicrobial prescribing.
Risk Management & Assurance	Review the on-going development, implementation and application of the Health Boards Risk Management and Board Assurance processes.
Llandrindod Wells Phase 2	To assess the THB's processes, procedures and operational management of the delivery of the Llandrindod Wells redevelopment programme.
Quality & Safety Governance (Duty of Quality)	Review of the Health Board's arrangements for quality monitoring and reporting through the Integrated Quality Report, as part of ensuring compliance with the Duty of Quality.
Cancer Tracking – Service Delivery (Draft)	Review the effectiveness of the structures and processes in place to provide sustainable cancer services that deliver the suspected cancer pathway standards.

5.4 Limited Assurance (Amber)

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

Review Title	Objective
Deprivation of Liberties Safeguards (DoLS)	To review the controls and processes in place for the control, operation and reporting of the Deprivation of Liberty Safeguards (DoLS) as operated by the Health Board.

Review Title	Objective
Mattresses (Draft)	To review the processes and controls in place across the Health Board to ensure that mattresses are subject to appropriate checks and maintenance.

5.5 Unsatisfactory (Red)

No reviews were assigned an 'unsatisfactory' opinion.

5.6 Advisory/Assurance Not Applied (Grey)

The following review was undertaken as part of the audit plan and reported without the standard assurance rating indicator, owing to the nature of the audit approach. The level of assurance given for this review is deemed not applicable – these are reviews and other assistance to management, provided as part of the audit plan, to which the assurance definitions are not appropriate, but which are relevant to the evidence base upon which the overall opinion is formed.

Review Title	Objective
Partnership Governance Framework	To establish and assess the current position and future plans towards development of a Partnership Governance Framework.
Contract Management	To assess whether the Health Board has appropriate contract management arrangements in place.

5.7 Audits not undertaken

Additionally, the following audits were deferred for the reasons outlined below. We have considered these reviews and the reason for their deferment when compiling the Head of Internal Audit Opinion.

Review Title	Reason for removal / deferral
Policy Management	A new system for management of policies had been approved for implementation during 2024/25, so the audit was deferred to 2025/26 to provide assurance on the new system.
Local Primary Mental Health Services	Removed from the 24/25 plan due to significant delay in agreeing to the scope of the audit which meant resource was no longer available to deliver.

Review Title	Reason for removal / deferral
Site Co-ordination	Deferred to the 2025/26 plan due to the recent change in director responsibility for this area and on-going recruitment to the Head of Facilities post.
Estates Condition Follow-up	Removed from the 24/25 plan, due to the funding constraints in addressing the underlying issues.

5.8 Work in progress

At the time of producing the Annual Report, the following audit was still in planning and the assurance rating had not been determined. The outcome of this audit will therefore feed into the HIA Opinion for 2025/26.

Review Title	Objective
Mental Health Care & Treatment Planning	Review of the current processes and performance around completion of care and treatment plans within the Mental Health Service and plans in place to improve these.

6. Acknowledgement

In closing I would like to acknowledge the time and co-operation given by Directors and staff of the Trust to support delivery of the Internal Audit assignments undertaken within the 2024/25 plan.

Ian Virgill
Pennaeth yr Archwiliad Mewnol/Head of Internal Audit
Gwasanaethau Archwilio a Sicrwydd/Audit and Assurance Services
Partneriaeth Cydwasanaethau GIG Cymru/NHS Wales Shared Services Partnership
June 2025

Appendix A

ATTRIBUTE STANDARDS	
1000 Purpose, authority and responsibility	Internal Audit arrangements are derived ultimately from the NHS organisation's Standing Orders and Financial Instructions. These arrangements are embodied in the Internal Audit Charter adopted by the Audit Committee on an annual basis.
1100 Independence and objectivity	Appropriate structures and reporting arrangements are in place. Internal Audit does not have any management responsibilities. Internal audit staff are required to declare any conflicts of interests. The Head of Internal Audit has direct access to the Chief Executive and Audit Committee chair. There have been no impairments to our independence during 2024/25.
1200 Proficiency and due professional care	Staff are aware of the Public Sector Internal Audit Standards and code of ethics. Appropriate staff are allocated to assignments based on knowledge and experience. Training and Development exist for all staff. The Head of Internal Audit is professionally qualified.
1300 Quality assurance and improvement programme	Head of Internal Audit undertakes quality reviews of assignments and reports as set out in internal procedures. Internal quality monitoring against standards is performed by the Head of Internal Audit and Director of Audit & Assurance. An EQA was undertaken in 2023.
PERFORMANCE STANDARDS	
2000 Managing the internal audit activity	The Internal Audit activity is managed through the NHS Wales Shared Services Partnership. The audit service delivery plan forms part of the NWSSP integrated medium term plan. A risk based strategic and annual operational plan is developed for the organisation. The operational plan gives detail of specific assignments and sets out overall resource requirement. The audit strategy and annual plan is approved by Audit Committee. Policies and procedures which guide the Internal Audit activity are set out in an Audit

	Quality Manual. There is structured liaison with Audit Wales, HIW and LCFS.
2100 Nature of work	The risk-based plan is developed and assignments performed in a way that allows for evaluation and improvement of governance, risk management and control processes, using a systematic and disciplined approach.
2200 Engagement planning	The Audit Quality Manual guides the planning of audit assignments which include the agreement of an audit brief with management covering scope, objectives, timing and resource allocation.
2300 Performing the engagement	The Audit Quality Manual guides the performance of each audit assignment and report is quality reviewed before issue.
2400 Communicating results	Assignment reports are issued at draft and final stages. The report includes the assignment scope, objectives, conclusions and improvement actions agreed with management. An audit progress report is presented at each meeting of the Audit Committee. An annual report and opinion is produced for the Audit Committee giving assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.
2500 Monitoring progress	An internal follow-up process is maintained by management to monitor progress with implementation of agreed management actions. This is reported to the Audit Committee. In addition, audit reports are followed up by Internal Audit on a selective basis as part of the operational plan.
2600 Communicating the acceptance of risks	If Internal Audit considers that a level of inappropriate risk is being accepted by management, it would be discussed and will be escalated to Board level for resolution.

Appendix B

Assurance Opinion

	**Substantial**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	**Reasonable**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	**Limited**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	**Unsatisfactory**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	**Advisory**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Powys Teaching Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Powys Teaching Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership]

Audit of Accounts Report – Powys Teaching Health Board

Audit year: 2024-25

Date issued: June 2025

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Contents

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

Introduction

Adrian Crompton

Auditor General for Wales

I am pleased to share my Audit of Accounts Report. The Report summarises the main findings from my audit of your 2024-25 annual report and accounts. My team have already discussed these findings with the Director of Finance (Deputy Chief Executive).

My team have substantially completed the audit work as set out in my Audit Plan dated February 2025. The remaining areas to be fully completed are:

- Continuing Health Care (CHC) accruals. Our initial audit testing identified some potential errors within the declared CHC accruals of £7.2 million. We are working through this issue with the finance team, to quantify the misstatements and assure ourselves that the balance is materially accurate.
- Powys LHB have disclosed a Contingent Liability of £5 million in relation to an invoice received from an English Trust. We are currently finalising our view on this unusual and significant issue.

The content of my report is subject to change upon completion of the work above. Further details on the work completed to date in respect of this can be found in my Audit Findings.

I will issue a final report to Board once the above work is completed.

Since my Audit Plan, I have updated materiality to reflect the 2024-25 accounts. I have also identified one new audit risk which needs to be brought to your attention. This, along with my response to previously identified audit risks are set out in **Appendix 1**.

I am required to provide an opinion on whether the accounts have been properly prepared, give a true and fair view, in all material aspects, and whether income and expenditure have been applied to the purposes

intended. My proposed audit opinion and basis for it is outlined on page 10.

It is the responsibility of the Board to address any matters raised in my report and provide me with a Letter of Representation.

I would like to extend my gratitude to the officers and staff of Powys Teaching Health Board for their cooperation throughout the audit process which has been invaluable in completing this audit effectively.

Your audit at a glance

We intend to issue an **unqualified 'true and fair' opinion but a qualified 'regularity' opinion**. In line with last year, the regularity opinion is qualified as the Health Board did not meet its revenue resource limit over the 3 years to 2024-25.

See **Appendix 4**

There is **one other significant matter** to report.

We are also proposing to issue a **substantive report** because in line with the prior year, the Health Board did not meet its first and second financial duties to operate within its revenue resource allocation over the three-year period ending 2024-25, and to have an approved three-year integrated medium-term plan.

See **Audit findings**

To date there are **no uncorrected misstatements** in the accounts
See **Audit findings**.

We have raised **1 recommendation** as a result of our work.

See **Appendix 5**

We are aiming to certify your accounts on **27 June 2025**, which is ahead of the deadline of **30 June 2025**.

Materiality

I use professional judgement to set a materiality threshold to identify and correct misstatements that could affect users' decisions, considering both financial errors and disclosure requirements according to the applicable accounting framework and laws. My team updates materiality throughout the audit.

Materiality	Reporting threshold (trivial)
Set at 1% of gross expenditure based upon 2024-25 draft financial statements.	Set at 5% of materiality.
£4.8 million	**£0.2 million**

There are some areas of the accounts that may be of more importance to the user of the accounts. We confirm lower materiality levels for these:

Remuneration report	Related party disclosures
£1,000	£5,000

Audit Findings

Misstatements

A misstatement arises where information in the accounts is not in accordance with accounting standards.

Several misstatements were identified in the accounts.

Uncorrected misstatements

To date there are no uncorrected misstatements.

Corrected misstatements

During our audit, we identified misstatements that have been corrected by management, the more significant of these are listed for your information in **Appendix 2**.

Other significant issues

International Standard on Auditing 260 requires us to communicate with those charged with governance. We must tell you significant findings from the audit and other matters if they are significant to your oversight of Powys Teaching Health Board's financial reporting process.

The following issue was identified during the audit:

Continuing Health Care (CHC) Accruals

Our audit has identified some issues regarding the accuracy, and classification of CHC accruals. This has required extended sample testing of this balance to quantify the misstatements and give assurance that the balance is materially accurate. This extended testing is ongoing at the time of presenting this report.

Based on the work completed to date we have identified immaterial errors which to have yet to be corrected. If they remain uncorrected when we issue our final report, these will be reported as uncorrected misstatements.

We have raised a recommendation for improvement in this area at **Appendix 5**.

Proposed audit opinion

Audit opinion

We intend to issue an unqualified 'true and fair' opinion, but a qualified 'regularity' opinion on this year's accounts once you have provided us with a Letter of Representation.

We are also proposing to issue a substantive report because in line with the prior year, the Health Board did not meet its first and second financial duties to operate within its revenue resource allocation over the three-year period ending 2024-25, and to have an approved three-year integrated medium-term plan.

Our proposed audit report, with substantive report is set out in **Appendix 3**.

Letter of representation

A Letter of Representation is a formal letter in which you confirm to us the accuracy and completeness of information provided to us during the audit. Some of this information is required by auditing standards; other information may relate specifically to your audit.

The letter we are requesting you to sign is included in **Appendix 4.**

Recommendations

We have made a recommendation in relation to CHC accruals. This is set in **Appendix 5.**

Audit team and ethical compliance

The main members of my team who carried out the audit work, together with their contact details, are summarised in **Exhibit 1**.

Exhibit 1: my local audit team

Engagement Lead	Gareth Lucey gareth.lucey@audit.wales
Audit Manager	Mike Jones mike.jones@audit.wales
Audit Lead	Ali Tariq ali.tariq@audit.wales

Compliance with ethical standards

We confirm that:

- we have complied with the ethical standards we are required to follow in carrying out our work;
- we have remained independent of yourselves;
- our objectivity has not been comprised; and
- we have no relationships that could undermine our independence or objectivity.

Appendix 1 – Audit risks and outcomes

Since the issue of my Audit Plan in February, my team identified an additional risk of material misstatement that should be brought to your attention.

Exhibit 2: audit risks identified following issue of my Audit Plan

Audit risk	Work done	Outcome
Risk that a £5m invoice received from Wye Valley NHS Trust has been accounted for incorrectly	The audit team: • Gathered all available evidence to date and formed a judgement on whether the accounting treatment applied by the Health Board was acceptable.	We are currently finalising our view on this unusual and significant issue. We will update the Board when we issue our final report.

Exhibit 3 lists the audit risks included within my Audit Plan and sets out how they were addressed as part of the audit.

Exhibit 3: audit risks reported previously, work done and outcome

Audit risk	Work done	Outcome

Risk of management override The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].	The audit team: • tested the appropriateness of journal entries and other adjustments made in preparing the financial statements; • reviewed accounting estimates for bias; and • evaluated the rationale for any significant transactions outside the normal course of business.	My audit work did not identify any instances of management override of controls.
Failure of first financial duty There is a significant risk that you will fail to meet your first financial duty to break even over a three-year period. Where you fail this financial duty, we will place a substantive report on the financial statements highlighting the failure and qualify your regularity opinion.	The audit team: • monitored the Health Board's financial position for 2024-25 and the cumulative three-year period to 31 March 2025; • performed enhanced substantive testing on areas in the financial statements where transactions were at higher risk of being reported in the incorrect period; and • considered the impact of any relevant uncorrected misstatements over the three-year period to 31 March 2025.	My audit work identified that the Health Board did not meet its first financial duty to operate within its revenue resource allocation over the three-year period ending 31 March 2025. My substantive report can be found in **Appendix 3**.

Risk of misclassification in capital expenditure The January MMR data shows that the forecast capital spend is significantly higher than the capital spend to date. There is an increased risk of misclassification of revenue expenditure as capital for in-year expenditure. Additionally, capital expenditure could be accounted for in 2024-25 for goods and services not received before the year end.	The audit team: • continued to monitor the Health Board's capital position for 2024-25; and • performed enhanced substantive testing on a sample of additions to ensure that they were appropriately classified and were reported in the correct period.	My audit team did not identify any misclassification of capital expenditure.

Remuneration report disclosures

There have been several new appointments to senior officer and board member posts during 2024-25 which need to be captured in the remuneration report. In recent audits this is an area where we have found errors. Consequently, we feel there is a risk that appointments will not be appropriately disclosed in the remuneration report. The remuneration report is material by nature, and there is a risk that even low value errors in the disclosures could result in a material misstatement.

The audit team:

- understood the movements in the senior management team during 2024-25;
- ensured that remuneration disclosed was consistent with supporting evidence;
- ensured that amounts paid were consistent with those approved by the Board and were in accordance with Welsh Government pay rates; and
- ensured that disclosures were complete based on the team's knowledge and were prepared in accordance with requirements.

My audit work identified several errors that were amended and are described in the summary of corrections made in **Appendix 2**.

Related party disclosures

The financial statements must disclose any related party relationships along with the transactions and balances between the LHB and the other body/party.

Where related party relationships arise via individual officer or member relationships, related transactions can be more difficult to identify and are more likely to not be declared. Such relationships are of high public interest and are considered to be material by their nature. Hence, there is a risk of material misstatement due to incomplete or inaccurate disclosures, even where these are of relatively low value.

The audit team:

- reviewed management's process for identifying related party relationships and associated transactions and balances;
- undertook procedures to confirm the completeness of related party relationships; and
- ensured disclosures were complete, accurate, consistent with evidence and were in accordance with requirements.

My audit work identified errors that have now been amended and are described in the summary of corrections made in **Appendix 2**.

Provisions and Contingent Liabilities The financial statements include provisions and contingent liabilities for legal obligations, particularly in relation to clinical negligence. There is a significant degree of subjectivity and uncertainty in the measurement and valuation of these provisions and contingent liabilities. This subjectivity and uncertainty increase the risk of material misstatement.	The audit team: • Reviewed management's estimation process for the valuation of provisions and contingent liabilities; • Considered the competence, capability and objectivity of the management experts who prepared the estimates; • Performed detailed testing on a sample of claims; and • Ensured that disclosures were in accordance with the FReM and Welsh Government's Manual for Accounts.	My audit work did not identify issues with the accuracy and accounting treatment applied to provisions and contingent liabilities.
Data Transfer to Oracle Cloud Servers In October 2024, the Health Board's ledger data was transferred from Cardiff and Vale Health Board's data centre to Oracle data centres in Slough. There is potentially a risk of data loss occurring as part of the transfer, which could affect the integrity of the accounting records.	The audit team: • Ensured that proper practice was followed for the data transfer; and • Reviewed the data reconciliation work to gain assurance that the data transfer was completed successfully and that the integrity of data was maintained.	My audit work did not identify any issues arising from the data transfer.

Appendix 2 – 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.

None of these corrections have impacted the net expenditure position of the Health Board.

Value of correction	Accounts area	Explanation
Various	Note 30: Related Parties	Disclosure was not made for transactions with the English NHS bodies that the Health Board has agreements with.
£8,370k	Note 23: Losses and Special Payments	£8,370k of a structured settlement transferred to the Welsh Risk Pool in the prior year was incorrectly included in the cumulative total of cases paid in year.
£1,074k	Note 11.3: Right of Use Assets	£1,074k of the total value of right of use assets is required to be analysed on a per lessor basis. This analysis was omitted.
£370k	Note 11.1: Property, Plant and Equipment	£370k of an in year impairment relating to depreciation was incorrectly included in the cost section of the note.
£10k	Note 9.6: Fair Pay Disclosures	CEO salary was originally shown net of a salary sacrifice arrangement. The gross amount should instead be

		disclosed and used to calculate staff pay ratios.
£10k	Remuneration Report	£10k annual leave payment was not included in a Director's remuneration disclosure but should be according to requirements.
£7k	Remuneration Report	£7k salary sacrifice element of the CEO's remuneration was omitted from the remuneration report but should be disclosed.
£5k banding	Remuneration Report	Correction to a single total remuneration banding from 190-195, to 195-200. This arose due to a rounding error.
£1k	Note 30: Related Parties	Transactions of £1k between the Health Board and a member's interest in a charity had not been disclosed.
Various	Statement of Cash Flows	Various amendments to ensure that all appropriate accounts figures are correctly reflected in the Statement of Cash Flows to ensure that the cash movements disclosed are accurate.
Various	Remuneration Report	Our audit identified several amendments throughout the report, relating to senior officer remuneration, to ensure that disclosures complied with the requirements of the underlying accounting framework. These include: • Changes to narrative disclosures to improve clarity and referencing.

		• Corrections to salary banding disclosures in the narrative.
Various	Various	Our audit work identified several minor narrative or disclosure errors across various notes in the accounts that required correction. These have been agreed and amended.

Appendix 3 – 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 for the year ended 31 March 2025 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 material 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 2025 and of its net operating costs 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(s) described in the Basis for Qualified Opinion on Regularity 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 £34.7m over the amount that it was authorised to spend in the three-year period 2022-2023 to 2024-2025. This spend constitutes irregular expenditure.

Further detail is set out in my Report on page xx

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 and regularity of public sector bodies 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 Health 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 Minsters' directions; and;
- the information given in the Performance and Accountability Reports 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 other unaudited parts of the Accountability Report or the Annual Governance Statement.

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 Health Board'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 Health Board 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 Health Board's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Powys Teaching 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.
- Obtaining an understanding of Powys Teaching 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;
- 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 and those charged with governance about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board;

- 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's 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 pages x to y.

Adrian Crompton
Auditor General for Wales
27 June 2025

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

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 2025 to draw attention to two key matters for my audit. These are the failure against the first financial duty and consequential qualification of my 'regularity' opinion and the failure of the second financial duty. I have not qualified my 'true and fair' opinion in respect of any of these matters.

Financial duties

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

For 2024-25, the Health Board failed to meet both the first and the second 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 2022-2023 to 2024-2025.

As shown in Note 2.1 to the Financial Statements, the Health Board did not manage its revenue expenditure within its resource allocation over this three-year period, exceeding its cumulative revenue resource limit of £1,260.5 million by £34.7 million.

Where an LHB 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 LHB's 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.

Failure of the second financial duty

The **second financial duty** requires LHBs to prepare and have approved by the Welsh Ministers a rolling three-year integrated medium-term plan. This duty is an essential foundation to the delivery of sustainable quality health services. An LHB will be deemed to have met this duty for 2024-25 if it submitted a 2024 to 2027 plan approved by its Board to the Welsh Ministers, who were required to review and consider approval of the plan.

As shown in Note 2.3 to the Financial Statements, the Health Board did not meet its second financial duty to have an approved three-year integrated medium-term plan in place for the period 2024 to 2027.

Adrian Crompton
Auditor General for Wales
27 June 2025

Appendix 4 – Letter of representation

This letter should be placed on the Audited body's letterhead

Auditor General for Wales
Wales Audit Office
1 Capital Quarter
Cardiff
CF10 4BZ

[Date]

Representations regarding the 2024-25 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 for the year ended 31 March 2025 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, 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 Powys Teaching 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 Powys Teaching 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 and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole. A summary of these items is set out below:

- [xxxx]

Representations by Powys Teaching Health Board

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

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 Powys Teaching Health Board on [insert date].

We confirm that we have taken all the steps that we ought to have taken in order 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

Signed by:	Signed by:
Chief Executive Officer	Chair of the Health Board
Date:	Date:

Gwynne.Stella 17/06/2025 09:04:09

Appendix 5 – Recommendation

1. Treatment of Continuing Health Care accruals

Our audit work on Continuing Health Care (CHC) accruals noted several issues:

- An accrual was made for an individual who had passed away;
- A CHC case that had been adopted by another Health Board had an accrual against it, despite being notified of this by the other Health Board, and:
- Misclassification of some balances that were included in the Non-NHS Accruals line in Note 18 that should have been included in Non-NHS Payables.

The Health Board should ensure that there are robust processes in place to ensure the completeness of information when calculating accruals. It should make sure that the Manual for Accounts and accounting standards are followed for when disclosing the CHC accruals balance in its year-end financial statements.

Priority:

High

Accepted in full by management:

Yes

Management response:

The Assistant Director of Finance and the Assistant Director of Complex Care will work together to review and improve the processes.

Work is being undertaken between the Finance and Complex Care teams to streamline package and invoice processing approval flows. This workstream will be continued to encompass the recommendations identified above.

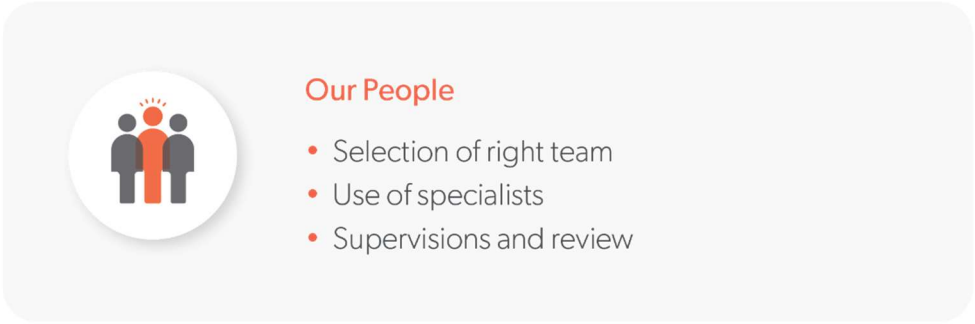
Implementation date:

September 2025

Audit quality

Our commitment to audit quality in Audit Wales is absolute. We believe that audit quality is about getting things right first time.

We use a three lines of assurance model to demonstrate how we achieve this. We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by the Institute of Chartered Accountants in England and Wales and our Chair of the Board, acts as a link to our Board on audit quality. For more information see our Audit Quality Report 2024.



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Archwilio Cymru
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E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 5.5

Audit, Risk and Assurance Committee	**Date of Meeting: 17 June 2025**
Subject:	**FINAL ANNUAL REPORT AND ACCOUNTS 2024/2025**
Approved and presented by:	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive and Director of Corporate Governance / Board Secretary
Prepared by:	Assistant Director of Finance (Accounting and Services) Deputy Board Secretary
Other Committees and meetings considered at:	Earlier drafts of the Accountability Report and Financial Statements have been considered at the Audit, Risk and Assurance Committee and the draft Performance Report circulated to the Finance and Performance Committee (formerly the Delivery and Performance Committee).

PURPOSE:

To present the Committee with the Final Draft of the Annual Report which encompasses:

- The Performance Report (appendix 1)
- The Accountability Report, including: (appendix 1)
    - A Corporate Governance Report
    - A Remuneration and Staff Report
    - A Parliamentary Accountability and Audit Report; and
- The Financial Statements 2024-25 (appendix 2)

for consideration prior to being submitted for formal approval at PTHB Board on 25 June 2025 and submitted to Welsh Government on 30 June 2025, in-line with HM Treasury Requirements. Appendix 1 and 2 will be incorporated into one document in readiness for signing pending Board approval.
Final Draft versions incorporates all comments and feedback received from Welsh Government; Auditors; PTHB Committees and the CEO.
The papers for the Committee also include:

- Enquiries of Management and those charged with Governance (attached as item 5.6 to the agenda)

- Audit Wales report – ISA260 including Letter of representation (attached as item 5.5 to the agenda).

RECOMMENDATIONS(S):

The Committee is asked to:

- **NOTE** the content of this report;
- **NOTE** the accounts have been subject to a statutory audit by Audit Wales (External Audit)
- **RECOMMEND** to the Board at its meeting on 25 June 2025 the approval and signature of the Annual Report and Financial Accounts for year ended 31st March 2026
- **NOTE** the responses to enquiries of management and those charged with governance

Approve/Take Assurance	Discuss	Note
Y		

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

BACKGROUND

Powys Teaching Health Board was required to submit a draft Performance Report, Accountability Report and an Unaudited set of annual accounts to the Welsh Government (WG) and Audit Wales by 2 May 2025. Audit Wales have undertaken the statutory audit of the annual accounts and Remuneration Report.

The Health Board is required to submit an audited set of the above named documents to Welsh Government on 30 June 2025. These documents are required to be approved by the Board; this is scheduled to take place on 25 June 2025. The Accounts will then be signed by the Auditor General for Wales on 27 June 2025.

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 (FReM) 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 Integrated Plan 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.

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.

The Foreword from the Chief Executive and Chair will be added to the Annual Report in advance of the Board meeting on the 25 June 2025.

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.

Financial targets and statutory duties

The Health Board has achieved/not achieved the following financial targets and statutory duties for 2024/25:

- Operational in-year financial balance has NOT been achieved, reporting a deficit of £15.753M (Achievement of Operational Financial Balance, Note 2.1 page 27).

- Cash HAS been contained within cash limit (Statement of Cash Flows, page 7) – Achieved.

- Capital financial balance (Note 2.2. page 27) – ACHIEVED.

The Health Board 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 27) for both revenue and capital resource limits.

The Health Board has not met the following administrative (not statutory) target:

- The Health Board performance at 93.8% 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 28).

Changes from the Draft Annual Accounts

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

There have been a number of amendments which have been made to the annual accounts which are outlined in Audit Wales ISA 260 document item 3.1 of the agenda 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 no transactions that remain uncorrected.

Other Matters to bring to the Audit and Risk 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 £34.7m over the amount that it was authorised to spend in the three-year period 2022-2023 to 2024-2025.. 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 Health Board has met the target dates for preparing and submitting the draft annual accounts to Welsh Government and Audit Wales by 2nd May 2025.

The Health Board is on course to meet the target date to submit the audited accounts to be approved Health Board on 25th June 2025 and Welsh Government by the final submission date of 30th June 2025.

The Auditor General for Wales will be required to sign the auditor's statement and submit the full signed accounts to Welsh Government on 27th June 2025.

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 3.

NEXT STEPS:

- The Audit Risk and Assurance Committee is asked to **approve** the Audited Annual Accounts 2024/25 and to **recommend** approval by the Board at its meeting on 25 June 2025.

- To complete the Signing of Financial Statements, Annual Report and Letter of Representation following Board approval and submitted to the Auditor General for Wales.

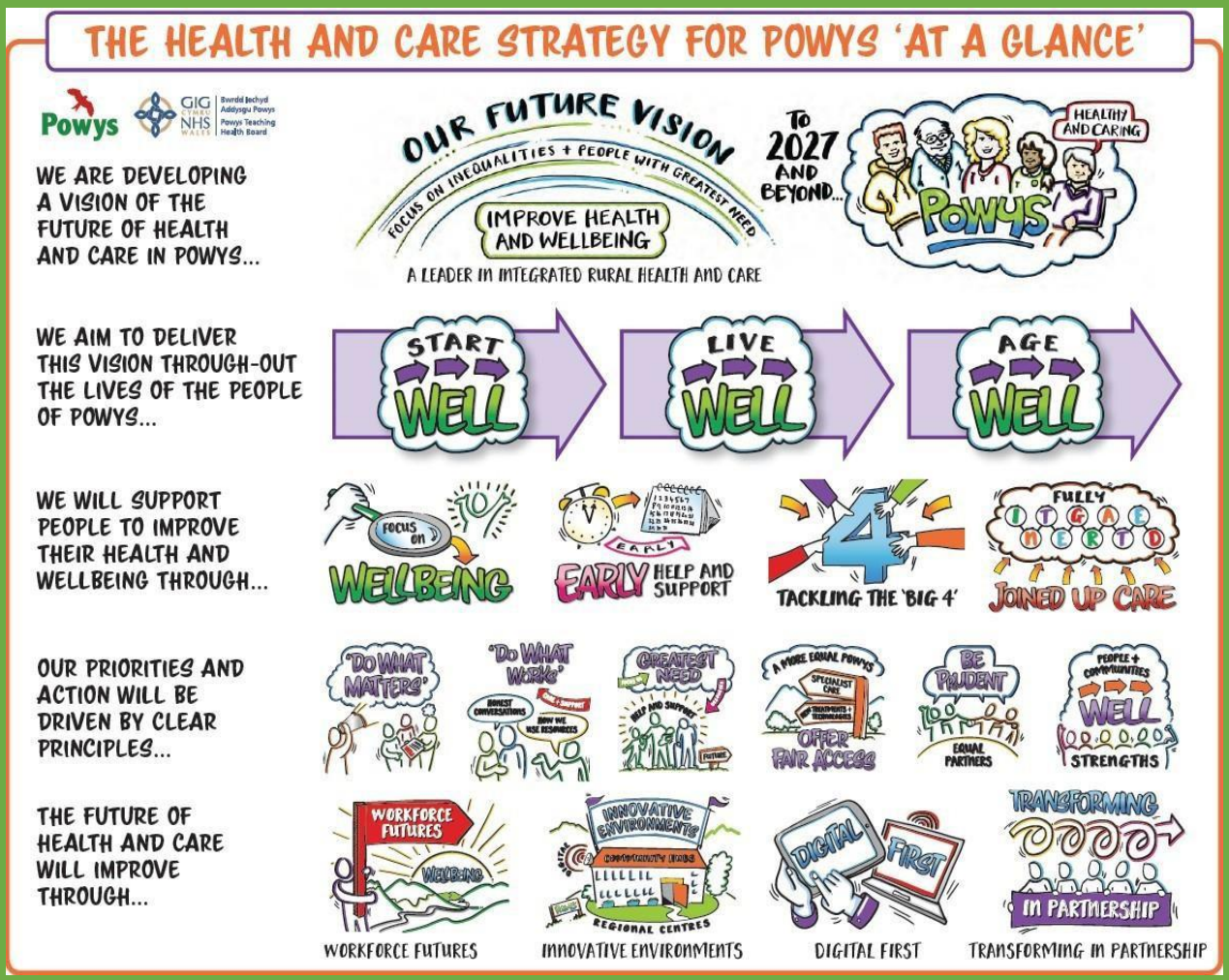
- The Auditor General for Wales will sign the 2024/25 Audited Annual Accounts on 27 June 2025.

- Following Board and Auditor General for Wales approval, the 2024/25 Audited Annual Accounts are to be submitted to Welsh Government by 30 June 2025 by Audit Wales.

- The Annual General Meeting is scheduled to take place on Monday 4 August, via MS Teams.

Annual Report

2024/2025



Foreword – Statement of Chief Executive and Chair

To be added.

Hayley Thomas
Chief Executive
Powys Teaching Health Board

Dr Carl Cooper
Chair
Powys Teaching Health Board

Contents

SECTION ONE: THE PERFORMANCE REPORT

Introduction

The performance report assesses the Health Board's response to NHS Planning Framework 2024-29 in line with health care provision for the population. It comprises of information relating to the organisation and its purpose, a description of the formulation of the plan for 2024/25 as well as in-year performance across quality, workforce, finance, provider and commissioner domains.

CEO PERFORMANCE PERSPECTIVE

This performance report outlines the organisation's purpose, the development of its 2024–2025 plan, and progress against key delivery targets.

Planned Care

At the close of the 2024/25 financial year, the Health Board reports that key challenges remain in accessing both planned and unscheduled care—particularly within commissioned service providers.

The Powys Teaching Health Board (PTHB) planned care service has faced significant capacity challenges, which have impacted Referral to Treatment Times (RTT) and the delivery of diagnostic services. PTHB's ambitious trajectories for Ministerial priority access measures were achieved in most areas, with the exception of diagnostics. A clinical practice change in cardiology led to an unplanned increase in demand for echocardiograms.

Patients awaiting planned care from PTHB's commissioned service providers continue to experience long waits, especially within NHS Wales providers and The Robert Jones and Agnes Hunt Orthopaedic Hospital in England. While some Welsh providers improved performance and met end-of-year targets for Powys residents, disparities remain. On average, patients referred through NHS England pathways receive quicker treatment than those using NHS Wales services, raising ongoing concerns about equity.

Cancer Services

Cancer performance remains below the 62-day target in both English and Welsh commissioned services. This issue remains under national scrutiny, and efforts to improve outcomes are ongoing.

Mental Health

Mental health services improved during 2024/25, meeting the Health Board's set trajectories for Ministerial priorities. However, not all NHS Performance Framework targets were achieved during the year.

Neurodevelopmental Services

Neurodevelopmental assessments for children continued to be a challenge throughout 2024/25. The service was escalated to the highest internal level,

resulting in positive improvement during Quarter 4. This momentum is expected to carry forward into 2025/26.

Cross-Border and Systemic Challenges

Across both NHS Wales and NHS England providers, common challenges include high demand for care pathways, staffing shortages—particularly in specialist areas such as endoscopy—and pressure on diagnostic, outpatient, and theatre capacity. These issues are often compounded by unscheduled care demands. For Powys residents, geographic location continues to impact equity of access. Patients in Wales typically face longer waits for equivalent services compared to those accessing care in England.

Services Delivered Close to Home

PTHB performed robustly against key measures in 2024/25. GP practices reported 100% compliance of required Access Standards for In-hours service, and positively more patients received all 8 NICE recommended care process for diabetes. Challenged areas included dental, which did not achieve the target (100% delivery of contract) with 75% of total value delivered in primary care general dental services. The number of consultations delivered by the Pharmacy Independent Prescribing Service also narrowly missing the target of improvement at the end of year.

Emergency and Unscheduled Care

Emergency services continued to underperform in 2024/25, with ambulance response time targets for the most urgent cases missed each month. In contrast, unscheduled care services delivered directly by PTHB performed well. Minor Injury Units consistently exceeded national waiting time standards. However, acute care units in both England and Wales experienced significant pressure. Although Welsh performance was slightly better for Powys residents, many patients still waited longer than four hours in emergency departments.

Challenges in unscheduled care mirror those in planned care, including increased demand, bottlenecks in patient flow, and prolonged ambulance handovers. Rurality and limited access to care points further affect patient response times and outcomes.

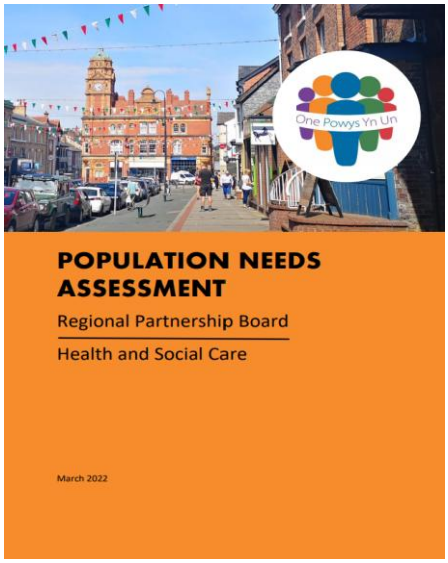
Collaboration and Quality

Throughout 2024/25, the Health Board worked closely with neighbouring Health Boards, NHS Trusts, and private insource providers to meet performance targets and improve outcomes. This collaboration was essential in delivering quality care across both directly provided and commissioned services.

About the Organisation

Powys Teaching Health Board (PTHB) is responsible for improving the health and well-being for circa 133,000 people in Powys, a largely rural county which covers a quarter of the landmass of Wales and is therefore sparsely populated.

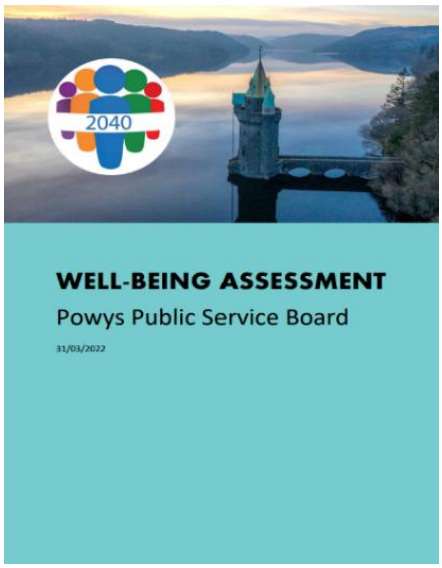
The Health Board is both a provider as well as a commissioner of healthcare for the people of Powys who access services in both England and Wales.



About Powys

During 2022/23 the Powys Population Assessment and Powys Wellbeing Assessments were updated which provided the basis for the PTHB Integrated Plan 2024-2029. They provided a refreshed understanding of life within the County.

Key findings include:



- Powys is at the forefront of the issue of ageing population. The average age is higher than Wales and UK, with 28% of the population over 65 years old and this is predicted to increase.
- 75% of areas in Powys are in the top 30% most deprived in Wales. This is in the context of a rural economy with low income employment. 79.2% of people are economically active and 17.8% are self-employed, but unemployment has grown and 5% of working-age people are unemployed.
- The average household income is lower in Powys at £33,458 (compared to Wales £34,700, UK £40,257). 55% of households in Powys earning below the County average. Most concerning is that 4,088 families live in absolute poverty.
- In relation to the quality of housing, 48% of homes have a poor energy rating. The Housing Demand register indicates unmet need for affordable housing of the right size and geographies. Powys has the worst quality of broadband coverage in Wales.
- Surveys of wellbeing often show high levels of people feeling happy and in good health. There is an increasingly thriving Welsh culture with 19% able to speak Welsh in Powys.
- Life expectancy for men and women is higher than the Wales average but there are variations in the county. People in Powys live longer in good health than the population of Wales and the UK overall, however, there are inequalities between groups.

- A third of households are single occupants; this is predicted to rise by 4.2% over ten years.
- 20% of those seeking support from PAVO (Powys Association of Voluntary Organisations) described loneliness and isolation. 12% of the population are unpaid carers.
- Powys has a low population density of 26 people per square km (compared to Wales 153 per km^2 and Cardiff 2,620 per km^2).
- All of Powys is within 300m of greenspace; half of residents live within 10km of accessible greenspace.
- However, there are energy efficiency issues with a reliance on solid fuel and multiple car use linked to rurality and limitations of public transport.

The full findings can be found at www.powysrpb.org (Population Needs Assessment) and https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis

Planning Framework

The NHS Planning Framework 2024-29 set out the broad requirements that underpinned PTHB's Integrated Plan. The NHS Wales Planning Framework acknowledged that plans were to be set in "the most challenging circumstances since the inception of the NHS" and that "planning for the longer term helps organisations to align to their strategic objectives and provide a strong sense of direction for staff to work cohesively".

The Minister for Health and Social Services in Welsh Government set out a number of ministerial priorities in this framework. These were:

- Enhanced Care in the Community: Focus on reducing delayed pathways of care
- Primary and Community Care: Focus on improving access and shifting resources into primary and community care
- Urgent and Emergency Care: Focus on delivering the 6 Goals Programme
- Planned Care and Cancer: Focus on reducing the longest waits
- Mental Health, including CAMHS: Focus on delivery of the national programme

NHS Wales Value and Sustainability Board themes were also included within the Planning Guidance for 2024-29, including:

- Workforce
- Medicines Management
- Continuing Healthcare (CHC) / Funded Nursing Care (FNC)
- Procurement and non-pay
- Clinical Variation / Service Configuration

Other requirements were also noted:

- Population health; burden of disease; prevention including weight management and diabetes
- Inequalities; emphasis on children and young people; access to specific and universal care
- Quality and value-based approaches required to achieve reduction in waste, harm and variation
- Duty of Quality & Candour; Anti-Racism Plans
- Shift to primary and community care to optimise resources for population health and prevention
- Role of the NHS as an Anchor institution in the Foundational economy
- Maximise opportunities for regional working
- Increasing administrative efficiency
- Future Generations Act and Five Ways of Working; Climate change and decarbonisation
- Social Partnership and Public Procurement Wales Act (2023)

Also included within the guidance were a number of key interdependencies:

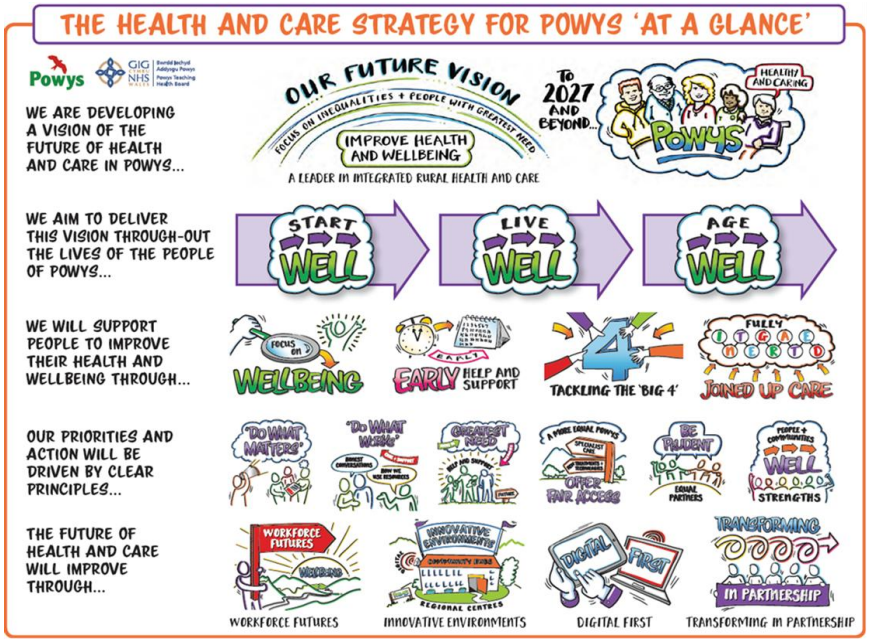
- Review of "A Healthier Wales"
- NHS Wales Accountability Review underway
- NHS Wales Executive – Phase 2
- NHS Wales Value and Sustainability Board – themes and emerging requirements reflected in guidance as noted above
- Accelerated Cluster Development and Regional Partnership Board Plans; "Further Faster"
- 'Once for Wales' arrangements for digital

Development of PTHB Integrated Plan 2024-29

The Health Board responded to the NHS Wales planning framework and Ministerial priorities as well as the needs of the Powys population, and therefore the aims of the population, in developing its plan for 2024–29.

The Plan encompassed the Health Board's whole range of responsibilities for healthcare for the people of Powys, both as a provider and a commissioner of services. It was not possible to produce a fully compliant plan in relation to the financial breakeven duty across a three year period, due to significant inflationary and demand growth pressures on healthcare. As a result, the organisation was designated by Welsh Government as being in Level 3 Escalation for strategy, planning and finance in 2023, changing to Level 4 during the period of the plan in 2024. The plan therefore also responded to the Escalation requirements, particularly maximising the use of resources, whilst ensuring the delivery of safe, timely, effective, efficient, equitable and person centred care to meet the needs of the population of Powys. It also sets out the plan to work with communities, staff and stakeholders to build a sustainable future for the County's health services. The organisation continues to operate as a going concern.

Central to the development of the plan was the continued commitment to the overall Health and Care Strategy for Powys. For 2024/25 all partners recommitted to "A Healthy Caring Powys", the long term shared health and care strategy and basis for the refreshed Powys Area Plan, making fresh recommitments to the vision, objectives and principles acknowledging that whilst the context was changed, the goals remained important.

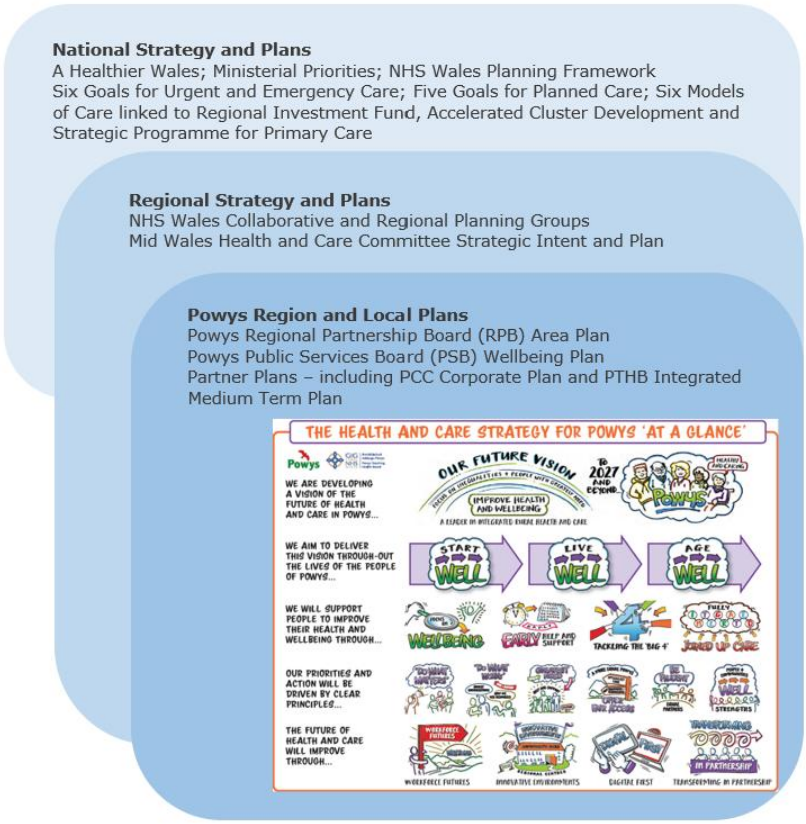


Therefore, the PTHB Integrated Plan for 2024–29 remained aligned to the vision, well-being objectives, enabling objectives and principles of the Health and Care Strategy as above.

A similar refresh of the Powys Wellbeing Plan was also carried out led by the Public Services Board, all parties agreed longer term objectives and steps for wellbeing in the County. This incorporates local steps consistent with the 'sustainable development' principle in the Future Generations Act and the Five Ways of Working:

There is a strong connection between 'A Healthy Caring Powys' and the ambition for 'A Healthier Wales' set out by Welsh Government. This is set in the context of the ambitious goals in the Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Well-Being (Wales) Act 2014. Together these set out how health and care would be transformed in Wales, establishing the 'five ways of working' and the principle of sustainable development.

As in previous years the plan set out key areas of opportunity for Powys as a region in its own right and as a partner in the Mid Wales Joint Committee for Health and Social Care.



The Integrated Plan is available at [Strategies and Plans - Powys Teaching Health Board] and provides further detailed information on how it responded to policy and legislative requirements including the Health and Social Care (Quality and Engagement) (Wales) Act and Health and Care Act in England.

Similarly to previous years the Health Board revisited and refreshed the analysis of the context it operates within to form its plan for 2024/25. This analysis included Political, Economic, Social, Technological, Legislative and Environmental factors (PESTLE) and Strengths, Weaknesses, Opportunities and Threats (SWOT). This ensured a balanced view across both internal organisational drivers, provider and commissioned services, and the wider external environment, including national policy and strategy across both England and Wales.

The plan aimed to respond to a number significant global and national events and developments such as economic instability and the increase in cost of living standards, which have impacted on the population, the public sector and health and care.

Key legislative and policy drivers included the Future Generations Act and Social Services and Wellbeing Act, as reflected in 'A Healthier Wales: long term plan for health and social care 2018' which remains a keystone publication for NHS Wales.

The plan set out immediate, short, medium and long term actions to deliver 'A Healthy Caring Powys' and the national goal of 'A Healthier Wales'. The five year plan had been designed to be firm in detail in the first year but agile and dynamic enough to enable the Health Board to engage with its communities and adapt its approach.

To allow the Health Board to formulate its response to guidance, legislation and the requirements of the population a baseline assessment was carried out to establish current position. This utilised the outputs from the internal and external analysis. A number of key planning assumptions were then devised utilising activity and performance data, workforce modelling and financial forecasts both as a provider and as a commissioner of services. This ensured that the plan is based on a clear baseline, enabling the development of trajectories which give an overall 'direction of travel' over five years.

These assumptions have enabled an informed discussion about the scope and scale of provision of health care services for the population, the status of the health board in relation to planning and finance and its escalation status and the fundamental importance of Quality – across all domains (Safe, Timely, Efficient, Effective, Equitable, Person Centred).

The analysis was then the key driver in determining the PTHB Strategic Priorities, set in the context of 'A Healthy Caring Powys' with points of alignment to the Ministerial Priorities as shown below:

Accelerated Sustainable Model – "Better Together" – "Gwella Gyda'n Gilydd"

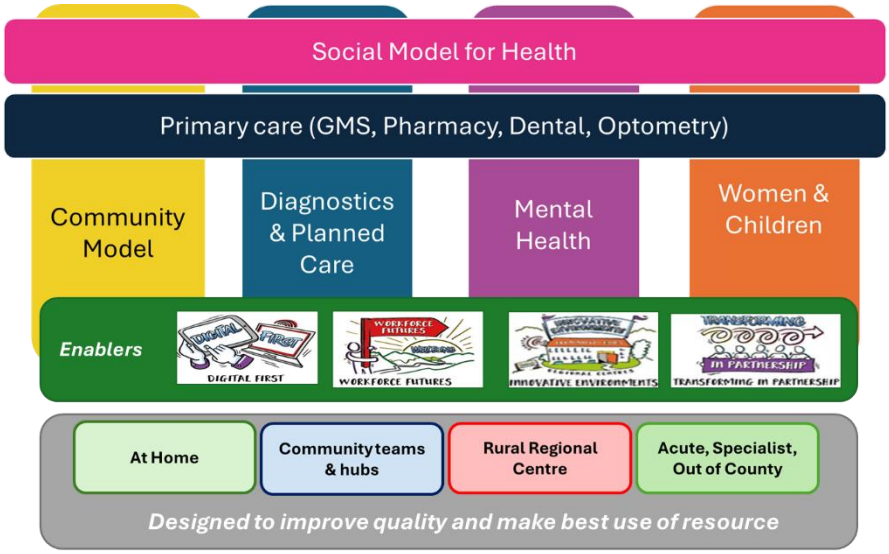
In 2024/25 planning continued to align strongly with the NHS Wales Planning Framework and "A Healthier Wales", additionally progress within the 'Better Together' programme continued in year.

The aim of the Better Together Portfolio is to improve quality and outcomes for the population by ensuring future models of care and configuration of services deliver viable and economically sustainable services that meet the needs of rural Powys.

A 'Value Based Healthcare' approach underpins this work, to assess and develop future patterns of service delivery and commissioning. Alongside the longer-term planning, there is a focus on development and delivery of short and medium term opportunities which support recovery, improve quality and make best use of resources. Key to this is:

- Meeting the needs of Powys over the next 10 to 25 years, to support people to stay well
- Responding to changes in illnesses and treatments, including finding the right ways to focus more resources on prevention
- Planning workforce supply and reducing reliance on agency staff
- Dealing with the issues with the health board estate, to support future service requirements
- Achieving this in a way that recognises the legal Duty of Quality
- Developing future options, the county can afford
- Building on the learning and talent in Powys

A Case for Change has been drafted and is being used to test the understanding of the 'issues' and 'potential emerging solutions' with staff, Primary Care and key health and care partnerships (Regional Partnership Board, Powys County Council and Powys Association of Voluntary Organisations). As we move into the next phase of work this will be shared with wider stakeholders including patients, communities, political representatives and partner organisations during late Spring 2025.



The Better Together Portfolio design approach has been established to support this work and is being managed via the Better Together Portfolio Board, established to ensure oversight and delivery across the organisation on Improvement & Transformation. There continues to be a focus on impact and benefits, to enable delivery of the route map to sustainability in line with the Powys Health and Care Strategy

Issues and Risk Management

The Health Board's corporate risk register is the mechanism for identifying and managing strategic risk including the key risks to the delivery of the PTHB Integrated Plan. This has been robustly considered and reviewed in year to ensure its utility in a highly complex environment. It reflects the challenges faced by the Health Board and sets a level of risk tolerance in each case, which has been carefully and collectively moderated to reflect the key considerations notably:

- The delivery of quality, safe and effective care
- Ensuring that efforts were made to build the sustainability of delivery and mitigate fragility in service models both directly delivered and commissioned
- Challenges to key enablers including workforce and information technology
- Threat based risks including cyber security

- Fiscal and budgetary constraints
- The change in the financial position of the Health Board
- The submission of an integrated plan rather than an integrated medium-term plan (IMTP)

Further detail in regard to the corporate risks, including links to the current Corporate Risk Register which confirms controls and mitigation actions, and tracks scoring trends from the inception for each risk is available within the Annual Governance Statement

In March 2025 the Board approved a revised Risk Management framework which will be implemented in 2025/26 to:

- clarify escalation and de-escalation criteria and process;
- ensure currency with revised organisational structures, systems and processes;
- align with established risk management guidance and best practice;
- recognise the transition to the Datix Cloud Risk Management module as the organisational system for recording and reporting on risk in 2025/26; and
- enable the closure of the current Corporate Risk Register, to be replaced with a Strategic Risk Register, focused on strategic risk owned by the Board and an Organisational Risk Register, focused on significant and cross-organisation operational risk, owned by the Executive Committee.

The Health Board implemented urgent actions in year to ensure that the challenging financial deficit was managed and minimised. As a result, and with some Welsh Government support, the organisation delivered its financial plan at year end.

Communication and Engagement

During 2024/25 the Health Board's engagement and communication team has supported the wider Health Board activities in the context of the continuing significant financial challenges facing the public sector.

Engagement and consultation activity has included:

- Continued partnership work with Public Services Board (PSB) and Regional Partnership Board (RPB) partners on a shared approach to coproduction in Powys. This has included the development of a shared definition of coproduction in Powys, and the development and piloting of a coproduction "journey tracker" to support organisations and programmes to embed coproduction in their practice.
- Development and publication of the first Communities and Insight Report for the RPB and PSB, drawing together insights from community engagement to inform the work of local partner organisations individual and collectively. This report is due to be published twice yearly, and will

provides valuable foundations to support PTHB's integrated planning approach as well as the development of the next Populations Needs Assessment and Well-being Assessment
- Engagement on several proposals for temporary changes to health services provided by PTHB including opening hours for Minor Injury Units and the model of inpatient care
- Planning in readiness for forthcoming consultation or engagement by commissioned services, including consultation by Hywel Dda University Health Board (HDUHB) on their clinical services model which is expected from Q1 2025/26
- Continued close working with Llais to gather community insights to inform the plans and priorities of the health board.
- Focused staff and stakeholder engagement as part of the Better Together Programme to develop the future shape of safe, quality health services for Powys.

Informal stakeholder engagement activity has been ongoing for a number of other projects and programmes. These include further capital works at Llandrindod Wells Memorial Hospital, and a programme of work to replace x-ray equipment in five community hospitals.

Key areas of communication focus have been the continued work to support Powys residents to access the right care in the right place at the right time. This has included a focus on Help Us Help You, promotion of NHS 111 Wales services, launch of NHS 111 Press 2 for access to mental health advice, and SilverCloud Wales which is hosted by PTHB on behalf of NHS Wales.

A major programme of communications activity was also undertaken linked to consideration by the Board in January 2024 of proposals to make in-year changes to waiting times arrangements. These proposals were subsequently not approved by the Board as an in-year measure for 2024/25 recognising the challenges of implementation and benefits realisation. However, potential options are being revisited in 2025/26 and will be a key priority for the year ahead.

Internally, the development of the SharePoint intranet site has continued. Nominations have also been launched for Staff Excellence Awards 2025, which closed shortly after year end. Q1 and Q2 will therefore provide an opportunity for shortlisting and celebration events.

Key priorities for 2025/26 include continued engagement and communication for our Better Together programme. A period of public engagement on the "case for change" is expected during Q1, followed by engagement on future options for community and mental health services. This will be a significant programme of work for the health board's engagement and communication team and work is under way to build capacity and capability to support this alongside other critical priorities such as forthcoming consultation by HDUHB.

Forward Look

The Annual Plan for 2025–2026 starts in Year Two of the Five Year Plan described above. It continues to align strongly with the shared vision for 'A Healthy Caring Powys' set out in the long term Health and Care Strategy for the County, and with the ambition set out by Welsh Government for 'A Healthier Wales'.

The Board has had clear oversight and direction of the development of the Annual Plan for 2025–2026, responding to the NHS Wales Planning Framework 2025-28.

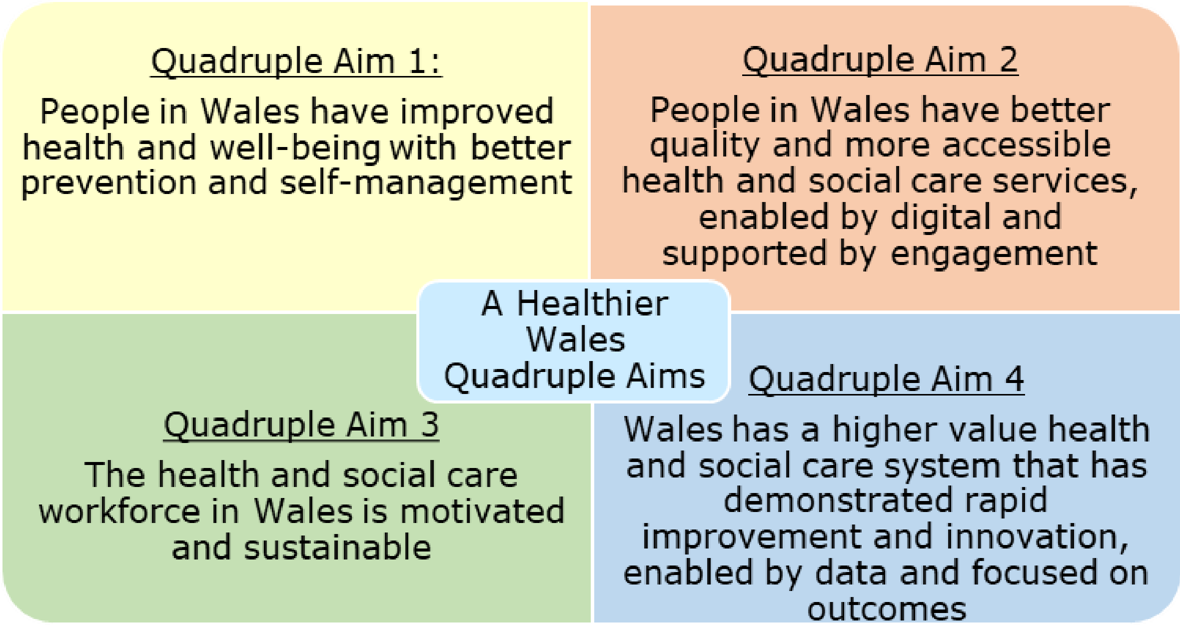
Due to the Board's continued financial deficit position and escalation status, the Annual Plan has the themes of Risk, Recovery and Sustainability; with the Risk theme ensuring that the Board continues to deliver safe, timely, effective, efficient, equitable and person-centred care that meets the needs of the population of Powys. The drivers of the financial deficit are addressed through the Recovery theme, with key choices and options included in the Plan to improve the financial position. Continued work on 'Better Together' to shape services longer term delivers against the theme of Sustainability.

A set of 'critical actions' has been agreed to focus on maintaining grip and control, addressing the drivers of financial deficit, and effectively prioritising resources.

A summary of the Annual Plan 2025–2026 is provided below:

Performance Overview and Analysis

All Health Boards in Wales must report on performance and assurance through the NHS Wales Performance Framework. A central element of performance scrutiny is the Ministerial priorities, for which Health Boards must 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 52 total quantitative measures, of which 8 are Ministerial Priorities and require Health Board submitted trajectories. A further 12 qualitative measures are also included of which assurance is sought bi-annually by Welsh Government. As a non-acute provider, the health board by March 2025 can only report against 50 quantitative measures and 6 of the 8 Ministerial priorities are applicable.

The Health Board follows a systematic review process aligned with its Integrated Quality and Performance Framework to manage, review, and assure quality and 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.

<u>Quality of Data used by the Board</u>

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 distinct data quality strand within the organisation is reviewed regularly, spanning key domains such as finance, operations, workforce, quality, and safety. 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.

Powys Teaching Health Board end of year summary scorecard

POWYS TEACHING HEALTH BOARD - PERFORMANCE AGAINST TARGET
Performance against quadruple aim cohort as at month 12 Integrated Performance reported position (19/05/2025)

	Number of measures where the target has been delivered or the actions required are on track	Number of measures where the target has not been delivered or the actions required are not on track and improvements are
Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management PTHB reports against 10 applicable measures	1 measure	9 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 PTHB reports against 24 applicable measures	16 measures	8 measures
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable PTHB reports against 4 applicable measures	2 measures	2 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 outcomes. PTHB reports against 12 measures but 3 are not scored/benchmarked by Welsh Government (Health care acquired infections)	6 measures	3 measures
SUMMARY	**25 measures**	**22 measures**

Reported as at the 19/05/2025

The next section of this document will reference the reportable measures by key Quadruple aim domains and sub themes, this will be further split by those measures achieving target at the end of year and those that remain non-compliant (exceptions or escalations). It should be noted that many annual and quarterly measures will not have data available up until March 2025 and when

available these updates can be found within the Integrated Quality and Performance report via the PTHB Board papers https://pthb.nhs.wales/about-us/health-board-performance/.

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

2024/25 Performance Framework Measures					Performance			SPC	Welsh Government Benchmarking (*in arrears)	
Area	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Icon	Ranking	All Wales
Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management	1	% Attempted to quit smoking	5% annual target	Q3 2024/25	3.77%	2.75%	3.96%	N/A	4th	3.85%
	2	% of Adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% annual target	Q3 2024/25		15.6%	14.7%	N/A	5th	17.0%
	3	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)	4 quarter improvement trend	Q4 2024/25	67.1%	65.5%	60.4%	N/A	3rd*	56.2%
	4	% of children up to date with scheduled vaccinations by age 5	95%	Q3 2024/25	92.1%	93.0%	91.6%	N/A	1st	88.1%
	5	% of children receiving the HPV vaccination by the age of 15	90%	Q3 2024/25	77.2%	78.6%	76.5%	N/A	3rd	72.3%
	6	Flu Vaccines - 65+	75%	Mar-25	69.9%	69.2%	69.2%	N/A	5th	70.3%
	7	% uptake of COVID-19 vaccination for those eligible (Autumn booster)	75%	Feb-25	59.6%	50.9%	50.6%	N/A	1st	46.7%
	8	% of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment	90%	Feb-25	11.1%	10.8%	8.3%		6th	20.5%
	9	% of well babies completing the hearing screening programme within 4 weeks	90%	Feb-25	92.2%	90.4%	89.8%		7th	98.0%
	10	% of eligible newborn babies who have a conclusive bloodspot screening result by day 17	95%	Mar-25	95.9%	97.6%	98.4%		2nd	95.3%

Theme - Prevention

✓ Achieved target

- Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life reported 98.8% compliance against a 95% target in January 2025.

✗ Exceptions & Escalations

- For people attempting to quit smoking although not meeting the 5% annual target has seen a significant improvement with 3.96% reported to have attempted by quarter 3 2024/25.
- Percentage of adult smokers who make a quit attempt via smoking cessation services who are co-validated as quit at 4 weeks falls well below the required 40% annual target with only 14.7% compliance at the latest reportable position quarter 3 2024/25.
- The percentage of people referred to Health Board services who completed treatment for substance misuse (drugs or alcohol) was 65.5% in Quarter 3 2024/25, falling short of the expected four-quarter improvement trend.
- No vaccination measures have been met for childhood or HPV when reporting the latest at Q3 2024/25. Performance for childhood vaccines by age 5 has reduced (91.6%) and HPV vaccinations for girls aged 15 also fell to 76.5% for the same period.
- Flu vaccinations for adults aged 65+ did not achieve the 75% target with 69.2% reported in March 2025.

- COVID-19 vaccinations for eligible populations are split by a Spring and Autumn campaign. The health board did not meet the required target of 75% for either reporting 62.8% in Jun-24 (Spring) and 50.6% in Feb-25 (Autumn).
- % of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment is an internally escalated measure with performance remaining poor reporting 10.8% in January 2025.
- Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks reported 89.8% compliance narrowly missing the 90% target in February 2025.

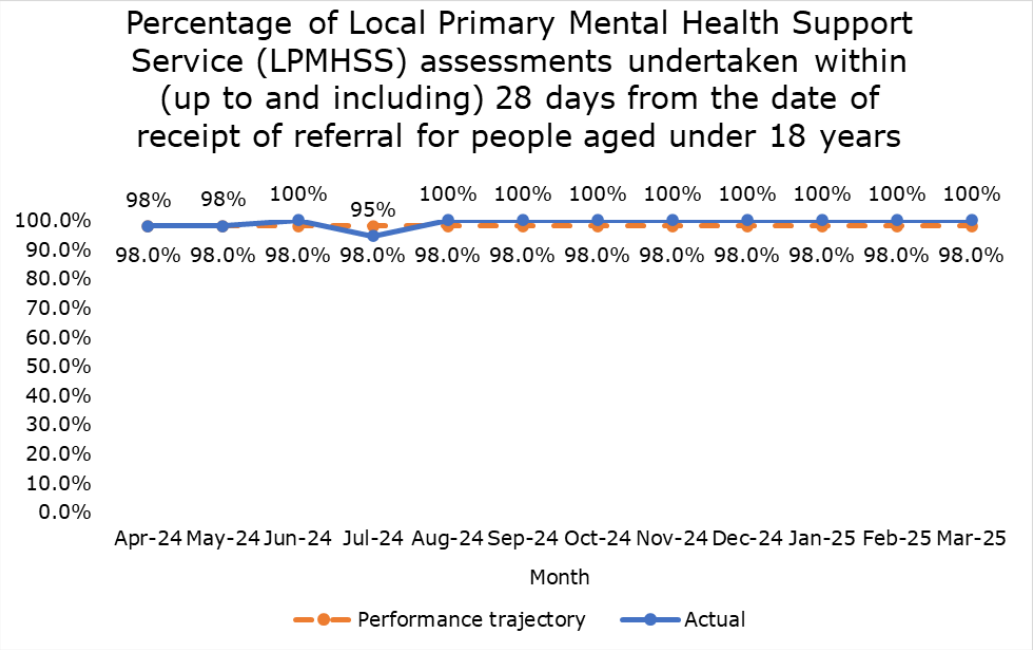
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services

2024/25 Performance Framework Measures					Performance			SPC	Welsh Government Benchmarking (*in arrears)	
Area	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Icon	Ranking	All Wales
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	11	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2023/24	100.0%		100.0%	N/A	1st	97.3%
	12	% of patients (aged 12+) with diabetes who received all 8 NICE recommended care processes	Improvement compared to the same month in the previous year	Mar-25	49.0%	50.0%	50.5%		1st	43.9%
	13	% of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	A month on month increase towards a minimum of 30% contract value delivered by 30	Mar-25	70.4%	67.2%	75.0%		5th	84.5%
	14	No of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Increase compared to the same month in the previous year	Mar-25	531	462	511		7th	16,646
	15	Assessments <28 days <18	80%	Mar-25	97.7%	100.0%	100.0%		1st	90.1%
	16	Interventions <28 days <18	80%	Mar-25	100.0%	91.2%	91.7%		4th	80.5%
	17	Assessments <28 days 18+	80%	Mar-25	60.8%	85.5%	98.0%		2nd	76.2%
	18	Interventions <28 days 18+	80%	Mar-25	91.1%	96.2%	93.5%		5th	91.4%
	19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Mar-25	45.0%	50.3%	47.0%		7th	50.3%
	20	Median emergency response time to amber calls	12 month reduction trend	Mar-25	00:58:33	01:14:30	01:17:33		1st	01:55:57
	21	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less	Mar-25	4	4	4	N/A	PTHB is not nationally benchmarked against this measure	
	22	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	60 minutes or less	Mar-25	5	5	4	N/A		
	23	% of patients who spend less than 4 hours in all major & minor emergency care facilities from arrival until admission, transfer or discharge	Improvement compared to the same month in the previous year, towards the national target of 95%	Mar-25	99.9%	100.0%	100.0%		1st	66.9%
	24	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Reduction compared to the same month in the previous year, towards the national target of zero	Mar-25	0	0	0		1st	10,384
	26	Number of diagnostic breaches 8+ weeks	0	Mar-25	116	79	79		1st	35,227
	27	% of children <18 waiting 14 weeks or less for a specified AHP	100%	Mar-25	100.0%	100.0%	100.0%		1st	89.5%
	28	Number of therapy breaches 14+ weeks (all ages)	0	Mar-25	135	2	0		1st	4,032
	29	Number of patients (adult hearing aids only) waiting more than 14 weeks for audic	0	Mar-25	123	0	0		1st	4,321
	30	Number of patients waiting >52 weeks for a new outpatient appointment	0	Mar-25	0	0	0		1st	70,952
	31	Number of patient follow-up outpatient appointment delayed by over 100%	Reduction compared to the same month in the previous year	Mar-25	1202	1203	1318		1st	245,579
	32	RTT patients waiting more than 104 weeks	0	Mar-25	1	0	0		1st	8,389
	33	RTT patients waiting more than 52 weeks	Month on month reduction towards the national target of zero by 30 June 2025	Mar-25	24	9	6		1st	155,814
	34	Children/Young People neurodevelopmental waits	80%	Mar-25	42.2%	25.9%	29.9%		4th	24.1%
	35	Adult psychological therapy waiting < 26 weeks	80%	Mar-25	75.9%	67.7%	71.3%		2nd	56.4%

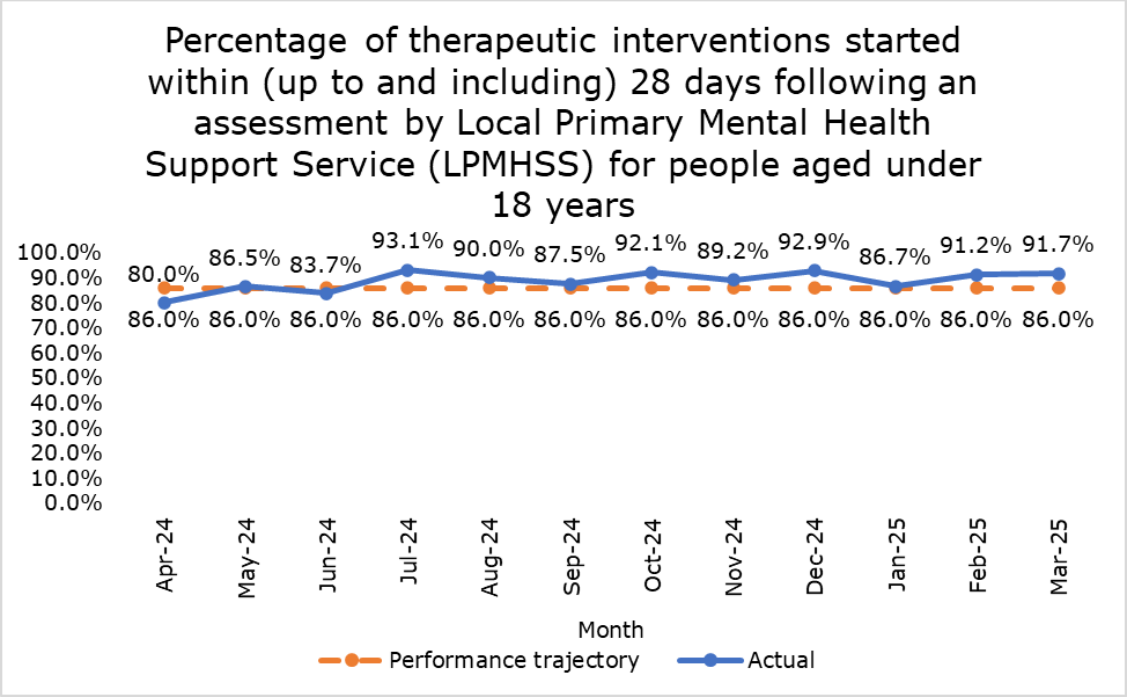
Theme - Services Delivered Close to Home

Achieved target

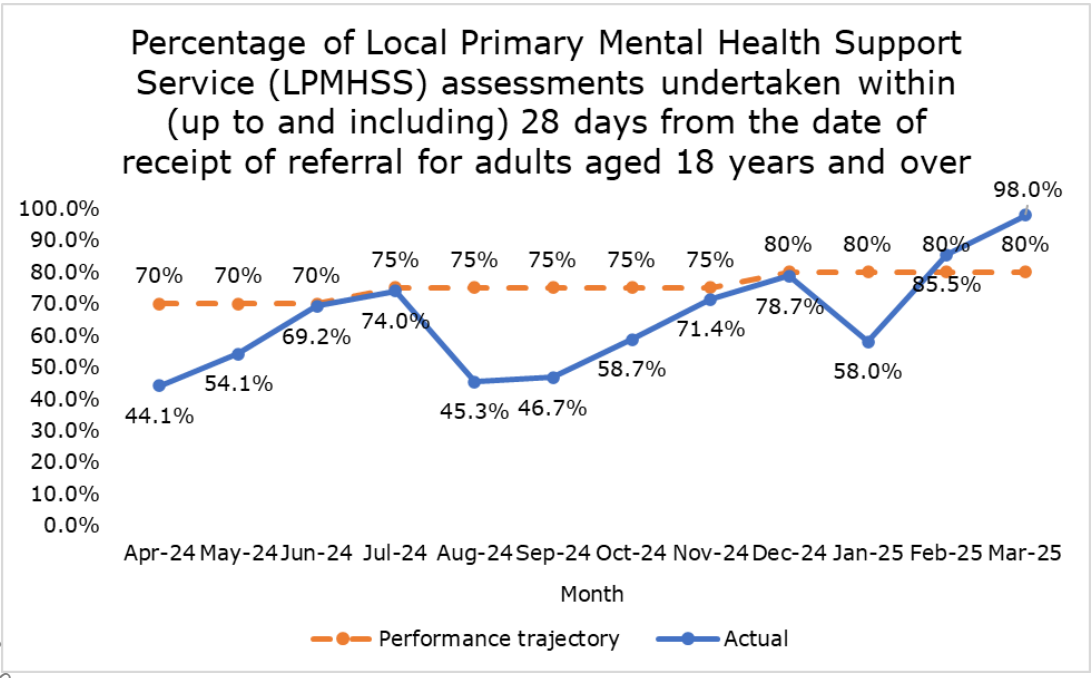
- Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours remains at 100% for 2023/24.
- Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes finished 2024/25 with 50.5% reported in March 2025 achieving the year-on-year improvement target for the same period.
- Percentage of primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients) performance meets the target of month on month increase reporting 75.0% compliance at the end of March 2025.
- Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years reported excellent compliance in 2024/25 meeting both national target (80%) and the health board set trajectory (graph below). Performance in March reported 100% compliance.



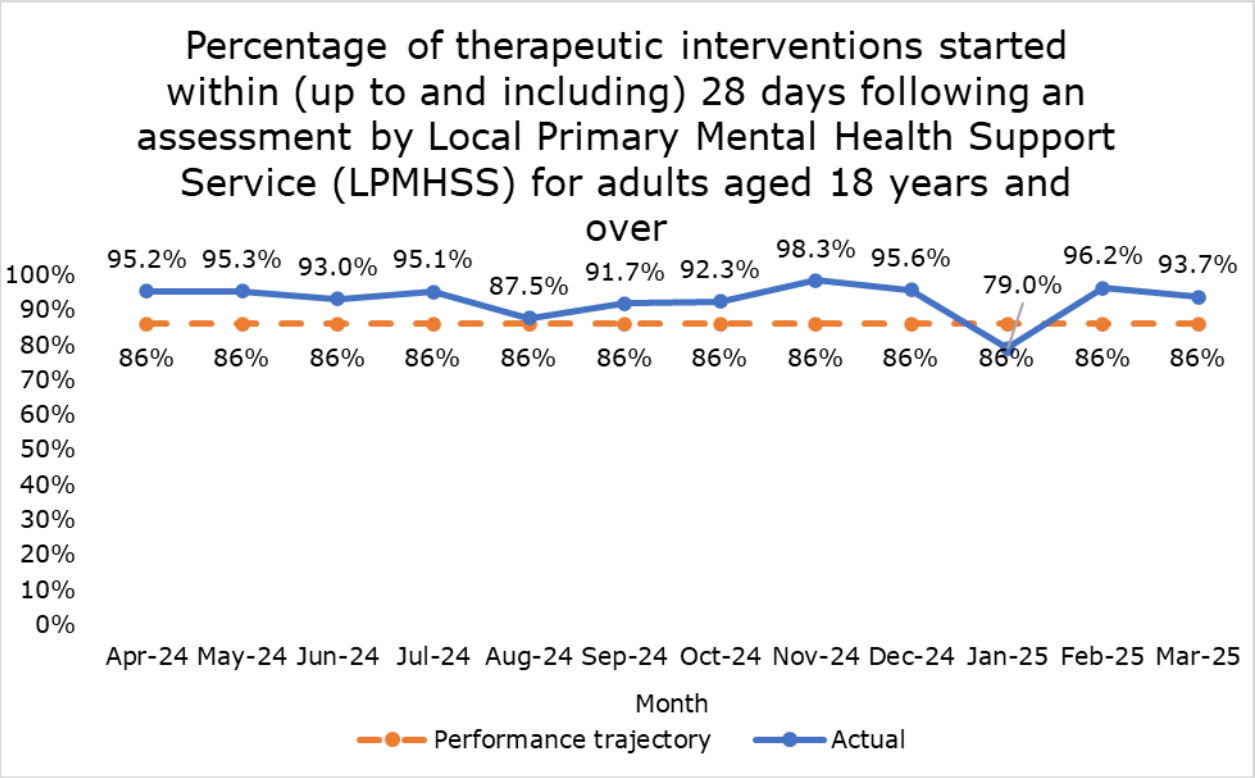
- Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years has also performance robustly in 2024/25 meeting or exceeding the national target of 80% and achieving the health board set trajectory from Q2 up until the end of year (graph below). Performance in March reported 91.7%.



- Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over. This measure has been challenged through 2024/25 to achieve compliance against both the national target (90%) and the health board set trajectory (graph below). The improvement plan outcomes were achieved in Q4 2024/25 with March reported compliance of 98.0%.



- Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over. The health board reports robust performance in 2024/25 with only January 2025 below target and set trajectory (graph below). Performance in March reported 93.7% against the 80% national target and 86% trajectory target.



✗ Exceptions & Escalations

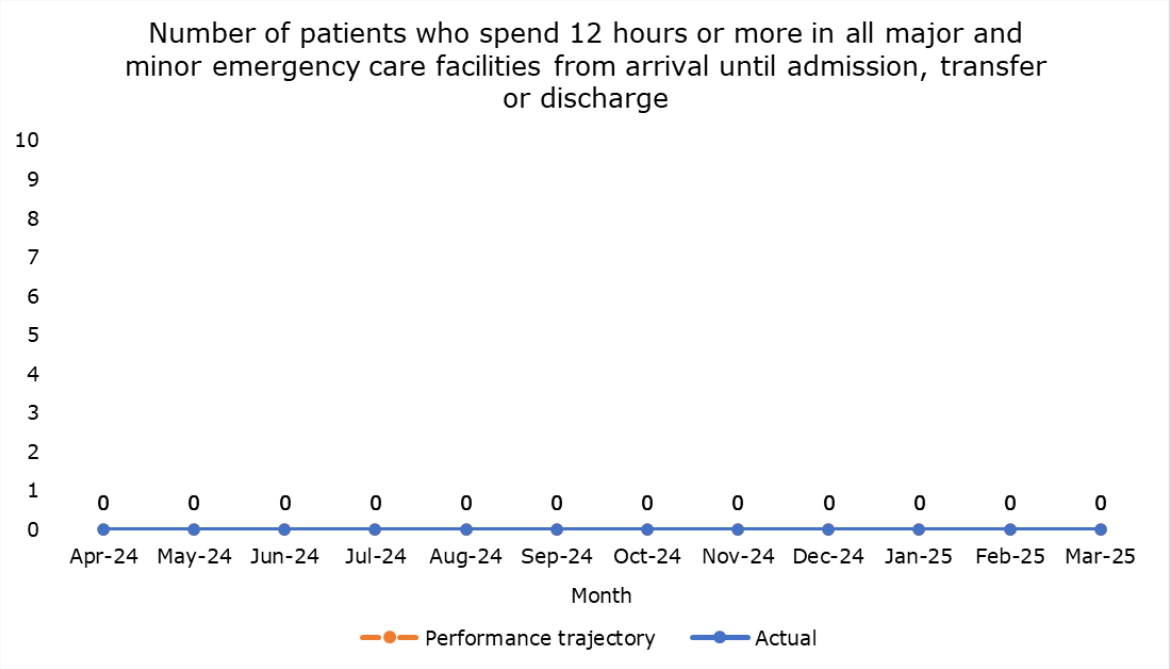
Theme - Access Hospital Services Quickly

✓ Achieved target

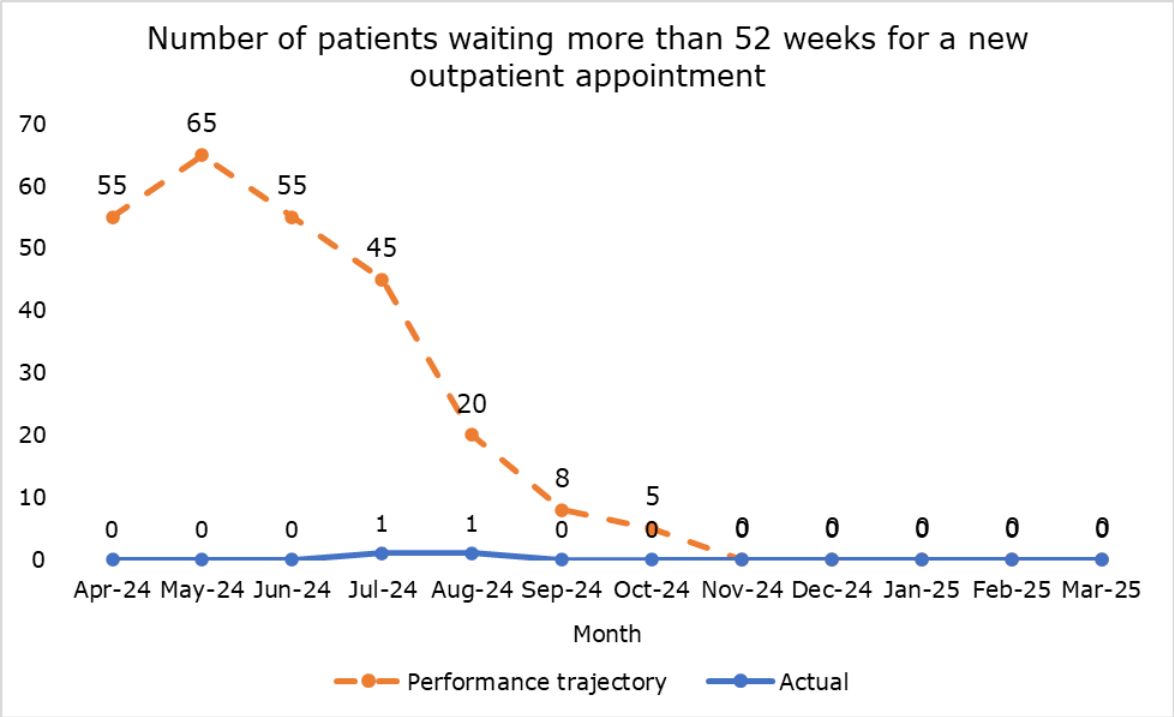
- Median time from arrival at an emergency department to triage by a clinician. Powys minor injury units were compliant throughout the 2024/25 year with a median time of 4 minutes reported in March against the 15 minutes or less target.
- Median time from arrival at an emergency department to assessment by a clinical decision maker. Powys minor injury units were compliant throughout the 2024/25 year with a median time of 5 minutes reported in March against the 60 minutes or less target.
- Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge. Powys minor injury units were compliant throughout the

2024/25 year with 100% compliance reported in March 2025 vs the improvement toward 95% target.

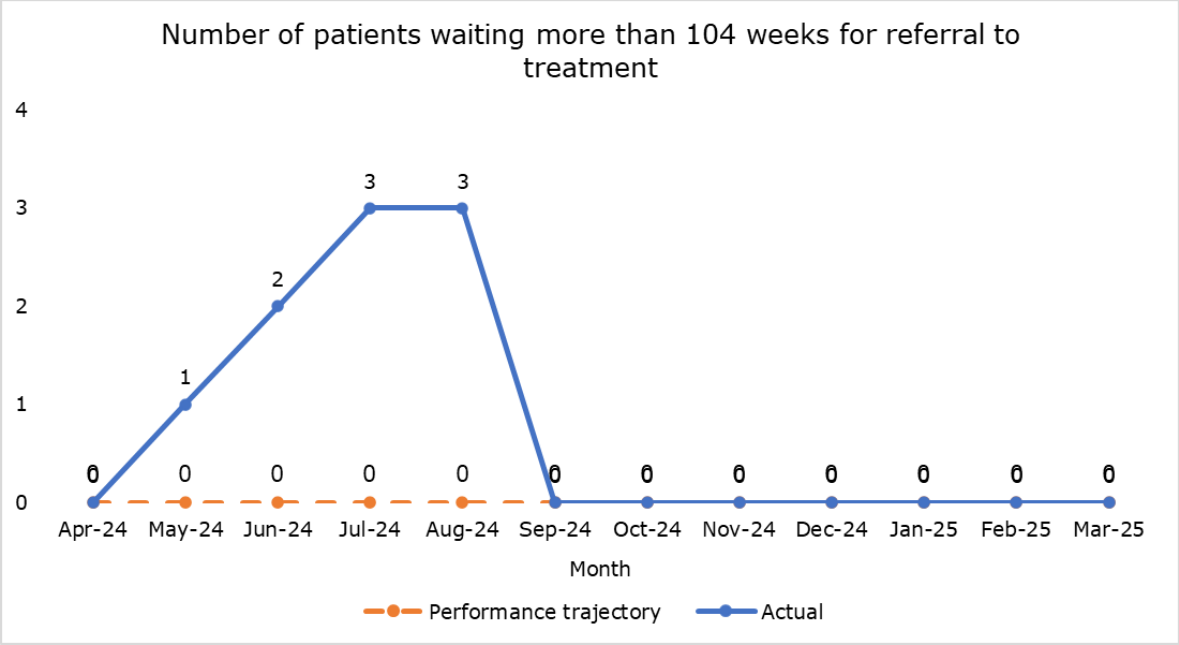
- As a Ministerial priority - Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge. Powys minor injury units were compliant throughout the 2024/25 year with zero breaches reported in any month (zero March 2025).



- Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy achieved robust performance throughout the 2024/25 financial year with 100% reported in March 2025.
- Number of patients (all ages) waiting more than 14 weeks for a specified therapy reported zero breaches at the end of March 2025 with significant in year improvement form the end of March 2024 (135 reported breaches).
- Number of patients (adult hearing aids only) waiting more than 14 weeks for audiology also reports zero breaches at the end of March 2025 again improving in year from March 2024 where 123 breaches were reported.
- As a Ministerial priority the measure - Number of patients waiting more than 52 weeks for a new outpatient appointment had both an NHS Performance Framework target of zero and health board set improvement trajectory in place. This measure reports no breaches at the end of March 2025 (graph below of in year compliance against trajectory).



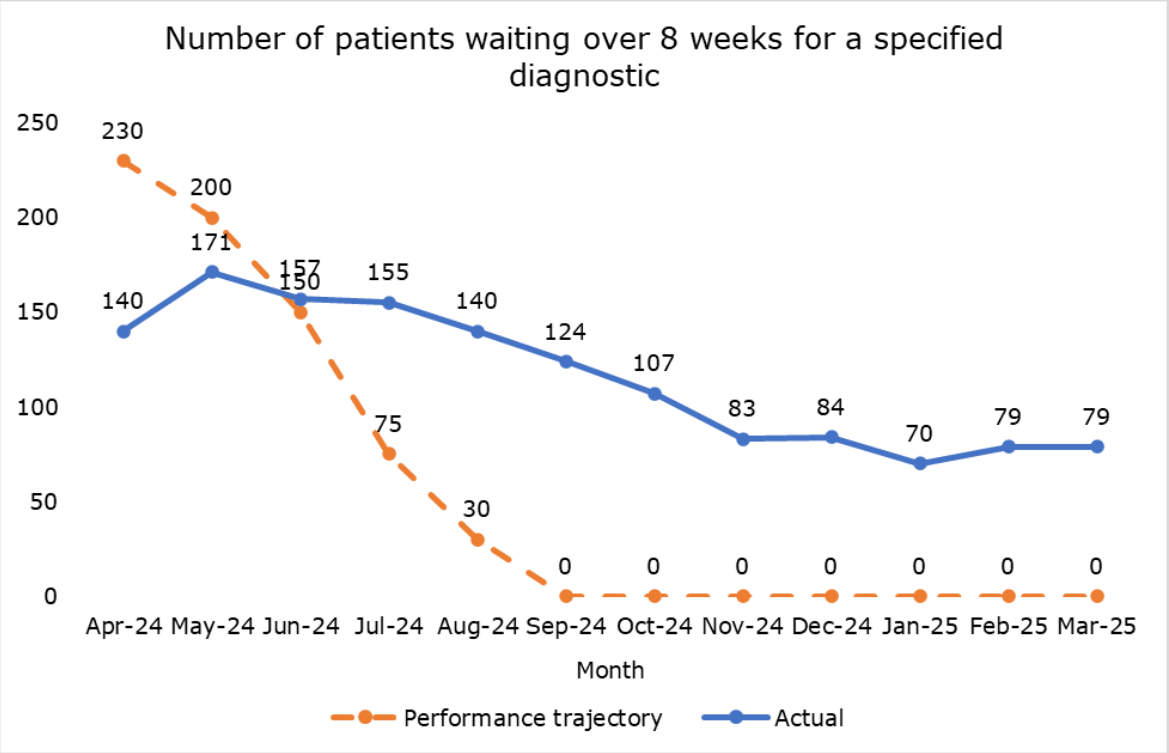
- As a Ministerial priority the measure - Number of patients waiting more than 104 weeks for referral to treatment achieved both the NHS Performance target of zero and health board trajectory target of zero in March 2025 (graph below of in year compliance against trajectory).



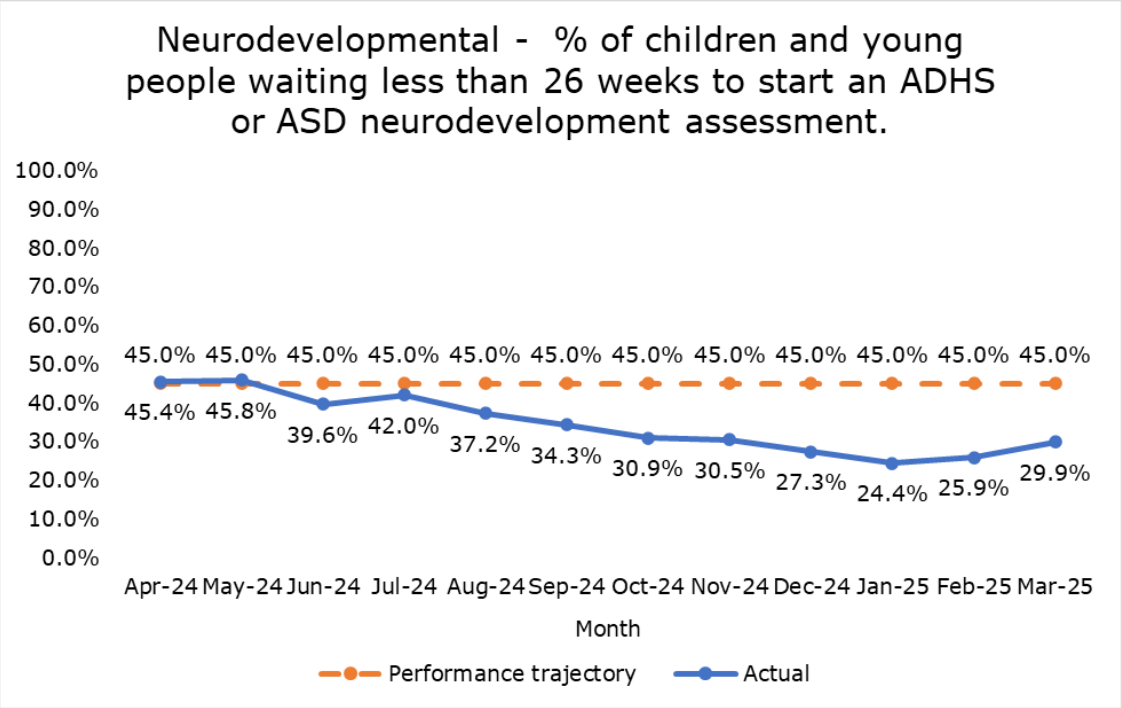
- Number of patients waiting more than 52 weeks for referral to treatment performance has met the month-on-month reduction target reporting 6 breaches in March 2025 and remains on track to achieve zero breaches by June 2025.

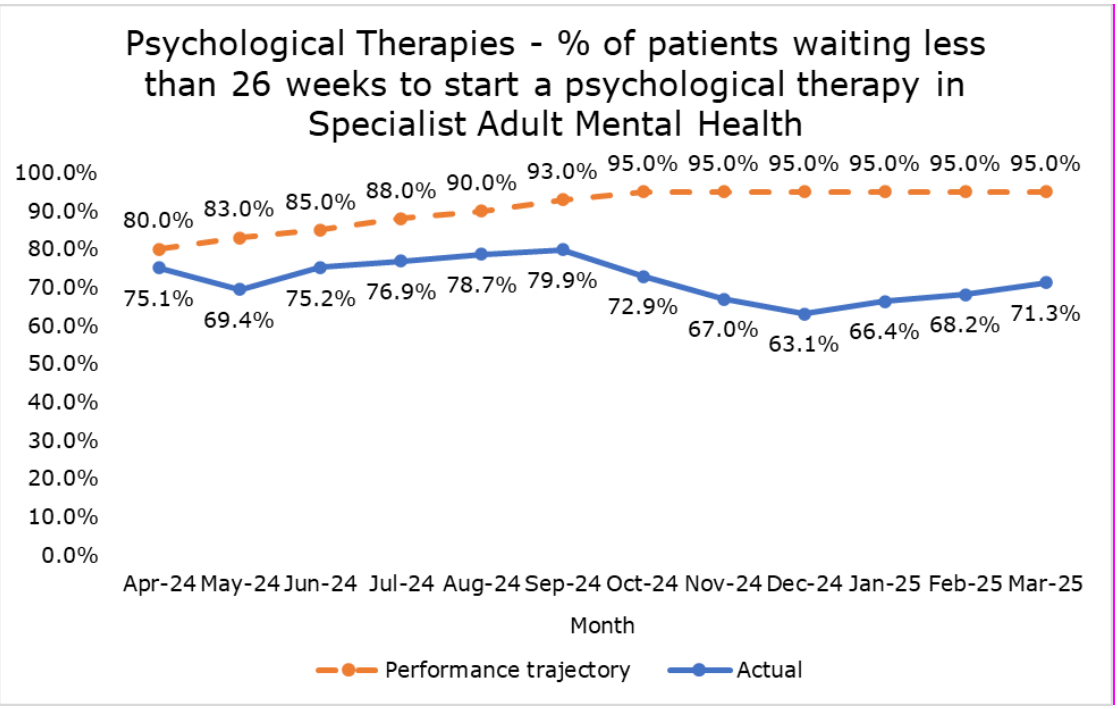
Exceptions & Escalations

- Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes has not been compliant with target throughout 2024/25. The Welsh Ambulance service are commissioned to provide this service to Powys residents and the target is 65%, at the end of March the measure achieved 47.0% compliance.
- Median emergency response time to amber calls is non compliant at the end of march against the 12 month reduction target reporting 01:17:33 as way of comparrisons March 2023 reported 00:58:33.
- As a Ministerial priority the measure - Number of patients waiting more than 8 weeks for a specified diagnostic has two distinct targets one set by the NHS Performance Framework of zero and the Health Board set monthly trajectory improvement target. Unfortunately the health board has been unable to achieve either in March 2025 with 79 breaches. The below graph shows performance vs trajectory for 2024/25.



- Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% is an internally escalated measure within the health board following ongoing data and reporting challenges. The target is for reduction compared to same month in the previous year and this was not achieved in March 2025 reporting 1,318 delayed by over 100% vs 1,202 in March 2024.





Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

2024/25 Performance Framework Measures					Performance			SPC	Welsh Government Benchmarking (*in arrears)	
Area	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Icon	Ranking	All Wales
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable	36	(R12) Sickness Absence	12 month reduction trend	Mar-25	5.3%	5.3%	5.3%		5th (Feb-25)	6.3%
	37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2019/20	Jan-25	10.5%	8.8%	8.2%		10th	5.3%
	38	Agency spend as a percentage of the total pay bill	12 month reduction trend	Mar-25	6.2%	9.9%	4.1%		12th (Feb-25)	2.8%
	39	Performance Appraisals (PADR)	85%	Mar-25	77.5%	82.4%	82.0%		5th (Feb-25)	75.8%

The measures within this domain continue to see broad improvement within 2024/25 although ongoing challenges remain.

Theme - Motivated and Sustainable Workforce

✓ Achieved target

- Turnover rate for nurse and midwifery registered staff leaving NHS Wales reported compliance against the rolling 12 month reduction target against baseline 2019/20 with 8.8% reported in December 2024 (11.2% December 2023 as comparison).
- Agency spend as a percentage of the total pay bill has seen good improvement through 2024/25 with 2.5% reported in February 2025 (10.8% February 2024 as comparison).

✗ Exceptions & Escalations

- Percentage of sickness absence rate of staff is not compliant with the 12 month reduction target at the end of the year reporting 5.3% in March 2025. This sickness level is below the all Wales average by circa 1% for the same period.

Theme - Training and Development

✗ Exceptions & Escalations

- Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training) does not meet the 85% target threshold reporting 82.0% in March 2025. It should be noted that performance has broadly improved through the year and compares positively against March 2024 (77.5%).

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

2024/25 Performance Framework Measures				Performance				SPC	Welsh Government Benchmarking (*in arrears)	
Area	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Icon	Ranking	All Wales
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 outcomes	40	% of episodes clinically coded within one month post discharge end date	Maintain 95% target or demonstrate an improvement trend over 12 months	Feb-25	100.0%	100.0%	100.0%		1st	66.3%
	41	% of all classifications' coding errors corrected by the next monthly reporting submission	90%	Mar-25	100.0%	100.0%	100.0%		1st	59.4%
	42	% of calls ended following WAST telephone assessment (Hear and Treat)	17% or more	Apr-24	9.4%	10.5%	10.3%		7th	15.2%
	43	No of Pathways of Care delayed discharges	12 month reduction trend	Mar-25	70	56	53		2nd	1,383
	44	% residents with CTP <18	90%	Mar-25	97.0%	95.7%	97.4%		4th	96.2%
	45	% residents with CTP 18+	90%	Mar-25	79.5%	82.5%	81.9%		5th	78.0%
	46	Number of service user feedback experience responses completed and recorded on CIVICA	Month on Month Improvement	Mar-25	204	376	444		9th	23,332
	47	HCAI - Klebsiella sp and Aeruginosa cumulative number	Health Board Specific Target	Mar-25	0	0	0		PTHB is not nationally benchmarked for infection rates	
	48	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) - Cumulative rate of confirmed cases per 100,000	Health Board Specific Target	Mar-25	2.24	3.26	2.98			
	49	HCAI - cumulative rate of C.Difficile cases per 100,000 population	Health Board Specific Target	Mar-25	18.67	17.96	15.68			
	51	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	12 month improvement trend towards national target of 95%	Mar-25	68.7%	73.6%	68.2%		1st	62.5%
	54	No of patient safety incidents that remain open 90 days or more	12 month reduction trend	Mar-25	14	12	12		5th	160

It should be noted that Health Care Aquired Infections (HCAI) are not nationally benchmarked for Powys Teaching Health Board but a cumulative year comparison from 2023/24 will be used within this document.

Theme – Effective Services

✓ Achieved target

- The Health Board's compliance for coding remains exemplary with 100% of episodes clinically coded within one month post discharge end date as reported in February 2025.
- Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification also provides 100% compliance in March 2025. Powys Teaching Health Board consistentally benchmarks significantly higher than the All Wales average.

Theme – Efficient Services

✓ Achieved target

- For the number of pathways of care with delayed discharges the reported performance for March 2025 was 53, this meets the 12 month reduction target set by Welsh Government.

✗ Exceptions & Escalations

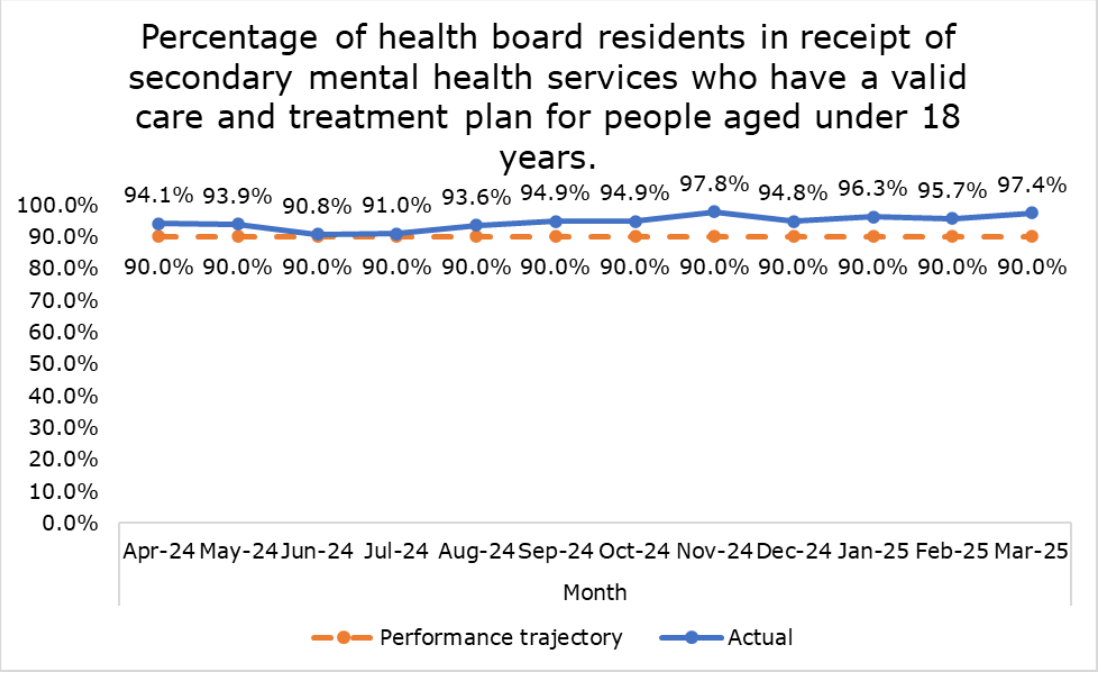
- Percentage of calls ended following WAST telephone assessment (Hear and Treat) – It should be noted that although the Health Board was not

compliant in April 2024 (10.3%) national challenges with reporting have resulted in no further updates throughout the 2024/25 financial year.

Theme People Centred Care

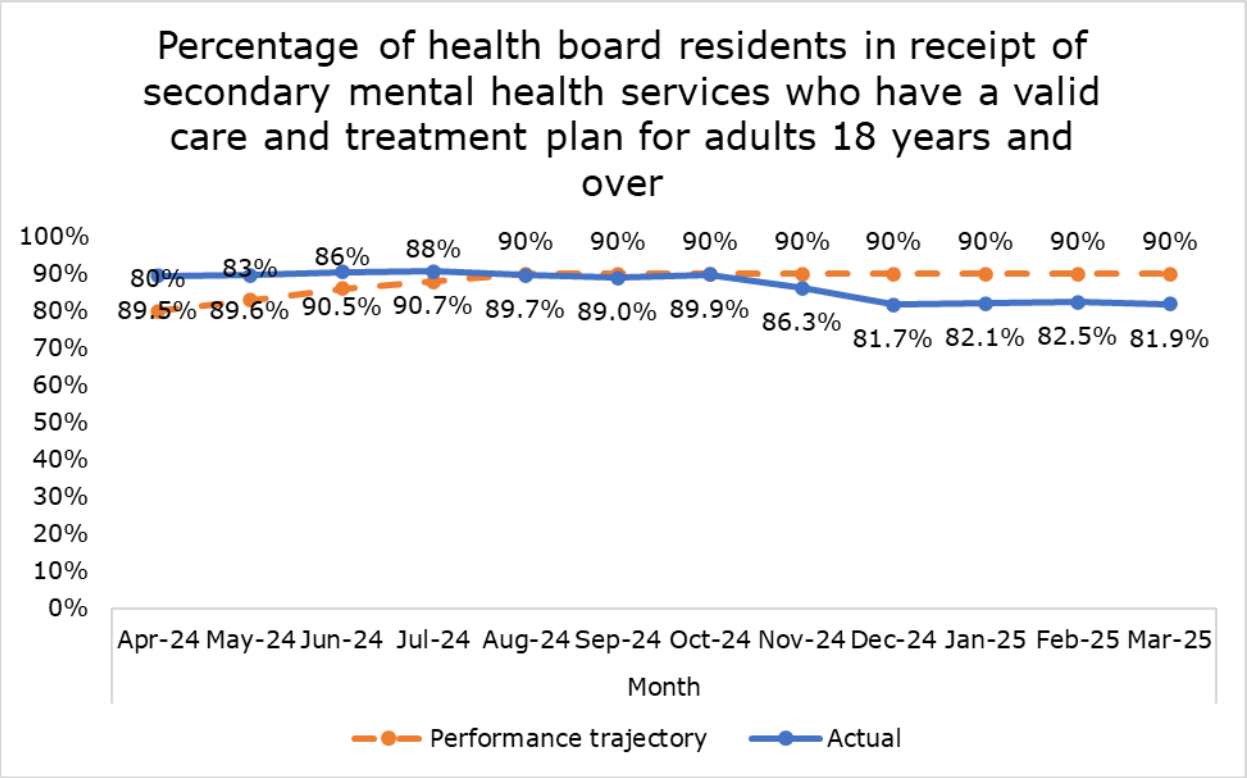
✓ Achieved target

- Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years. The health board performed robustly throughout 2024/25 reporting both compliance against the 90% national target and health board set trajectory in every month (see graph below). Performance in March was reported at 97.4%.
- Number of service user feedback experience responses completed and recorded on CIVICA reported 444 in March 2025 achieving the required month on month improvement target (February reporting 376 responses).



✗ Exceptions & Escalations

- Percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over. Performance against this measures has remained challenged from August 2024 to the end of year (see graph below). March reported 81.9% compliance against a national target and health board set trajectory of 90%.



Theme – Safe Services

Achieved target

- For health care aquired infections no cases of Klebsiella sp and Aeruginosa cumulative number were reported in 2024/25, and the cumulative rate of laboratory confirmed C.difficile cases per 100,000 population reports an improvement in March 2025 (15.68 per 100K) vs 18.67 per 100k at the end of March 2024.
- Number of National Reportable incidents that remain open 90 days or more meets the 12 month reduction target with 12 reported at March 2025.

Exceptions & Escalations

- Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA) have increased slightly when compared to 2023/24 (2.24 per 100k) reporting 2.98 per 100k at the end of March 2025. Please note that Powys Teaching Health Board is not nationally benchmarked for health care acquired infections.
- Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date performance has been under significant challenge in 2024/25. Although compliant against the 12-month improvement trend target for 11 out of 12 months with March reported at 68.2% compliance has not been achieved at the end of year.

Ministerial Priority Measures Summary

At the start of 2024/25 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 provides the detail of target and performance by priority measure.

Ministerial Priority Measures			Baseline		Month											
Measure	NHS Performance Target	KPI Improvement Target	Mar-24		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Number of patients waiting more than 52 weeks for a new outpatient appointment	Zero	40% reduction by end of September 2024 Zero by March 2025	0	Performance trajectory	55	65	55	45	20	8	5	0	0	0	0	0
				Actual	0	0	0	1	1	0	0	0	0	0	0	0
Number of patients waiting more than 104 weeks for referral to treatment	Zero	Zero end of December 2024	1	Performance trajectory	0	0	0	0	0	0	0	0	0	0	0	0
				Actual	0	1	2	3	3	0	0	0	0	0	0	0
Number of patients waiting over 8 weeks for a specified diagnostic	Zero	95% to be zero by December 2024	116	Performance trajectory	230	200	150	75	30	0	0	0	0	0	0	0
				Actual	140	171	157	155	140	124	107	83	84	70	79	79
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Zero	20% reduction by September 2024 Further 20% reduction by March 2025	0	Performance trajectory	0	0	0	0	0	0	0	0	0	0	0	0
				Actual	0	0	0	0	0	0	0	0	0	0	0	0
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years	80%	80% by December 2024	97.7%	Performance trajectory	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%
				Actual	80.0%	86.5%	83.7%	93.1%	90.0%	87.5%	92.1%	89.2%	92.9%	86.7%	91.2%	91.7%
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over	80%	80% by December 2024	91.1%	Performance trajectory	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%
				Actual	95.2%	95.3%	93.0%	95.10%	87.50%	91.7%	92.3%	98.3%	95.6%	79.0%	96.2%	93.5%

Commissioned Performance & Assurance

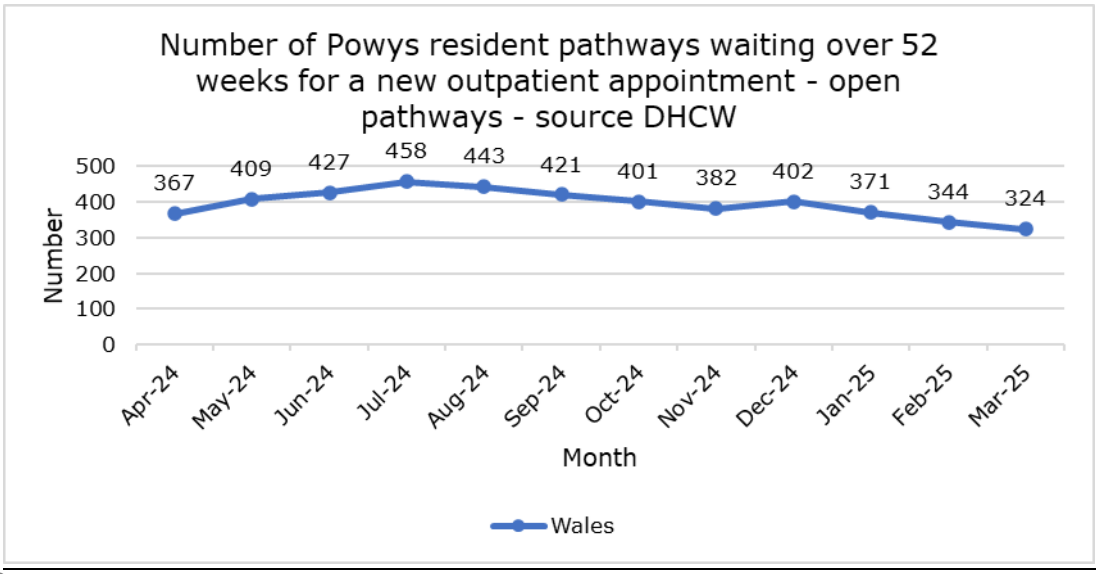
Planned care referral to treatment waits for commissioned services have been and remain challenging at the end of year. The Health Board robustly reviews, engages, and provides assurance on behalf of Powys residents on a monthly basis but has limited options to influence or fix long wait challenges outside of its borders. It should also be noted that commissioned services operate on a similar but different system of pathway rules for patients referred for treatment dependant on treatment country, this includes but is not limited to referral to treatment (RTT) and cancer pathways across England and Wales.

The next section will review Powys resident waits for 2024/25 period across the key NHS Performance Framework Wales priority measures for planned care where applicable data is available.

Key Ministerial RTT Performance Indicators

Key ministerial priorities for planned care in 2024/25 were to eliminate long waits e.g., those patient pathways waiting two or more years for treatment (more than 104 weeks) and eliminate those patient pathways that waiting more than 52 weeks for a new (first appointment) outpatient appointment. It should be noted that stage of pathway information reporting e.g., stage 1 = new/first appointment is not available in a comparable format to Wales for English providers. A further key but not ministerial measure was the month on month reduction towards the national target of zero by 30th of June 2025 for all patients waiting on treatment pathways over 52 weeks.

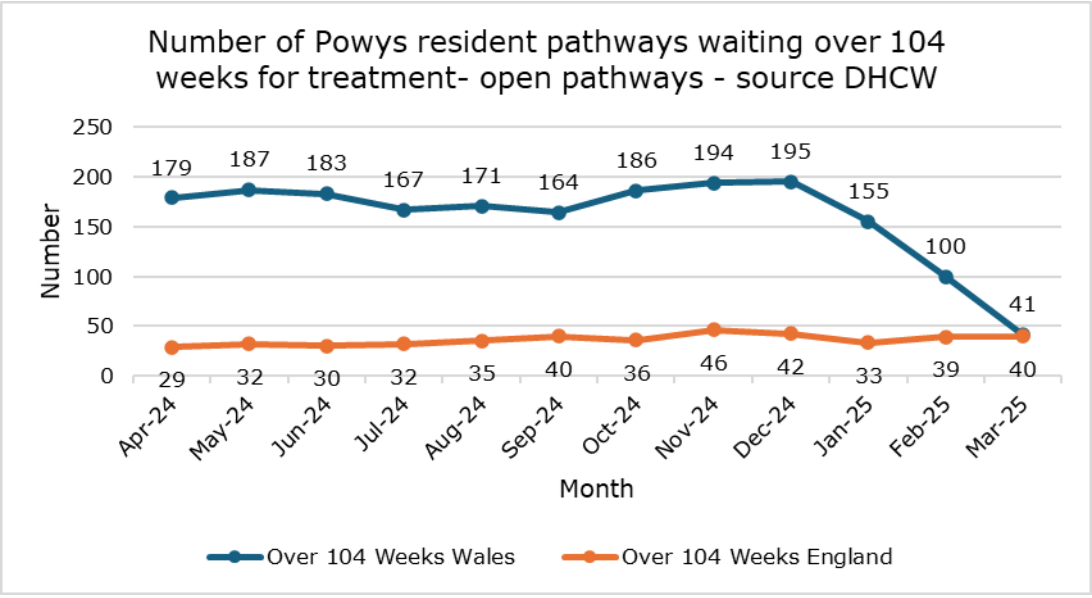
Number of Powys resident pathways waiting more than 52 weeks for a new outpatient appointment in Welsh commissioned providers.



In March 2025 23.5% of all open RTT pathways waiting over 52 weeks in Wales for Powys residents are for new outpatient appointments. This is an

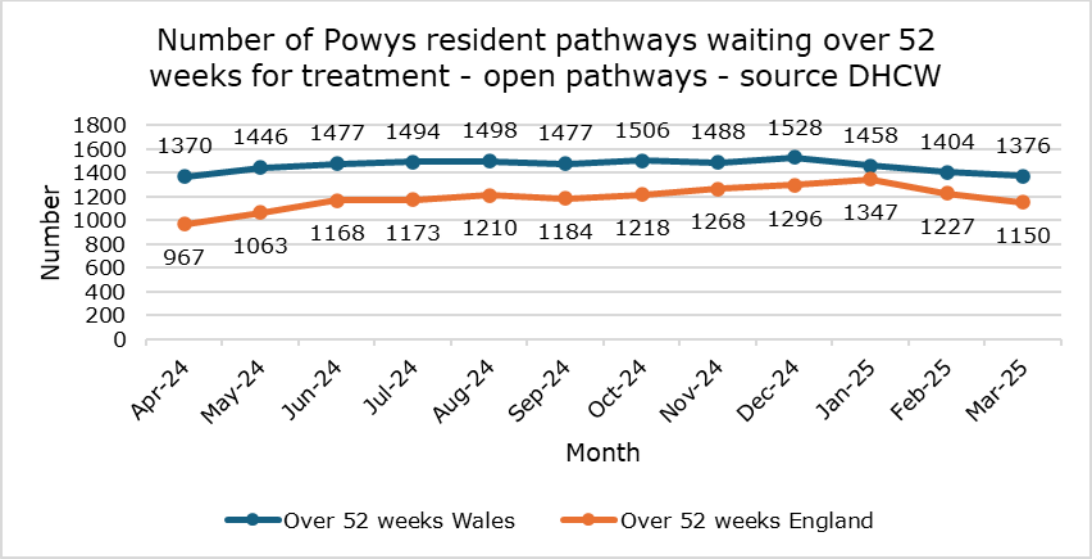
improvement when compared to the start of the year (Apr-24) where 26.8% of all open RTT pathways over 52 weeks waited for a new outpatient appointment. It should be noted that Hywel Dda University Health Board & Swansea Bay University Health Board reported zero Powys resident pathways waiting over 52 weeks in March.

Number of Powys resident pathways waiting more than 104 weeks for referral to treatment in English and Welsh commissioned providers.



Very long waiting Powys resident pathways e.g., those waiting over 104 weeks has seen significant improvement in quarter 4 2024/25 for Welsh providers. Only 40 pathways breached this target, and of the six main providers Hywel Dda University Health Board & Swansea Bay University Health Board achieved the national target of zero for Powys residents. In England breaches of the over 104-week target have grown to 40 reported breaches in March but only in Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH). Powys Teaching Health Board continues to engage with RJAH with the aim to reduce and eradicate these long waiters into 2025/26.

Number of Powys resident pathways waiting more than 52 weeks for referral to treatment in English and Welsh commissioned providers.



The number of Powys resident pathways who wait more than 52 weeks for referral to treatment performance remains mixed at the end of 2024/25 across English and Welsh commissioned services. The table below shows the compliance by provider against the NHS Wales target of Month-on-month reduction towards the national target of zero by 30 June 2025.

Number of patients waiting more than 52 weeks for referral to treatment

Target - Month on month reduction towards the national target of zero by 30 June 2025 - Source DHCW

Main Provider Group	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Aneurin Bevan Local Health Board	361	397	420	420	434	450	454	443	437	426	398	387
Betsi Cadwaladr University Local Health Board	210	225	223	227	214	200	198	192	197	175	152	142
Cardiff & Vale University Local Health Board	99	100	100	117	116	113	119	119	122	107	105	103
Cwm Taf Morgannwg University Local Health Board	107	115	120	119	129	137	140	143	158	160	168	174
Hywel Dda Local Health Board	298	307	307	304	287	261	262	246	262	242	249	238
Swansea Bay University Local Health Board	295	302	307	307	318	316	333	345	352	348	332	332
English Other	11	7	13	10	13	13	14	15	18	10	6	6
Robert Jones & Agnes Hunt Orthopaedic & District Trust	488	514	535	561	579	598	625	654	658	661	653	660
Shrewsbury & Telford Hospital NHS Trust	332	379	456	449	467	455	475	499	526	563	440	371
Wye Valley NHS Trust	136	163	164	153	151	118	104	100	94	113	128	113
Grand Total	**2337**	**2509**	**2645**	**2667**	**2708**	**2661**	**2724**	**2756**	**2824**	**2805**	**2631**	**2526**

Cancer

Powys as a provider does not treat patients for cancer and is excluded from the ministerial priority measure "Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)", the Health Board does however accept urgent suspected cancer referrals for key outpatients and diagnostics (ultrasound and endoscopy) predominately in South Powys and plays an important role in some residents pathways of care including end of life. For treatment, patients access care via commissioned acute service providers and specialist trusts in England and Wales. Performance in English and Welsh commissioned services have been particularly challenging with no

provider meeting their respective 62-day pathway target in 2024/25. There are multiple challenges dependant on acute care provider, tumour site, but key challenges are often linked to complex pathways, diagnostic delays and overall capacity both outpatient and surgical. It should also be noted that patient's choice can also be linked to breaching pathways where patient initiated delays result in a notable delay.

Emergency Department Access

During the 2024/25 financial year the NHS Performance Framework requires compliance against four measures.

- Median time from arrival at an emergency department to triage by a clinician with 15 minutes or less target.
- Median time from arrival at an emergency department to assessment by a clinical decision maker with 60 minutes or less target.

The above median measures are only applicable to Welsh commissioned services, whilst the further measures below are reportable for all* commissioned emergency departments.

- Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge with a target of improvement compared to the same month in the previous year, towards the national target of 95%.
- Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge with a target of reduction compared to the same month in the previous year, towards the national target of zero.

Data for these measures is provided via the NHS Commissioning Support Unit (England) and Digital Health and Care Wales (Wales). This information is used to support the monitoring and engagement with commissioned services via Contract Quality Performance and Review meetings (CQPRM) and to provide assurance via the Integrated Quality and Performance report to all stakeholders on Powys Teaching Health Board responsible access.

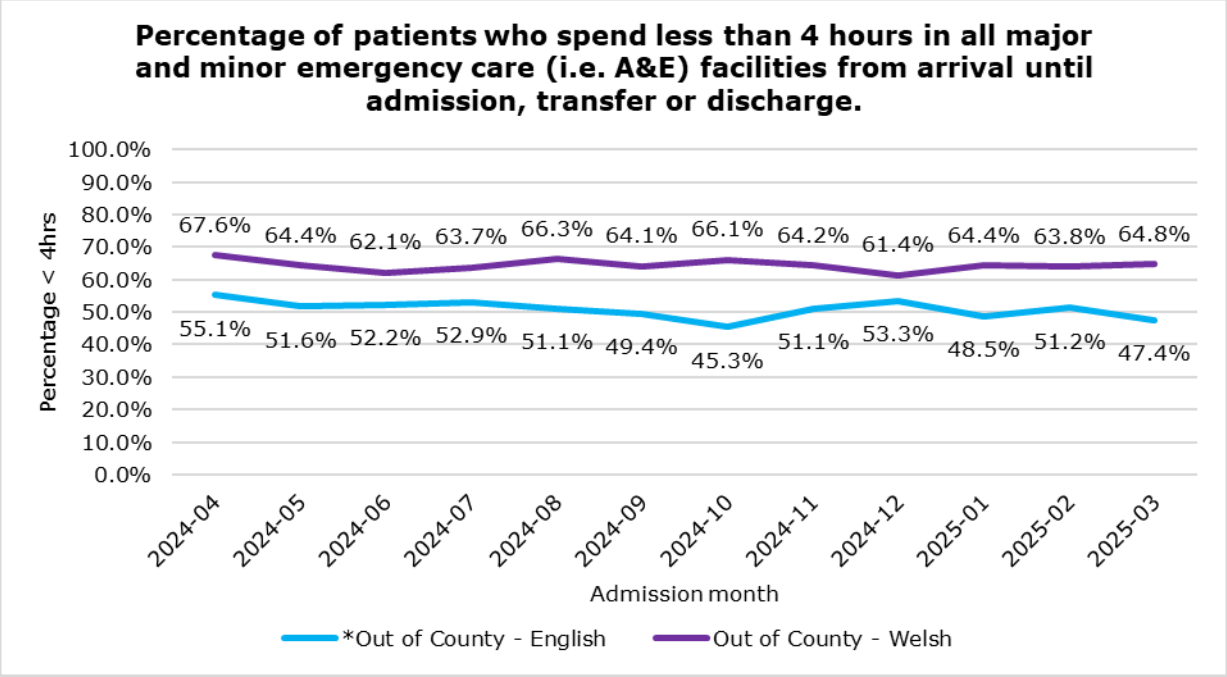
*It should noted that during 2024/25 the largest English provider of commissioned services (The Shrewsbury and Telford Hospital NHS Trust) has been unable to report key data beyond quarter 1 following internal reporting challenges.

Median Wait from Arrival to Triage (Minutes) - Target 15 minutes or less - Source DHCW												
Provider	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**	**Oct-24**	**Nov-24**	**Dec-24**	**Jan-25**	**Feb-25**	**Mar-25**
Aneurin Bevan UHB	13	12	12	11	12	13	12	13	16	10	11	11
Betsi Cadwaladr UHB	18	21	21	19	14	13	17	12	20	20	17	16
Cwm Taf Morgannwg UHB	17	14	15	13	12	12	11	12	12	11	12	12
Cardiff and Vale UHB	18	41	36	9	6	38	24	15	25	28	3	11
Hywel Dda UHB	35	36	38	37	31	39	30	34	40	34	34	36
Swansea Bay UHB	18	23	21	17	18	17	21	20	19	15	14	19

The above table shows the compliance for Median time from arrival at an emergency department to triage by a clinician, the target is 15 minutes or less. It should be noted that that compliance is for Powys residents only and may not reflect that health boards overall performance.

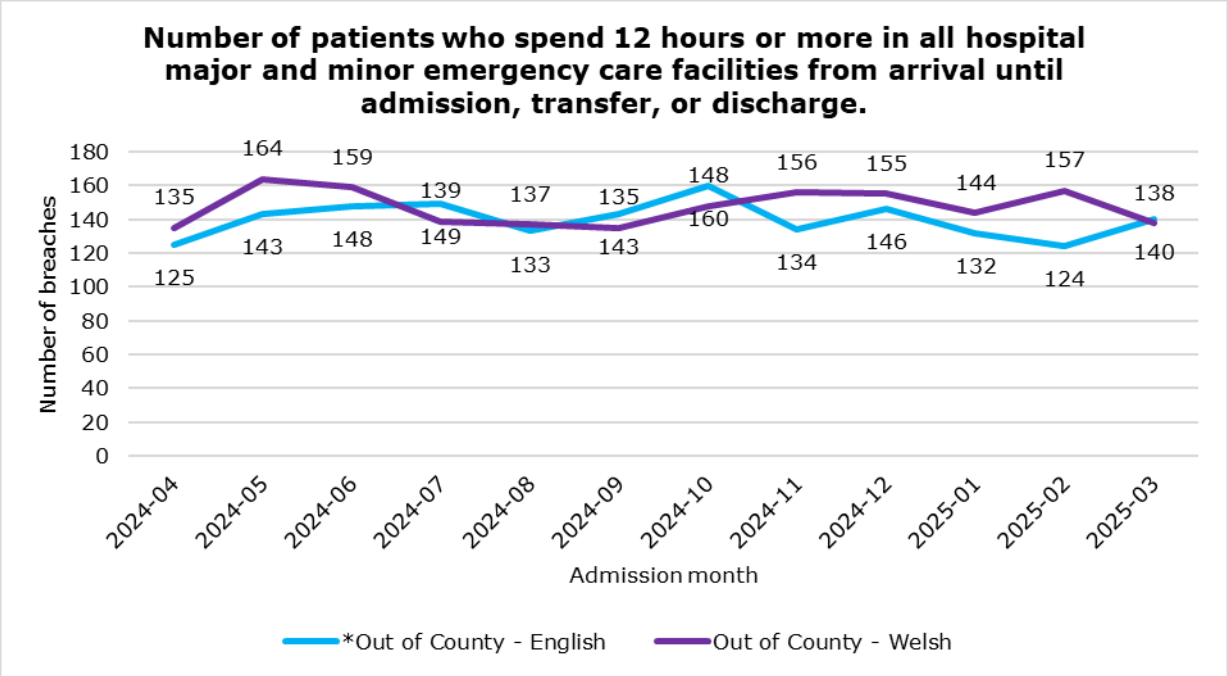
Median Time from Arrival to Clinician - Target 60 minutes or less - Source DHCW												
Provider	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**	**Oct-24**	**Nov-24**	**Dec-24**	**Jan-25**	**Feb-25**	**Mar-25**
Aneurin Bevan UHB	70	76	62	74	56	76	83	58	72	48	62	62
Betsi Cadwaladr UHB	57	132	116	79	68	81	95	99	95	63	103	103
Cwm Taf Morgannwg UHB	72	79	82	73	65	71	62	86	81	75	77	70
Cardiff and Vale UHB	25	58	19	128	89	120	97	69	86	40	7	69
Hywel Dda UHB	73	73	77	64	67	71	81	82	101	69	75	85
Swansea Bay UHB	30	34	30	29	31	28	36	29	31	27	28	29

The above table shows the compliance for Median time from arrival at an emergency department to assessment by a clinical decision maker, the target is 60 minutes or less. It should be noted that that compliance is for Powys residents only and may not reflect that health boards overall performance.



The above graph shows the percentage of compliance for the 4hr target, it should be noted that at an aggregate level neither Welsh nor English provision meets the national target of 95% although individual providers in Wales may achieve the target of improvement from the previous year.

* The Shrewsbury and Telford Hospital NHS Trust is not included within this graph.



Powys residents who spend 12 or more hours in a hospital's emergency care facilities show a similar challenge as 4hr compliance, at an aggregate level by country of provision patients breach monthly throughout 2024/25 although individual providers in Wales may achieve the target of improvement from the previous year.

* The Shrewsbury and Telford Hospital NHS Trust is not included within this graph.

Key challenges reported by Emergency departments include high levels of attendances and resultant emergency admissions with resulting adverse effect to bed capacity and ability to facilitate patient flow through the emergency departments. Powys Teaching Health Board continues to support the rapid stepdown of patients via the Care Transfer Coordination team, and works closely with Primary Care colleagues, GP out of hours services etc to reduce admissions.

Conclusion

The 2024/25 reporting period presented ongoing financial and operational challenges, including the Health Board's escalation to Level 4 status for finance, strategy, and planning. Despite pressures, Powys maintained strong performance across several key areas and showed continued commitment to quality, access, and transparency.

Key achievements

- ✓ Ministerial Priorities: All targets met except for diagnostics (79 breaches in March 2025).
- ✓ Zero long waiters in provider services.
- ✓ Emergency care: Powys Minor Injury Units reported full compliance for all measures.
- ✓ Mental Health: Finishing 2024/25 with outstanding compliance across under 18 and adult pathways for assessments.
- ✓ Workforce improvements: Agency spend reduced from 10.8% to 2.5% and nursing turnover improved to 8.8%.

Key Challenges

- ✗ Diagnostics: the health board did not reach its target by the end of year with 79 breaches reported for March 2025.
- ✗ Ambulance response times: Poor compliance throughout 2024/25 for both Red & Amber ambulance response times.
- ✗ Paediatric neurodevelopmental waits: Poor compliance and service challenges triggered internal escalation during 2024/25 with Executive led Escalation Oversight process with subsequent improvement.
- ✗ Mental Health (Adults): Poor compliance for adults having valid care and treatment plans, and challenging psychological therapy waits compliance.

Commissioned Services

- ✓ Improvements in waiting times with some providers achieving zero breaches for Powys residents against key measures.
- ✓ Some providers achieving median waiting times targets for triage and clinical assessments in Wales.
- ✗ Waiting time equity for residents remains a challenge, especially cross border.
- ✗ Poor commissioned compliance against key 4hr and 12hr emergency department access compliance.
- ✗ Cancer pathway compliance remains poor across both England and Wales, impacted by diagnostic and treatment delays.

In conclusion, despite financial constraints, Powys Teaching Health Board delivered solid performance across key priorities, demonstrated system-wide improvements, and upheld its commitment to quality. Diagnostics, access equity, and commissioned service wait times remain the critical areas for improvement heading into 2025/26.

Six Goals for Urgent and Emergency Care

Powys Teaching Health Board is 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 directly managed Minor Injury Units across Powys and an element of minor injury services delivered within Primary Care settings. 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.

The Welsh Government has allocated £2.75m 2024/25, with the exception of Powys Teaching Health Board and Velindre which each received £835,000, to support activity through their local six goals programmes. Health Boards are required to demonstrate how this money has been spent against the six goals priorities and provide detail of the impact of the funding. This will support decision making around expansion of successful intervention and inform planning for 2025/26.

For Powys the focus in this area is a bespoke implementation of Welsh Government's Six Goals for Urgent and Emergency Care because of the unique non acute provision of local health care.

Key actions by goal

No.	Description	PTHB actions in 2024/25
1	Co-ordination, planning and support for populations at greater risk of needing Urgent or Emergency Care.	• Revised Cellulitis and UTI Pathways for Powys patients to support timely treatment and reduce avoidable admissions. • An improved Falls Prevention Pathway, in collaboration with WAST, to reduce the need for Nursing and Residential homes to dial 999 in the event of a fall. Total conveyance to hospital from Care Homes reduced by 9% in 2024/25 with a significant proportion of this reduction attributed to lower falls conveyance. • Supporting CEDAR in the development of a Hospital Acquired Deconditioning tool to identify and monitor Hospital Acquired Deconditioning within inpatient spaces • Developed a business case for the implementation of a Fracture Liaison Service to support improved identification and management of patients at risk of fragility fractures.
2	Signposting people with Urgent Care needs to the right place, first time.	• Implemented a Triage and Assessment model as an extension of the 111 'Press 2' service, enhancing the identification and direct referral of Mental Health patients to appropriate support.
3	Clinically safe alternatives to admission to hospital.	• Enhancements to the provision of Point of Care Testing in Powys. Laying the foundations for development of improved Point of Care Testing availability for Primary, Community and Urgent Care Services in Powys. • The appointment of the Urgent and Emergency Care Clinical Transformation Lead to support in

		driving the transformation of Urgent Care Services. • Broadening of the knowledge and skills of MIU staff
4	Rapid response in physical or mental health crisis	• Reduced ED attendances for Mental Health reasons as a result of the Triage and Assessment Model through 111P2 • Reduced ED attendances for Children and Young People as a result of the establishment of a CAHMS Crisis Hub
5	Optimal hospital care and discharge practice from the point of admission.	• Design and implementation of the new Digital Patient Flow System: Powys DigiFLO to enhance real-time visibility and management of patient flow • Further embedded the Optimal Hospital Flow Framework into operational practice, aligned with the newly developed Digital Patient Flow System: Powys DigiFLO. • Implemented 'Colocation by Clinical Need' temporary service changes, establishing rehabilitation and ready-to-go-home units to provide specialised care, reduce Pathways of Care delays, and support in the prevention of hospital-acquired deconditioning.
6	Home first approach and reduce the risk of readmission.	• A reduction in the total number of Pathways of Care Delays • A reduction in average Length of Stay throughout Powys • A reduction in the total number of days delayed • A reduction in the number of patients with a LOS > 100 days • A strengthened approach to Trusted Assessment • Redesigned community rehabilitation services to align with AHP Rehabilitation Standards and Goal 6, establishing clear D2RA pathways and strengthening integrated working between PTHB and PCC to improve outcomes, reduce duplication, and promote independence.

It should be noted that not all actions undertaken with the funding are included in the above table.

Further detail, including supporting data, is available in the quarterly delivery reports to Board:

- Quarter 1 to Board September 2024 – Item 4.3a
- Quarter 2 to Board November 2024 - Item 4.4a
- Quarter 3 to Board March 2025 - Item 4.3a
- Quarter 4 to Board May 2025 – Item 4.4a

Progress against Well-Being Objectives and Strategic Priorities

The Health Board's Integrated Plan 2024-2029 set out four Well-Being Objectives and four Enabling Objectives which were reported on quarterly in terms of delivery success and areas of challenge.

The first Well-Being Objective was **Focus on Wellbeing** designed to be achieved through a whole system approach to wellbeing and prevention. At year end 88% of associated actions were delivered from within the associated programmes of work. This objective covered:-

- Developing a whole system prevention plan across the life course
- Delivering a Health Protection response including Vaccination

The second Well-Being Objective was **Early Help and Support.** This was focussed around those services that are the first point of contact, where timely diagnosis and co-ordinated care make the most impact on wellbeing. A number of strategic priorities were aligned to the delivery of this objective covering:-

- Improving access to Primary and Community Care
- Designing and Delivering a phased Frailty and Community Model
- Delivering the Planned Care and Diagnostics Programme

For 2024/25 71% of actions were rated as complete within this key objective.

Tackling the Big Four was the next objective which set out the response to the four main causes of ill health, burden of disease and premature mortality in Powys. In year delivery focused on:-

- Cancer
- Circulatory Disease
- Respiratory
- Mental Health

The Health Board achieved 58% completion of associated in year actions across these programmes of work.

The final Well-Being Objective was **Joined up Care** which was designed to build resilience and ensure greater joined up working through allowing patients to receive care home first and be back home fitter and faster. PTHB delivered 83% of all associated actions within this objective which focused on:-

- Improving pathways of care focusing on system flow
- Delivering the Six Goals Plan for Urgent and Emergency Care

The integrated plan then proceeded to describe enabling objectives developed to support the delivery of the Well-Being objectives.

The first of these was **Workforce Futures** which set out how workforce planning and organisational development supported and enabled the delivery of the organisation's strategic priorities. This objective included a work programme which covered the transformation and sustainability of workforce, making PTHB a great place to work, employee health and equalities and Welsh Language. The Health Board achieved 90% completion of associated in year actions across these programmes of work.

The second enabling objective was **Digital First**. Following the development of the Digital Strategic Framework in the previous year this objective had a number of key areas of delivery including:-

- Citizen centred care and support
- Leadership, Partnership and Alliances
- Infrastructure and Security
- Enabling Efficiency and effectiveness
- Big Data and Artificial Intelligence

50% of all actions were achieved in year within the above key areas of delivery for the Health Board.

Innovative Environments was the next objective which set out ambitious plans for carbon reduction, biodiversity, environmental and estates improvements, that directly enhanced care, experiences and wellbeing for the population and the staff of the Health Board. This objective covered four associated strategic priorities with 61% in year action completion, these being:-

- Strategic Capital
- Estates Strategy
- Environmental Management and Decarbonisation
- Property

The final enabling objective was **Transforming in Partnership** which set out the actions the Health Board took in partnership across Powys as a region in its own right, as well as the wider Mid Wales region and nationally, both in Wales and across the border in England. This included a suite of strategic priorities covering Partnerships, Corporate Governance, Quality and Safety, Engagement and Communication, Strategic Commissioning, Integrated Performance, Strategic Planning and Innovation and Improvement. The Health Board 92% deliverable completion within this objective, the highest of all areas.

Overall, 150 deliverables were achieved in year equating to 72% of the totality of the plan for 2024/25. Within these areas of success there have been a number of key in year achievements including:-

- Enhanced coordination for those in Powys who are most frail, or at risk of frailty. There has been an enhanced focus on the end of life, with improved care planning and streamlined clinical pathways for example those for the management of Cellulitis and Urinary Tract Infections.
- Referral management for those with musculoskeletal conditions, enhancing patient care and service efficiency. This initiative is implementing evidence and value-based interventions including clinical review and triage, specialised leadership for Orthopaedics, and the joint appointment of an Orthopaedic Consultant for Upper Limb services.
- Major investment in modernising diagnostic services and enhancing patient care, through the X-Ray replacement programme. Welshpool, Llandrindod Wells and Ystradgynlais have successfully re-opened with state-of-the-art equipment.
- Successful implementation of the Single Point of Access for Mental Health as part of '111 Press 2'. This marks a major achievement in improving access to care and is a transformative step in enhancing mental health support and access.
- The Children and Adolescent Mental Health Services Crisis Hub is now fully operational, providing a dedicated, purpose-built sanctuary for children and young people experiencing mental health distress. The alignment of Rapid Response and Outreach with Crisis Response has also improved out-of-hours support.
- Powys is the first region in Wales to establish a pathway integrating a jointly operated Integrated Autism Service (IAS) alongside a newly developed Attention Deficit Hyperactivity Disorder (ADHD) service. Further work is also in train to address long waits in neurodevelopment services following a comprehensive appraisal of the challenges and opportunities.
- The successful Phase 1 implementation of Powys 'DigiFLO' is a major advancement in digital patient flow management across Powys community hospitals.

- A focus on delays in pathways of care has seen a 13% decrease in the last quarter, reflecting improvements in tracking and co-ordinating responses to patient flow.
- Approval of Digital Maternity Cymru business case, with programme progressing to implementation stage, anticipated completion by end March 2026.
- Completion of the Maternity Assurance and Safety Improvement Plan.
- Neurodevelopmental strategic action plan in place, informed by co-production and multi-agency collaboration shaped by future demand aligned to best practice.
- Patient Story agenda progressing with the recruitment of a Peoples Experience lead expected in June 2025
- Work underway to complete the People Experience Maturity Matrix following the release of the Peoples Experience Framework
- Effective delivery of all health board-led population level health improvement programmes
- Successful implementation of the Outpatient Transformation Plan, supporting service modernisation and improved patient experience
- Expanded availability and utilisation of Point of Care Testing across Powys, enhancing timely diagnostics
- Ongoing implementation and annual evaluation of the 'Improving Cancer journey' in Powys
- Strengthened strategic workforce planning capabilities through enhanced managerial knowledge and skills development
- Effective onboarding and development of new recruits through the Aspiring Nurse Programme
- On going delivery of the National Nurse Retention Plan
- Implementation of Full the Speaking Up Safely framework
- Completion of the Virtual Consultation project, resulting in an award directed to Attend Anywhere to ensure ongoing business continuity.
- Approval of the Electronic Prescribing and Medicines Administration (EPMA) business case, with the programme now progressing into the implementation stage
- Implementing the technology to support Telephony Welsh Language functionality, enhancing bilingual service provision within the health board
- Reduction in the length of stay in Community Hospitals achieved since December 2024
- Successful roll out of PROMs in the Mental Health acute inpatient settings
- As part of the Mental Health Network, PTHB hosted a Mental Health Knowledge Exchange event that received outstanding feedback from attendees. The event showcased the triage and assessment project, along with the implementation of the Mental Health Single Point of Access (SPOA). It served as a precursor to a three-day international

knowledge exchange held in Cardiff, where Powys was recognised as a leader in the development and delivery of the Mental Health SPOA.

A very detailed report on each of the above areas has been produced quarterly and considered by the Executive Committee, Delivery and Performance Committee and PTHB Board. These are available on the Health Board's website or can be provided separately on request.

Further detail on delivery of key measures for the above is included within the Performance Analysis section.

Long Term Expenditure Trends

PTHB incurs expenditure under three main areas and the annual expenditure for each of these areas for the last 5 years is as follows:

					Annual Expenditure values				
Expenditure by Type	2020-21		2021-22		2022-23		2023-24		2024-25
	£000		£000		£'000		£'000		£'000
Primary Healthcare Services	72		72		75		79		83
Healthcare from other providers	176		195		202		219		246
Hospital and Community Services	121		132		135		148		152
	369		399		412		446		481

The Health Board has a statutory obligation to remain within its resource limits (Revenue and Capital) on a three year rolling measure. The Health Board managed to meet this requirement until the end of 2021/22. The target was not met in 2024/25. A summary of the Health Boards performance against the Revenue and Capital Resource Limits for the last 5 financial years are as follows:

Revenue Resource Limit **Annual financial performance**

	2020-21		2021-22		2022-23		2023-24		2024-25
	£000		£000		£000		£000		£000
Net operating costs for the year	356,471		383,021		395,697		429,823		464,384
Less general ophthalmic services expenditure and other non-cash limited expenditure	1,851		1,355		1,609		1,859		1,833
Less unfunded revenue consequences of bringing PFI schemes onto SoFP	0		0		0		0		0
Less unfunded revenue consequences of bringing RoU Leases onto SoFP	0		0		0		0		0
Total operating expenses	358,322		384,376		397,306		431,682		466,217
Revenue Resource Allocation	358,465		384,456		390,304		419,699		450,464
Under /(over) spend against Allocation	143		80		(7,002)		(11,983)		(15,753)

The Health Board did not remain within its Revenue Resource limit in 2022/23, 2023/24 and 2024/25

Capital Resource Limit **Annual financial performance**

			2020-21		2021-22		2022-23		2023-24		2024-25
			£000		£000		£000		£000		£000
Gross capital expenditure			6,366		15,926		13,211		6,650		14,608
Add: Losses on disposal of donated assets			0		0		0		0		0
Less NBV of property, plant and equipment and intangible assets disposed			0		0		0		0		0
Less capital grants received			0		0		0		0		0
Less donations received			(13)		0		(527)		(195)		(141)
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		6,455		14,467
Capital Resource Allocation			6,380		15,993		12,752		6,481		14,517
(Over) / Underspend against Capital Resource Allocation			27		67		68		26		50

The Health Board has remained within its Capital Resource limit for the last five financial years.

An analysis of the annual assets and liabilities at 31 March for each of the last five financial years of the Health Board is included below:

Statement of Financial Position

	2020-21		**2021-22**		**2022-23**		**2023-24**		**2024-25**
	£000		**£000**		**£000**		**£000**		**£000**
Non Current Assets - Property Plant and Equipment	78,394		93,331		103,185		100,138		109,189
Non Current Assets - Right of Use Assets	0		0		1,670		1,063		1,515
Intangible Assets	0		0		0		0		154
Non Current Assets - Trade and Other Receivables	14,403		16,085		20		32		196
Current Assets - Inventories	159		143		147		211		197
Current Assets - Trade and Other Receivables	12,179		11,959		18,134		10,317		10,924
Current Assets - Cash and Cash Equivalents	2,627		2,658		1,268		215		629
Total assets	**107,762**		**124,176**		**124,424**		**111,976**		**122,804**

Current Liabilities - Trade and other payables	(45,831)		(59,256)		(49,845)		(47,108)		(50,068)
Current Liabilities - Provisions	(3,336)		(1,301)		(14,980)		(3,921)		(3,803)
Non Current Liabilities - Trade and other payables	0		0		(508)		(272)		(720)
Non Current Liabilities - Provisions	(20,074)		(17,085)		(862)		(576)		(803)
Total Liabilities	**(69,241)**		**(77,642)**		**(66,195)**		**(51,877)**		**(55,394)**
Total assets employed	**38,521**		**46,534**		**58,229**		**60,099**		**67,410**
Financed by :									
Taxpayers' equity									
General Fund	(2,532)		2,153		11,604		10,514		16,781
Revaluation reserve	41,053		44,381		46,625		49,585		50,629
Total taxpayers' equity	**38,521**		**46,534**		**58,229**		**60,099**		**67,410**

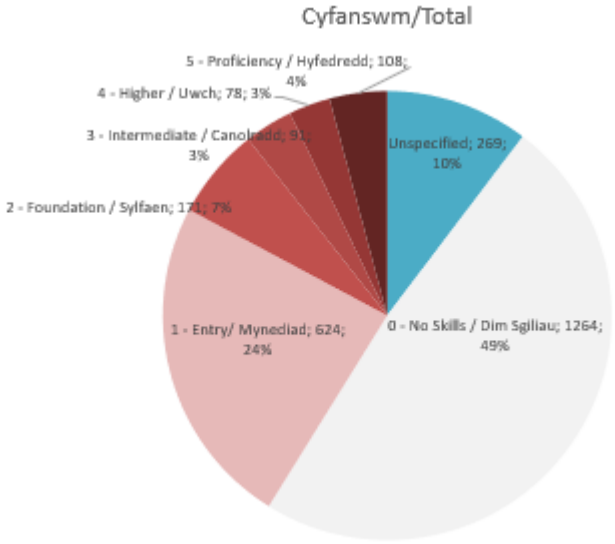
Quality

Central to everything the Health Board does is the importance of service quality for the population and service users. The Duty of Quality and Duty of Candour Annual Report will be published after this Annual Report and will be available on the Health Board website.

Welsh Language Standards

During 2024-2025 PTHB continued 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. In year the Health Board received no formal complaints in relation to compliance with the Welsh Language Standards.

At the end of 2024-25, 2,605 PTHB staff members indicated that their ability to speak Welsh can be seen below:-



	Unknown	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5	**TOTAL**
2024-25	269	1,265	624	171	91	78	108	**2,605**

During 2024-2025 PTHB advertised 849 vacancies:-

- 8 posts were advertised with Welsh language skills as essential (an increase from 1 in 2023-24).
- 824 posts were advertised with Welsh language skills as desirable.
- 17 posts were advertised with Welsh language skills as not required.

Examples of roles advertised with Welsh language skills as essential included

- Complaints and Public Services Ombudsman for Wales Case Co-ordinator
- Academy Skills Educator
- Aspiring Nursing Programme
- Apprenticeships Programme

SUSTAINABILITY REPORT 2024/25

Task Force on Climate-related Financial Disclosure (TCFD)

PTHB has reported on climate-related financial disclosures consistent with HM Treasury's TCFD-aligned disclosure application guidance, which interprets and adapts the framework for the UK public sector. PTHB considers climate to be a principal risk, and has therefore complied with the TCFD recommendations and recommendations disclosures around:

Governance - recommended disclosures (a) and (b)

Metrics and Targets - recommended disclosures (a) to (c)

This is in line with the Welsh Government's TCFD-aligned disclosure implementation timetable for Phase 1. PTHB plans to provide recommended disclosures for Strategy and Risk Management in future reporting periods in line with the Welsh Government's implementation timetable.

Delivery Planning

Powys Teaching Health Board (PTHB) remains dedicated to sustainability as a core organisational focus. The environmental agenda is explicitly highlighted as a Strategic Priority within the Integrated Plan, reinforcing the Health Board's commitment to integrating sustainability into its operations and long-term goals. This proactive approach ensures environmental considerations remain central to decision-making processes across the organisation.

Enhancing workplace environments to promote comfort and well-being is a key focus, alongside supporting workforce transitions to low-carbon solutions. Effective green space management and biodiversity initiatives will play a crucial role, not only in environmental sustainability but also in advancing social and green prescribing practices to support the delivery of care. These efforts align with the broader vision of fostering healthier, more sustainable, and engaging spaces for both staff and the communities they serve.

During 2024-25 the organisation was successful in gaining re-certification to ISO14001 (2015) environmental management standard, for the 6th consecutive year, demonstrating a continued cycle of improvement and commitment to environment management.

Carbon Reporting & Decarbonisation

Each NHS organisation submits Decarbonisation Action Plans (DAPs) to the Welsh Government, outlining their strategies for meeting national commitments while driving locally led initiatives. These plans are integral to supporting the implementation of the NHS Wales Decarbonisation Strategic Delivery Plan and ensuring alignment with broader environmental objectives.

Aligned with the public sector's commitment to achieving net zero by 2030, the Health Board provides annual reports on quantitative carbon emissions. Total carbon emissions for 2023-24 were 37,857tCO_2e, which is an 89% increase in emissions from 2018-19 baseline data (20,028tCO_2e) rather than the 16% and 34% reductions required to meet Net Zero targets.

Measures are being taken by NWSSP Procurement to improve scope 3 emission methods from tier 1 at present to tier 2 reporting by implementing a market-based approach to enhance the accuracy of emissions data associated with procured goods, services and works.

The extant Re:Fit programme is implementing Energy Conservation Measures (ECMs) that are assured to achieve a reduction of over 12% in scope 1 and 2 emissions. This serves as a clear and measurable demonstration of the environmental advantages resulting from the Health Board's strategic capital investments. It highlights the tangible impact of such initiatives in advancing sustainability goals.

Table 1:Summary of carbon emissions

	Units of tCO_2e			
Categories	Scope 1	Scope 2	Scope 3	Total
Buildings & Stationary assets	2,485.778	724.052	677.558	3,967.556
Transport	234.217	0	697.620	931.741
Waste	0	0	39.519	39.519
Land based emissions	0	0	-36.529	-36.529
Supply chain	0	0	32,927.483	32,927.483
Total				37,857.035

Qualitative reporting submissions are completed annually in compliance with the NHS Wales Performance Framework & Guidance Document and quarterly reporting through the Decarbonisation, Coordination & Reporting (DCR) team to the Decarbonisation Programme Board. All reporting is assessed by the Environment & Sustainability Group, with further awareness or escalation made through internal governance up to, and including, the Board.

The Health Board has maintained its commitment to the Decarbonisation Strategic Delivery Plan through various transformative capital programmes initiated via the Re:Fit programme. Following nearly four years of due diligence and governance, the construction phase of a £4.3M Salix-funded initiative, supported by the Welsh Government, has begun. This programme focuses on implementing Energy Conservation Measures to enhance the estate and prioritise fabric-first interventions. Completion is anticipated in July 2025, but patients and staff are already experiencing benefits from the improvements, such as full LED upgrades, emergency lighting enhancements, pipe insulation, solar PV installations, and draughtproofing.

Transport decarbonisation efforts focus on replacing fossil-fueled fleet vehicles with low-carbon alternatives. This transition is being actively supported by the ongoing expansion of EV charge point infrastructure across the Health Board's estate, ensuring a practical and sustainable shift towards greener transportation solutions.

Biodiversity

Under section 6 of the Environment (Wales) Act 2016, public authorities that exercise their functions in relation to Wales have a duty to maintain and enhance biodiversity and promote the resilience of ecosystems. In compliance with the Act, Powys Teaching Health Board (PTHB) maintains a Biodiversity Action Plan which is part of PTHB’s environment management system accredited to ISO14001 (2015). This standard ensures a robust and transparent environmental management at the core of its business.

The Health Board’s efforts to restore and enhance habitats across its estate have garnered external recognition and praise. Its award-nominated biodiversity programmes have been showcased in case studies featured in the Winter Terrier industry journal, published by the Association of Chief Estate Surveyors and Property Managers. This acknowledgment highlights the innovative and impactful work being undertaken to support biodiversity and sustainability within the Health Board's estate.

In the years ahead, the Health Board plans to implement practical

conservation initiatives informed by biodiversity surveys. These projects will focus on creating stepping-stone habitats to better support local wildlife, fostering ecological connectivity. Additionally, efforts will be made to engage and educate staff, encouraging them to extend conservation practices into their personal lives. Collaboration with partner organisations will also be a key priority, allowing the Health Board to push boundaries and amplify the impact of its conservation efforts. Together, these steps reflect a comprehensive approach to preserving and enhancing biodiversity.

SECTION TWO: THE ACCOUNTABILITY REPORT

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

THE ACCOUNTABILITY REPORT 2024/2025

SIGNED BY: **DATE: XX.XX.2025**

HAYLEY THOMAS
[CHIEF EXECUTIVE]

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 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 the Treasury's Government Financial Reporting Manual (FReM) and set out in the 2024/2025 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 Senedd Cymru/Welsh Parliamentary Accountability and Audit Report.

An overview of the content 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 2024/2025. 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.

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

- The Directors' 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 Executive Director of People and Culture, the Executive Director of Finance, Capital and Support 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.

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 2024/2025. 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

1. THE DIRECTOR'S REPORT 2024/2025

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 Corporate Governance / Board Secretary position is a non-voting Board level post.

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 2024-25

During 2024-25, the following individuals were voting members of the Board of Powys Teaching Health Board:

Independent Members (IM)		
Carl Cooper	Chair	Full Year
Ronnie Alexander	IM (General)	Full Year
Steve Elliot	IM (Finance)	From 17/04/24
Rhobert Lewis	IM (General)	Full Year
Jennifer Owen Adams	IM (Third Sector)	Full Year

Ian Phillips	IM (ICT)	To 22/08/2024
Cathie Poynton	IM (Trade Union)	Full Year
Ian Thomas	IM (General)	From 06/01/25
Chris Walsh	IM (Local Authority)	Full Year
Kirsty Williams	Vice-Chair	Full Year
Simon Wright	IM (University)	Full Year
Direct Appointment		
Mick Giannasi	IM (to support vacant Capital & Estates role)	Full Year
Executive Directors		
Hayley Thomas	Chief Executive	Full Year
Pete Hopgood	Interim Deputy Chief Executive, Executive Director of Finance, Information and IT Services, and Interim Executive Director of Primary Care	To 16/05/2024
Pete Hopgood	Deputy Chief Executive, Executive Director of Finance, Capital and Support Services and Interim Executive Director of Primary Care	From 17/05/2024 to 29/09/2024
Pete Hopgood	Deputy Chief Executive and Executive Director of Finance, Capital and Support Services	From 30/09/2024
Mererid Bowley	Executive Director of Public Health	Full Year
David Farnsworth	Interim Executive Director of Operations,	To 02/06/24 [2]

	Community Care and Mental Health	
Joy Garfitt	Interim Executive Director of Operations, Community Care and Mental Health	From 01/04/24 – 30/09/24 [1 and 2]
Elaine Lorton	Executive Director of Primary, Community Care and Mental Health	From 30/09/24
Nicola Johnson	Executive Director of Planning, Performance and Commissioning	From 07/10/24
Claire Madsen	Executive Director of Therapies and Health Sciences	To 30/04/2024
Claire Madsen	Executive Director of Allied Health Professions, Health Science and Digital	From 01/05/2024
Stephen Powell[3]	Interim Executive Director of Planning, Performance and Commissioning	To 06/10/2024
Claire Roche	Executive Director of Nursing and Midwifery	To 30/04/2024
Claire Roche	Executive Director of Nursing, Quality, Women and Family Health	From 01/05/2024
Debra Wood-Lawson	Executive Director of Workforce and OD	To 30/04/2024
Debra Wood-Lawson	Executive Director of People and Culture	From 01/05/2024
Kate Wright	Executive Medical Director	Full Year

Footnotes:

1 – JG was away on planned absence from 01/04/2024 to 05/05/2024 with the Portfolio covered on an interim basis by DF. JG was also absent from 08/07/2024 to 30/09/2024, during which time the Portfolio was covered by other Executive colleagues.

2 – there was a period of handover between DF and JG between 06/05/2024 and 02/06/2024

3 - SP remained with the Health Board from 07/10/2024 - 20/10/2024 for a handover period to the newly appointed NJ.

During 2024/25, vacancies in the Board consisted of:

Independent Members	Executive Director
• Independent Member (Finance) from 01/04/24 to 16/04/2024 • Independent Member (Capital and Estates) from 01/04/2024 to 31/03/2025	Executive Director for Strategy, Primary Care and Partnerships from 01/04/2025 to 01/05/2025 (covered by a continuation of interim arrangements put in place in 2023/2024)

Additional support for the Finance IM role prior to the formal appointment of the IM Finance was provided by Steve Elliot – a non-executive Special Advisor (Finance) to Delivery and Performance Committee and Audit, Risk and Assurance Committee 01/04/24 to 16/04/2024

Additional support in the absence of the Capital and Estates IM was provided by the Direct Appointment, by the Cabinet Secretary, of Mick Giannasi for the full year.

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.

NON-VOTING MEMBERS OF THE BOARD DURING 2024/2025

Helen Bushell is the Director of Corporate Governance / Board Secretary (a member of the Executive team and non-voting attendee at Board meetings).

Nina Davies, 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).

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 2024/25, the following individuals were members of the Audit, Risk and Assurance Committee:

Independent Members (IM)		
Steve Elliot	IM (Finance)	From 17/04/2024 to 08/10/2024
	Committee Chair – IM Finance	From 09/10/2024
Rhobert Lewis	Committee Chair – IM (General)	To 08/10/2024
Ronnie Alexander	IM (General)	Full Year
Chris Walsh	IM (Local Authority)	Full Year
Executive Team Officers by Attendance Only		
Hayley Thomas	Chief Executive	Full Year
Pete Hopgood	Executive Director of Finance and IT	Full Year
Helen Bushell	Director of Corporate Governance / Board Secretary	Full Year

To provide additional support whilst an Independent Member (Finance) was being appointed, Steve Elliot, a non-Executive Special Advisor Finance was appointed from 01/04/2024 – 16/04/2024.

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 134.

ENVIRONMENTAL, SOCIAL AND COMMUNITY ISSUES

Environmental, social and community issues are integrated into planning of and day-to-day running of the Health Board. Major capital investment has continued to respond to the climate emergency and limit the impact of the Health Board's operations on the environment and help the public sector in Wales be net zero by 2030. Substantial energy conservation measures are underway to replace all lighting to LEDs, roof-mounted solar PV arrays, building heating efficiencies, and insulation augmentation within roof spaces and pipework.

Development of strong community ties are essential for delivering effective healthcare with community-delivered projects and partnerships key to realising the benefits of green prescribing and fully integrating our green spaces for therapeutic gains. In support, the Health Board has created a new welfare hub within Bronllys Hospital as a base and washing facilities for community teams working on outdoor space improvements and teaching opportunities with local community groups. Furthermore, community enhancements include expansion of public-facing electric vehicle charging infrastructure at Bronllys and Ystradgynlais hospitals with more planned across the estate.

Social inequalities are continuously being addressed by the Health Board, with equal access to healthcare and support at time of need key. Outcomes including expanded mental health services to provide better access and support for those in need, with the introduction of support services such as Powys 111#2 mental health access helpline, CAMHS Sanctuary and modern community mental health hub within Llandrindod.

PTHB is committed to promoting a sustainable, fair and healthy community and will continue to expand these initiatives to meet the changing needs of our population while reducing our environmental impact.

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.

SIGNED BY: **DATE: XX XXXX 2025**

HAYLEY THOMAS
[CHIEF EXECUTIVE]

2. STATEMENT OF ACCOUNTABLE OFFICER RESPONSIBILITIES: 2024/2025

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 to the 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: XX.XX.2025**

HAYLEY THOMAS
[CHIEF EXECUTIVE]

Gwynne.Stella
17/06/2025 09:04:09

3. STATEMENT OF EXECUTIVE DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS FOR 2024/2025

STATEMENT OF EXECUTIVE DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS FOR 2024/2025

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 2024/2025 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:**

CARL COOPER [CHAIR]

SIGNED BY: **DATE:**

HAYLEY THOMAS [CHIEF EXECUTIVE]

SIGNED BY **DATE:**

PETE HOPGOOD [DEPUTY CHIEF EXECUTIVE / EXECUTIVE DIRECTOR OF FINANCE, CAPITAL AND SUPPORT SERVICES]

4. ANNUAL GOVERNANCE STATEMENT

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 of NHS Wales / Director General of Welsh Government, acting as the Accountable 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 2024/2025, the Health Board and the NHS in Wales continued to face substantial pressure in planning, recovering from the impacts of the Covid-19 pandemic, significant economic and financial challenges and responding to industrial action amongst other political challenges. Financial challenges were particularly difficult both locally and across the wider public sector in Wales and the UK. 2024/2025 continued the post-pandemic business as usual arrangements returned to in 2023/2024. The Executive Committee oversaw internal 'local' escalation arrangements for mental health and learning disability services (March 2024 – October 2024) and children's neurodiversity services (October 2024 - ongoing).

Outside formal meetings, Board Members remained fully informed receiving briefings at Board Development and Board briefing sessions. Further detail on maintaining good governance during 2024/25 is provided within this Annual Governance Statement.

ESCALATION STATUS

In common with all Health Boards across Wales, the Health Board has faced extreme financial challenges. Although the Health Board had a Board approved Plan, it has not been possible to comply with requirements to balance the budget and therefore the plan has not been supported by Welsh Government. The Health Board has worked closely with Welsh Government to identify an appropriate way forward matching fiscal prudence against meeting Ministerial priorities. Welsh Government moved the Health Board from Enhanced Monitoring (Level 3) in which it had been placed in September 2023 to Level 4 (previously known as Targeted Intervention) for finance, strategy and planning in November 2024. The NHS Wales Escalation and Intervention Arrangements can be seen in more detail here - NHS Wales escalation and intervention arrangements | GOV.WALES

The Health Board remains at Level 1 for all other domains of the NHS Wales Escalation and Intervention Framework.

FUNCTIONS HOSTED BY POWYS TEACHING HEALTH BOARD

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

- **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 HCRW, 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 Orders, Standing Financial Instructions and Workforce and Organisational Development policies are complied with.

The Health Board has nominated its Executive Director of People and Culture 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 function, as appropriate.

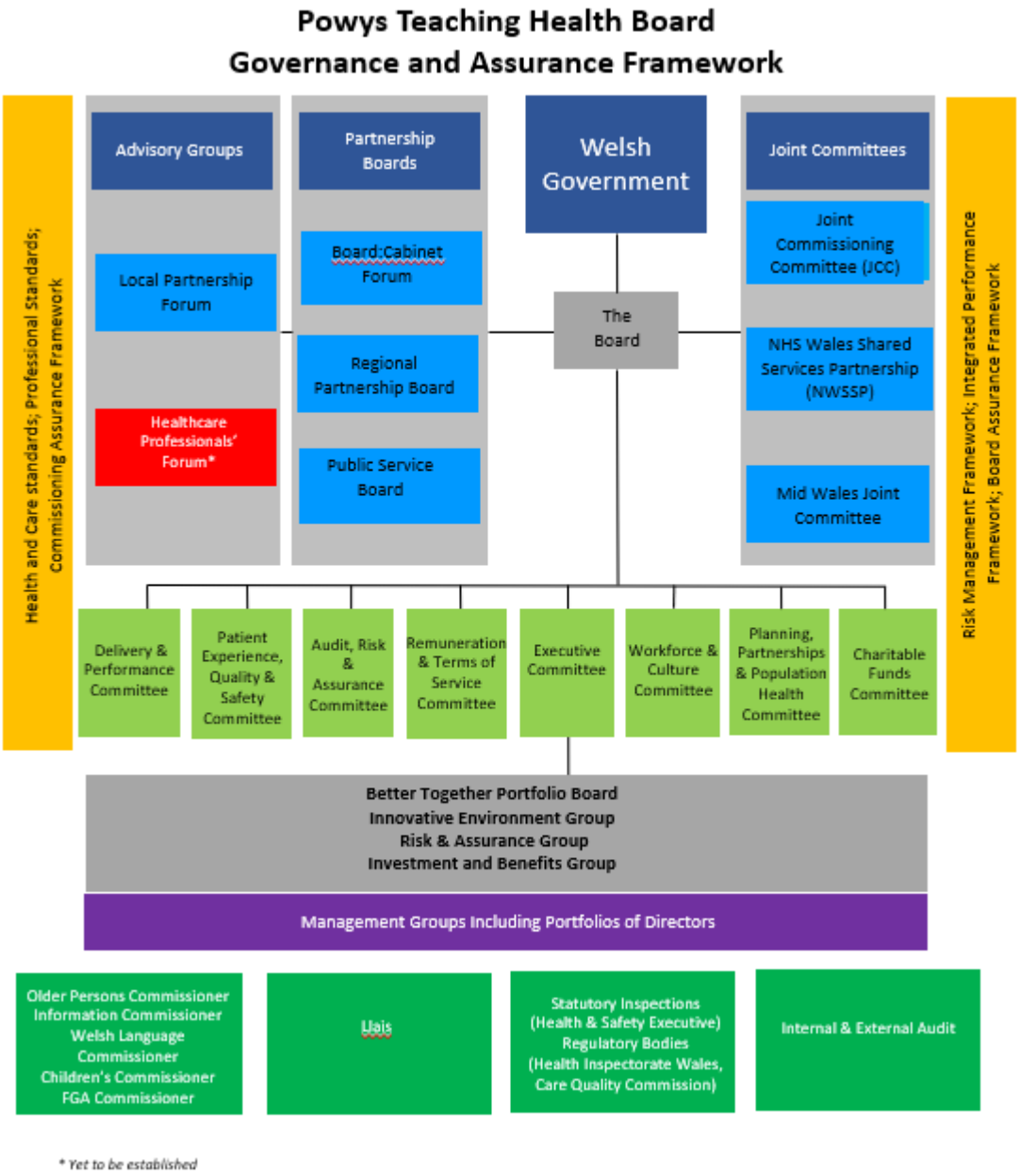
OUR GOVERNANCE AND ASSURANCE FRAMEWORKS

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 Integrated Plan and Annual Delivery Plan. The Integrated Plan was approved by Board on 20 March 2024. A copy of our Integrated Plan for 2024 - 2029 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 with the exception of the following changes:

- In May 2024 the Board confirmed a decision not to operate a Stakeholder Reference Group, on the basis the Health Board has several other mechanisms for stakeholder engagement
- The Joint Partnership Board (JPB) was disbanded in December 2023 and has been replaced by the Board Cabinet Forum.

Figure 1 – Governance Assurance Framework



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 Directors' 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 tone and culture of the organisation;
- 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 2024/2025 were adopted by the Board on 27 November 2019, with minor amendments adopted at Board on 28 July 2021, 25 May 2022, 24 May 2023 and 27 September 2023, and were fully updated on 22 May 2024. Further minor amendments were made on 20 March 2025. The Standing Orders 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. Since then, minor changes have been made to the Committees Terms of Reference which are available on the Health Board's website.

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; and
- Workforce and Culture Committee.

Agendas for each of the Committees (excepting Executive Committee and the Remuneration and Terms of Service Committee) can be found on the Health Board's website. The agenda and papers for those items to be considered in open session are included in the agenda packs.

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.

Board and Committee Effectiveness reviews were undertaken in individual committee meetings. The reviews were undertaken by way of a survey of Members, Lead Officers, regular attendees and external stakeholders of each committee which will be reported either to last meeting of 2024/25 or to the first meeting in 2025/2026. This information will be collated and analysed and reported to Board in July 2025.

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.

ACCESS TO BOARD AND COMMITTEE MEETINGS

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 intended spirit of the Public Bodies (Admissions to Meetings) Act 1960 whereby the organisation is required to hold its meetings in public. In-public Board meetings have continued to be held online and livestreamed, giving the public access to view the meeting in real time. Members of the public can also view Board Committee meetings by contacting the Director of Corporate Governance / Board Secretary to request arrangements be made for an opportunity to observe Committee meetings which are not livestreamed.

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.

Members of the public are also invited to submit any questions to the Board to each of the scheduled in-public Board meetings, for which there are generally six in the year.

The following notice is included in each Board 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. 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.

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.

Meetings are currently held virtually, should you wish to observe a virtual meeting of a committee, please contact the Director of Corporate Governance at PowysDirectorate.CorporateGovernance@wales.nhs.uk at least 24 hours in advance of the meeting in order that your request can be considered on an individual basis.

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 Committee meetings are not public meetings, questions are invited and welcome from members of the public – pleased 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.

During 2024/2025 the Health Board have met twice to hold in person Board meetings. The first of these meetings was recorded and uploaded to the website after the event, the second meeting was livestreamed and uploaded to the website after the event. All other Board meetings have been livestreamed, and the recording is also available to view after the event.

The opportunity for public questions in advance was exercised on three occasions at Board. No public questions were received for meetings of the Board's committees.

The 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 Health Boards view, in the public interest.

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 2024/25.

Details of attendance at Board meetings can be found at Appendix 1 (page 148).

FIGURE 2: ROLES AND RESPONSIBILITIES OF COMMITTEES OF THE BOARD FROM APRIL 2024 – MARCH 2025

Board

Audit, Risk and Assurance Committee

- Corporate Governance
- Risk Management
- Audit Recommendations
- Counter Fraud
- Post Payment Verification
- Anti-Fraud Policies
- Internal Audit
- External Audit
- Probity
- Annual Accountability
- Report
- Accounting Policies
- Board Assurance Framework
- Regulatory Compliance

Workforce and Culture Committee

- Organisational Development Framework
- Workforce Futures
- Strategic Equality Plan
- Staff engagement and voice
- Compassionate leadership
- Learning
- Equality and Diversity
- Welsh Language
- Staff Wellbeing
- Staff raising concerns/whistleblowing.
- Dignity at work
- Respect and resolution
- Recruitment and retention
- Talent management
- Succession planning
- Powys Health and care Academy

Patient Experience, Quality and Safety Committee

- Clinical Leadership
- Putting Things Right
- Serious Incidents and Concerns
- Patient Safety Notices and Alerts
- Infection Prevention and Control
- Patient Experience Strategy
- Patient Feedback
- Clinical Audit
- Improvement Programme
- Quality Performance
- Measures Reporting
- Mental Health
- Safeguarding
- Medical Devices
- Point of Care testing
- Inspection and Regulation
- Health and Safety (Patient perspective)

Charitable Funds Committee

- Charitable Funds Income and Expenditure
- Charitable Funds
- Applications
- Probity Regulatory Compliance

Planning, Partnerships and Public Health Committee

- Health and Care Strategy
- Strategic Commissioning Framework
- Enabling Strategic Frameworks
- Monitor and scrutinise major plans including capital schemes.
- Business Continuity Plans
- Powys Public Service Board
- Powys Regional Partnership Board
- Collaborative Working
- Population/wellbeing Assessments
- Plans for promoting.
- Health and Wellbeing

Remuneration and Terms of Service Committee

- Pay, Terms and Conditions of Services for Chief Executive, Executive Directors and very senior members of staff not covered by Agenda for change.
- Objectives and performance monitoring and Executive Directors Performance management system for those mentioned above and its application.
- Approvals of applications under Voluntary Release Scheme and redundancies
- Additional Payments to consultants
- Corporate policies related to remuneration and terms of service.

Delivery and Performance Committee

- Performance Management Framework Commissioning
- Assurance Framework
- Digital First
- Innovative Environments
- Financial management
- And finance performance
- Strategic priorities
- Directly provided and commissioned services
- Capital Programme
- Estate's compliance
- Health and Safety
- Fire Safety
- Information Governance
- Services delivered by NWSSP

FIGURE 3: BOARD AND COMMITTEE MEETINGS HELD DURING 2024/2025

Board/ Committee	Dates											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Board	11	22		11 24		24	10	27		10 29		26
Board In-Committee	11	22 30		24	07 21	24		27		29		06 26
Audit, Risk and Assurance (ARAC)		14		09			08			14		11
Charitable Funds (CFC)			10			09			02	20		17
Delivery and Performance (D&P)		07	27		29		22		05		06	
Patient Experience Quality and Safety (PEQS)	16			30		05		07			11	
Planning, Partnerships and Population Health (PPPH)		16			13			14			04	
Remuneration and Terms of Service	18			11		19						20
Workforce and Culture (W&C)			04				03		10			13
Joint D&P Committee and PPPH Committee												17

ITEMS CONSIDERED BY THE BOARD IN 2024/2025

During 2024/2025 the Board formally held:

- ten public meetings, seven of which were livestreamed, and nine of which had recording uploaded after the meeting (the recording of the tenth meeting is not available due to a technical error);
- eleven In-Committee (private) meetings (seven following a public Board meeting, four standalone meetings);
- an Annual General Meeting;
- one Chair's Action;
- five Board Briefings; and
- eleven Board development sessions.

All meetings of the Board held in 2024/2025 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
- Report of the Director of Corporate Governance
- Minutes from previous meetings and action log
- Performance Reports on:
    - the Integrated Plan
    - the Delivery Plan; and
    - Financial Performance
- Corporate Risk Register
- Assurance Reports from Board Committees, Joint Committees, Partnerships and Advisory Groups
- Report of the Regional Director of Llais

The Board Approved the following items:

- Annual Delivery Plan 2024/25
- Charitable Funds Annual Accounts and Report 2022/23
- Board Assurance Framework
- Director of Corporate Governance / Board Secretary Reports
    - Application of the Common Seal

    - Changes to Standing Orders
    - Revised Scheme of Delegation and Committee Terms of Reference
    - Chair's Action regarding Module 8 (UK Covid-19 Public Inquiry)
    - Committee Membership 2024/25
    - Register of Interests
- Annual Report and Accounts 2023/24
- Major Incident and Emergency Response Plan and the Health Board's Corporate Business Continuity Plan
- Civil Contingencies Annual Report 2023/24
- Annual Duty of Quality Report 2023/24
- Safeguarding Annual Report 2023/24
- Joint Commissioning Committee Governance arrangements
- Temporary Service Changes (to Minor Injury Units and Ready to Go Home Units)
- Compassionate Leadership Charter
- Charitable Funds Annual Accounts and Report 2023/24
- Annual Delivery Plan 2024/25 urgent mitigating actions
- Annual Delivery Plan 2024/25 next steps
- Anti Racism Plan
- Annual Plan 2025/26
- Capital Programme 2025/26
- Standards of Behaviour Policy
- Risk Management Framework

The Board received the following items for assurance:

- Update on Integrated Plan 2024/29 and Temporary Service Change
- Vaccination Programmes
- Winter Planning/Resilience
- Approach to Integrated Plan 2025/26
- Updates to Temporary Service change
- Digital Strategic Framework Annual Update
- Nurse Staffing Levels (Wales) Act 2023/24

The Board considered the following items:

- Emergency Medical Retrieval and Transfer Service

The Board within In-Committee meetings approved the following items:

- Core Participant Status Covid-19 Public Inquiry Module 7 and Module 9
- General Medical Services Out of Hours Contract Procurement

- Electronic Prescribing and Medicines Management Business Case
- Judicial Review – Emergency Medical Retrieval and Transfer Service
- Emergency Response and Planning Self-Assessment
- Committee Annual Report – Remuneration and Terms of Service Committee
- North Powys Wellbeing Programme
- Integrated Plan 2024/29 response to Welsh Government
- Financial Performance – Year End Forecast, further options
- Future Provision of General Medical Services at Rhayader Medical Practice
- GP Out of Hours contract extension
- North Powys Wellbeing Programme

The Board within In-Committee meetings considered the following items:

- Continuing Health Care historic cases update
- North Powys Wellbeing Programme update
- 2024-29 Integrated Plan Response to Welsh Government Feedback May 2024
- Transformation Service Change update
- Integrated Plan 2025-28 update

Chair's Action was taken on the following item:

- To not apply for Core Participant Status Covid-19 Public Inquiry Module 8

The Chair's Action was taken in the interest of timely decision making and was reported into a public Board meeting.

ITEMS CONSIDERED BY COMMITTEES OF THE BOARD

During 2024/25, 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.

Figure 4: Key Areas of Focus of Committees of the Board (in summary) 2024-25

Audit, Risk and Assurance Committee	▪ ratified approval of Single Tender Waivers and Annual Report; ▪ received the Internal Audit Annual Report and Opinion; ▪ reviewed Standing Orders, Financial Instructions and Board Assurance Framework; ▪ approved the Annual Internal Audit Plan; ▪ received Internal and External Progress reports; ▪ received Internal and External Audit Reports and tracked implementation of audit recommendations; ▪ received Counter Fraud updates and reports; ▪ received Hosted Body Annual report; ▪ 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 accuracy of annual reports; ▪ sought assurance on the Standards of Behaviour mechanisms; ▪ reviewed Post Payment verification; ▪ sought assurance on Records Management Improvement plans; ▪ approved the Audit Handbook; ▪ supported the Risk Management Framework for Board approval; ▪ received Annual Register of Interests; ▪ reviewed and sought assurance on the Annual Governance Programme; and ▪ reviewed and sought assurance on losses and special payments.
Executive Committee	▪ provided advice to the Board in relation to the development of the Integrated Plan for 2025-2026 and Maturity Matrix; ▪ reviewed and sought assurance on the 2025/2026 Financial allocation for the 6 goals for Urgent and Emergency Care;

	▪ reviewed and provided advice to the Board in relation to the identification and management of corporate risks; ▪ reviewed and monitored Neurodevelopmental services and took forward an improvement plan to the Board, ▪ 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; ▪ 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; ▪ reviewed and sought assurance on staff sickness absence across the Organisation; ▪ 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; and ▪ 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	▪ scrutinised applications for charitable funds; ▪ kept an overview of charitable funds income and expenditure; ▪ updated Charity Terms of Reference and documents, ▪ received project evaluations, ▪ reviewed the Committees Effectiveness and; ▪ reviewed and recommended to the Board the Charity's Annual report and Annual accounts.
Delivery and Performance Committee	▪ sought assurance on performance on the Integrated Quality Performance Report and Annual Delivery Plan; ▪ reviewed the Performance section of the Annual Report;

	▪ scrutinised the Organisational Status (NHS Wales Escalation Framework) Enhanced Monitoring; ▪ sought assurance on financial performance, closely scrutinising areas of cost pressure and savings plans; ▪ sought assurance on the Emergency Ambulance services; ▪ sought assurance on In-Reach Fragility; ▪ scrutinised primary care performance (General Medical Services, General Dental Services, Community Pharmacy and Out of Hours); ▪ reviewed Digital First Updates including Cyber Security; ▪ sought assurance on Food Safety compliance; ▪ reviewed the Capital and Estates Programme delivery overview including Decarbonisation action plan and progress report; ▪ reviewed Innovative Environments updates, including seeking assurance on Health and Safety matters; ▪ sought assurance on the Information Governance and Records Management Improvement plans; ▪ reviewed the Powys Public Service Board Climate Working Group update; ▪ sought assurance on Endoscopy Services (including JAG accreditation) ▪ reviewed Strategic Renewal Portfolio priorities including Value Based Healthcare, Children and Young People, Urgent and Emergency Care and Community Model; and ▪ sought assurance on the Committee based Corporate Risk Register.
Patient Experience, Quality and Safety Committee	▪ scrutinised the Integrated Quality Report including: o implementation of the Quality and Engagement Act o monitor Incidents and Concerns o monitor the Inspections and External Bodies Report and Action Tracking o sought assurance on patient experience o sought assurance on Infection, Prevention and Control including nosocomial updates o received Public Services Ombudsman Wales Annual Report, and o implementation of the Duties of Quality and Candour. ▪ received and sought assurance on Maternity Services; ▪ received and sought assurance on Mental Health Services;

	▪ received the Annual Reports of the Accountable Officer Controlled Drugs; ▪ sought assurance on the Clinical Audit progress; ▪ sought assurance on the Joint Inspection of Child Protection arrangements and Child Practice review; ▪ monitored the Infection Prevention and Control Plan; ▪ monitored compliance with Mental Health legislation; ▪ scrutinised and received the Duty of Quality Annual Report 2023/2024; ▪ sought assurance on the Transition of Care Annual Report 2023/2024 ▪ received and sought assurance on the Annual Safeguarding Report 2023/24; ▪ received and sought assurance on the Medicines Management Annual report; ▪ reviewed and sought assurance on the Medical Devices and Point of Care Testing report; ▪ received Internal Audit Reports,(Continuing Health Care, End of Life Care services, Deprivation of Liberty Safeguards and Patient Experience); ▪ monitored and sought assurance on the development of an improvement plan regarding the Mental Health Deep Dive of local escalation; ▪ sought assurance on the Mental Health Power of Discharge Annual Report, ▪ approved the Clinical Audit progress and Plan 2024/2025; ▪ reviewed and scrutinised Neurodiversity Services; ▪ sought assurance on the Care Inspectorate Wales-Cottage View Knighton and Health Inspectorate ales (HIW) review; ▪ sought assurance on Health and Safety metrics; ▪ sought assurance on the Committee based Corporate Risk Register.
Planning, Partnerships and Population Health Committee	▪ sought assurance on the Strategic Change Programmes; ▪ scrutinised the Integrated Plan 2025/26 development and draft Maturity Matrix; ▪ sought assurance on Childhood Immunisations; ▪ reviewed the ALN and sought assurance regarding activity and plans; ▪ sought assurance on a Whole System Approach of prevention of obesity (including weight management pathways, Healthy Child Wales Programme and Diabetes)

	▪ reviewed the Winter Respiratory Vaccination plans and Winter plan; ▪ reviewed and sought assurance on the Transformation-Better Together development programme; ▪ reviewed the Regional Partnership Board approach to the Delivery Plan 2025/26; ▪ scrutinised Primary Care Cluster plans ▪ sought assurance on the Population Screening Programme Uptake and Health protection; ▪ sought assurance on Oral Health – Design to Smile programme; ▪ sought assurance on Local and National Civil Contingency arrangements; ▪ sought assurance on North Powys Wellbeing Programme; ▪ sought assurance on Tobacco Control and Smoking cessation; ▪ sought assurance on Endoscopy services; ▪ sought assurance on the Committee based Corporate Risk Register.
Workforce and Culture Committee	▪ scrutinised the Workforce Performance Reports; ▪ reviewed the Director of People and Culture reports, ▪ received the NHS Wales Staff Survey; ▪ reviewed and sought assurance on the Workforce Futures: o Transformation and Sustainability o Staff Bank Service o Staff Health and Wellbeing o Great Plance to Work o Welsh Language, Equality, Diversity and Inclusion ▪ sought assurance and on the Communications and Engagement report; ▪ reviewed the implementation of agile working and new ways of working; ▪ approval and publication on the Health Board's website of the Welsh Language 2024/25 and Equalities Annual Reports; ▪ sought assurance on Temporary Service Changes; ▪ received Audit Wales report: Audit Wales Workforce Planning; ▪ reviewed and recommended the Staff Retention and Implementation plan; ▪ sought assurance on Health and Safety updates;

	▪ reviewed the Committees Effectiveness and; ▪ sought assurance on the Committee based Corporate Risk Register.

BOARD DEVELOPMENT

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

Developing the (Board) team:

- Powys Balance Programme experiential session (wellbeing & mindfulness)
- Board & Committee Effectiveness
- Board Member perspectives
- Compassionate Leadership

Developing the Organisation:

- Transformation and Change including
  - Developing the route map to sustainability
  - Planned Engagement for route map to sustainability
  - Temporary Service Change
  - Better Together Transformation
- Strategy and Planning including
  - Annual Plan 2024/25
  - Integrated Plan 2024/25 finance and escalation update
  - Integrated Plan 2025/28 base line assessment
  - Delivering the 2024/25 plan – in year mitigations
  - Planning approach 2025/26
- Research and innovation
- Board Level Risk Appetite
- Primary Care
- Balancing performance, value and quality
- Safeguarding Children, Adults and Vulnerable People
- Level 4 escalation

Engaging with and learning from the organisation

- Corporate Governance – Covid 19 Public Inquiry
- CAHMS in reach team
- Cottage View, Knighton
- Facilities and Support Services
- Planned Care
- Therapies Service
- Digiflow (in patient monitoring software)
- NHS Staff Survey

Engaging with and learning from external partners

- Emergency Medical Retrieval and Transport Service briefing
- Joint Commissioning Committee
- Welsh Government - Escalation and Intervention arrangements

ADVISORY GROUPS

Whilst Model Standing Orders required the Board to have three advisory groups, PTHB's Standing Orders require the Board to have two advisory groups in place (a Board decision was taken to not hold a Stakeholder Reference Group). When active, these allow the Board to seek advice from and consult with staff and key stakeholders. They are:

- 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 2024/2025 to strengthen the Forum's operating arrangements and maximise its role in providing advice to the Board. The Forum has considered the Integrated Plan, reviewed the Terms of Reference, received regular updates on the financial position, workforce analysis and a regular summary report from the Director of People and Culture. Other areas considered include NHS Staff survey results, Business efficiencies and improvement, the Admin review, updates on the Agile Working Policy, implementation of the non-pay parts of the 2022-24 collective agreement, temporary service change, the route map to sustainability, Bands 2 and 3 Nursing workforce and Speaking up Safely. All reports have a staff side focus.

The Standing Orders require the Health Board to constitute a Healthcare Professionals Forum. System pressures have meant that progress was not made to constitute the Healthcare Professionals Forum during 2024/2025. The Health Board therefore declares a non-compliance with our Standing Orders in so far as this forum is 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. Progress will be made in 2025/2026 to establish the Healthcare Professionals Forum.

The Health Board has determined that it considers it has more effective mechanisms to engage 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, Board to Cabinet Forum and Powys Regional Partnership Board.

The Regional Partnership Board (RPB) 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 Llais.

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, localised activity in south Powys in relation to temporary changes to stroke services at Prince Charles Hospital, and initial planning in readiness for a formal consultation by Hywel Dda University Health Board on the next steps on their clinical services plan which may impact on some pathways for residents of northwest Powys.

JOINT COMMITTEES

Regular reports on the work of the Joint Committees are provided by the Chief Executive to the Board at each meeting and further information regarding the Joint Committees can be viewed on the Health Board's website.

JOINT COMMISSIONING COMMITTEE (JCC)

The Joint Commissioning Committee (JCC) was constituted as of 01 April 2024. Update and assurance reports from the JCC are reported to Board and of the JCC's Quality and Patient Safety Committee are reported to the

Patient Experience, Quality and Safety Committee. The JCC's newly constituted Planning, Performance and Finance Sub-Committee will be reported to the Delivery and Performance Committee and Planning, Partnerships and Population Health Committee. Further detail about the NHS Joint Commissioning Committee can be found here - Home - NHS Wales Joint Commissioning Committee

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) was established in 2010 and is hosted by Velindre NHS Trust. NWSSP 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, 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. Oversight arrangements of Section 33 agreements are provided by the Joint Leadership Team between the Health Board and County Council.

BOARD TO CABINET FORUM AND JOINT LEADERSHIP TEAM

Powys was 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). When reviewing the terms of reference for the JPB it was agreed to replace and extending the functions of the JPB with a Board to Cabinet Forum and Joint Leadership Team arrangement. The new arrangements were implemented in January 2024 and agreed their terms of reference at their first meetings in March 2024.

The Joint Leadership Team meets monthly to consider matters of common operational concern and engender closer working arrangements between the Health Board and the County Council.

The senior membership of the Board to Cabinet Forum met in November 2024 noting the wider membership of the group was too large to be an effective fora and requested that the Terms of Reference be reviewed to facilitate occasional meetings of the whole Board to Cabinet Forum and more frequent meetings of the senior membership of the Forum. The group considered common matters including future sustainability and patient flow.

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 and agendas and papers can be accessed here.

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.

Further information regarding the RPB can be accessed at: Health And Wellbeing | Powys Regional Partnership Board | Wales (powysrpb.org)

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

As reported in previous Annual Governance Statements, the system of internal control operating across the 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 2025 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 82).

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 82) 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 / 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 2024/2025, 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 including our enhanced status of monitoring and escalation. 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

The Health Board's Risk Management Framework forms a key part of the governance framework and aims to ensure the Health Board is able to

identify, evaluate and effectively manage its risks in order to increase the probability of success and reduce the likelihood of failure.

Our risk management framework clearly sets out the components that provide the foundation and organisational arrangements for supporting risk management processes in the organisation. It clarifies roles and responsibilities, communication, escalation of risks and reporting lines.

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 infrastructure of 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 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 risks.

The Risk Management Framework sets out a multi-layered reporting process. It has been developed to help build and sustain a culture that uses risk to inform decision making, encourages appropriate risk taking, and encourages organisational learning in order to continuously improve the quality of the services provided and commissioned and provide greater assurance to our stakeholders.

In year the Health Board has further strengthened its oversight and assurance of its risk management arrangements. In March 2025 Board approved a revised Risk Management Framework, the main update was to the structure deployed by the Health Board to manage risk. This included the closure of current Corporate Risk Register from May 2025, to be replaced with a Strategic Risk Register, owned by the Board and an Organisational Risk Register, focused on significant and cross-organisation operational risk, owned by the Executive Committee and reported to the Board for awareness. This creation of an additional risk register focused on significant operational risk is intended to allow greater focus on the risks to

Health Board's strategic objectives at Board level, as well as more dynamic escalation, oversight and management of significant, cross-organisational operational risks by the Executive Team.

The Risk Management Framework also sets out the ways in which risks will be identified, assessed, treated, monitored and reporting in alignment with the Orange Book 2023. 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 the Electronic Staff Record (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 2025/2026 work will continue to be undertaken by the Corporate Governance Team to develop comprehensive risk management training materials in support of the newly approved Risk Management Framework and introduction of the Datix Cloud Risk Management Module as the organisation's platform for managing risk. Engagement will also continue to Executive Directors and other senior leaders to identify directorates or services who would benefit from tailored risk management training and support in order to develop a risk management training plan.

The Risk Management Framework is available on the Health Board's website here.

MANAGEMENT OF RISKS DURING 2024/2025

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. Throughout 2024-25 the criteria for a risk to be included in the Corporate Risk register was:

- 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 CRR was undertaken in 2024/2025 following the Boards approval of the 2024/25 Integrated Plan, in order to ensure that the register reflected consistently the risks to delivering the Health Board's strategic objectives. The Corporate Risk Register was reviewed on a continuous basis throughout 2024/25 with updates reported to each meeting of the Board via the Executive Committee and Risk and Assurance Group. Key themes of the Corporate Risk Register are as follows:

- 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 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;
- the risk of a national power outage;
- risk in relation to alignment with National Digital Programmes; 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.

Since March 2021 Internal Audit has provided reasonable assurance each year in relation to the Health Board's arrangements for Risk Management and the Board Assurance Framework. The draft report for 2024/25 continues to provide reasonable assurance, with either reasonable or substantial assurance provided across all five audit objectives.

The Risk Management 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 (alongside the Risk Appetite Statement) is reviewed on an annual basis by the Board. This was undertaken in Quarter 4 of 2024/2025, and a revised version was approved by the Board in March 2025 to include the following amendments:

- clarify processes in relation to escalation and de-escalation;

- ensure currency with revised organisational structures, systems and processes; and
- align with established risk management guidance and best practice.
- recognise the transition to the Datix Cloud Risk Management module as the organisational system for recording and reporting on risk in 2025/26
- the closure of the current Corporate Risk Register, to be replaced with a Strategic Risk Register, owned by the Board and an Organisational Risk Register, focused on significant and cross-organisation operational risk, owned by the Executive Committee. Both registers will be co-ordinated by the Corporate Governance Team as per the figure included below.

A revised Risk Toolkit is in development following approval of the updated Risk Management Framework, and is due to be presented to the Audit, Risk and Assurance Committee in July 2025 for approval. The updated Toolkit will then be rolled out to staff across the organisation in conjunction with a training plan in support of the transfer to the Datix Cloud Risk Management System.

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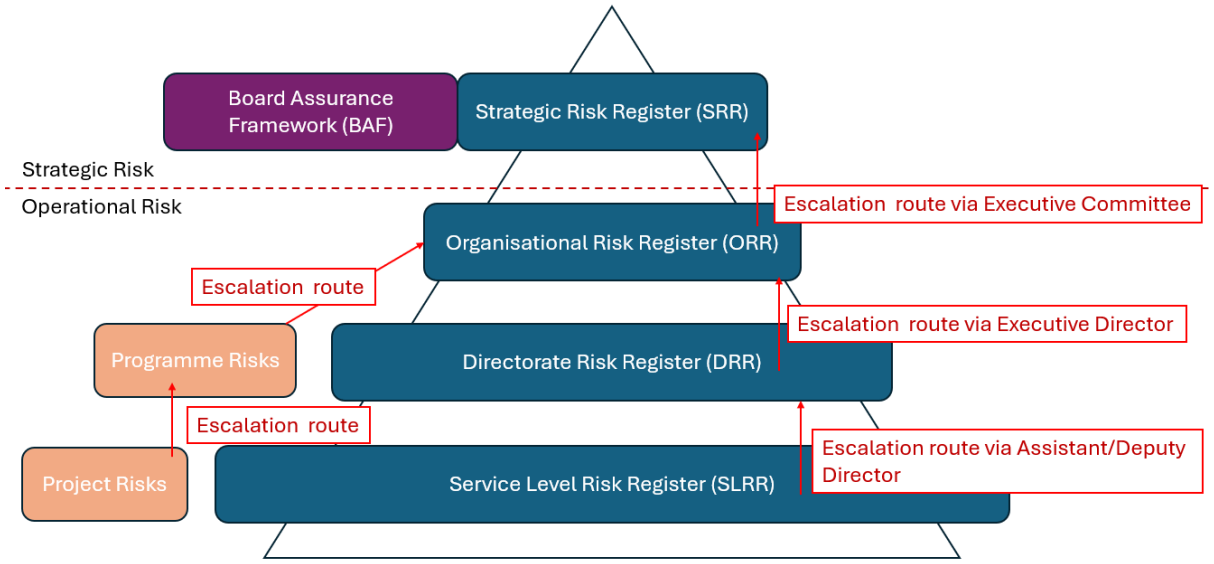


As a result of the pandemic the review of the Board Assurance Framework (BAF) was paused in 2020/2021. We recognise the importance of the BAF in the risk environment. In May 2024 the Board approved its BAF, work will continue into 2025/26 to develop and embed the BAF.

The Risk and Assurance Group met five times in 2024/2025, the work of

this group will continue to operate in 2025/26 to enable coordination of the achievement of the Risk Management Framework's objectives through the organisation'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 BAF.

Consultation with internal and external stakeholders and partners is an important element of the risk management process. Communication and engagement vary 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 Boards 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 2024/2025 the Board undertook a fundamental review of its Risk Appetite Statement in response to the increasingly complex and significant challenges and opportunities facing the Health Board. In recognising the risks inherent in healthcare services, the risk appetite statement starts at the basis of a low appetite. In 2021/2022 the Risk Appetite Statement was developed to reflect an increased appetite in relation to innovation, strategic change and partnership risks. In 2024/2025 it was agreed that appetite

would also be increased in regard to reputation and public confidence, and financial sustainability risks, which may be necessary to support achievement of the Board's ten-year strategy 'A Healthy, Caring Powys'.

The whole Board 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. Ongoing monitoring of the external environment within which the Health Board operates, and the internal risk environment will continue to be monitored, and the Risk Appetite Statement adjusted as required to provide clarity and granularity to aid effective decision making and the treatment of risk.

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	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. 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 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 my 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.
Performance and Service Sustainability	We have a low-moderate risk appetite for risks which may 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

Risk Category	Description
	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.
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	
Reputation & Public Confidence	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. Our reputation for integrity and competence should not be compromised with the people of Powys, Partners, Stakeholders and Welsh Government. In light of the challenging environment related to public sector funding, we have a more open 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 and financial environment.
Financial Sustainability	We recognise 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 delivery of core patient services supporting innovation and strategic change. We will not accept risks that leave us open to fraud or breaches of our Standing Financial Instructions.
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

Risk Category	Description
	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 Change	We wish to maximise opportunities for developing and growing our services by encouraging entrepreneurial activity 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. 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 centred values and approach. 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.

THE HEALTH BOARD'S RISK PROFILE

As can be seen from the Heat Map at Figure 7, at the end of March 2025 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)		*CRR 008 A cyber-attack results in significant disruption to services and quality of patient care (Risk Score: L5 x I4 = 20)* *CRR 011 A national power outage results in significant disruption to services and the quality of patient care (Risk Score: L4 X I5 = 20)* *CRR 012 - National Digital Programmes do not always meet Powys requirements (Risk Score L4 X I4 = 16)*					
Impact	**Catastrophic**	**5**				• CRR011 (Power outage) • CRR002 (Financial resources) • CRR007 (Primary Care)	
	Major	**4**			• CRR001 (Financial forecast)	• CRR003 (Resource allocation) • CRR004 (Demand - provider) • CRR006 (Workforce) • CRR009 (Estates) • CRR010 (Public Health Emergency) • CRR012 (National Digital Programmes)	• CRR005 (Demand – commissioner) • CRR008 (Cyber-attack)
	Moderate	**3**					
	Minor	**2**					
	Negligible	**1**					
			1	**2**	**3**	**4**	**5**
			Rare	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
			Likelihood				

An overview of the key (catastrophic) risks (i.e., those in the catastrophic section of the Heat Map) and actions taken to manage the risks are provided in Figure 8.

Figure 8: Key Risks and Controls

CRR 002 – Risk Score 20 - the Health Board fails to manage its financial resources in line with statutory requirements over a three-year period 2024-2027.

CONTROLS IN PLACE & ACTION TAKEN

- Clear Financial Plan included in revised IMTP Submission with recurrent mitigating actions of £9.9m.
- Additional control - Introduced joint CEO and FD finance only focussed meetings with each Exec Director individually.
- Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks.
- Group established for Variable Pay, identified leads and clear expectation re delivery, these groups will have a short and longer-term focus for delivery.
- Variable Pay, CHC and Commissioning regular deep dive areas of focus at D&P Committee to track actions to improve.
- Investment Benefits Group to increase its focus on benefits realisation alongside supporting the VBHC approach.
- Regular communication and reporting to Welsh Government and NHS Executive (Financial Planning and Delivery Directorate) regarding the impact of pressures on Financial Plan and underlying position.
- An organisation wide group of AD/DDs has been established to identify actions to achieve recurrent savings and financial sustainability (Route Map to Sustainability).

IMPROVEMENT ACTIONS

- Executive Directors are focussed on delivery of £9.9m recurrent mitigating actions targeted for 2024/25.
- Revisit the assessment of cost pressures in the Financial Plan for 2024/25.
- As part of financial planning, an organisation wide group of AD/DDs has been established to identify actions to achieve recurrent savings and determine Routemap to Financial sustainability.

CRR 007 – Risk Score 20 - Demand for primary care services is higher than the capacity available. Related workforce challenges may lead to services becoming unsustainable.

CONTROLS IN PLACE & ACTION TAKEN

- Monitoring and liaison with GP practices to offer support including weekly review of the escalation tool, reviewing the sustainability matrix, and considering sustainability funding applications. Regular discussions with Cluster Lead and LMC regarding ongoing demands and additional actions to manage peaks.
- National Contract Assurance Framework in place – Desktop reviews and 5 practice visits completed. Practice Improvement plans being developed, for PTHB review mid-March. Identified improvements will carry forward into Q1 25/26
- Implementation and maturity of Accelerated Cluster Development Programme and associated cluster projects of local pathways will support practice sustainability. Cluster IMTP plans agreed by RPB Executive Group – 09/01/25
- New contract with Shropdoc being progressed to be implemented from 01/04/25 to 05/01/26. Assessment of delivery of current OOH service provision will inform future specification to re-tender for an OOH service provision from 05/01/26. The commissioning arrangement will be via an APMS arrangement. Resolve and secure current commissioning arrangements with SBUHB to ensure ongoing provision of OOH cover for Ystradgynlais patients and Ystradgynlais Community Hospital. Quarterly Performance Reviews continue to monitor out of hours services.
- Allocating patients from the Dental Access Portal is in place. DAP is fluid with regular 'on and offs'. Patient urgent access demand has sufficient capacity in the system to address patient need and this is

IMPROVEMENT ACTIONS

- To complete GP Practice visits following outcome of Desktop Reviews. These will take place in Q4
- Review and assess completion of General Practice Improvement Plans
- To undertake GDS End of year review visits
- Undertake GDS Mid-Year Review visits
- Review of GMS sustainability matrix
- Implementation of additional HB salaried GDS service in Newtown
- Implementation of mobile dental clinic in Hay on Wye
- Relocated Mobile Dental clinic to Bronllys site.
- Offer new recurrent GDS access opportunities across Powys via a procurement process for 25/26
- Progress new OOH contract Shropdoc from 01/04/25 – 05/01/26
- Assessment of delivery model of current OOH service provision
- Commence Procurement for future provision of OOH services

monitored very closely on a weekly basis. Urgent access pathways in place in all contract reform practices, further supported by the Community Dental Service pathway when needed. Mobile Dental provision, salaried PTHB service working well. Pathways in place to support patients following completion of course of treatment. Next location for mobile will be Brecon from March onwards (currently in Hay on Wye). Recurrent contract adjustments planned for 25/26 which will release funding to potentially secure future access provision via a procurement process, including orthodontic increased provision.

- Ensure future provision of general medical services for patients registered at Rhayader Medical Practice post 30th September 2025

CRR 011 – Risk Score 20 - national power outage results in significant disruption to services and the quality of patient care.

Due to the sensitive nature of this risk, detailed content in relation to controls and improvement actions are not made publicly available.

A full copy of the Corporate Risk register is linked here - The Board received and reviewed the Corporate Risk register at five meetings of the Board during 2024/2025. 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 2024/2025, following Board approval of the Integrated Plan for 2025/2026 a full review of Strategic Risk 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 number of incidents that have impacted on the Health Board's services. The Health Board has also participated in a number of exercises which have taken place to test the arrangements detailed within the Health Board's response plans and procedures.

The Health Board continues to regularly engage and work collaboratively with our multi-agency partners on a wide range of preparedness activities and in response to incidents. This collaboration is achieved through the Dyfed Powys multi-agency Local Resilience Forum, Welsh Government, the NHS Wales Executive 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 NHS Wales Executive on an annual basis. The Health Board also produced an Annual Report on Civil Contingencies Planning for the Board.

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, we have a duty of Quality. Quality Governance arrangements are informed by the 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.

- NHS Wales Quality and Safety Framework

Since the introduction of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, we have continued to develop and grow as a quality led organisation. Our Integrated Quality and Performance Framework, including our internal escalation framework has been critical to us developing a more mature culture of learning. This is demonstrated in our Integrated Quality Report and in our Integrated Performance Report, thereby ensuring that quality runs like a golden thread through the Organisation.

Engagement with our citizens and wider communities and working closely with Llais, the Citizen Voice body has been a focused commitment during 2024/25. Our increasing incidences of evoking the duty of candour is evidence of commitment to openness and transparency with people who use our services.

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

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

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

Health and Care Standards and Duty of Quality

The Quality Standards aligned to the Duty of Quality introduced in April 2023 through the Health and Social Care (Quality and Engagement) (Wales) Act 2020 set out the expectations for services provided and

commissioned by Powys Teaching Health Board for local citizens. These standards are an integral pillar of our Integrated Quality and Performance Framework and are fundamental to our quality planning, quality control and quality improvement, ensuring that we operate a Quality Management System across all services in the Health Board, supporting quality governance in all Committees and Board.

Decisions are based on the 12 Health and Care Quality Standards 2023: Safe, Timely, Effective, Efficient, Equitable and Person-centred (STEEP) care delivered through: Leadership, Workforce, Culture and Valuing People, Information, Learning, improvement and research, Whole systems approach. The Duty of Quality and Duty of Candour Annual Report will be published after this Annual Report and will be available on the Health Board website.

The diagram below illustrates the standards:

Clinical Audit

For 2024/25 a comprehensive Clinical Audit Plan was developed by the Health Boards service groups and approved by the Patient Experience, Quality and Safety Committee in April 2024.

166 audits covering service improvement, service evaluation, National Audit Programme work and responses to incidents were included in the Clinical Audit Plan.

Two update and progress reports on the delivery of the Clinical Audit plan were provided in June 2024 and October 2024.

An audit included in the June 2024 report highlighted that the Midwifery service had failed to demonstrate a standard sufficient to qualify for accreditation to the WHO's Baby Friendly Initiative standards. Accreditation is a key objective in this year's annual plan. There will be a repeat audit in 2026-27.

The October 2024 progress report highlighted the work undertaken in identifying children with a significant disability due to Cerebral Palsy who are at risk of respiratory infections. The audit ensured that 12 children with significant gross motor dysfunction had a comprehensive care package in place to reduce the risk of respiratory infection.

In November, the Health Board held its first Audit Hour, a Multi-Disciplinary Team presentation by video link where three members of staff presented their audits including: a systematic review of potential ligature point risks in a Mental Health unit with actions reducing the risk that a client might self-harm, how clinical audit can improve cost management by identifying process weaknesses in Primary Care that result in wasted vaccine doses which led to a nearly 70% reduction in lost doses, and the clinically effective practice around the use of antibiotics. The Audit Hour will continue to be held quarterly over the coming year.

Complaints and Concerns Framework

Compliance with the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulation 2011 timeframes have continued to improve throughout 2024/25. Our focus has been on appropriate and proportionate response to concerns, wherever possible responding through the Early Resolution mechanism. The implementation of the Duty of Candour continues to strengthen Health Board processes, influencing our growing maturity as a Learning Organisation.

The Patient Experience, Quality and Safety Committee receives regular reports against the complaints and concerns framework, forming part of the Integrated Quality Report for the organisation. During 2024/25, we have seen our duty of candour incidents rise which signals both an open and transparent culture of learning but also an increased confidence and capability of our staff to enact the duty.

These and further information on Putting Things Right can be found on the Health Board website.

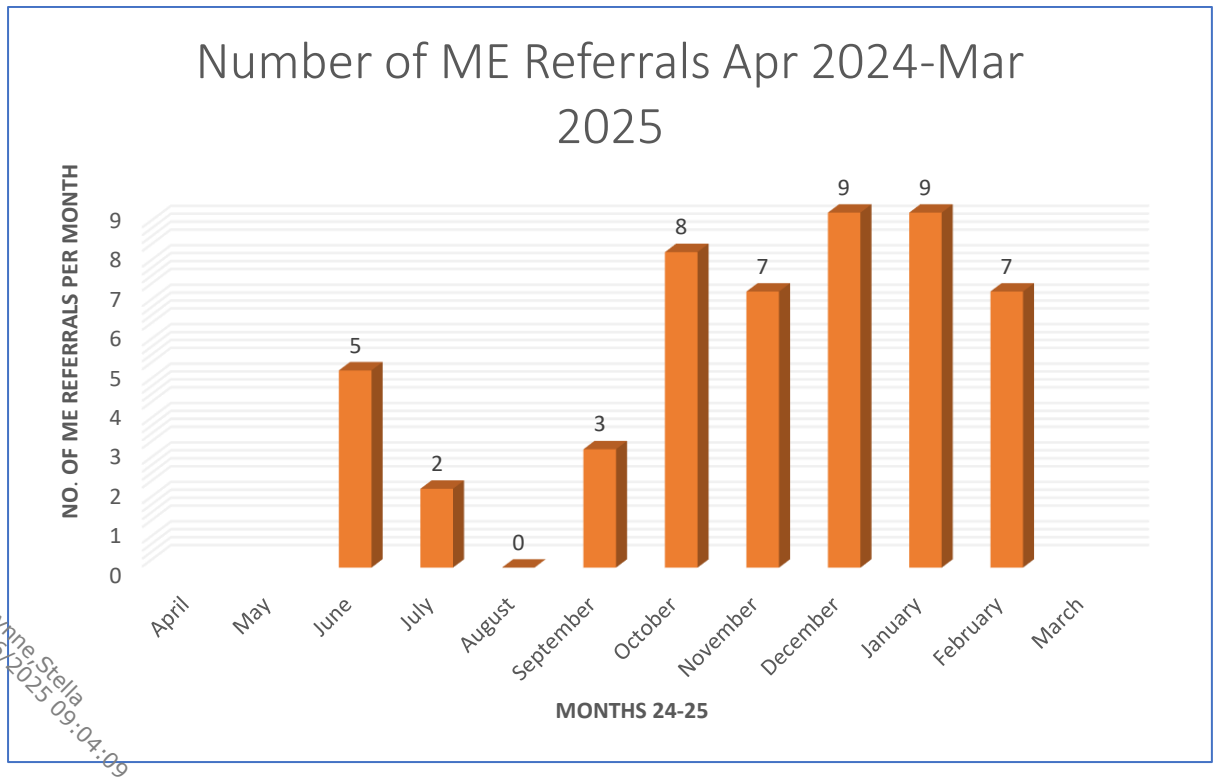
Mortality Reviews

In May 2024, the PTHB Mortality Review (MR) process was strengthened in response to further roll out of the Medical Examiner (ME) service. The ME service now provides external scrutiny of all deaths of Powys residents. All referrals raised by the Medical Examiners are monitored by the Bereavement Clinical Lead ahead of review by the Multi-Disciplinary Team (MDT) Review Panel. This is a diverse group of professionals, including both clinical and non-clinical staff, with representation from the quality, safety, and risk management teams ensuring a holistic approach.

The panel may recommend further investigation in some cases and considers what can be learned from each case. Feedback is provided to teams where important learning is identified, and action plans are drawn up when need for improvement is identified.

All decisions and actions stemming from the Mortality Review process are recorded in the All-Wales Learning from Mortality Reviews System, ensuring that the learning is tracked and accessible for future reference and improvement.

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



While the number of reports has increased, it is important to note several key points:

- During this period, all the referrals received by the Health Board were classified as of no or low concern and did not require further investigation.
- A number of the issues raised relate to care provided in other Health Boards (15 in total). Detail from these reviews is shared with the commissioning team to be fed back in commissioning quality discussions with other Health Boards.
- 11 of the reports received involved Nursing Homes. In these cases, any learning is referred to the Local Authority, who commission the care for feedback and support of any actions.

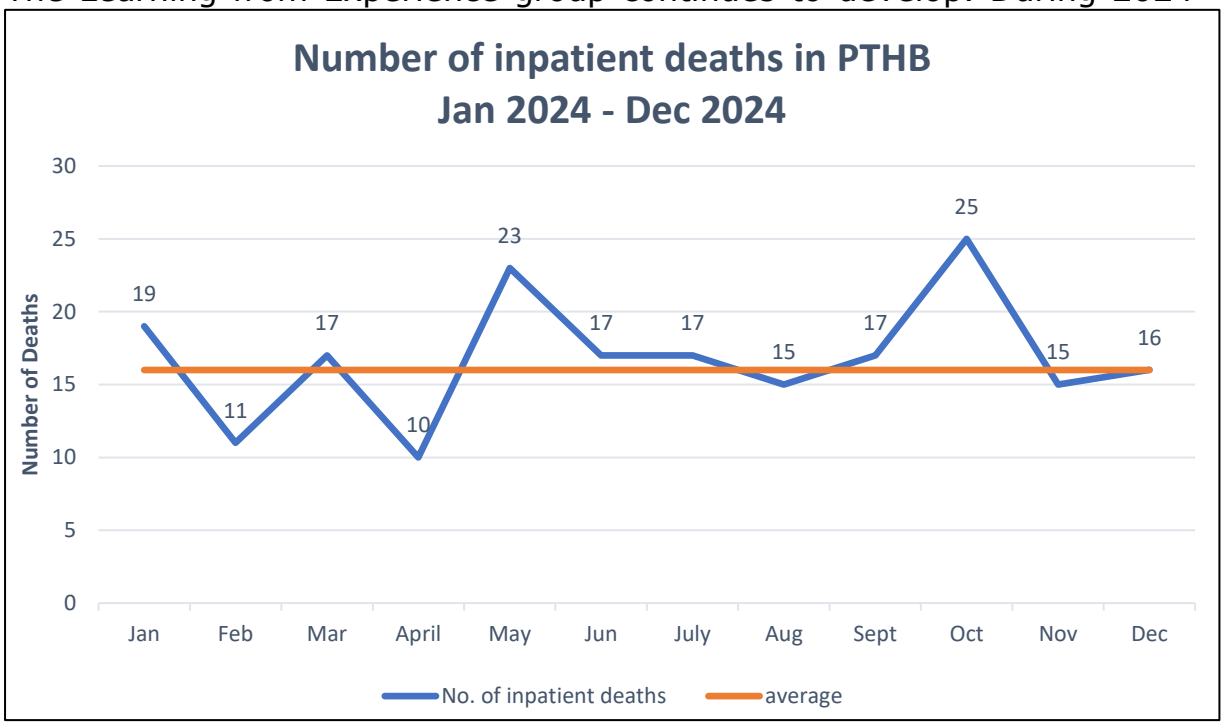
The total number of deaths among Powys residents from 1 January 2024 – 31 December 2024 was 2,107. Of these 1,511 occurred in the community while 195 were inpatient deaths within PTHB wards. The average number of in-patient deaths in PTHB community hospitals for 2024 is 16 patients per calendar month. This is lower than 2022 and 2023 which saw averages of 21 patients per calendar month.

The remaining deaths took place in neighbouring Health Boards across England and Wales.

Next Steps include strengthening communication with External Health Boards and Nursing Homes, which will be facilitated through commissioning quality processes and by working collaboratively with the local authority, and Implementation of Action Plans and Learning from Mortality Reviews which will inform future clinical audits.

Learning From Experience Group

The Learning from Experience group continues to develop. During 2024-25, it has considered several key items; the newly published All Wales Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policy, learning from the roll out of the Medical Examiner service, learning from clinical audits and reflections and learning from quality improvement initiatives in the Mental Health team. For the latter, it was suggested that elements of improved practice be promoted across the Health Board as examples of good practice to be adopted by other service groups.



Work was planned to strengthen local induction programmes. This included sharing of key messages from learning form events.

Work has also commenced to review how information is shared most effectively. Whilst tools such as the 7 minute briefing are increasingly used,

several online forums are being developed. It is intended that these will help to reach a wider audience.

Plans for next year are to invite the antimicrobial pharmacist to share learning from their important work and to consider how this is promoted across the wider system including primary care and community teams.

EXECUTIVE 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. Interim arrangements were put in place in 2023 and a full review of the allocation of responsibilities was undertaken in 2024. The revised delegations took effect from May 2024.

An overview of Executive Director portfolios is set out in ***Figure 9.***

Figure 9: Executive Portfolios

Executive Medical Director – Full Year	
-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 (to 30.04.2024) -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 The following item from 01.05.2024 to 31.05.2025: Chief Clinical Informatics Officer
Executive Director of Nursing – From 01.04.2024 to 30.04.2024 Executive Director of Nursing, Quality, Women and Family Health from 01.05.2024 – 31.03.2025	
-Professional leadership of Nursing and Midwifery, including standards, education, regulation,	-Funded nursing care and continuing health care strategy -Safeguarding Adults and Children

revalidation, and supervision of midwives -Quality, Patient Experience & Satisfaction Raising Concerns and Putting Things Right -Patient Safety Alerts -Decontamination	-Nutrition & Hydration -Deprivation of Liberty Safeguards -Infection Prevention and Control -Children and Young People Services -Volunteering -Carers (to 30.04.2024)

Executive Director of Finance, Information and IT 01.04.2024 – 30.04.2024 Executive Director of Finance, Capital and Support Services 01.05.2024 – 31.03.2025	
-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 (to 30.04.2024) -Provision of clinical and management information systems, ICT Infrastructure, and telephony (to 30.04.2024) -Business intelligence, data quality & clinical coding (to 30.04.2024) -Provision of Financial Services to Executive Directorates	-Liaison with External Financial Auditors -Asset Accounting -Information Governance (to 30.04.2025) <u>The following items from 01.04.2024 – 29.09.2024</u> -Primary Care Out of Hours arrangements -Operationalisation of continuing health care -Primary Care contractor performance management -Primary Care Development, including Clusters -Removal of violent patients from GMS services -Enhanced Services <u>The following items from 01.05.2024</u>: Responsibility for Estates, Facilities and Support Services (see below)

Executive Director of Therapies and Health Science – 01.04.2024 – 30.04.2024 Executive Director of Allied Health Professions, Health Science and Digital 01.05.2024 – 31.03.2025	
-Professional leadership of Therapies and Health Sciences	<u>The following items from 01.05.2024 – 31.03.2025</u>

-Lead for Radiology, radiography, stroke and Neurological services -Medical Devices -Human Rights <u>The following items from 01.04.2024 – 30.04.2024:</u> -Chief Clinical Informatics Officer -Facilities and Support Services - Logistics -Health and Safety	-Delivery of IM&T strategy and services -Provision of clinical and management information systems, ICT Infrastructure, and telephony -Business intelligence, data quality & clinical coding -Library Services
Executive Director of Public Health - Full Year	
-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 <u>The following item from 01.05.2024 – 31.03.2025</u> -Carers
Executive Director of Workforce and Organisational Development – 01.04.2024 – 30.04.2024 Executive Director of People and Culture – 01.05.2024 – 31.03.2025	
-Employment and staff relations & engagement -Workforce Planning -Workforce Policies and Practices -Employee Health and Well-being including Occupational Health Services -Tade 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 -Equality and Diversity -Welsh Language provision -Hosting arrangements HCRW -Volunteering <u>The following items from 01.05.2024-31.03.2025</u> -Health and Safety -Library Services Responsibility for Strategic Improvement and Transformation (see below)

Executive Director of Operations, Community Care and Mental Health – 01.03.2024 to 29.09.2024 Executive Director Primary Care, Community and Mental Health – 30.09.2024 – 31.03.2025	
-Delivery of primary and community services -Integration agenda -Access of RTT targets, and oversight of ambulance service performance -Oversight of Performance of Ambulance Service -Delayed transfer of care -Operationalisation of Medicines Management -Operationalisation of Continuing Health Care -Funded nursing Care	<u>The following items from 30.09.2024-31.03.2025</u> -Primary Care Out of Hours arrangements -Operationalisation of continuing health care -Primary Care contractor performance management -Primary Care Development, including Clusters -Removal of violent patients from GMS services
Executive Director of Planning, Performance and Commissioning - Full Year	
-Commissioning, including performance management of commissioned services & relationship with WHSSC -Cross-border healthcare -Performance Management	-Professional leadership of performance management, commissioning, capital estates and service change -Third Sector -Planning arrangements
Director of Corporate Governance – Full Year	
-Risk and Assurance Framework -Board and Committee arrangements -Board Development -Production of Annual Governance Statement and AGM -Compliance with Standing Orders -Legislation and Legal Services -Use of Common Seal -Registers of Interests and Gifts and Hospitality -Policies Management -Internal and External Audit Liaison	-Board Level lead for Communications and Engagement -Public Inquiries -Board level Lead for Health Board Charity -Compliance with national guidance on service delivery change -Continuous engagement with CVB on matters relating to service change <u>The following items from 01.05.2024 – 31.03.2025:</u> -Information Governance

Associate Director of Capital Estates and Property (overseen by Chief Executive) to 30.05.2024	
-Estates including environmental sustainability -Development and delivery of the Capital Programme -Climate Change and Decarbonisation -Agile Working Transformation	-Operational Capital and Estates -Senior Responsible Officer for the North Powys Programme -Operational Capital and Estates

Associate Director of Estates, Facilities and Support Services (overseen by Executive Director Finance, Capital and Support Services) 01.05.2024 – 31.03.2025	
-Estates including environmental sustainability -Development and delivery of the Capital Programme -Climate Change and Decarbonisation -Agile Working Transformation	-Operational Capital and Estates -Senior Responsible Officer for the North Powys Programme (to 30.04.2024) -Operational Capital and Estates -Facilities and Support Services logistics -Site Leadership and Management

Staff and Staff Engagement

The Local Partnership Forum is a formal advisory group providing opportunity for two-way discussion and collaboration between staff and the Health Board management, 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 includes:

- Executive Director of People and Culture reports and workforce performance reports including:
  - Chat 2 Change
  - Team Climate
  - Internationally Educated Nurses
  - Nurse Retention
  - Employee Wellbeing and Occupational Health
  - Clinical Leadership Immersive Programme
  - Vacancy assessment tool
  - Welsh Language sessions for primary care and patient services staff

- Updates on the implementation of the non-pay parts of the 2022-2024 collective agreement
- A focus on the workforce elements of the Integrated Plan
- Business Efficiencies and improvements
- NHS Staff Survey results
- Agile Working Policy
- Updates on Temporary Service Change
- Lessons learnt on Section 33 agreement
- Update on the Admin Review
- The approach to the 2025/2026 Annual Plan
- Discussion on various topics including Band 2 and Band 3 Nursing Workforce and Speaking Up Safely

INFORMATION GOVERNANCE & RECORDS MANAGEMENT

Information Governance (IG) is the way in which the Health Board manages all information personal, and sensitive information relating to our patients, services users and employees. It 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 in line with legislation.

Records Management refers to the process of organising and managing records (both paper and digital) throughout their lifecycle, ensuring their accessibility and usability for efficient and effective decision making.

GOVERNANCE ARRANGEMENTS

Well-established governance arrangements are in place to ensure that all information created is managed in line with all relevant information governance law, regulations, records management standards and Information Commissioner Office (ICO) guidance. These arrangements include:

- An Audit, Risk and Assurance Committee who help support and drive the Information Governance and Records Management agenda.
- The information governance team whose role it is to support and drive the board agenda and provide assurance that effective information governance and records management best practice mechanisms are in place to maintain accountability.
- a Caldicott Guardian whole is the responsible person for protecting the confidentiality of patient and service-user information and enabling appropriate information sharing.
- a Senior Information Risk Owner (SIRO) who is responsible for setting up an accountability framework within the organisation to achieve a consistent and comprehensive approach to information risk assessment.

- a Data Protection Officer whose role it is to ensure the Health Board is compliant with data protection legislation.
- a Chief Clinical Information Officer whose role it is to ensure strategic alignment between clinical requirements and IT systems.
- Assistant Director of Digital Technology and Data Operations whose role and Team collaborate with Information to ensure compliance with relevant legislation and standards (UK GPDR and NIS Regulations)
- Information Asset Owners (IAOs) are in place for all service areas. They have been assisting the IG team in a programme of compiling a full asset register for the health board, where all information asset registers are in the process of being uploaded. The roles are also acting as Information Governance leads to champion data protection within their service areas.
- Information Governance and Records Management Group which aims to promote good Information Governance and Records Management practice across the Organisation and support and advise Information Asset Owners in their management of assets
- Digital Governance Board - a group of digital experts who 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) thus avoiding PTHB being put at un-necessary risk, such as from a Cyber Attack, loss of data, incident/breach of patient's data, fine from the information Commissioner's Officer (ICO) or National Cyber Security Centre.
- National Collaboration – NHS Wales IG and Records Management experts work collaboratively on national programmes to ensure consistency and processes in IG and Records Management are streamlined, align to the strategic direction of NHS Wales and their local organisations plans. This has proven to be extremely effective and maintains the stance that patient care is at the heart of all the work we do.

The Information Governance Team have responsibilities for in the following areas:

- Records Management both health and corporate,
- Compliance with the Freedom of Information Act including co-ordinating FOIA requests and the Publication Scheme,
- Compliance with the Accountability Principle within the UK General Data Protection Regulation and having appropriate technical and organisational measures in place to meet these requirements such as:

    - Adopting and implementing data protection policies and procedures;
    - Taking a 'data protection by design and default' approach;
    - Putting written contracts in place with organisations that process personal data on our behalf;
    - Maintaining documentation of our processing activities;
    - Implementing appropriate security measures;
    - Recording and, where necessary, reporting personal data breaches;
    - Carrying out data protection impact assessments for uses of personal data that are likely to result in high risk to individuals' interests;
    - Appointing a data protection officer; and
    - adhering to relevant codes of conduct and signing up to certification scheme
- Access to Personal information requests (Subject Access Requests), 3rd party requests from Police, Courts etc
- Risk Management
- Delivering training, advice and support to PTHB staff

Our Accountability, Performance and Assurance is demonstrated and maintained by:

- Quarterly Assurance and Performance reports to Audit, Risk and Assurance Committee, including key performance indicators.
- Completion of the annual NHS Wales Information Governance Toolkit
- Detailed operational IG and Records Management work plan.
- A suite of IG, Records Management and information security policies, procedures, and guidance documents.
- Up to date and informative Intranet pages for the Health Board's employees with guidance and awareness.
- Implementing a comprehensive IG and Records Management Training Needs Analysis for all staff
- Staff undertaking an NHS Wales IG, Records Management and Cyber Security Mandatory Training module which all new starters are expected to complete within the first 6 weeks of starting and every 2 years thereafter. A process is also in place to target any staff non-compliant with their mandatory IG, Records Management and Cyber training.
- Reviewing and investigating all IG related incidents (Personal Data breaches), including proactive reporting to the ICO if applicable.
- Weekly auditing and monitoring take place of Health Board's Clinical systems for inappropriate accesses to patients' personal data through the National Intelligent Integrated Audit Solution (NIIAS) platform.
- An Information Asset Register (IAR) used to capture and manage information assets across the Health Board and is also used as the Health Board's Register of Processing Activities.

- Having a Data Protection Officer, SIRO and Caldicott Guardian who work collaboratively to ensure compliance.

We have continued to reinforce awareness of key principles of data protection legislation as well as other applicable standards. Ways in which we reinforce awareness and maintain our accountability with UK GDPR are:

- Involvement in assuring new and existing systems via Digital Governance Board
- Collaborating with services to identify and develop information sharing agreements
- Data Protection Impact Assessments
- Breach Management by reviewing and monitoring IG related incidents
- Providing tailored training sessions.
- Issuing tailored alerts
- Bespoke training sessions
- 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.
- Engagement with staff and monitoring compliance with mandatory IG and Records Management training

As of 31 March 2025, staff compliance with this training was at 77.30% and work will continue to support staff to ensure compliance improves as compliance has dropped below the NHS Wales benchmark of 85%.

The Health Board continues to be proactive in using the NHS Wales Information Governance and Records management support framework to ensure consistency of policy, standards and interpretation of the law and regulation across NHS Wales's organisations. This has proven to be most beneficial.

PERSONAL DATA INCIDENTS

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 General Data Protection Regulation (GDPR) requirements, all personal data incidents must be reviewed daily, and any incidents deemed significant must be formally reported to the ICO within 72 hours, no personal data incidents were reported to the ICO. Figures on the number of IG related breaches are reported to our Audit, Risk and Assurance Committee.

Two IG related complaints were received relating to how their requests to exercise their rights under UK GDPR were handled. Following a response, no further action was taken.

Breach reporting - During 2024/25, there were 172 information governance related incidents recorded by staff on the Health Board's DATIX Incident Reporting System: an increase of 28 from the previous year. These incidents are of varying level of concern such as mis-directed emails, records management, physical security related incidents but none were reported as major incidents and reported to the ICO.

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 2024 to 31 March 2025 the Health Board received a total of 477 requests for information, with 428 of these answered within the 20-day timeframe. Six 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:

REQUESTS FOR PERSONAL INFORMATION

UK GDPR and Access to Health Records Act (AHRA) and other legislation give individuals, family members and third parties the right to access their own or someone else's personal data. The health board has a statutory timeframe in which to respond (one calendar month) for the majority of these requests. During the period 1 April 2024 to 31 March 2025, the Health Board responded to 814 requests for personal information.

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. The Toolkit submission deadline for this reporting period was achieved. An information governance workplan is in place which the team will continue to work to during 2024/25.

Our position against the Welsh Information Governance Toolkit for 2024/25 against demonstrated a good level of assurance and work will continue this next year to address any areas to improve compliance for next year's submission.

INFORMATION (DATA) SECURITY

To support this for our Digital Systems and applications, the Health Board's Digital Governance Board (DGB) a group of experts consider and approve the procurement of any local new or existing digital solution to ensure complies with relevant legislation and standards (UK GDPR and NIS Regulations) thus reducing the threat of PTHB being put at un-necessary risk, such as from a Cyber-attack, loss of data, incident/breach of patient's data, financial penalty from the ICO or NCSU.

Over the last 12 months, the team has continued to see 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 to ensure we meet our legislated obligations.

DATA PROTECTION IMPACT ASSESSMENTS AND DATA SHARING AGREEMENTS

This year 42 Data Protection Impact Assessments have been developed and completed and 19 information sharing agreements.

RECORDS MANAGEMENT

Over the past year, significant strides have been made in records management, reflecting a dedicated effort to enhance efficiency and compliance. Substantial improvements have been achieved through collaboration with internal audit, ensuring robust oversight and accuracy. Processes surrounding the archiving of health records have been successfully streamlined, reducing complexities and improving accessibility. Auditing, scoping, and risk-assessing storage areas have been prioritised, resulting in safer and more secure management of valuable records. These accomplishments highlight a focused and proactive approach to advancing records management standards.

DATA PROTECTION OFFICER (DPO)

This role 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. Since 2018, 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 with the Health Board's Medical Director/Caldicott Guardian and Senior Information Risk Owner (SIRO).

The Audit, Risk and Assurance Committee monitors and seeks assurance against our information governance and records management performance.

Over the last 12 months, the Data Protection Officer has continued to support the Health Board in complying with data protection legislation in ensuring appropriate technical and organisational measures are implemented. A considerable amount of work has been undertaken by the Information Governance and Records Management Team to integrate data protection into our processing activity and business practices from the design stage right through the lifecycle.

PLANNING ARRANGEMENTS

The organisation's planning arrangements in 2024/2025 form a key part of the Performance Report section of the Annual Report. Further detail can be found throughout the Performance Report.

DISCLOSURE STATEMENTS

Equality, Diversity, and Inclusion

The organisation's approach to Equality, Diversity, and Inclusion in 2024/2025 forms a key part of the organisations work. The Equalities, Diversity and Inclusion Annual Report 2024/2025 will be considered for approval at Board in July 2025 and then published to the Health Board's website where the 2023/2024 Report can be found - Equality - Powys Teaching Health Board (nhs.wales)

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.

Carbon Reduction Delivery Plans

As referenced on page 45 the Health Board has a Decarbonisation Action Plan which sets out how the Health Board will deliver against national commitments and our locally let priorities.

The organisation has undertaken risk assessments and is planning to ensure that the organisation's obligations under the Climate Change Act and Adaptation Reporting requirements are complied with. During 2024/25, the organisation was compliant with its requirements.

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 134 of this report. No personal data incidents were reported.

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 20.

MINISTERIAL DIRECTIONS AND WELSH HEALTH CIRCULARS

Welsh Government has issued a number of Ministerial Directions in 2024/25. A record of the Ministerial Directions given is available via the following link: Health and social care | Topic | GOV.WALES. A record of the Welsh Health Circulars given is available via the following link: Health circulars: 2024 to 2027 | 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 regular update reports on the implementation status of Welsh Health Circulars in 2024/25. 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 (page 156) provide an overview of Ministerial Directions and Welsh Health Circulars received during 2024/25 and their implementation status as of March 2025.

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 PPV Team is reported to the Board's Audit, Risk and Assurance Committee with papers available on the Health Board's website.

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:

- Board Assurance Framework;
- 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 for example 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 2024/2025 is provided below.

Head of Internal Audit Opinion for 2024/2025

The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the opinion, the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

The Head of Internal Audit Opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control for 2024/2025 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. **Low to moderate impact** on residual risk exposure until resolved.

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 (ARAC). In addition, regular audit progress reports have been submitted to ARAC. 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 2024/2025 year was presented to ARAC in March 2024. Changes to the plan have been made during the course of the year and these changes have been reported to ARAC 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:

Substantial Assurance	• Integrated Performance Framework • Core Financial Systems • Board & Committee Structure / Effectiveness • Records Management • GMS Unified Contract Assurance Framework • Business Continuity Planning • Information Governance Follow-up
Reasonable Assurance	• Integrated Plan Development Process • Cleaning Standards • Staff Retention • Capital Systems • Energy Management • Patient Flow / Discharge Management • Additional Learning Needs Legislation • Community Cardiology • Medicines management (Pharmacy Stores) • Risk Management & Assurance • Llandrindod Wells Phase 2 • Quality & Safety Governance (Duty of Quality) • Cancer Services (Draft)
Limited Assurance	• Deprivation of Liberties Safeguards (DoLS) • Medical Devices Mattresses (Draft)
Advisory/Non-Opinion	• Partnership Governance Framework • Contract Management (Draft)

Limited Assurance Rated Reviews

Two Limited assurance rated reviews had been received during 2024/2025. The reports were in respect of:

- Deprivation of Liberties Safeguards (DoLS)
- Medical Devices Mattresses (Draft report at time of opinion)

All Limited Assurance Rated Reviews are reported to Welsh Government on a quarterly basis in addition to our own internal reporting and monitoring arrangements.

The Audit and Risk Assurance Committee receives regular reports on progress being made against audit recommendations for all internal audits, with specific focus on those with limited assurance.

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 2024/25 at the beginning of the financial year. This was approved by the Audit, Risk and Assurance Committee in March 2024.

Following introduction of new Government Functional Standards on Counter Fraud, which replaced NHS Counter Fraud Authority's (NHS CFA) 'NHS Counter Fraud Standards (Wales)' from 2021/22, the Health Board's Counter Fraud Work Plans have been aimed at ensuring compliance for the first enforcement year of the new standards in 2023/24.

There was 1 Standard Component that was Amber rated at the start of 2024/25:

Component 3 - Fraud bribery and corruption risk assessment

This Component was 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.

Work Plan actions were included in the 2024/25 workplan to address this and aimed to uplift to Green rating. Work has been undertaken in this area and rating is now at Green level at the end of 2024/25. Actions have been included to consolidate this position within the Counter Fraud Work Plan 2025/26.

The Health Board contracts Swansea Bay UHB via Service Level Agreement for the provision of Counter Fraud Resource. This results in 1.2 FTE of accredited counter fraud specialist resource supplemented by 0.2 FTE admin support which translate to 308 days deliverable for counter fraud activity. This SLA arrangement remains in place for 2025/26.

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 2024 Structured Assessment took place at a time when NHS bodies were continuing to respond to a broader set of challenges associated with

the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. The key focus of the work has been on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. Some relevant extracts from the report are included below:

Overall, we found that the Board and its committees are working well and there is an openness about the challenges the organisation faces and a commitment to secure the necessary improvements. The Health Board has been unable to deliver short- or medium-term plans that are supportable by Welsh Government, and on-going work is required to strengthen some key aspects of the Health Board's corporate governance arrangements.

We found that the Board conducts its business transparently and is committed to continuous improvement. The Board and its committees continue to operate well, and scrutiny has continued to strengthen but more assurance is required to ensure that committee workplans are aligned to key strategic priorities and the risks to their delivery.

We found that the Health Board is continuing to develop its systems of assurance with robust arrangements in place for performance management, more work is needed to develop the Board Assurance Framework, strengthen risk management arrangements, provide greater clarity on its quality and safety priorities, and improve arrangements for closing audit recommendations.

We found that the Health Board continues to progress work to deliver its long-term strategy and 'Better Together' transformation model although continues to be unable to produce a Welsh Government approved Integrated Medium-Term Plan. There is also a need to ensure that the long-term strategy remains relevant and appropriate, and that progress is being made at sufficient pace to deliver intended impacts. We found that the Board is committed to hearing from patients and staff, but more could be done to get a broader spectrum of feedback.

We found that while the Health Board's corporate planning arrangements are good, it has been unable to produce an approvable IMTP. We found that the Health Board continues to have robust performance management arrangements, and the updated Integrated Performance Report allows for easy identification of challenges and progress.

The Health Board has strengthened its approach to developing its plans. The 10-year strategy continues to be in place which has been used to set the framework for the three-year plan. Progress has been made to

increase the involvement of Independent Members in the production of plans and strategies, with good use of Board development sessions. The Health Board has an Integrated Plan for 2023-26 and is working to an Annual Delivery Plan for 2023-24 approved by Welsh Government.

We found that while the Health Board's financial planning and management arrangements are generally effective, monitoring and reporting arrangements require strengthening to urgently establish control over the risks to its financial position. Ongoing financial challenges also means there is a need to monitor any associated performance and quality risks to service delivery.

Audit Wales made seven recommendations based on the 2023 work in relation to enhancing the transparency of Board business, Committee effectiveness, corporate risk, audit tracking and overseeing the quality and safety of services. All these actions have either been completed or are well progressed. In 24, seven recommendations were made to and accepted by the Health Board.

The Structured Assessment was reported to the Audit, Risk and Assurance Committee on 13 May 2025 and then to the Board on the 21 May 2025 and can be found on the Health Board's website: pthb.nhs.wales/about-us/the-board/board-meetings/2025/21-may-2025/board-21-may-2025-agenda-pack-part-2/ on pages 146 to 179.

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.

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 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. Further detail on this area of work is available at:

Ethical Employment & TISC Reports (Transparency in Supply Chains) - NHS Wales Shared Services Partnership

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.

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. As a result of a number of complex pressures including demand for our services, system pressures, cost of living and inflation as well as national and international economic and other pressures, Powys Teaching Health Board has remained in escalation as part of NHS Wales Escalation and Intervention arrangements during 2024/2025 for strategy, planning and finance.

During 2024/2025, 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 2025/26 to ensure implementation of recommendations arising from audit reviews, particularly where a limited assurance rating is applied. Work will continue in 2025/2026 to continue to embed risk management and the assurance framework across the organisation. Implementation of the Board's Annual Governance Programme will see a further maturing of the Board's effectiveness and the system of internal control in 2025/2026.

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 / Board Secretary, 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:**

Gwynne.Stella 17/06/2025 09:04:09

HAYLEY THOMAS
CHIEF EXECUTIVE

Appendix 1: Board and Board Committee Membership - and Attendance at Board (2024-25)

Name	Position and Area of Expertise	Board and Board Committee Membership	Attendance 2024-25	Board Champion Role
Carl Cooper	Chair	Chair of the Board Chair of Board In-Committee	10/10 11/11	Speaking Up Safely
		Chair of the Charitable Funds Committee	4/4	
		Chair of the Remuneration and Terms of Service Committee	4/4	
Ronnie Alexander	Independent Member [General]	Member of the Board Member of Board In-Committee	6/10 7/11	
		Member of the Audit, Risk and Assurance Committee	5/5	
		Chair of the Delivery and Performance Committee	4/6	
		Member of Planning, Partnerships and Population Health Committee	4/4	
		Joint meeting of Delivery and Performance Committee and Planning, Partnerships and Population Health Committee	1/1	
Steve Elliot	Independent Member [Finance] (From 17/04/2024)	Member of the Board Member of Board In-Committee	9/9 9/10	
		Chair of the Audit, Risk and Assurance Committee	5/5	
		Delivery and Performance Committee	5/6	
		Member of the Remuneration and Terms of Service Committee	1/1	
		Joint meeting of Delivery and Performance Committee and Planning, Partnerships and Population Health Committee	1/1	
		Patient Experience, Quality and Safety Committee (attended to ensure a quorum)	1/1	
		Workforce and Culture Committee (attended to ensure a quorum)	1/1	
Mick Giannasi	Independent Member (Directly appointed)	Member of the Board Member of Board In-Committee	9/10 9/11	
		Member of the Delivery and Performance Committee	3/5	
		Joint meeting of Delivery and Performance Committee and Planning, Partnerships and Population Health Committee	1/1	

Rhobert Lewis	Independent Member [General]	Member of the Board Member of Board In-Committee	10/10 11/11	Innovation Research and Development
		Vice Chair of the Charitable Funds Committee	3/4	
		Member of the Remuneration and Terms of Service	4/4	
		Chair of the Audit, Risk and Assurance Committee (to October 2024)	3/3	
		Chair of the Planning, Partnerships and Population Health Committee	3/4	
		Vice Chair of the Delivery and Performance Committee	5/6	
		Joint meeting of Delivery and Performance Committee and Planning, Partnerships and Population Health Committee	1/1	
Jennifer Owen-Adams	Independent Member [Third Sector]	Member of the Board Member of Board In-Committee	7/10 6/11	
		Vice Chair of the Patient Experience, Quality and Safety Committee	4/5	
		Member then from September 2024 Chair of the Workforce and Culture Committee	4/4	
		Member of the Planning, Partnerships and Population Health Committee	4/4	
		Member of the Remuneration and Terms of Service (from September 2024)	0/2	
		Joint meeting of Delivery and Performance Committee and Planning, Partnerships and Population Health Committee	0/1	
Ian Phillips	Independent Member [Information Technology] (to 22.08.2024)	Member of the Board Member of Board In-Committee	4/4 4/6	Digital and Data
		Member of the Patient Experience, Quality and Safety Committee	2/2	
		Member of the Planning, Partnerships and Population Health Committee	1/2	
		Chair of the Workforce and Culture Committee	1/1	
		Member of the Remuneration and Terms of Service	2/2	
Cathie Poynton	Independent Member [Trade Union]	Member of the Board Member of Board In-Committee	8/10 9/11	
		Member of the Workforce and Culture Committee	2/4	
		Member of the Charitable Funds Committee	4/4	
		Member of the Delivery and Performance Committee	5/6	

		Joint meeting of Delivery and Performance Committee and Planning, Partnerships and Population Health Committee	1/1	
Ian Thomas	Independent Member (From 06.01.2025)	Member of the Board Member of Board In-Committee	3/3 3/3	
		Patient Experience, Quality and Safety Committee (attended to ensure a quorum)	1/1	
Chris Walsh	Independent Member [Local Authority]	Member of the Board Member of Board In-Committee	6/10 7/11	
		Member of Workforce and Culture Committee	3/4	
		Member of Audit, Risk and Assurance Committee	4/5	
Kirsty Williams	Vice Chair	Vice Chair of the Board Vice-Chair of the Board	9/10 10/11	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	4/4	
		Member of the Delivery and Performance Committee	5/6	
		Member of the Planning, Partnerships and Population Health Committee	3/4	
		Joint meeting of Delivery and Performance Committee and Planning, Partnerships and Population Health Committee	0/1	
		Workforce and Culture Committee (attended to ensure a quorum)	1/1	
Simon Wright	Independent Member [University]	Member of the Board Member of Board In-Committee	9/10 9/11	
		Member of the Patient Experience, Quality and Safety Committee	4/5	
		Vice-Chair of the Planning, Partnerships and Population Health Committee	3/5	

Hayley Thomas	Chief Executive	Board Board In-Committee	10/10 11/11	
		Joint Chair Local Partnership Forum	2/4	
		Remuneration and Terms of Service Committee	3/4	
		Committees attended: Audit, Risk and Assurance Committee Delivery and Performance Committee Patient Experience, Quality and Safety Committee	 3/4 3/6 2/5	

		Planning, Partnerships and Population Health Committee Workforce and Culture Committee Joint meeting of Delivery and Performance Committee and Planning, Partnerships and Population Health Committee	3/5 0/4 1/1	
Mererid Bowley	Executive Director of Public Health	Board Board In-Committee	10/10 8/11	Emergency Planning
		Planning, Partnerships and Population Health Committee	4/4	
David Farnsworth (to 02.06.2024)	Interim Executive Director of Operations, Community Care and Mental Health	Board Board In-Committee	2/2 3/3	
		Patient Experience, Quality and Safety Committee	0/1	
Joy Garfitt (to 30.09.2024)[1]	Interim Executive Director of Operations, Community Care and Mental Health	Board In-Committee	0/5 0/7	
		Patient Experience, Quality and Safety Committee	0/3	
Pete Hopgood	Executive Director of Finance, Estates and Support Services (Interim Executive Director Primary Care (part year)) Deputy Chief Executive	Board In-Committee	10/10 9/11	
		Audit, Risk and Assurance Committee	4/4	
		Charitable Funds Committee	3/4	
		Delivery and Performance Committee	3/3	
		Patient Experience, Quality and Safety Committee	1/3	
Nicola Johnson (from 07.10.2024)	Executive Director of Planning, Performance and Commissioning	Board Board In-Committee	5/5 4/4	
		Delivery and Performance Committee	3/3	
		Planning, Partnerships and Population Health Committee	2/2	
		Joint meeting of Delivery and Performance Committee and Planning, Partnerships and Population Health Committee	1/1	
Elaine Lorton (from 30.09.2024)	Executive Director of Primary, Community Care and Mental Health	Board Board In-Committee	4/5 3/4	
		Delivery and Performance Committee	3/3	
		Patient Experience, Quality and Safety Committee	2/2	
		Planning, Partnerships and Population Health Committee	2/2	

		Joint meeting of Delivery and Performance Committee and Planning, Partnerships and Population Health Committee	1/1	
Claire Madsen	Executive Director of Allied Health Professions, Health Science and Digital (Formerly Executive Director of Therapies and Health Sciences)	Board Board In-Committee	8/10 8/11	
		Charitable Funds Committee	1/3	
		Delivery and Performance Committee	4/4	
		Patient Experience, Quality and Safety Committee	3/3	
		Planning, Partnerships and Population Health Committee	3/3	
Stephen Powell (to 06.10.2024)	Interim Director of Planning and Performance	Board Board In-Committee	5/5 6/7	
		Delivery and Performance Committee	2/3	
		Planning, Partnerships and Population Health Committee	2/2	
Claire Roche	Executive Director of Nursing, Quality, Women and Family Health	Board Board In-Committee	7/10 8/11	Children and Young People Putting Things Right
		Patient Experience, Quality and Safety Committee	3/5	
		Delivery and Performance Committee	2/2	
		Planning, Partnerships and Population Health Committee	2/2	
		Joint meeting of Delivery and Performance Committee and Planning, Partnerships and Population Health Committee	1/1	
Debra Wood-Lawson	Executive Director of People and Culture (formerly Executive Director of Workforce and Culture)	Board Member of Board In-Committee	7/10 7/11	Health and Safety and Fire Safety Equality
		Workforce and Culture Committee	4/4	
Kate Wright	Executive Medical Director	Board Board In-Committee	9/10 10/11	Caldicott Guardian
		Patient Experience, Quality and Safety Committee	4/4	
		Delivery and Performance Committee	3/3	
		Workforce and Culture Committee	3/3	
		Joint meeting of Delivery and Performance Committee and Planning, Partnerships and Population Health Committee	1/1	

Helen Bushell	Director of Corporate Governance / Board Secretary	Board Board In-Committee	10/10 10/11	Counter Fraud
		Charitable Funds Committee	3/4	
		Audit Risk and Assurance Committee	5/5	
		Delivery and Performance Committee	5/6	
		Patient Experience, Quality and Safety Committee	5/5	
		Planning, Partnerships and Population Health Committee	3/4	
		Workforce and Culture Committee	3/4	
		Joint meeting of Delivery and Performance Committee and Planning, Partnerships and Population Health Committee	1/1	

1 – JG was in post but absent from work for part of the period.

Appendix 2: Table of Quoracy

Board / Committee	Dates:											Quorate
Board	11 April 2024	22 May 2024	11 July 2024	24 July 2024	25 September 2024	10 October 2024	27 November 2024	10 January 2025	29 January 2025	26 March 2025		Yes
Board In-Committee	11 April 2024	22 May 2024	30 May 2024	24 July 2024	7 August 2024	21 August 2024	25 September 2024	27 November 2024	29 January 2025	06 March 2025	26 March 2025	Yes
Audit, Risk and Assurance Committee	14 May 2024	09 July 2024	08 October 2024	14 January 2025	11 March 2025							Yes
Charitable Funds Committee	10 June 2024	09 September 2024	02 December 2024	17 March 2025								Yes
Charitable Funds Extra Ordinary Meeting	20 January 2025											Yes
Delivery and Performance Committee (D&P)	07 May 2024	27 June 2024	29 August 2024	22 October 2024	05 December 2024	06 February 2025						Yes
Patient Experience, Quality and Safety Committee	16 April 2024	30 July 2024	05 September 2024	07 November 2024	11 February 2025							Yes

Planning, Partnerships and Population Health Committee (PPPH)	16 May 2024	13 August 2024	14 November 2024	04 February 2025								Yes
Remuneration and Terms of Service Committee	14 April 2024	11 July 2024	19 September 2024	26 March 2025								Yes
Workforce and Culture Committee	04 June 2024	03 October 2024	10 December 2024	13 March 2025								Yes
Joint D&P and PPPH	17 March 2025											Yes

Committee	**Dates:**												**Quorate**
Executive Committee	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025	
	03 10 17	02 08 15 29	12	10 15 17 24 31	07 21	04 18 24	02 16 30	12 20 26	11 18	08 15 22	05 19	05 19	Yes

APPENDIX 3A: WELSH HEALTH CIRCULARS 2024/2025 (APRIL 24 – MARCH 25)

Welsh Health Circular	Date/Year of Adoption	Action to Demonstrate Implementation/Response	Status
2024-019 Interim amendments to the Model Standing Orders	April 2024	WHC actioned and implemented	Complete
2024-025 National Clinical Audit and Outcome review plan for 2025/25	June 2024	WHC actioned and implemented	Complete
2024-032 Introduction of new Vaccination programme against respiratory syncytial virus (RSV)	June 2024	WHC actioned and implemented	Complete
2024/004 Assurance of aseptic preparation of medicines in NHS Wales	N/A	WHC actioned and implemented	Complete
2024/002 Standards for competency assurance of Non-Medical prescribers in Wales	N/A	WHC Not Yet Due	Not Yet Due
2024/011 Changes to dietary advice on feeding young children aged 1-5 years	N/A	WHC Not Yet Due	Not Yet Due
2024/012	N/A	Action in progress	Partially Complete

Nursing Preceptorship & Restorative Clinical Supervision - A National Position Statement			
2024-006 National Clinical Guideline for Stoke	N/A	WHC actioned and implemented	Complete
2024-016 Healthy Child Wales Programme for school aged children	April 2024	Action in progress	Partially Complete
2024-013 Governance on interim appointments to Executive and senior positions arch and Development Framework	April 2024	WHC actioned and implemented	Complete
2024-024 Implementation the agreed approach to preventing Violence and Aggression towards NHS staff in Wales	April 2024	Action in progress	Partially Complete
2024-026 2024/25 LHB, SHA & Trust Monthly Financial Monitoring Return Guidance	May 2024	WHC actioned and implemented	Complete
2024-029 Certification of Vision Impairment in Primary and Community Care	June 2024	WHC actioned and implemented	Complete
2024/031	June 2024	WHC actioned and implemented	Complete

Agency Workforce reduction programme ad control framework 2024/2025			
2024-037 Winter Respiratory Vaccination 2024/25	August 2024	WHC actioned and implemented	Complete
2024-020 WHC NTF Exemption May 2024	August 2024	WHC actioned and implemented	Complete
2024-007 Guidelines for managing patients on the suspected cancer pathway. Guidelines relating to the management of patients on a suspected cancer pathway and the reporting of performance against the cancer target.	April 2024	WHC actioned and implemented	Complete
2024-036 Oxygen Cylinders – Regulation 28 Report and Patient Safety Notice	August 2024	WHC actioned and implemented	Complete
2024-035 Standardising the management of acute deterioration	September 2024	Action in progress	Partially Complete
2024-039 Pre-Transfusion Sample taking Compliance with the confirmatory sample rule	October 2024	WHC actioned and implemented	Complete
2024-040	October 2024	Action in progress	Partially Complete

Adopting a patient and family-initiated escalation approach			
2024-042 Introduction of the 'Dictionary of medicines and devices	November 2024	Action in progress	Partially Complete
2024-030 Published weight management medication pathway	November 2024	Action in progress	Partially Complete
2024-044 Mandatory E-Learning Module – Anti-Racism	November 2024	Action in progress	Partially Complete
2024-043 Pertussis Vaccine offer for Healthcare workers	November 2024	WHC actioned and implemented	Complete
2024-045 Spotting Sepsis in Children Awareness Leaflet	November 2024	WHC actioned and implemented	Complete
2024-046 Influenza (flu) Vaccination programme mop up 2024-202	December 2024	WHC actioned and implemented	
2024-021 Welcome to Wales: Policy Guidance Framework	November 2024	WHC actioned and implemented	Complete
2024-047 Covid-19 spring vaccination programme 2025	December 2024	WHC actioned and implemented	Complete

2024-033 The Winter Respiratory Programme 2024/25	N/A	WHC actioned and implemented	Complete
2025-005 Climate Emergency Leadership day and adaption	March 2025	Action In Progress	Partially Complete
2025-001 NHS Wales sustainability conference and awards	March 2025	WHC actioned and implemented	Complete
2025-002 Timelines and responsibilities for Early Warning Scores (EWS)	March 2025	Action In progress	Partially Complete
2024-006 National Clinical Guideline for Stroke	N/A	WHC actioned and implemented	Complete
2024-027 All Wales Critical Care Escalation Guidance for the Management of All Large Unplanned Increased in Demand	June 2024	Planning Performance and Commissioning does not provide Acute care. Does not apply	Closed
2024-037 Winter Respiratory Vaccination 2024/25	August 2024	WHC actioned and implemented	Complete
2024-020 Welsh Health Circular NTF Exemption May 2024	N/A	WHC actioned and implemented	Complete
2024-007	April 2024	WHC actioned and implemented	Complete

Guidelines for managing patients on the suspected cancer pathway. Guidelines relating to the management of patients on a suspected cancer pathway and the reporting of performance against the cancer target.			
2024-036 Oxygen Cylinders – Regulation 28 Report and Patient Safety Notice	N/A	WHC actioned and implemented	Complete
2024-043 Pertussis Vaccine Offer for Healthcare Workers	N/A	WHC actioned and implemented	Complete
2024-046 Influenza (flu) Vaccination programme mop up 2024-2025	December 2024	WHC actioned and implemented	Complete
2024-047 Covid-19 spring vaccination programme 2025	December 2024	WHC actioned and implemented	Complete
2024-033 The Winter Respiratory Programme 2024/25	N/A	WHC actioned and implemented	Complete
2024-001 Changes to the way individuals who are at highest risk from Covid-19 access lateral flow tests and Covid-19 treatments.	January 2024	WHC actioned and implemented	Complete
2024-014	April 2024	WHC actioned and implemented	Complete

Introduction of the Office of National Statistics' (ONS) Register of Geographic Codes (RGCs) as a foundational standard for use across NHS Wales Bodies			
2024-038 AMR & HCAI IMPROVEMENT GOALS FOR 2024-2025	December 2024	WHC actioned and implemented	Complete
2024-033 Letter to front line NHS staff re flu vaccine uptake - follow up to WHC(2024)033	December 2024	WHC actioned and implemented	Complete
2024-004 Assurance of aseptic preparation of medicines in NHS Wales	N/A	WHC actioned and implemented	Complete

Appendix 3b: Ministerial Directions 2024-25

Ministerial Directions (MDs)	**Date/Year of Adoption**	**Action to demonstrate implementation/response**	**Status**
WG-24-28 The Alternative Provider Medical Services (Wales) Directions 2024	July 2024	Completed as per the date of issue	Complete
WG-24-26 The Primary Medical Services (Type 2 Diabetes Mellitus Care Scheme for Adults) (Directed Supplementary Service) (Wales) Directions 2024	June 2024	Completed as per the date of issue	Complete

WG-24-25 The Primary Medical Services (Antivirals for Prophylaxis of Seasonal Influenza in Care Home Outbreaks) (Directed Supplementary Service) (Wales) Directions 2024	June 2024	Completed as per the date of issue	Complete
WG-24-24 The Primary Medical Services (Hormone Treatment Scheme for Adult Transgender Patients) (Directed Supplementary Service) (Wales) Directions 2024	June 2024	Completed as per the date of issue	Complete
WG-24-23 The Primary Medical Services (Oral Anti-coagulation with Warfarin) (Directed Supplementary Service) (Wales) Directions 2024	June 2024	Completed as per the date of issue	Complete
WG-24-22 The Primary Medical Services (Influenza and Pneumococcal Immunisation Scheme) (Supplementary Services) (Wales) Directions 2024	June 2024	Completed as per the date of issue	Complete
WG-24-21 The Primary Medical Services (Pertussis Immunisation for Pregnant and Post-natal Women) (Directed Supplementary Services) (Wales) Directions 2024	June 2024	Completed as per the date of issue	Complete
WG-24-20 The Primary Medical Services (Directed Supplementary Services)(Wales) Directions 2024	June 2024	Completed as per the date of issue	Complete

WG24-01 Wales Eye Care Services-Directions 2024	January 2024	PTHB is working with NWSSP who will produce the administrative list. This is progressing nationally and will be established for all Health Boards simultaneously.	Partially Complete
WG24-02 The National Health Service (Wales Eye Care Services) (Wales) Directions 2024	January 2024	Enhanced optometry services have been established, arranging and accredited practitioner lists are held by NWSSP. WGOS4 is yet to be established nationally and will require the same process once launched.	Partially Complete
WG24-17 Managed Introduction of New Medicines into the NHS in Wales directions 2009 (amendment Wales Directions 2024)	April 2024	Completed as per the date of issue	Partially Complete
WG-24-09 The National Health Service (Wales Eye Care Services) (Wales) (No. 2) Directions 2024	March 2024	Completed as per the date of issue	Complete
WG-24-10 Statement of Financial Entitlements (Amendment) (No. 2) Directions 2024	April 2024	Completed as per the date of issue	Complete
WG-24-38 The Primary Care (Contracted Services: Immunisations) (RSV) Directions 2024	August 2024	Completed as per the date of issue	Complete
WG-24-39	August 2024	Completed as per the date of issue	Complete

The Directions to Local Health Boards and NHS Trusts in Wales on the National Framework for Commissioning Care and Support 2024			
WG-24-42 The Pharmaceutical Services (Clinical Services) (Wales) (Amendment) Directions 2024	August 2024	Completed as per the date of issue	Complete
WG-24-43 Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2024	October 2024	Completed as per the date of issue	Complete
WG-24-26 Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2024	November 2024	Completed as per the date of issue	Complete
WG-24-49 The Local Health Board Medical Services (Wales) Directions 2024	December 2024	Completed as per the date of issue	Complete
WG-24-53 The Primary Medical Services (Complex Multi-Morbidity and Frailty) (Directed Supplementary Service) (Wales) Directions 2024	December 2024	Completed as per the date of issue	Complete
WG-25-05 Personal Dental Services Statement of Financial	January 2025	Completed as per the date of issue	Complete

Entitlements (Amendment) (No.2) Directions 2025			
WG-25-02 General Dental Services Statement of Financial Entitlements (Amendment) Directions 2025	January 2025	Completed as per the date of issue	Complete
WG-25-06 Statement of Financial Entitlements (Amendment) Directions 2025	February 2025	Completed as per the date of issue	Complete
4MD Statement of General Ophthalmic Services Remuneration and Fee Directions	February 2025	Completed as per the date of issue	Complete

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, Capital & Support Services and the People and Culture Directorate

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 Treasury's Government Financial Reporting Manual (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 and 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 seeks assurance in relation the annual performance of the Chief Executive and individual Executive Directors (the latter with the advice of the Chief Executive).

In 2024/2025, the Remuneration and Terms of Services Committee was chaired by the Health Board's Chair, Carl Cooper, and the membership included the following Independent Members:

- Kirsty Williams, Vice Chair of the Board
- Ian Phillips, Independent Member (ICT) to 22/08/2024
- Rhobert Lewis, Independent Member (General) to 09/10/2024
- Steve Elliot, Independent Member (Finance) from 10/10/2024
- Jennifer Owen Adams, Independent Member (Third Sector) from 23/08/2024

Meetings are minuted and decisions fully recorded.

The meeting is attended by the Chief Executive, Executive Director of People and Culture 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.

Executive Directors' and Independent Members' Remuneration

Details of Directors' and Independent Members' remuneration for the 2024- 25 financial year, together with comparators are given in the 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 2024-25, Executive Directors received a pay inflation uplift, in-line with Welsh Government's Framework.

The Committee also reviews objectives set for Executive Directors and assesses performance against those objectives 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. However, for part of the year there were interim Directors in post; Interim Deputy Chief Executive (including Primary Care), Interim Director of Planning Performance and Commissioning and an Interim Director of Operations, Community Care and Mental Health.

Table 1: Salary and Pension Disclosure Table: Salaries and Allowances, Single Total Figure of Remuneration

Name and Title	2023-24						2022-23					
	Salary (bands of £5,000) £000	Bonus Payments (bands of £5,000) £000	Taxable Benefits ***** (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	Salary (bands of £5,000) £000	Bonus Payments (bands of £5,000) £000	Taxable Benefits ***** (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 (until 2nd May 2023) **	0	0	0	0	0	0	10 - 15	0	0	7	20 - 25	0
Hayley Thomas - Director of Strategy, Primary Care and Partnerships and Deputy Chief Executive (until 1st May 2023), Interim Chief Executive including Capital Estates and Partnerships (from 2nd May 2023 to 25th February 2024), Chief Executive (from 26th February 2024) ****	175 - 180	0	12	54	235 - 240	0	175 - 180	0	0	151	325 - 330	0
Stephen Powell - Director of Performance and Commissioning (from 1st April 2023 - 16th July 2023) and Interim Director of Planning, Performance and Commissioning (from 17th July 2023 to 20th October 2024) ****	65 - 70	0	0	0	65 - 70	0	120 - 125	0	0	0	120 - 125	0

Pete Hopgood - Director of Finance, Information and IT Services and Interim Deputy Chief Executive (to 16th May 2024) and Deputy Chief Executive, Executive Director of Finance, Capital and Support Services and Interim Executive Director of Primary Care (to 29th September 2024) and Director of Finance, Capital and Support Services and Deputy Chief Executive (from 30th September 2024) * and ****	130 - 135	0	57	68	205 - 210	0	135 - 140	0	57	0	140 - 145	0
Debra Wood Lawson - Interim Director of Workforce and OD (to 30th April 2023), Director of Workforce and OD (from 1st May 2023 to 30th April 2024) and Director of People and Culture (from 1st May 2024) *	120 - 125	0	12	149	270 - 275	0	120 - 125	0	14	30	155 - 160	0
Kate Wright - Medical Director ****	155 - 160	0	0	56	210 - 215	0	150 - 155	0	0	0	150 - 155	0
Claire Madsen - Director of Therapies and Health Sciences including Planning, Health and Safety and Support Services (from 2nd May 2023 to 16th July 2023), Director of Therapies and Health Sciences including Health and Safety and Support Services (from	130 - 135	0	0	99	230 - 235	0	120 - 125	0	0	16	135 - 140	0

17th July 2023 to 30th April 2024) and Director of Allied Health Professions, Health Sciences and Digital (from 1st May 2024) ****												
Mererid Bowley - Director of Public Health	130 - 135	0	0	64	195 - 200	0	125 - 130	0	0	0	125 - 130	0
Claire Roche - Director of Nursing and Midwifery (to 30th April 24) and Director of Nursing, Quality, Women and Family Health (from 1st May 2024) * and ****	125 - 130	0	16	100	225 - 230	0	125 - 130	0	16	0	125 - 130	0
Helen Bushell - Director of Corporate Governance and Board Secretary (from 9th January 2023) *	105 - 110	0	12	32	140 - 145	0	110 - 115	0	0	27	135 - 140	0
Joy Garfitt - Interim Director of Operations, Community Care and Mental Health (from 5th April 2023 until 30th September 2024) *,*** and *******	100 - 105	0	5	0	100 - 105	0	120 - 125	0	11	29	150 - 155	0
David Farnsworth - Interim Director of Operations, Community Care and Mental Health (from 26th January 2024 to 2nd June 2024) ** and ***	20 - 25	0	0	0	20 - 25	0	20 - 25	0	0	0	20 - 25	0
Nicola Johnson - Director of Planning, Performance and Commissioning (from 7th October 2024)	60 - 65	0	0	50	110 - 115	0	0	0	0	0	0	0
Elaine Lorton - Director of Primary,	60 - 65	0	19	21	80 - 85	0	0	0	0	0	0	0

Community Care and Mental Health (from 30th September 2024) *												
Associate Members												
Nina Davies – Interim Director of Social Services and Housing, Powys County Council (from 01.01.2023)	0	0	0	0	0	0	0	0	0	0	0	0
Chair of Healthcare Professional Forum (TBC)	0	0	0	0	0	0	0	0	0	0	0	0
Chair of Stakeholder Reference Group (TBC)	0	0	0	0	0	0	0	0	0	0	0	0
Non-Officer Members												
Carl Cooper - Chair	40 - 45	0	0	0	40 - 45	0	40 - 45	0	3	0	45 - 50	0
Kirsty Williams - Vice Chair	30 - 35	0	0	0	30 - 35	0	30 - 35	0	1	0	30 - 35	0
Ian Phillips - Independent Member (ICT - to 22nd August 2024)	0 - 5	0	0	0	0 - 5	0	5 - 10	0	0	0	5 - 10	0
Cathie Poynton - Independent Member (Trade Union)	0	0	0	0	0	0	0	0	0	0	0	0
Mark Taylor - Independent Member (Capital and Estates - to 23rd October 2023)	0	0	0	0	0	0	5 - 10	0	0	0	5 - 10	0
Rhobert Lewis - Independent Member (General)	5 - 10	0	0	0	5 - 10	0	5 - 10	0	0	0	5 - 10	0
Ronnie Alexander - Independent Member (General)	5 - 10	0	2	0	5 - 10	0	5 - 10	0	0	0	5 - 10	0
Chris Walsh - Independent Member (Local Authority)	5 - 10	0	0	0	5 - 10	0	5 - 10	0	0	0	5 - 10	0

Jennifer Owen Adams - Independent Member (Third Sector)	5 - 10	0	0	0	5 - 10	0	5 - 10	0	0	0	5 - 10	0
Simon Wright - Independent Member (University held post relating to health)	5 - 10	0	7	0	10 - 15	0	5 - 10	0	0	0	5 - 10	0
Michael Giannasi - Independent Member (Capital and Estates - from 26th February 2024) ******	10 - 15	0	3	0	10 - 15	0	0	0	0	0	0	0
Steve Elliot - Independent Member (Finance - from 17th April 2024)	5 - 10	0	5	0	5.10	0	0	0	0	0	0	0
Ian Thomas - Independent Member (General - from 6th January 2025)	0 - 5	0	0	0	0 - 5	0	0	0	0	0	0	0

* Please note that the following salary sacrifice elements in relation to leased cars have not been included in the salary figures above, Pete Hopgood £10,000 (in 2023/24 the figure was £10,000), Claire Roche £8,000 (in 2023/24 the figure was £8,000), Debra Wood Lawson £8,000 (in 2023/24 the figure was £7,000), Joy Garfitt £4,000 (in 2023/24 the figure was £8,000), Helen Bushell £9,000, Elaine Lorton £4,000 and Hayley Thomas £7,000.

** Please note that the full year equivalent salary banding in bands of £5,000, for starters and leavers during 2024/25 was as follows; Stephen Powell £130,000 - £135,000, David Farnsworth £130,000 - £135,000, Joy Garfitt £130,000 - £135,000, Nicola Johnson £130,000 - £135,000 and Elaine Lorton £130,000 - £135,000.

*** David Farnsworth was appointed on an interim basis to cover for Joy Garfitt during a period of absence from work.

**** The salary figure includes arrears pay of £2,000 for 2022/23 for a pay award that was granted in 2023-24.

***** This includes both benefits in kind and other taxable benefits on items such as mileage claims where payments have been made above the agreed HMRC rate of £0.45 pence per mile.

****** The salary figure for 2024/25 includes arrears pay of £1,000 for 2023/24.

******* The salary figure includes £10,000 which will be paid in 2025/26 for annual leave days not taken.

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 2024-25 financial year is the fourth-year disclosures in respect of the 25th percentile pay ratio and 75th percentile pay ratio are required.

		2024-25	2024-25	2024-25		2023-24	2023-24	2023-24
		£000	£000	£000		£000	£000	£000
Total pay and benefits		**Chief Executive**	**Employee**	**Ratio**		**Chief Executive**	**Employee**	**Ratio**
	25th percentile pay ratio	**187**	**28**	**6.7:1**		**177**	**28**	**6.3:1**
	Median Pay	**187**	**37**	**5.1:1**		**177**	**36**	**4.9:1**
	75th percentile pay ratio	**187**	**49**	**3.8:1**		**177**	**48**	**3.7:1**
Salary component of total pay and benefits	25th percentile pay ratio	**187**	**28**			**177**	**28**	
	Median Pay	**187**	**37**			**177**	**36**	
	75th percentile pay ratio	**187**	**49**			**177**	**48**	
		Highest Paid Director	**Employee**	**Ratio**		**Highest Paid Director**	**Employee**	**Ratio**
Total pay and benefits	25th percentile pay ratio	**187**	**28**	**6.7:1**		**177**	**28**	**6.3:1**
	Median Pay	**187**	**37**	**5.1:1**		**177**	**36**	**4.9:1**

	75th percentile pay ratio	**187**	**49**	**3.8:1**		**177**	**48**	**3.7:1**
Salary component of total pay and benefits	25th percentile pay ratio	**187**	**28**			**177**	**28**	
	Median Pay	**187**	**37**			**177**	**36**	
	75th percentile pay ratio	**187**	**49**			**177**	**48**	

In 2024-25 6, (2023-24, 2) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £23,970 to £221,386 (2023-24, £22,720 to £216,219).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

There has been an increase in year in the median remuneration of the workforce, which was mainly the result of all staff receiving a 5.5% consolidated pay uplift in year. There has been an increase in the pay ratio which is attributable to the increase in the chief executive / highest paid director salary being less than the increase in the employee median salary. The median pay ratio for the relevant financial year is consistent with the pay, reward and progression policies for the entity's employees taken as a whole.

Percentage Changes

		2023-24 to 2024-25 %	2022-23 to 2023-24 %
% Change from previous financial year in respect of Chief Executive			
	Salary and allowance	6	-2
	Performance pay and bonuses	0	0
% Change from previous financial year in respect of highest paid director			
	Salary and allowance	6	-2
	Performance pay and bonuses	0	0
Average % Change from previous financial year in respect of employees takes as a whole			
	Salary and allowance	2	9
	Performance pay and bonuses	0	0

Table 2: Salary and Pension Disclosure table: Pension Benefits

Name and title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in pension lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age at 31 Mar 2025 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 Mar 2025 (bands of £5,000) £000	Cash Equivalent transfer value at 31 Mar 2025 £000	Cash Equivalent transfer value at 31 Mar 2024 £000	Real increase in Cash Equivalent transfer value £000	Employer's contribution to stakeholder pension £000
Hayley Thomas **	2.5 - 5.0	0.0 - 2.5	60 - 65	150 - 155	1,326	1,170	55	0
Stephen Powell **	0.0 - 2.5	0.0	60 - 65	155 - 160	1,420	1,323	0	0
Pete Hopgood **	2.5 - 5.0	2.5 - 5.0	50 - 55	140 - 145	1,252	1,088	74	0
Debra Wood-Lawson ***	7.5 - 10.0	0.0	45 - 50	0	808	618	134	0
Kate Wright **	2.5 - 5.0	0.0 - 2.5	40 - 45	95 - 100	977	841	60	0
Claire Madsen	5.0 - 7.5	7.5 - 10.0	50 - 55	135 - 140	1,284	1,079	116	0
Mererid Bowley **	2.5 - 5.0	2.5 - 5.0	45 - 50	115 - 120	1,068	920	70	0
Claire Roche **	5.0 - 7.5	7.5 - 10.0	55 - 60	140 - 145	1,314	1,111	112	0
Helen Bushell	0.0 - 2.5	0.0	10 - 15	0	160	121	17	0
Joy Garfitt ****	0.0	0.0	0	0	0	206	0	0
Nicola Johnson	2.5 - 5.0	2.5 - 5.0	45 -50	115 - 120	1,070	882	58	0
Elaine Lorton	0.0 - 2.5	0.0 - 2.5	35 - 40	85 - 90	757	657	24	0
David Farnsworth*	0	0	0	0	0	0	0	0

* David Farnsworth has opted out of the NHS Pension scheme.
** These officers are affected by the Public Service Pensions Remedy and their membership between 1st April 2015 and 31st March 2022 was moved back into the 1995/2008 Scheme on 1st October 2023. Negative values are not disclosed in this table but are substituted with a zero.
*** Prior year figures re-stated by NHS Pensions. The restated value is £696,000 for the cash equivalent transfer value at 31 March 24. This was previously reported as £296,000 in last years accounts, an increase of £400,000
**** Member claiming pension as at 31st March 2025.

The above calculations are provided by the NHS Pensions Agency and are based on the standard pensionable age for the relevant pension scheme. The calculations are based upon the annual salary after the pay award for 2024/25 was granted in September 2025.

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 (CETV)

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. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

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 2025, the total number staff employed by the Health Board stood at 2,065.15 Whole Time Equivalents (WTE), which includes 59.00 WTE Health Care Support Workers (HCSW) – Aspiring Nurses, of which 36.5 WTE are in training and 22.5 WTE are being worked on the Wards/Community. The table below provides the average WTE of staff employed by the Health Board in 2023/2024 and 2024/2025 broken down by staffing group. This excludes the hosted service Health and Care Research Wales.

Staff Group	2023/24	2024/25
Add Prof Scientific and Technic	82.54	83.21
Additional Clinical Services	413.44	431.13
Administrative and Clerical	561.89	576.84
Allied Health Professionals	148.62	162.24
Estates and Ancillary	161.88	165.81
Healthcare Scientists	9.21	10.21
Medical and Dental	34.36	39.55
Nursing and Midwifery Registered	565.96	595.15
Students	1.00	1.00
Grand Total	**1,978.91**	**2065.15**

Overall, on average, the Health Board has seen an increase of **86.24 WTE** in the number of staff employed in 2024/2025 when compared to 2023/2024. Despite this success, recruiting to a number of clinical roles, in particular Nursing and Medical roles, continues to be challenging. There is an increase overall of 19.77 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 **29%** at March 2024, decreasing to **19%** as at March 2025. The Health Board has also continued to develop the Aspiring Nurse programme, to grow our own internal pipeline to address the deficits. (The percentage deficit excludes Aspiring Nurses.)

Staffing Composition

As of 31 March 2025, the Health Board employed 2,512 substantive employees (excluding bank workers) which equated to 2065.15 WTE. The number (headcount) of female and male employees of the Health Board are as follows:

	Female	Male
Headcount	2,122	390
Percentage	84%	16%

Of this staffing composition, at 31 March 2025, the Executive Team consisted of nine members of the Board (inclusive of the Chief Executive Officer).

The Director of Corporate Governance/Board Secretary (a non-voting member of Board) is a member of the Executive Team and is included in the staffing composition below:

	Female	Male
Headcount	9	1
Percentage	90%	10%

Sickness Absence Data

Information on sickness absence for 2023/2024 and 2024/2025 is provided within the table below:

Staff Group	2023/24	2024/25
WTE Days Lost Long Term	28,280.58	28,817.04
WTE Days Lost Short Term	9,873.91	10,689.17
Total WTE Days Lost	**38,154.49**	**39,506.21**
Total Staff Years (AVG WTE Staff Absent)	104.53	108.24
Average Working Days Lost	19.58	19.32
Total Staff Employed in Period (Headcount)	2,306	2,445
Total Staff Employed in Period with no Absence (Headcount)	909	951
Percentage of Staff with no Sick Leave	**39%**	**39%**

The Health Board's overall rolling sickness absence rate for 2024/2025 is 5.29%, compared to 5.35% in 2023/2024.

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 GROUP

The Health and Safety Group is a strategic group responsible for supporting and scrutinising the management of health and safety across the organisation. The focus during 2024/25 has continued to focus on the five themes which were identified in the previous twelve months.

<u>The Key Themes:</u>

1. Assurance and Reporting Arrangements
2. Achieving Health and Safety excellence in reporting incidents and learning:
3. Developing a Health and Safety Culture by Training and Development
4. Achieving Excellence in Training Compliance
5. Strengthen Inspection.

All policies were updated in Q2 of 2024/25 to reflect the move of the Health & Safety team from the Support Services Directorate to the People and Culture Directorate.

Two policies have been reviewed, updated, and approved by the Health and Safety Group in the past year. These have been communicated through Powys Announcements and are "live" on the intranet. These policies are:

- The Management of Contractors (HSP-008)
- First Aid at Work (HSP-018)

Also due for review in this twelve-month period was the organisation's Health and Safety Policy HSP-001. This will policy encompass proposed changes in governance arrangements for Health and Safety, along with the reviewed risk-based approach for manager and supervisors Health and Safety training across the organisation.

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 quarter with details of incidents at departmental level.

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 which further strengthens the Health and Safety culture of the organisation.

An Internal Audit review of the work of the Health and Safety Group, associated subgroups and policy framework resulted in a rating of 'Reasonable Assurance.' The Audit recommendations will be complete once the organisations H&S Policy has been approved, and changes implemented which will be completed in quarter one of the new financial year.

There has been no enforcement activity from the Health and Safety Executive in 2024/25, and work has been ongoing to ensure continuous improvement in many areas to mitigate the risks of any HSE intervention.

The partnership arrangement with Aneurin Bevan Health Board, for the delivery of prevention management of violence and aggression training has continue, contributing to improved compliance levels.

IOSH Working Safely was delivered as part of the managers development programme, and 20 members of staff attended the IOSH Managing Safety course. Further work is being undertaken to ensure training a proactive approach and positive health and safety culture, continues to be fostered and embedded across the organisation.

Looking ahead, the Health and Safety Group Workplan for 2025/26 there will continue to be a focus on the five themes and will build on a continuous improvement cycle reporting back to the Health and Safety Group, Executive Committee and into the Delivery and Performance Committee of Board.

Expenditure on Consultancy

As disclosed in note 3.3 (page 30) of its financial statements, the Health Board spent £0.479M on consultancy services during 2024/25 compared to £0.902 M in 2023-24.

Off Payroll Engagement

For all off-payroll engagements as of 31 March 2025, for more than **£245** per day:

No. of existing engagements as of 31 March 2025	7
Of which, the number that have existed:	0
for less than one year at time of reporting.	0
for between one and two years at time of reporting.	0
for between two and three years at time of reporting.	0
for between three and four years at time of reporting.	1
for four or more years at time of reporting.	6

	Number
Number. of new engagements, between 1 April 2024 and 31 March 2025	0
Of which...	
No. assessed as caught by IR 35	0
No. assessed as not caught by IR 35	<5
No. engaged directly (via PSC contracted to department) and on the departmental payroll.	0
No. of engagements reassessed for consistency / assura purposes during the year	0
No. of engagements that saw a change to IR35 status following consistency review	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

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 2024 and 31 March 2025.

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.

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

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.

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.

Compliance with Cost Allocation and Charging Requirements

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 (page 31). 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 2024/2025 is £0.110m (2023-24 £0.361m) and is disclosed in note 21.2 of the Health Board's Annual Accounts.

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.

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

At the time this report was compiled the Audit Opinion was yet to be finalised, this aspect of the report will be included in due course.

POWYS TEACHING HEALTH BOARD

FOREWORD

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.

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.

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 LHB 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 2024-25. 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 Local Health Board 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 1st April 2014 and under the Act the first assessment of the 3 year rolling financial duty took place at the end of 2016-17.

Statement of Comprehensive Net Expenditure for the year ended 31 March 2025

	Note	2024-25 £000	2023-24 £000
Expenditure on Primary Healthcare Services	3.1	**83,495**	78,993
Expenditure on healthcare from other providers	3.2	**246,036**	219,145
Expenditure on Hospital and Community Health Services	3.3	**151,717**	147,888
		481,248	446,026
Less: Miscellaneous Income	4	**(16,909)**	(16,222)
LHB net operating costs before interest and other gains and losses		**464,339**	429,804
Investment Revenue	5	**0**	0
Other (Gains) / Losses	6	**(9)**	(2)
Finance costs	7	**54**	21
Net operating costs for the financial year		**464,384**	**429,823**

Details of the Health Board's performance against its revenue and capital allocations over the last three financial periods are provided in Note 2 on page 27.

The notes on pages 8 to 76 form part of these accounts.

Other Comprehensive Net Expenditure

	2024-25 £000	2023-24 £000
Net (gain) / loss on revaluation of property, plant and equipment	**(1,206)**	(2,996)
Net (gain)/loss on revaluation of right of use assets	**0**	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	**(1,206)**	(2,996)
Total comprehensive net expenditure for the year	**463,178**	426,827

The notes on pages 8 to 76 form part of these accounts.

Statement of Financial Position as at 31 March 2025

	Notes	31 March 2025 £000	31 March 2024 £000
Non-current assets			
Property, plant and equipment	11	**109,189**	100,138
Right of Use Assets	11.3	**1,515**	1,063
Intangible assets	12	**154**	0
Trade and other receivables	15	**196**	32
Other financial assets	16	**0**	0
Total non-current assets		**111,054**	101,233
Current assets			
Inventories	14	**197**	211
Trade and other receivables	15	**10,991**	10,317
Other financial assets	16	**0**	0
Cash and cash equivalents	17	**629**	215
		11,817	10,743
Non-current assets classified as "Held for Sale"	11	**0**	0
Total current assets		**11,817**	10,743
Total assets		**122,871**	111,976
Current liabilities			
Trade and other payables	18	**(50,135)**	(47,113)
Other financial liabilities	19	**0**	0
Provisions	20	**(3,803)**	(3,921)
Total current liabilities		**(53,938)**	(51,034)
Net current assets/ (liabilities)		**(42,121)**	(40,291)
Non-current liabilities			
Trade and other payables	18	**(720)**	(267)
Other financial liabilities	19	**0**	0
Provisions	20	**(803)**	(576)
Total non-current liabilities		**(1,523)**	(843)
Total assets employed		**67,410**	60,099
Financed by :			
Taxpayers' equity			
General Fund		**16,781**	10,514
Revaluation reserve		**50,629**	49,585
Total taxpayers' equity		**67,410**	60,099

The financial statements on pages 2 to 7 were approved by the Board on 25th June 2025 and signed on its behalf by:

Chief Executive and Accountable Officer …… Date: ……..

The notes on pages 8 to 76 form part of these accounts.

Statement of Changes in Taxpayers' Equity
For the year ended 31 March 2025

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity for 2024-25			
Balance as at 31 March 2024	10,514	49,585	**60,099**
NHS Wales Transfer	0	0	**0**
RoU Asset Transitioning Adjustment	0	0	**0**
Impact of IFRS 16 on PPP/PFI Liability	0	0	**0**
Balance at 1 April 2024	10,514	49,585	**60,099**
Net operating cost for the year	(464,384)		**(464,384)**
Net gain/(loss) on revaluation of property, plant and equipment	0	1,206	**1,206**
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	162	(162)	**0**
Release of reserves to SoCNE	0	0	**0**
Transfers to/from LHBs	0	0	**0**
Total recognised income and expense for 2024-25	(464,222)	1,044	**(463,178)**
Net Welsh Government funding	462,906		**462,906**
Notional Welsh Government Funding	7,583		**7,583**
Balance at 31 March 2025	16,781	50,629	**67,410**

Notional Welsh Government funding line includes 9.4% staff employer pension and Pensions Annual Allowance Charge Compensation Scheme (PAACCS) costs paid centrally by Welsh Government.
The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2024-25. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has a resulted in an increase in the central payments made by Welsh Government from 6.3% to 9.4%.

Notional Welsh Government funding split:

Notional 9.4% staff employer pension £7.579M
Pensions Annual Allowance Charge Compensation Scheme (PAACCS) £0.004M

The notes on pages 8 to 76 form part of these accounts.

Statement of Changes in Taxpayers' Equity
For the year ended 31 March 2024

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity for 2023-24			
Balance at 31 March 2023	11,604	46,625	**58,229**
NHS Wales Transfer	0	0	**0**
RoU Asset Transitioning Adjustment	0	0	**0**
Balance at 1 April 2023	11,604	46,625	**58,229**
Net operating cost for the year	(429,823)		**(429,823)**
Net gain/(loss) on revaluation of property, plant and equipment	0	2,996	**2,996**
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	0	0	**0**
Release of reserves to SoCNE	36	(36)	**0**
Transfers to/from LHBs	0	0	**0**
Total recognised income and expense for 2023-24	(429,787)	2,960	**(426,827)**
Net Welsh Government funding	424,092		**424,092**
Notional Welsh Government Funding	4,605		**4,605**
Balance at 31 March 2024	10,514	49,585	**60,099**

.Notional Welsh Government funding line includes the 9.4% staff employer pension and Pensions Annual Allowance Charge Compensation Scheme (PAACCS) costs paid centrally by Welsh Government.

Notional Welsh Government funding split;
Notional 6.3% staff employer pension £4.600M
Pensions Annual Allowance Charge Compensation Scheme (PAACCS) £0.005M

The notes on pages 8 to 76 form part of these accounts.

Statement of Cash Flows for year ended 31 March 2025

	Notes	2024-25 £000	2023-24 £000
Cash Flows from operating activities			
Net operating cost for the financial year		**(464,384)**	(429,823)
Movements in Working Capital	27	**(888)**	5,745
Other cash flow adjustments	28	**15,481**	14,701
Provisions utilised	20	**(1,851)**	(8,609)
Net cash outflow from operating activities		**(451,642)**	(417,986)
Cash Flows from investing activities			
Purchase of property, plant and equipment		**(10,514)**	(6,847)
Proceeds from disposal of property, plant and equipment		**15**	0
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		**(10,499)**	(6,847)
Net cash inflow/(outflow) before financing		**(462,141)**	(424,833)
Cash Flows from financing activities			
Welsh Government funding (including capital)		**462,906**	424,092
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		**(351)**	(312)
Cash transferred (to)/ from other NHS bodies		**0**	0
Net financing		**462,555**	423,780
Net increase/(decrease) in cash and cash equivalents		**414**	(1,053)
Cash and cash equivalents (and bank overdrafts) at 1 April 2024		**215**	1,268
Cash and cash equivalents (and bank overdrafts) at 31 March 2025		**629**	215

The notes on pages 8 to 76 form part of these accounts.

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Local Health Boards (LHBs) 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 2024-25 Manual for Accounts. The accounting policies contained in that manual follow the 2024-25 Financial Reporting Manual (FReM) 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.

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 Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2024-25. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has a resulted in an increase in the central payments made by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency) from 6.3% to 9.4%.

However, NHS Wales' organisations are required to account for their staff employer contributions of 23.78% 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 the 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.

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 1st 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.

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 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.

1.7.2 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. Right of use (ROU) asset impairments are reflected in ROU liability.

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 there from 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,

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 1st 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 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.

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 2022 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 LHB will not apply IFRS 16 to any new leases of intangible assets, applying the treatment described in section 1.7 instead.

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 LHB 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 LHB 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 LHB as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The LHB 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 LHB 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

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 LHB's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the LHB'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 three 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 LHB has a present legal or constructive obligation as a result of a past event, it is probable that the LHB 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 LHB 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 LHB 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 2023-24 and 2024-25. The WRPS is hosted by Velindre University NHS 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 University 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 1st 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 LHB 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 LHB 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 LHB 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.

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.

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 LHB 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 LHB accounts for all losses and special payments gross (including assistance from the WRP).

The LHB 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 budgets

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 1st 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 LHB 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.

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*
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 0.5%.

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.

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.

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 LHB 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 LHB's approach for each relevant class of asset in accordance with the principles of IAS 16.

1.26.3. PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised.

Prior year treatment

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.

1.26.4 Impact of IFRS 16 on on-balance sheet PFI/PPP Schemes as from 1st April 2023.

On-balance sheet PPP arrangements should be based on IFRS 16 accounting principles from 2023-24.

When measuring the liability for on-balance sheet PPP contracts containing capital payments linked to a price index IFRS 16 requires that a lessee shall remeasure the lease liability where there is a change in future lease payments resulting from a change in an index or a rate used to determine those payments. The lessee shall remeasure the lease liability to reflect those revised lease payments only when there is a change in the cash flows.

Initial remeasurement - the future PPP liability will need to be remeasured at 1st April 2023 to include the actual indexation-linked changes to payments for the capital/infrastructure element which have taken effect in the cash flows since the PPP agreement commenced. This should use a cumulative catch-up approach, where the cumulative effect is recognised as an adjustment to the opening balance of retained earnings.

Subsequent measurement - The PPP liability will continue to require remeasurements whenever cash payments change in response to indexation movements as set out in the individual PPP contract. The double entry for the subsequent liability remeasurement should be Debit Finance Cost, Credit PPP liability.

The liability does not include estimated future indexation linked increases.

1.26.5. Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the LHB'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.

1.26.6. Assets contributed by the LHB 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 LHB's SoFP.

1.26.7. Other assets contributed by the LHB to the operator

Assets contributed (e.g. cash payments, surplus property) by the LHB 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 LHB, 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 LHB, 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 LHB. 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 2023, Standard is UK endorsed and adopted by the FReM. The date of initial application is the beginning of the annual reporting period in which IFRS 17 is first applied. In central government the date of initial application is 1 April 2025.

IFRS 18 Presentation and Disclosure in Financial Statements - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

1.30. Accounting standards issued that have been adopted early

During 2024-25 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 LHB has established that as it is the corporate trustee of the 'Powys Teaching Local Health Board and other related charities', it is considered for accounting standards compliance to have control of 'Powys Teaching Local Health Board and other related charities' as a subsidiary and therefore is required to consolidate the results of the 'Powys Teaching Local Health Board 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 'Powys Teaching Local Health Board and other related charities' or its independence in its management of charitable funds.

Whilst there is a requirement to consolidate the results of the 'Powys Teaching Local Health Board and other related charities' within the statutory accounts of the LHB. The LHB 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.

2. Financial Duties Performance

The National Health Service Finance (Wales) Act 2014 came into effect from 1st April 2014. The Act amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. From 1st 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			
	2022-23	**2023-24**	**2024-25**	**Total**
	£000	**£000**	**£000**	**£000**
Net operating costs for the year	395,697	429,823	464,384	**1,289,904**
Less general ophthalmic services expenditure and other non-cash limited expenditure	1,609	1,859	1,833	**5,301**
Less unfunded revenue consequences of bringing PFI schemes onto SoFP	0	0	0	**0**
Less any non funded revenue consequences of IFRS 16	0	0	0	**0**
Total operating expenses	397,306	431,682	466,217	**1,295,205**
Revenue Resource Allocation	390,304	419,699	450,464	**1,260,467**
Under /(over) spend against Allocation	**(7,002)**	**(11,983)**	**(15,753)**	**(34,738)**

Powys Teaching Health Board has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2022-23 to 2024-25.

The Health Board received £9m cash-only support from Welsh Government during 2024-25 with the accumulated cash-only support as at 31st March 2025 being £20.850m. This support has been provided by Welsh Government to assist the Health Board with making payments to staff and suppliers; there is no requirement for this cash to be repaid.

2.2 Capital Resource Performance

	2022-23	**2023-24**	**2024-25**	**Total**
	£000	**£000**	**£000**	**£000**
Gross capital expenditure	13,211	6,650	14,608	**34,469**
Add: Losses on disposal of donated assets	0	0	0	**0**
Less NBV on disposal of property, plant and equipment, right of use and intangible assets	0	0	0	**0**
Adjustment for transfers (to)/from NHS Trusts	0	0	0	**0**
Less capital grants received	0	0	0	**0**
Less donations received	(527)	(195)	(141)	**(863)**
Less IFRS16 Peppercorn income	0	0	0	**0**
Less **initial recognition** of RoU Asset Dilapidations	0	0	0	**0**
Charge against Capital Resource Allocation	12,684	6,455	14,467	**33,606**
Capital Resource Allocation	12,752	6,481	14,517	**33,750**
(Over) / Underspend against Capital Resource Allocation	**68**	**26**	**50**	**144**

Powys Teaching Health Board has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2022-23 to 2024-25.

2.3 Duty to prepare a 3 year integrated plan

The NHS Wales Planning Framework for the period 2024-2027 issued to LHBs placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government.

The LHB did not submit an Integrated Medium Term Plan for the period 2024-2027 in accordance with the NHS Wales Planning Framework.

The Powys Teaching Health Board submitted an Annual Plan for 2024/25.

The plan was not approved, so the LHB has failed to meet this statutory duty.

The Minister for Health and Social Services extant approval

Status	Not Approved
Date	

The LHB has not met its statutory duty to have an approved financial plan.

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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:

	2024-25	2023-24
Total number of non-NHS bills paid	**52,868**	54,338
Total number of non-NHS bills paid within target	**49,586**	50,281
Percentage of non-NHS bills paid within target	93.8%	92.5%

The LHB has not met the target.

3. Analysis of gross operating costs

3.1 Expenditure on Primary Healthcare Services

	Cash limited £000	Non-cash limited £000	2024-25 Total £000	2023-24 Total £000
General Medical Services	44,737		44,737	42,120
Pharmaceutical Services	5,727	(3,397)	2,330	2,140
General Dental Services	9,307		9,307	8,999
General Ophthalmic Services	767	1,564	2,331	1,786
Other Primary Health Care expenditure	1,894		1,894	1,302
Prescribed drugs and appliances	22,896		22,896	22,646
Total	**85,328**	**(1,833)**	**83,495**	78,993

Return of excess funds from primary care contractors are included in the figures above

Included within other notes to the accounts			
Additional Primary Care Expenditure	Positive	0	0
Additional Primary Care Income	Negative	-1202	-1,202
Overall total		82,293	77,791

1. General Medical Services includes £0M (£0.169m 2023/24) of staff related costs in respect of a Health Board managed GP Practice, the practice transferred to another provider on 1st July 2023. 2. The negative non cash limited balance on Pharmac eutical services relate to prescriptions for Powys residents being dispensed in non Powys pharmacies. The effect of this is a net ou tflow for Powys LHB.

3.2 Expenditure on healthcare from other providers

	2024-25 £000	2023-24 £000
Goods and services from other NHS Wales Health Boards	**50,483**	46,385
Goods and services from other NHS Wales Trusts	**3,284**	3,139
Goods and services from Welsh Special Health Authorities	**1,235**	415
Goods and services from other non Welsh NHS bodies	**82,084**	76,901
Goods and services from NWJCC /WHSSC and EASC	**58,939**	52,776
Local Authorities	**3,067**	2,605
Voluntary organisations	**1,901**	1,897
NHS Funded Nursing Care	**2,782**	2,279
Continuing Care	**33,047**	28,806
Private providers	**4,868**	1,217
Specific projects funded by the Welsh Government	**0**	0
Other	**4,346**	2,725
Total	**246,036**	219,145

From 1st April 2024, the 7 Health Boards in Wales have established the NHS Wales Joint Commissioning Committee (NWJCC) which is hosted by Cwm Taf Morgannwg University Health Board, secures the provision of highly specialised healthcare and commissions ambulance services. It replaced Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC) and National Collaborative Commissioning Unit (NCCU) which operated until 31st March 2024. These arrangements include funding of services operated through a risk sharing arrangement. The LHB payment for the NWJCC commissioning arrangements for the year ended 31st March 2025 is £58.939m (2023/24: £52.776m).

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 £4.141m, Shrewsbury and Telford NHS Foundation NHS Trust £1.187m and Robert Jones and Agnes Hunt Orthopaedic Hospital £0.998m in comparison to 2023/24 expenditure.

The increase in Local Authorities expenditure during 2024/25 is mainly in relation to pass through of funding in respect of 50 Day Winter Challenge (23/24 £0.000m) funded by Welsh Government where equivalent funding was not provided during 23/24.

The increase in Continuing Health Care expenditure during 2024/25 has resulted from an increase in the number of cases and cost per case compared to 2023/24.

The increase in Private Providers is due to the lack of capacity within NHS settings for more complex needs placements. The THB has seen increasing demand in this area in comparision to 23/24.

Other Expenditure includes Regional Integration Fund expenditure of £6.712M (2023/24: £5.976M) 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 2024/25 value of write backs is less than 2023/24 mainly relating to an agreed outcome on historic Continuing Health Care cases being settled at a lesser amount than had been provided during 23/24.

3.3 Expenditure on Hospital and Community Health Services

	2024-25 £000	2023-24 £000
Directors' costs	1,876	1,896
Operational Staff costs	126,749	115,477
Single lead employer Staff Trainee Cost	0	0
Collaborative Bank Staff Cost	0	0
Supplies and services - clinical	6,290	5,767
Supplies and services - general	1,680	1,504
Consultancy Services	479	922
Establishment	2,128	1,949
Transport	867	886
Premises	6,988	6,803
External Contractors	0	0
Depreciation	4,979	4,651
Depreciation Right of Use assets (RoU)	363	528
Amortisation	0	0
Fixed asset impairments and reversals (Property, plant & equipment)	706	7,717
Fixed asset impairments and reversals (RoU Assets)	0	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	326	323
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	188	76
Research and Development	0	0
Expense related to short-term leases	0	0
Expense related to low-value asset leases (excluding short-term leases)	0	0
Other operating expenses	(1,902)	(611)
Total	**151,717**	147,888

3.4 Losses, special payments and irrecoverable debts: charges to operating expenses

Increase/(decrease) in provision for future payments:	**2024-25 £000**	2023-24 £000
Clinical negligence;		
Secondary care	**619**	(4,209)
Primary care	**75**	2,247
Redress Secondary Care	**50**	(78)
Redress Primary Care	**0**	0
Personal injury	**950**	409
All other losses and special payments	**1**	24
Defence legal fees and other administrative costs	**99**	309
Gross increase/(decrease) in provision for future payments	**1,794**	**(1,298)**
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	(1)	(36)
Less: income received/due from Welsh Risk Pool	(1,605)	1,410
Total	**188**	76

	2024-25 £	2023-24 £
Permanent injury included within personal injury £:	103,987	(49,262)

4. Miscellaneous Income

	2024-25 £000	2023-24 £000
Local Health Boards	2,172	2,325
NWJCC/ WHSSC and EASC	56	51
NHS Wales trusts	1,053	520
Welsh Special Health Authorities	988	1,221
Foundation Trusts	0	0
Other NHS England bodies	1,020	672
Other NHS Bodies	0	0
Local authorities	0	0
Welsh Government	6,131	5,404
Welsh Government Hosted bodies	0	0
Non NHS:		
Prescription charge income	0	0
Dental fee income	1,202	1,007
Private patient income	0	0
Overseas patients (non-reciprocal)	0	0
Injury Costs Recovery (ICR) Scheme	42	31
Other income from activities	1,533	1,906
Patient transport services	0	0
Education, training and research	437	603
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	105	195
Receipt of Government granted assets	36	0
Right of Use Grant (Peppercorn Lease)	0	0
Non-patient care income generation schemes	0	0
NHS Wales Shared Services Partnership (NWSSP)	0	0
Deferred income released to revenue	75	483
Right of Use Asset Sub-leasing rental income	0	0
Contingent rental income from finance leases	0	0
Rental income from operating leases	69	70
Other income:		
Provision of laundry, pathology, payroll services	0	0
Accommodation and catering charges	203	136
Mortuary fees	0	5
Staff payments for use of cars	0	0
Business Unit	0	0
Scheme Pays Reimbursement Notional	24	(98)
Other	1,763	1,691
Total	**16,909**	16,222

Welsh Government miscellaneous income includes funding received on behalf of the hosted function of Health and Care Research Wales within the THB. This has increased to £4.777m from an amount of £4.568M received in 23/24.

The Receipt of Donated and Government Grant Assets of £0.141m (2023/24: £0.195m) relates to contributions from Charitable Organisations and Welsh Government Energy Service to capital schemes and equipment. This is further detailed in Note 11.

5. Investment Revenue

	2024-25	2023-24
	£000	£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

	2024-25	2023-24
	£000	£000
Gain/(loss) on disposal of property, plant and equipment	9	0
Gain/(loss) on disposal other than by sale of right of use assets assets	0	2
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	9	2

7. Finance costs

	2024-25	2023-24
	£000	£000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under Right of Use Leases	40	9
Interest on obligations under PFI contracts;		
main finance cost	0	0
contingent finance cost	0	0
Impact of IFRS 16 on PPP/PFI contracts	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	40	9
Provisions unwinding of discount	14	12
Other finance costs	0	0
Total	54	21

8. Future charges to Statement of Comprehensive Net Expenditure (SoCNE)

LHB as lessee

As at 31st March 2025 the Health Board had 15 leases agreements in place in respect of vehicles.

The periods in which the remaining agreements will expire are shown below:

	2024-25 Low Value & Short Term	2024-25 Other	2024-25 Total	2023-24 Total
Payments recognised as an expense				
	£000	**£000**	**£000**	£000
Minimum lease payments	**0**	**51**	**51**	70
Contingent rents	**0**	**0**	**0**	0
Sub-lease payments	**0**	**0**	**0**	0
Total	**0**	**51**	**51**	70

Total future minimum lease payments Payable				
	£000	**£000**	**£000**	£000
Not later than one year	**0**	**56**	**56**	34
Between one and five years	**0**	**65**	**65**	28
After 5 years	**0**	**0**	**0**	0
Total	**0**	**121**	**121**	62

LHB as lessor

	2024-25	2023-24
Rental revenue	**£000**	£000
Rent	**55**	52
Contingent rents	**0**	0
Total revenue rental	**55**	52

Total future minimum lease payments Receivable		
	£000	£000
Not later than one year	**55**	49
Between one and five years	**39**	39
After 5 years	**17**	28
Total	**110**	116

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	2023-24
	£000	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	91,075	478	11,137	0	0	0	102,690	96,232
Social security costs	8,428	0	0	0	0	0	8,428	7,680
Employer contributions to NHS Pension Scheme	19,174	0	0	0	0	0	19,174	15,101
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	118,677	478	11,137	0	0	0	130,292	119,013

Charged to capital	442	438
Charged to revenue	129,850	118,575
	130,292	119,013
Net movement in accrued employee benefits (untaken staff leave)	0	0

9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2023-24
	Number	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	649	2	0	0	0	0	651	627
Medical and dental	37	1	11	0	0	0	49	43
Nursing, midwifery registered	588	3	42	0	0	0	633	619
Professional, Scientific, and technical staff	84	0	3	0	0	0	87	90
Additional Clinical Services	425	0	28	0	0	0	453	450
Allied Health Professions	157	0	9	0	0	0	166	153
Healthcare Scientists	11	0	1	0	0	0	12	8
Estates and Ancilliary	167	0	0	0	0	0	167	165
Students	1	0	0	0	0	0	1	0
Total	2,119	6	94	0	0	0	2,219	2,155

9.3. Retirements due to ill-health

	2024-25	2023-24
Number	6	5
Estimated additional pension costs £	726,940	138,760

This note discloses the number and additional pension costs for individuals who retired early on ill-health grounds during the year. These additional pension costs have been calculated on an average basis and will be borne by the NHS Pension Scheme.

9.4 Employee benefits

The Teaching Health Board does not have an employee benefit scheme

9.5 Reporting of other compensation schemes - exit packages

9.5.1 Exit Packages Costs and Numbers

Exit packages cost band (including any special payment element)	2024-25 Number of compulsory redundancies	2024-25 Number of other departures	2024-25 Total number of exit packages	2024-25 Number of departures where special payments have been made	2023-24 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	1
£25,000 to £50,000	0	1	1	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	1	1	0	2

Exit packages cost band (including any special payment element)	2024-25 Cost of compulsory redundancies	2024-25 Cost of other departures	2024-25 Total cost of exit packages	2024-25 Cost of special element included in exit packages	2023-24 Total cost of exit packages
	£	£	£	£	£
less than £10,000	0	0	0	0	5,872
£10,000 to £25,000	0	0	0	0	13,043
£25,000 to £50,000	0	42,882	42,882	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	42,882	42,882	0	18,915

Total Exit Costs Paid in Year	Total paid in year 2024-25	Total paid in year 2023-24
	£	£
Exit costs paid in year	0	18,915
Total	0	18,915

There has been one exit package agreed in year but not paid out until after the year end in April 2025

9.5 Reporting of other compensation schemes - exit packages continued

9.5.2 Analysis of other departures

Type of other departures	2024-25 Agreements Number	2024-25 Total value of agreements £
Voluntary redundancies including early retirement contractual costs	1	42,882
Contractual payments in lieu of notice*	0	0
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring Welsh Government Approval**	0	0
Other please specify	0	0
Other please specify	0	0
Total	**1**	**42882**

There has been one exit package agreed in year but not paid out until after the year end in April 2025

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.

	2024-25	**2024-25**	**2024-25**	2023-24	2023-24	2023-24
	£000	**£000**	**£000**	£000	£000	£000
Total pay and benefits	**Chief Executive**	**Employee**	**Ratio**	Chief Executive	Employee	Ratio
25th percentile pay ratio	**187**	**28**	**6.7:1**	177	28	6.3:1
Median pay	**187**	**37**	**5.1:1**	177	36	4.9:1
75th percentile pay ratio	**187**	**49**	**3.8:1**	177	48	3.7:1
Salary component of total pay and benefits						
25th percentile pay ratio	**187**	**28**		177	28	
Median pay	**187**	**37**		177	36	
75th percentile pay ratio	**187**	**49**		177	48	

	Highest Paid			Highest Paid		
Total pay and benefits	**Director**	**Employee**	**Ratio**	Director	Employee	Ratio
25th percentile pay ratio	**187**	**28**	**6.7:1**	177	28	6.3:1
Median pay	**187**	**37**	**5.1:1**	177	36	4.9:1
75th percentile pay ratio	**187**	**49**	**3.8:1**	177	48	3.7:1
Salary component of total pay and benefits						
25th percentile pay ratio	**187**	**28**		177	28	
Median pay	**187**	**37**		177	36	
75th percentile pay ratio	**187**	**49**		177	48	

In 2024-25, 6 (2023-24, 2) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £23,970 to £221,386 (2023-24, £22,720 to £216,219).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

Financial Year Summary

There has been an increase in year in the median remuneration of the workforce, which was mainly the result of all staff receiving a 5.5% consolidated pay uplift in year. There has been an increase in the pay ratio which is attributable to the increase in the chief executive / highest paid director salary being more than the increase in the employee median salary. The median pay ratio for the relevant financial year is consistent with the pay, reward and progression policies for the entity's employees taken as a whole.

9.6.2 Percentage Changes	**2023-24 to 2024-25**	2022-23 to 2023-24
% Change from previous financial year in respect of Chief Executive	**%**	**%**
Salary and allowances	**6**	(2)
Performance pay and bonuses	**0**	0
% Change from previous financial year in respect of highest paid director		
Salary and allowances	**6**	(2)
Performance pay and bonuses	**0**	0
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	**2**	9
Performance pay and bonuses	**0**	0

9.7 Pension costs

Past and present employees are covered by the provisions of the 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 the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. 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 2025, is based on valuation data as 31 March 2023, updated to 31 March 2025 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 Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and 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 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

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 2024-25 tax year (2023-24 £6,240 and £50,270).

Restrictions on the annual contribution limits were removed on 1st April 2017.

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.

	2024-25	**2024-25**	2023-24	2023-24
NHS	**Number**	**£000**	Number	£000
Total bills paid	2,023	201,408	1,852	181,449
Total bills paid within target	1,527	191,401	1,298	169,971
Percentage of bills paid within target	**75.5%**	**95.0%**	70.1%	93.7%
Non-NHS				
Total bills paid	52,868	126,874	54,338	118,008
Total bills paid within target	49,586	118,081	50,281	112,735
Percentage of bills paid within target	**93.8%**	**93.1%**	92.5%	95.5%
Total				
Total bills paid	**54,891**	**328,282**	56,190	299,457
Total bills paid within target	**51,113**	**309,482**	51,579	282,706
Percentage of bills paid within target	**93.1%**	**94.3%**	91.8%	94.4%

The Teaching Health Board performance at 93.8% has not met the administrative target of payment 95% of the number of non-nhs creditors paid within 30 days nor did it in 2023/24

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2024-25	2023-24
	£	£
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**

11.1 Property, plant and equipment

2024-25

	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 2024	12,631	81,633	1,565	4,575	7,912	410	5,315	0	114,041
Indexation	134	1,145	28	0	0	0	0	0	1,307
Additions									
- purchased	0	1,660	35	8,343	2,009	102	1,250	0	13,399
- donated	0	89	0	0	52	0	0	0	141
- 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	2,571	0	(2,571)	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	327	0	0	0	0	0	0	327
Impairments	0	(1,403)	0	0	0	0	0	0	(1,403)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(495)	(14)	(558)	0	(1,067)
At 31 March 2025	12,765	86,022	1,628	10,347	9,478	498	6,007	0	126,745
Depreciation at 1 April 2024	0	5,478	122	0	5,833	357	2,113	0	13,903
Indexation	0	99	2	0	0	0	0	0	101
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	(370)	0	0	0	0	0	0	(370)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(485)	(14)	(558)	0	(1,057)
Provided during the year	0	3,215	69	0	685	26	984	0	4,979
At 31 March 2025	0	8,422	193	0	6,033	369	2,539	0	17,556
Net book value at 1 April 2024	12,631	76,155	1,443	4,575	2,079	53	3,202	0	100,138
Net book value at 31 March 2025	12,765	77,600	1,435	10,347	3,445	129	3,468	0	109,189
Net book value at 31 March 2025 comprises :									
Purchased	12,765	74,386	1,435	10,347	3,311	129	3,468	0	105,841
Donated	0	3,214	0	0	134	0	0	0	3,348
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2025	12,765	77,600	1,435	10,347	3,445	129	3,468	0	109,189
Asset financing :									
Owned	12,765	77,600	1,435	10,347	3,445	129	3,468	0	109,189
On-SoFP MIMS Funded PPP contracts	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 2025	12,765	77,600	1,435	10,347	3,445	129	3,468	0	109,189

The net book value of land, buildings and dwellings at 31 March 2025 comprises :

	£000
Freehold	91,800
Long Leasehold	0
Short Leasehold	0
	91,800

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.

The reclassification in year relates to the bringing into use of buildings that were previously Assets under construction. The main part of this reclassification relates to Bronllys Roof Project at £1.445m

11.1 Property, plant and equipment

2023-24	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	13,043	67,872	1,478	18,245	8,525	424	6,194	0	115,781
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 2023	13,043	67,872	1,478	18,245	8,525	424	6,194	0	115,781
Indexation	(403)	3,477	88	0	0	0	0	0	3,162
Additions									
- purchased	0	1,429	(1)	3,175	362	0	1,178	0	6,143
- donated	0	40	0	0	155	0	0	0	195
- 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	16,845	0	(16,845)	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	583	0	0	0	0	0	0	583
Impairments	(9)	(8,291)	0	0	0	0	0	0	(8,300)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	(322)	0	0	(1,130)	(14)	(2,057)	0	(3,523)
At 31 March 2024	**12,631**	**81,633**	**1,565**	**4,575**	**7,912**	**410**	**5,315**	**0**	**114,041**
Depreciation at 31 March bf	0	2,725	52	0	6,186	345	3,288	0	**12,596**
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 2023	0	2,725	52	0	6,186	345	3,288	0	12,596
Indexation	0	163	3	0	0	0	0	0	166
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
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	(322)	0	0	(1,118)	(14)	(2,056)	0	(3,510)
Provided during the year	0	2,912	67	0	765	26	881	0	4,651
At 31 March 2024	**0**	**5,478**	**122**	**0**	**5,833**	**357**	**2,113**	**0**	**13,903**
Net book value at 1 April 2023	**13,043**	**65,147**	**1,426**	**18,245**	**2,339**	**79**	**2,906**	**0**	**103,185**
Net book value at 31 March 2024	**12,631**	**76,155**	**1,443**	**4,575**	**2,079**	**53**	**3,202**	**0**	**100,138**
Net book value at 31 March 2024 comprises :									
Purchased	**12,631**	**72,863**	**1,443**	**4,575**	**1,923**	**53**	**3,202**	**0**	**96,690**
Donated	**0**	**3,292**	**0**	**0**	**156**	**0**	**0**	**0**	**3,448**
Government Granted	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
At 31 March 2024	**12,631**	**76,155**	**1,443**	**4,575**	**2,079**	**53**	**3,202**	**0**	**100,138**
Asset financing :									
Owned	**12,631**	**76,155**	**1,443**	**4,575**	**2,079**	**53**	**3,202**	**0**	**100,138**
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 2024	**12,631**	**76,155**	**1,443**	**4,575**	**2,079**	**53**	**3,202**	**0**	**100,138**

The net book value of land, buildings and dwellings at 31 March 2024 comprises :

	£000
Freehold	90,229
Long Leasehold	0
Short Leasehold	0
	90,229

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 h as 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.

The reclassification in year relates to the bringing into use of buildings that were previously Assets under construction. T he main part of this reclassification relates to the Machynlleth Hospital Reconfiguration Project at £15.948m

11. Property, plant and equipment (continued)

Disclosures:

Disclosures:
i) Donated Assets
Powys LHB has received the following donated assets during the year. £0.036m from the Welsh Government Energy Service to implement EV charging points and £0.106m of various contributions from the LHB charity and Hospital League of Friends in respect of small refurbishment schemes or provision of medical equipment.
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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 Bronllys Hospital Roof project upon it being brought into use during the year. Details of this are included in note 13.

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 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) Market Value
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.

viii) IFRS 13 Fair value measurement
There are no assets requiring Fair Value measurement under IFRS 13.

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 2024	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 2025	0	0	0	0	0	**0**
Balance brought forward 1 April 2023	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 2024	0	0	0	0	0	**0**

11.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings within the note. Most are individuall y insignificant, however, two are significant in their own right:

- Glan Irfon lease held under Land and Buildings - NBV at 31 March 2025 £0.424m

- Presteigne Health Centre lease held under Land and Buildings - NBV at 31 March 2025 £0.430m

2024-25	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2024	**0**	**1,574**	**0**	**0**	**671**	**0**	**0**	**0**	**2,245**
Additions	0	505	0	0	409	0	0	0	**914**
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Disposals other than by sale	0	(70)	0	0	(29)	0	0	0	**(99)**
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 2025	**0**	**2,009**	**0**	**0**	**1,051**	**0**	**0**	**0**	**3,060**
Depreciation at 1 April 2024	**0**	**735**	**0**	**0**	**447**	**0**	**0**	**0**	**1,182**
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**
Disposals other than by sale	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	200	0	0	163	0	0	0	**363**
At 31 March 2025	**0**	**935**	**0**	**0**	**610**	**0**	**0**	**0**	**1,545**
Net book value at 1 April 2024	**0**	**839**	**0**	**0**	**224**	**0**	**0**	**0**	**1,063**
Net book value at 31 March 2025	**0**	**1,074**	**0**	**0**	**441**	**0**	**0**	**0**	**1,515**

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	424	0	0	0	0	0	0	**424**
Other Public Sector Market Value Leases	0	123	0	0	0	0	0	0	**123**
Private Sector Peppercorn Leases	0	38	0	0	0	0	0	0	**38**
Private Sector Market Value Leases	0	489	0	0	441	0	0	0	**930**
Total	**0**	**1,074**	**0**	**0**	**441**	**0**	**0**	**0**	**1,515**

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 2024 £0.456m

2023-24	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 31 March 2023	0	1,796	0	0	528	0	0	0	**2,324**
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	0	0	0	0	0	0	0	**0**
Cost or valuation at 1 April 2023	**0**	**1,796**	**0**	**0**	**528**	**0**	**0**	**0**	**2,324**
Additions	0	110	0	0	202	0	0	0	**312**
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Disposals other than by sale	0	-332	0	0	-59	0	0	0	**-391**
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 2024	**0**	**1,574**	**0**	**0**	**671**	**0**	**0**	**0**	**2,245**
Depreciation at 31 March 2023	0	418	0	0	236	0	0	0	**654**
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 2023	**0**	**418**	**0**	**0**	**236**	**0**	**0**	**0**	**654**
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**
Disposals other than by sale	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	317	0	0	211	0	0	0	**528**
At 31 March 2024	**0**	**735**	**0**	**0**	**447**	**0**	**0**	**0**	**1,182**
Net book value at 1 April 2023	**0**	**1,378**	**0**	**0**	**292**	**0**	**0**	**0**	**1,670**
Net book value at 31 March 2024	**0**	**839**	**0**	**0**	**224**	**0**	**0**	**0**	**1,063**

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	456	0	0	0	0	0	0	**456**
Other Public Sector Market Value Leases	0	136	0	0	0	0	0	0	**136**
Private Sector Peppercorn Leases	0	57	0	0	0	0	0	0	**57**
Private Sector Market Value Leases	0	191	0	0	224	0	0	0	**415**
Total	**0**	**839**	**0**	**0**	**224**	**0**	**0**	**0**	**1,063**

11.3 Right of Use Assets continued

Quantitative disclosures

Maturity analysis Contractual undiscounted cash flows relating to lease liabilities	2024-25 Land £000	2024-25 Buildings £000	2024-25 Other £000	2024-25 Total £000	2023-24 Total £000
Less than 1 year	0	141	224	365	283
2-5 years	0	357	240	597	272
> 5 years	0	209	0	209	0
Less finance charges allocated to future periods	0	-102	-24	-126	-10
Total	**0**	**605**	**440**	**1,045**	**545**

Lease Liabilities (net of irrecoverable VAT)	2024-25	2023-24
Current	325	278
Non-Current	720	267
Total	**1,045**	**545**

Amounts Recognised in Statement of Comprehensive Net Expenditure	2024-25	2023-24
Depreciation	363	528
Impairment	0	0
Variable lease payments not included in lease liabilities - Interest expense	40	9
Sub-leasing income	0	0
Expense related to short-term leases	0	0
Expense related to low-value asset leases (excluding short-term leases)	0	0

Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT)		
Interest expense	(40)	0
Repayments of principal on leases	(351)	(312)
Total	**(391)**	**(312)**

The Teaching Health Board leases land, buildings and equipment where required to deliver core services.

Where an extension option exists within a lease, the Teaching Health Board 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.

12. Intangible non-current assets

2024-25

	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 2024	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	154	154
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
Transfer from/into other NHS bodies	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Gross cost at 31 March 2025	0	0	0	0	0	154	154
Amortisation at 1 April 2024	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
Transfer from/into other NHS bodies	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Amortisation at 31 March 2025	0	0	0	0	0	0	0
Net book value at 1 April 2024	0	0	0	0	0	0	0
Net book value at 31 March 2025	0	0	0	0	0	154	154
NBV at 31 March 2025							
Purchased	0	0	0	0	0	154	154
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 2025	0	0	0	0	0	154	154

12. Intangible non-current assets
2023-24

	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 2023	**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**
Transfer from/into other NHS bodies	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	**0**
Gross cost at 31 March 2024	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Amortisation at 31 March bf	**0**	**0**	**0**	**0**	**0**	**0**	**0**
NHS Wales Transfers	0	0	0	0	0	0	**0**
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	**0**
Amortisation at 1 April 2023	**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**
Transfer from/into other NHS bodies	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	**0**
Amortisation at 31 March 2024	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Net book value at 1 April 2023	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Net book value at 31 March 2024	**0**	**0**	**0**	**0**	**0**	**0**	**0**
NBV at 31 March 2024							
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 2024	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Additional Disclosures re Intangible Assets

Disclosures:
i) Donated Assets

The LHB has not received any donated intangible assets during the year.

ii) Recognition

Intangible assets acquired separately are initially recognised at fair value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred to date when the criteria for recognising internally generated assets has been met (see accounting policy 1.7 for criteria).

iii) Asset Lives

The useful economic life of Intangible non-current assets are assigned on an individual asset basis. Software is generally assigned a 5 year UEL and the UEL of internally generated software is based on the professional judgement of LHB professionals and Finance staff.

iv) Additions during the period

There is currently one intangible asset under contstruction during the year relating the Radiology Informatics System Programme(RISP) which is due to go live during 2025/26.

v) Disposals during the period

There have been no disposal of intangible assets during the year.

vi) Transfers into other NHS Bodies

The LHB has not received any intangible assets transferred from another NHS body.

13 . Impairments

	2024-25 Property, plant & equipment £000	2024-25 Right of Use Assets £000	2024-25 Intangible assets £000	2024-25 Held for sale assets £000	2024-25 Financial Assets £000	2024-25 Total Asset Impairment £000
Impairments arising from :						
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment in the course of construction	0	0	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	0	0	0	0	0	0
Others (specify)	1,033	0	0	0	0	1,033
Reversal of Impairments	(327)	0	0	0	0	(327)
Total of all impairments	706	0	0	0	0	706
Analysis of impairments charged to reserves in year :						
Impairments charged to the Statement of Comprehensive Net Expenditure	706	0	0	0	0	706
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	0	0	0	0	0	0
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	0	0	0	0	0	0
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0	0	0	0	0
Total	706	0	0	0	0	706

	2023-24 Property, plant & equipment £000	2023-24 Right of Use Assets £000	2023-24 Intangible assets £000	2023-24 Held for sale assets £000	2023-24 Financial Assets £000	2023-24 Total Asset Impairment £000
Impairments arising from :						
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment in the course of construction	0	0	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	0	0	0	0	0	0
Others (specify)	8,300	0	0	0	0	8,300
Reversal of Impairments	(583)	0	0	0	0	(583)
Total of all impairments	7,717	0	0	0	0	7,717
Analysis of impairments charged to reserves in year :						
Statement of Comprehensive Net Expenditure	7,717	0	0	0	0	7,717
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	0	0	0	0	0	0
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	0	0	0	0	0	0
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0	0	0	0	0
Total	7,717	0	0	0	0	7,717

Within the healthcare segment of the Teaching Health Board, there is one downward impairments in year totalling £1.033m charged to the statement of Comprehensive Net Expenditure. This includes the downward valuation of £1.033m as a result of the initial valuation for the bringing into use the Roof Project at Bronllys Hospital.

There is a reversal of impairment of £0.327m during 2024/25 which has occurred as a result of an increase arising on revaluations due to 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

Impairment funding to cover adjustments required is provided to the Teaching Health Board by Welsh Government on an annual basis.

14.1 Inventories

	31 March 2025	31 March 2024
	£000	£000
Drugs	156	152
Consumables	35	54
Energy	0	0
Work in progress	0	0
Other	6	5
Total	197	211
Of which held at realisable value	0	0

14.2 Inventories recognised in expenses

	31 March 2025	31 March 2024
	£000	£000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	3
Reversal of write-downs that reduced the expense	0	0
Total	0	3

15. Trade and other Receivables

Current	31 March 2025 £000	31 March 2024 £000
Welsh Government	1,935	642
NWJCC/ WHSSC and EASC	132	147
Welsh Health Boards	201	212
Welsh NHS Trusts	736	784
Welsh Special Health Authorities	299	334
Non - Welsh Trusts	421	1,080
Other NHS	39	0
2019-20 Scheme Pays - Welsh Government Reimbursement	5	0
Welsh Risk Pool Claim reimbursement		
NHS Wales Secondary Health Sector	1,277	1,413
NHS Wales Primary Sector FLS Reimbursement	2,383	2,293
NHS Wales Redress	117	74
Other	0	0
Local Authorities	801	1,206
Capital receivables - Tangible	126	58
Capital receivables - Intangible	0	0
Other receivables	2,460	1,791
Provision for irrecoverable debts	(612)	(613)
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	671	896
Other accrued income	0	0
Sub total	**10,991**	10,317
Non-current		
Welsh Government	0	0
NWJCC/WHSSC and 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	43	32
Welsh Risk Pool Claim reimbursement;		
NHS Wales Secondary Health Sector	127	0
NHS Wales Primary Sector FLS Reimbursement	26	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital receivables - Tangible	0	0
Capital receivables - Intangible	0	0
Other receivables	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	**196**	32
Total	**11,187**	10,349

15. Trade and other Receivables (continued)

Receivables past their due date but not impaired

	31 March 2025 £000	31 March 2024 £000
By up to three months	200	385
By three to six months	22	28
By more than six months	28	87
	250	500

Expected Credit Losses (ECL) / Provision for impairment of receivables

Balance at 1 April	(613)	(650)
Transfer to other NHS Wales body	0	0
Amount written off during the year	0	0
Amount recovered during the year	68	60
(Increase) / decrease in receivables impaired	(67)	(23)
Bad debts recovered during year	0	0
Balance at 31 March	(612)	(613)

In determining whether a debt should be impaired, consideration is given to the age of the debt, historic collectability rates and the results of actions already taken including referral to the Health Board's credit agencies.

Receivables VAT

Trade receivables	0	0
Other	0	0
Total	0	0

16. Other Financial Assets

	Current		Non-current	
	31 March 2025	31 March 2024	**31 March 2025**	31 March 2024
	£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	**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**

RoU Sub-leasing income Recognised in Statement of Comprehensive Net Expenditure	**2024-25**	**2023-24**
RoU Sub-leasing income	0	0

17. Cash and cash equivalents

	2024-25	2023-24
	£000	£000
Balance at 1 April	**215**	1,268
Net change in cash and cash equivalent balances	**414**	(1,053)
Balance at 31 March	**629**	215
Made up of:		
Cash held at GBS	**568**	143
Commercial banks	**59**	70
Cash in hand	**2**	2
Cash and cash equivalents as in Statement of Financial Position	**629**	215
Bank overdraft - GBS	**0**	0
Bank overdraft - Commercial banks	**0**	0
Cash and cash equivalents as in Statement of Cash Flows	**629**	215

18. Trade and other payables

Current	**31 March 2025**	31 March 2024
	£000	£000
Welsh Government	**67**	25
NWJCC/WHSSC and EASC	**781**	615
Welsh Health Boards	**5,661**	4,501
Welsh NHS Trusts	**1,045**	1,311
Welsh Special Health Authorities	**0**	545
Other NHS	**4,023**	5,953
Taxation and social security payable / refunds	**956**	855
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	**1,087**	1,053
Non-NHS payables - Revenue	**6,742**	7,178
Local Authorities	**2,791**	2,086
Capital payables- Tangible	**6,297**	3,344
Capital payables- Intangible	**154**	0
Overdraft	**0**	0
Rentals due under operating leases	**0**	0
RoU Lease Liability	**325**	278
Obligations under finance leases, HP contracts		
Imputed finance lease element of on SoFP PFI contracts	**0**	0
Impact of IFRS 16 on SoFP PFI contracts	**0**	0
Pensions: staff	**1,710**	1,562
Non NHS Accruals	**18,176**	17,696
Deferred Income:		
Deferred Income brought forward	**111**	483
Deferred Income Additions	**284**	111
Transfer to / from current/non current deferred income	**0**	0
Released to SoCNE	**(75)**	(483)
Other creditors	**0**	0
PFI assets –deferred credits	**0**	0
Payments on account	**0**	0
Sub Total	**50,135**	47,113

Non-current		
Welsh Government	**0**	0
NWJCC/WHSSC and 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	**720**	267
Obligations under finance leases, HP contracts		
Imputed finance lease element of on SoFP PFI contracts	**0**	0
Impact of IFRS 16 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	**720**	267
Total	**50,855**	47,380

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

The THB aims to pay all invoices within the 30 day period directed by the Welsh Government.

18. Trade and other payables (continued).

Amounts falling due more than one year are expected to be settled as follows:	**31 March 2025 £000**	31 March 2024 £000
Between one and two years	**0**	0
Between two and five years	**0**	0
In five years or more	**0**	0
Sub-total	**0**	0

19. Other financial liabilities

	Current		**Non-current**	
Financial liabilities	**31 March 2025 £000**	31 March 2024 £000	**31 March 2025 £000**	31 March 2024 £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	**0**	0	**0**	0

20. Provisions

	At 1 April 2024	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 2025
Current	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-									
Secondary care	297	0	0	0	721	(320)	(102)	0	596
Primary care	2,252	0	0	0	75	0	0	0	2,327
Redress Secondary care	70	0	0	0	75	(19)	(25)	0	101
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	482	0	0	0	961	(1,324)	(55)	13	77
All other losses and special payments	0	0	0	0	1	(1)	0	0	0
Defence legal fees and other administration	277	0	0	(46)	116	(50)	(163)		134
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	9	(4)	0	0	5
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	543		0	0	300	(114)	(166)		563
Total	3,921	0	0	(46)	2,258	(1,832)	(511)	13	3,803
Non Current									
Clinical negligence:-									
Secondary care	0	0	0	0	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	501	0	0	0	44	0	0	0	545
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	43	0	0	46	146	(19)	0		216
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	32			0	10	0	0	0	42
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	576	0	0	46	200	(19)	0	0	803
TOTAL									
Clinical negligence:-									
Secondary care	297	0	0	0	721	(320)	(102)	0	596
Primary care	2,252	0	0	0	75	0	0	0	2,327
Redress Secondary care	70	0	0	0	75	(19)	(25)	0	101
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	983	0	0	0	1,005	(1,324)	(55)	13	622
All other losses and special payments	0	0	0	0	1	(1)	0	0	0
Defence legal fees and other administration	320	0	0	0	262	(69)	(163)		350
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	32			0	19	(4)	0	0	47
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	543		0	0	300	(114)	(166)		563
Total	4,497	0	0	0	2,458	(1,851)	(511)	13	4,606

Expected timing of cash flows:

	In year to 31 March 2026	Between 1 April 2026 31 March 2030	Thereafter	Total
				£000
Clinical negligence:-				
Secondary care	596	0	0	596
Primary care	2,327	0	0	2,327
Redress Secondary care	101	0	0	101
Redress Primary care	0	0	0	0
Personal injury	77	248	297	622
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	134	216	0	350
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	0	0	0	0
2019-20 Scheme Pays - Reimbursement	5	42	0	47
Restructuring	0	0	0	0
RoU Asset Dilapidations CAME	0	0	0	0
Other Capital Provisions	0	0	0	0
Other	563	0	0	563
Total	3,803	506	297	4,606

The Teaching Health Board estimates that in 2025/26 and beyond it will receive £3.930m from the Welsh Risk Pool in respect of Losses and Special Payments.

£0.082m (2023/24: £0.667m) 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 2025 is £0.316m relating to a liability for two historic continuing care cases with the Local Authority. Also included within 'other' at 31st March 2025 is £0.247m relating to retrospective continuing health care claims (2023/24 £0.113m).

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 2025 is £0.103M including defence costs (2023/24: £0.072m) and all payments are expected to be fully reimbursed from the Welsh Risk Pool.

There is an amount of £0.048m (2023/24:£0.032m) in respect of 2019-20 Scheme Pays - Reimbursement. The discharge of this provision in future years will be funded by Welsh Government.

20. Provisions (continued)

	At 1 April 2023	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 2024
Current	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Clinical negligence:-									
Secondary care	11,875	(8,370)	0	0	4,187	(7,369)	(26)	0	**297**
Primary care	8	0	0	0	2,252	(3)	(5)	0	**2,252**
Redress Secondary care	153	0	0	0	30	(5)	(108)	0	**70**
Redress Primary care	0	0	0	0	0	0	0	0	**0**
Personal injury	227	0	0	(9)	593	(205)	(135)	11	**482**
All other losses and special payments	0	0	0	0	24	(24)	0	0	**0**
Defence legal fees and other administration	110	0	0	18	316	(135)	(32)		**277**
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	2,607		0	0	505	(713)	(1,856)		**543**
Total	**14,980**	**(8,370)**	**0**	**9**	**7,907**	**(8,454)**	**(2,162)**	**11**	**3,921**
Non Current									
Clinical negligence:-									
Secondary care	0	0	0	0	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	691	0	0	9	0	(150)	(49)	0	**501**
All other losses and special payments	0	0	0	0	0	0	0	0	**0**
Defence legal fees and other administration	36	0	0	(18)	25	0	0		**43**
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	135			0	0	(5)	(98)	0	**32**
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	**862**	**0**	**0**	**(9)**	**25**	**(155)**	**(147)**	**0**	**576**
TOTAL									
Clinical negligence:-									
Secondary care	11,875	(8,370)	0	0	4,187	(7,369)	(26)	0	**297**
Primary care	8	0	0	0	2,252	(3)	(5)	0	**2,252**
Redress Secondary care	153	0	0	0	30	(5)	(108)	0	**70**
Redress Primary care	0	0	0	0	0	0	0	0	**0**
Personal injury	918	0	0	0	593	(355)	(184)	11	**983**
All other losses and special payments	0	0	0	0	24	(24)	0	0	**0**
Defence legal fees and other administration	146	0	0	0	341	(135)	(32)		**320**
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	135			0	0	(5)	(98)	0	**32**
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	2,607		0	0	505	(713)	(1,856)		**543**
Total	**15,842**	**(8,370)**	**0**	**0**	**7,932**	**(8,609)**	**(2,309)**	**11**	**4,497**

The Teaching Health Board estimates that in 2024/25 it will receive £3.217m from the Welsh Risk Pool in respect of Losses and Special Payments.

£0.667m (2022/23: £11.924m) 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 2024 is £0.429m relating to a liability for an historic continuing care case with the Local Authority. Also included within 'other' at 31st March 2024 is £0.113m relating to retrospective continuing health care claims (2022/23 £0.134m).

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 2024 is £0.072m including defence costs (2022/23: £0.155m) and all payments are expected to be fully reimbursed from the Welsh Risk Pool.

There is an amount of £0.032m (2022/23:£0.156m) in respect of 2019-20 Scheme Pays - Reimbursement. The discharge of this provision in future years will be funded by Welsh Government.

21. Contingencies

21.1 Contingent liabilities

	2024-25	2023-24
Provisions have not been made in these accounts for the following amounts :	**£'000**	£'000
Legal claims for alleged medical or employer negligence:-		
Secondary care	**5,101**	13,858
Primary care	**883**	240
Redress Secondary care	**0**	0
Redress Primary care	**0**	0
Doubtful debts	**0**	0
Equal Pay costs	**0**	0
Defence costs	**377**	315
Continuing Health Care costs	**0**	0
Other	**5,000**	0
Total value of disputed claims	**11,361**	14,413
Amounts (recovered) in the event of claims being successful	**(6,333)**	(14,163)
Net contingent liability	**5,028**	250

Legal Claims for alleged medical or employer negligence and defence costs: £1.312m of the £6.361m 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). £4.166m of the £6.361M relates to Powys Teaching Health Board 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 Teaching Health Board by the Welsh Risk Pool for Powys Teaching Health Board cases and reimbursed in full for former Health Authority and Primary Care cases.

An invoice for £5m from Wye Valley NHS Trust has been received during March 2025. It has the description “Recognition of discussions regarding parity of funding with English commissioners inc remoteness uplift, PFI and inflation”.
The Health Board strongly refutes the charge and is awaiting backing information giving the rationale for the sum sought.

21.2 Remote Contingent liabilities

	2024-25 £000	2023-24 £000
Guarantees	0	0
Indemnities	110	361
Letters of Comfort	0	0
Total	**110**	**361**

All of the £0.110m 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). Legal advice has established that these claims are not likely to result in payments. In the unlikely event that amounts are payable, all payments will be reimbursed in full by the Welsh Risk Pool.

21.3 Contingent assets

	2024-25 £000	2023-24 £000
	0	0
The Health Board does not have any Contingent assets		
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.

	2024-25 £000	2023-24 £000
Property, plant and equipment	1,423	1,133
Right of Use Assets	133	0
Intangible assets	77	0
Total	**1,633**	1,133

23. Losses and special payments

Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore, the payments in this note for settlement and claimant costs are prepared on a cash basis.

Gross loss to the Exchequer

23.1 Number of cases and associated amounts paid out during the financial year

	Amounts paid out during period to 31 March 2025	
	Number of cases	£
Clinical negligence:-		
Secondary Care	9	228,086
Primary Care	0	0
Redress Secondary Care	6	24,744
Redress Primary Care	0	0
Personal injury	11	1,409,030
All other losses and special payments	5	1,376
Total	31	1,663,236

23.2 Analysis of number of cases and associated amounts paid out during the financial year

	Case Type	In year cases in excess of £300,000		Cumulative amount
L&R Case reference number		**Number of cases**	**£**	**£**
Cases in excess of £300,000:				
PI/123/0005/JAM	Personal Injury	1	816,161	1,189,716

	Number of cases	£	£
Sub-total	**1**	**816,161**	**1,189,716**
All other cases paid in year	30	847,075	9,473,363
Total cases paid in year	**31**	**1,663,236**	**10,663,079**

23.3 Analysis of number of cases and associated amounts where no payments were made in financial year

	No. of cases	£
Cumulative amount up to £300k	9	70,719
Cumulative amount greater than £300k	0	0
Total	**9**	**70,719**

24. Right of Use lease obligations

24.1 Obligations (as lessee)

Amounts payable under right of use asset leases:

2024-25

	LAND	BUILDINGS	OTHER	TOTAL
	31 March 2025	31 March 2025	31 March 2025	31 March 2025
Minimum lease payments	**£000**	**£000**	**£000**	**£000**
Within one year	0	141	224	**365**
Between one and five years	0	357	240	**597**
After five years	0	209	0	**209**
Less finance charges allocated to future periods	0	(102)	(24)	**(126)**
Minimum lease payments	**0**	**605**	**440**	**1,045**
Included in:				
Current borrowings	0	117	208	**325**
Non-current borrowings	0	488	232	**720**
	0	**605**	**440**	**1,045**
Present value of minimum lease payments				
Within one year	0	117	208	**325**
Between one and five years	0	295	232	**527**
After five years	0	193	0	**193**
Present value of minimum lease payments	**0**	**605**	**440**	**1,045**
Included in:				
Current borrowings	0	117	208	**325**
Non-current borrowings	0	488	232	**720**
	0	**605**	**440**	**1,045**

2023-24

	LAND	BUILDINGS	OTHER	TOTAL
	31 March 2024	31 March 2024	31 March 2024	31 March 2024
Minimum lease payments	**£000**	**£000**	**£000**	**£000**
Within one year	0	179	104	283
Between one and five years	0	181	91	272
After five years	0	0	0	0
Less finance charges allocated to future periods	0	(5)	(5)	(10)
Minimum lease payments	**0**	**355**	**190**	**545**
Included in:				
Current borrowings	0	177	101	**278**
Non-current borrowings	0	178	89	**267**
	0	**355**	**190**	**545**
Present value of minimum lease payments				
Within one year	0	177	101	278
Between one and five years	0	178	89	267
After five years	0	0	0	0
Present value of minimum lease payments	**0**	**355**	**190**	**545**
Included in:				
Current borrowings	0	177	101	**278**
Non-current borrowings	0	178	89	**267**
	0	**355**	**190**	**545**

24.2 Right of Use Assets receivables (as lessor)

The Health Board did not hold any Right of Use Assets lease receivables, as a lessor, at the balance sheet date.

Amounts receivable under right of use assets :

	31 March 2025	31 March 2024
Gross Investment in leases	**£000**	£000
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 financial assets	**0**	0
Non-current financial assets	**0**	0
	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 financial assets	**0**	0
Non-current financial assets	**0**	0
	0	0

25. Private Finance Initiative contracts

25.1 PFI schemes off-Statement of Financial Position

The Health Board did not have any PFI Schemes that were deemed to be off-statement of financial position at the balance sheet date.

Commitments under off-SoFP PFI contracts	**Off-SoFP PFI contracts**	Off-SoFP PFI contracts
	31 March 2025	31 March 2024
	£000	£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 Teaching Health Board has no PFI Schemes off -statement of financial position

Total obligations for on-Statement of Financial Position PFI contracts due:

2024-25	**On SoFP PFI Capital element**	**On SoFP PFI IFRS 16 impact Finance Charge**	**On SoFP PFI Imputed interest**	**On SoFP PFI Service charges**
	31 March 2025	**31 March 2025**	**31 March 2025**	**31 March 2025**
	£000	**£000**	**£000**	**£000**
Total payments due within one year	**0**	**0**	**0**	**0**
Total payments due between 1 and 5 years	**0**	**0**	**0**	**0**
Total payments due thereafter	**0**	**0**	**0**	**0**
Total future payments in relation to PFI contracts	**0**	**0**	**0**	**0**

2023-24	On SoFP PFI Capital element	On SoFP PFI IFRS 16 impact Finance Charge	On SoFP PFI Imputed interest	On SoFP PFI Service charges
	31 March 2024	31 March 2024	31 March 2024	31 March 2024
	£000	£000	£000	£000
Total payments due within one year	0	0	0	0
Total payments due between 1 and 5 years	0	0	0	0
Total payments due thereafter	0	0	0	0
Total future payments in relation to PFI contracts	0	0	0	0

	31/03/2025
	£000
Total present value of obligations for on-SoFP PFI contracts	**0**

25.3 Charges to expenditure	2024-25	2023-24
	£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 Health Board 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

25.5 The Teaching Health Board did not have any Public Private Partnerships during the year

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 it's activities. The Health Board 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 Health Board 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 Health Board in undertaking its activities.

Currency risk

The Health Board is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the United Kingdom and Sterling based. The Health Board does not have any overseas operations. The Health Board therefore has low exposure to currency rate fluctuations.

Interest rate risk

Health Boards are not permitted to borrow and the Health Board therefore has low exposure to interest rate fluctuations.

Credit risk

As the majority of the Health Board's funding derives from funds voted by the Welsh Government the Health Board has low exposure to credit risk.

Liquidity risk

The Health Board 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 Health Board is not, therefore, exposed to significant liquidity risks.

27. Movements in working capital

	2024-25 £000	2023-24 £000
(Increase)/decrease in inventories	**14**	(64)
(Increase)/decrease in trade and other receivables - non-current	**(164)**	(12)
(Increase)/decrease in trade and other receivables - current	**(674)**	7,817
Increase/(decrease) in trade and other payables - non-current	**453**	(241)
Increase/(decrease) in trade and other payables - current	**3,022**	(2,732)
Total	**2,651**	4,768
Adjustment for accrual movements in fixed assets - creditors	**(3,107)**	485
Adjustment for accrual movements in fixed assets - debtors	**68**	24
Adjustment for accrual movements in right of use assets - creditors	**(500)**	566
Adjustment for accrual movements in right of use assets - debtors	**0**	0
Other adjustments	**0**	(98)
	(888)	**5,745**

28. Other cash flow adjustments

	2024-25 £000	2023-24 £000
Depreciation	**5,342**	5,179
Amortisation	**0**	0
(Gains)/Loss on Disposal	**(9)**	0
Impairments and reversals	**706**	7,717
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	**(105)**	(66)
Government Grant assets received credited to revenue but non-cash	**(36)**	0
Right of Use Grant (Peppercorn Lease) credited to revenue but non cash	**0**	0
Non-cash movements in right of use assets	**40**	2
Non-cash movements in provisions	**1,960**	(2,736)
Other movements	**7,583**	4,605
Total	**15,481**	**14,701**

Other movements are Notional funding received for the

- LHB notional 9.4% Staff Employer Pension Contributions and
- 2019/20 Pensions Annual Allowance Charge Compensation Scheme

funded directly to the NHSBA Pensions Division by Welsh Government.

29. Events after the Reporting Period

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 27th June 2025; post the date the financial statements were certified by the Auditor General for Wales.

30. Related Party Transactions

The Welsh Government is regarded as a related party of the Health Board. During the year the Health Board had a significant number of material revenue and capital transactions with either the Welsh Government or 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		3	468,214	67	1,868
Aneurin Bevan University Health Board		15,387	204	1,221	30
Betsi Cadwaladr University Health Board		4,530	510	434	60
Cardiff & Vale University Health Board		2,416	44	421	20
Cwm Taf Morgannwg University Health Board		8,059	12	1,953	8
Hywel Dda University Local Health Board		10,579	543	630	53
Public Health Wales NHS Trust		154	1,195	26	160
Swansea Bay University Health Board		11,802	1,436	1,003	32
Velindre University NHS Trust (inc. WRP)		4,791	1,212	1,012	572
Welsh Ambulance Services Trust		(3)	66	7	3
NHS Wales Joint Commissioning Committee (NWJCC)	Ian Phillips Independent Chair of Welsh Kidney Network (Sub-Committee of NWJCC)	59,168	80	781	132
Health Education and Improvement Wales (HEIW)		0	2,246	0	279
Digital Health & Care Wales (DHCW)		1,793	437	0	20
Shrewsbury and Telford Hospital NHS Trust		35,663	0	1,328	0
Wye Valley NHS Trust		28,235	0	2,041	60
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust		10,402	0	25	134
Powys County Council	Councillor Chris Walsh, Councillor, Powys County Council	16,937	2,830	2,791	801
Neath Port Talbot College Group	Rhobert Lewis Chair of Neath Port Talbot College Group	3	14	3	0
Powys Association of Voluntary Organisations	Jennifer Owen Adams Co-opted Trustee of Powys Association of Voluntary Organisations	1,415	0	316	0
Freedom Leisure	Close relative is senior manager for Freedom Leisure with lead responsibility for South Powys.	0	0	0	0
Social Care Wales	Michael Giannasi Chair of the Board of Social Care Wales Carl Cooper Board Member Social Care Wales	0	4	0	0
Impelo Dance CIO	Jennifer Owen Adams Trustee of Impelo Dance CIO	0	1	0	1
		211,334	**479,048**	**14,059**	**4,233**

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)

31. Third Party assets

The LHB held £160 cash at bank and in hand at 31 March 2025 (31st March 2024, £3,490) 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 2024-25 or 2023-24

32. Pooled budgets

Provision of Care Home Accommodation Functions (Funded Nursing Care)

Pooled Budget Partners	Powys Teaching Health Board & Powys County Council
Host Body	Powys County Council

Agreement Commenced 1st April 2025 for one financial year

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement in accordance with Section 31 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.

	2024-25 £000	2023-24 £000
Overall Funding/Contributions	2,449	2,108
Source of overall funding/contributions:		
Welsh Government		
Powys Teaching Health Board	2,449	2,108
Powys County Council		
Other		

Pooled partnership expenditure

Of the £2.449m funding received £2.782m has been issued to pooled budget partners; reported in Account Note 3.2.
Powys THB has utilised £2.782m; reported in Account Note 3.2.

	2024-25 £000	%	2023-24 £000	%
Powys Teaching Health Board	2,782	100%	2,279	100%
Powys County Council				
Other				
Total	2,782		2,279	
Net surplus/(deficit)	***(334)***		***(170)***	
Cumulative surplus/(deficit)	**(504)**			

Pooled Partnership Income

No income has been received in relation to activities resulting from Pooled budget.

	2024-25 £000	2023-24 £000
Please specify source of income		
	0	0
Total	0	0

Asset disclosure

	31 March 2025 £000	31 March 2024 £000
Total Asset NBV value of PPE	0	0
Split for pooled budget partners		
Powys Teaching Health Board	0	0
Powys County Council	0	0
Other	0	0

Provision of Community Equipment

Pooled Budget Partners	Powys Teaching Health Board & Powys County Council
Host Body	Powys County Council

Agreement Commenced 1st April 2025 for one financial year

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.

	2024-25 £000	2023-24 £000
Overall Funding/Contributions	1,350	1,350
Source of overall funding/contributions:		
Welsh Government		
Powys Teaching Health Board	675	675
Powys County Council	675	675
Other		

Pooled partnership expenditure

Of the £1.350m funding received £1.350m has been issued to pooled budget partners; reported in Account **Notes 3.2 and 3.3.**
Powys THB has utilised £0.675m; reported in Account Note 3.3.

	2024-25 £000	%	2023-24 £000	%
Powys Teaching Health Board	675	50%	664	50%
Powys County Council	675	50%	664	50%
Other	0			
Total	1,350		1,328	
Net surplus/(deficit)	***0***		***22***	
Cumulative surplus/(deficit)	**22**			

Pooled Partnership Income

No income has been received in relation to activities resulting from Pooled budget.

	2024-25 £000	2023-24 £000
Please specify source of income		
	0	0
Total	0	0

Asset disclosure

	31 March 2025 £000	31 March 2024 £000
Total Asset NBV value of PPE	0	0
Split for pooled budget partners		
Powys Teaching Health Board	0	0
Powys County Council	0	0
Other	0	0

32. Pooled budgets

Provision of Section 33 Joint Agreement for the provision of IT Services

Pooled Budget Partners — Powys Teaching Health Board & Powys County Council
Host Body — Powys County Council
Agreement Commenced 1st April 2025 a period of 3 months

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.

	2024-25 £000	2023-24 £000
Overall Funding/Contributions	172	2,063
Source of overall funding/contributions:		
Welsh Government		
Powys Teaching Health Board	69	829
Powys County Council	103	1,234
Other		

Pooled partnershio expenditure
Of the £0.172m funding received £0.177m has been issued to pooled budget partners; reported in Account Notes 3.2 and 3.3.
Powys THB has utilised £0.063; reported in Account Notes 3.2 and 3.3.

	2024-25 £000	%	2023-24 £000	%
Powys Teaching Health Board	63	31%	740	33%
Powys County Council	140	69%	1,492	67%
Other				
Total	203		2,232	
Net surplus/(deficit) before income	***(31)***		***(169)***	
Cumulative surplus/deficit	**(200)**			

Pooled Partnership Income
£0.023k income has been received in relation to services provided; reported in the Account Notes of Powys County Council.

	2024-25 £000	2023-24 £000
Please specify source of income		
Local Authority	25	293
Total	25	293
Net surplus/(deficit)	(6)	124

Asset disclosure

	31 March 2025 £000	31 March 2024 £000
Total Asset NBV value of PPE	0	0
Split for pooled budget partners		
Powys Teaching Health Board	0	0
Powys County Council	0	0
Other	0	0

Provision of Section 33 Joint Agreement for the provision of a Reablement Service

Pooled Budget Partners — Powys Teaching Health Board & Powys County Council
Host Body — Powys County Council
Agreement Commenced 1st April 2025 for one financial year

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.

	2024-25 £000	2023-24 £000
Overall Funding/Contributions	1,241	1,241
Source of overall funding/contributions:		
Welsh Government		
Powys Teaching Health Board	828	828
Powys County Council	413	413
Other		

Pooled partnership expenditure
Of the £1.241m funding received £1.241m has been issued to pooled budget partners; reported in Account Note 3.2 and 3.3.
Powys THB has utilised £0.828m; reported in Account Notes 3.2 and 3.3.

	2024-25 £000	%	2023-24 £000	%
Powys Teaching Health Board	509	41%	509	41%
Powys County Council	732	59%	732	59%
Other				
Total	1,241		1,241	
Net surplus/(deficit)	***0***		***0***	
Cumulative surplus/(deficit)	0			

Pooled Partnership Income
No income has been received in relation to activities resulting from Pooled budget.

	2024-25 £000	2023-24 £000
Please specify source of income		
	0	0
Total	0	0

Asset disclosure

	31 March 2025 £000	31 March 2024 £000
Total Asset NBV value of PPE	0	0
Split for pooled budget partners		
Powys Teaching Health Board	0	0
Powys County Council	0	0
Other	0	0

32. Pooled budgets

Provision of Section 33 Joint Agreement for the provision of Tier 2/3 Psycho-social Treatment Services

Pooled Budget Partners — Powys Teaching Health Board & Powys County Council
Host Body — Powys County Council
Agreement Commenced 1st April 2025 for one financial year

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.

	2024-25 £000	2023-24 £000
Overall Funding/Contributions	975	952
Source of overall funding/contributions:		
Welsh Government		
Powys Teaching Health Board	130	122
Powys County Council	845	830
Other		

Pooled partnership expenditure

Of the £0.975m funding received £0.967m has been issued to pooled budget partners; reported in Account Note 3.2.
Powys THB has utilised £0.122m reported in Account Note 3.2.

	£000	%	£000	%
Powys Teaching Health Board	122	13%	122	13%
Powys County Council	845	87%	830	87%
Other				
Total	967		952	
Net surplus/(deficit)	***8***		***0***	
Cumulative surplus/(deficit)	**8**			

Pooled Partnership Income

No income has been received in relation to activities resulting from Pooled budget.

	2024-25 £000	2023-24 £000
Please specify source of income		
	0	0
Total		

Asset disclosure

	31 March 2025 £000	31 March 2024 £000
Total Asset NBV value of PPE	0	0
Split for pooled budget partners		
Powys Teaching Health Board	0	0
Powys County Council	0	0
Other	0	0

Provision of Section 33 Joint Agreement for the provision of Personal Care at Glan Irfon Integrated Health and Social Care Unit, Builth Wells

Pooled Budget Partners — Powys Teaching Health Board & Powys County Council
Host Body — Powys County Council
Agreement Commenced 1st April 2025 for one financial year

Powys Teaching Health Board (PTHB) and Powys County Council (PCC) 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 from the exercise of their respective statutory functions and obligations.
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).

	2024-25 £000	2023-24 £000
Overall Funding/Contributions	610	610
Source of overall funding/contributions:		
Welsh Government		
Powys Teaching Health Board	305	305
Powys County Council	305	305
Other		

Pooled partnership expenditure

Of the £0.610m funding received £0.680m has been issued to pooled budget partners; reported in Account Note 3.2.
Powys THB has utilised £0.640m; reported in Account Note 3.2.

	2024-25 £000	%	2023-24 £000	%
Powys Teaching Health Board	340	50%	305	50%
Powys County Council	340	50%	305	50%
Other				
Total	680		610	
Net surplus/(deficit)	***(70)***		***0***	
Cumulative surplus/(deficit)	(70)			

Pooled Partnership Income

No income has been received in relation to activities resulting from Pooled budget.

	2024-25 £000	2023-24 £000
Please specify source of income		
	0	0
Total		

Asset disclosure

	31 March 2025 £000	31 March 2024 £000
Total Asset NBV value of PPE	0	0
Split for pooled budget partners		
Powys Teaching Health Board	0	0
Powys County Council	0	0
Other	0	0

33. Operating segments

IFRS 8 requires bodies to report information about each of its operating segments.

2024-25

	Note	Total Total Powys "Health" £'000	Total Residual Clinical Negligence £'000	Total Health and Care Research Wales (HCRW) £'000	Consolidation Adjustments £'000	Total £'000
Expenditure on Primary Healthcare Services	3.1	83,495	0	0	0	83,495
Expenditure on healthcare from other providers	3.2	245,678	0	358	0	246,036
Expenditure on Hospital and Community Health Services	3.3	146,181	25	5,592	(81)	151,717
		475,354	**25**	**5,950**	**(81)**	**481,248**
Less: Miscellaneous Income	4	11,854	0	5,136	(81)	16,909
THB net operating costs before interest and other gains and losses		**463,500**	**25**	**814**	**0**	**464,339**
Investment Income	5	0	0	0	0	0
Other (Gains) / Losses	6	(9)	0	0	0	(9)
Finance costs	7	54	0	0	0	54
THB Net Operating Costs		**463,545**	**25**	**814**	**0**	**464,384**
Add Non Discretionary Expenditure	3.1	1,833	0	0	0	1,833
Revenue Resource Limit	2.1	449,610	25	829	0	450,464
Under / (over) spend against Revenue Resource Limit		**(15,768)**	**0**	**15**	**0**	**(15,753)**

2023/24

	Note	Total Total Powys "Health" £'000	Total Residual Clinical Negligence £'000	Total Health and Care Research Wales (HCRW) £'000	Consolidation Adjustments £'000	Total £'000
Expenditure on Primary Healthcare Services	3.1	78,993	0	0	0	78,993
Expenditure on healthcare from other providers	3.2	218,101	0	1,044	0	219,145
Expenditure on Hospital and Community Health Services	3.3	143,253	25	4,675	(65)	147,888
		440,347	**25**	**5,719**	**(65)**	**446,026**
Less: Miscellaneous Income	4	11,174	0	5,113	(65)	16,222
THB net operating costs before interest and other gains and losses		**429,173**	**25**	**606**	**0**	**429,804**
Investment Income	5	0	0	0	0	0
Other (Gains) / Losses	6	(2)	0	0	0	(2)
Finance costs	7	21	0	0	0	21
THB Net Operating Costs		**429,192**	**25**	**606**	**0**	**429,823**
Add Non Discretionary Expenditure	3.1	1,859	0	0	0	1,859
Revenue Resource Limit	2.1	419,068	25	606	0	419,699
Under / (over) spend against Revenue Resource Limit		**(11,983)**	**0**	**0**	**0**	**(11,983)**

34. Other Information

34.1. 9.4% Staff Employer Pension Contributions - Notional Element

The value of notional transactions is based on estimated costs for the twelve month period 1st April 2024 to 31st March 2025. This has been calculated from actual Welsh Government expenditure for the 9.4% staff employer pension contributions between April 2024 and February 2025 alongside Health Board data for March 2025.

Transactions include notional expenditure in relation to the 9.4% paid to NHSBSA by Welsh Government and notional funding to cover that expenditure as follows:

	2024-25	2023-24
Statement of Comprehensive Net Expenditure for the year ended 31 March 2025	**£000**	**£000**
Expenditure on Primary Healthcare Services	**109**	67
Expenditure on healthcare from other providers	**0**	0
Expenditure on Hospital and Community Health Services	**7,470**	4,533
Statement of Changes in Taxpayers' Equity for the year ended 31 March 2025		
Net operating cost for the year	**7,579**	4,600
Notional Welsh Government Funding	**7,579**	4,600
Statement of Cash Flows for year ended 31 March 2025		
Net operating cost for the financial year	**7,579**	4,600
Other cash flow adjustments	**7,579**	4,600
2.1 Revenue Resource Performance		
Revenue Resource Allocation	**7,579**	4,600
3. Analysis of gross operating costs		
3.1 Expenditure on Primary Healthcare Services		
General Medical Services	**3**	2
Pharmaceutical Services	**0**	0
General Dental Services	**94**	51
Other Primary Health Care expenditure	**12**	14
3.2 Expenditure on healthcare from other providers		
	0	0
	0	0
3.3 Expenditure on Hospital and Community Health Services		
Directors' costs	**116**	76
Staff costs	**7,354**	4,457
9.1 Employee costs		
Permanent Staff		
Employer contributions to NHS Pension Scheme	**7,579**	4,600
Charged to capital	**26**	18
Charged to revenue	**7,553**	4,582
18. Trade and other payables		
Current		
Pensions: staff	**0**	0
28. Other cash flow adjustments		
Other movements	**7,579**	4,600

The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2024-25. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has a resulted in an increase in the central payments made by Welsh Government from 6.3% to 9.4%.

Other

34.2 IFRS 17 - Insurance Contract Disclosures

This standard is applicable from 2025/26 onwards, it has not been adopted early but that disclosure will be made in the format of the tables below.

The outcome of the contract review for a range of income contract types applicable to the organisation, did not identify any insurance contracts that fall within the scope of IFRS 17.

STATEMENT OF FINANCIAL POSITION

	£000
Liability for incurred claims @ 1 April 2024	0
Liability for remaining payments @ 31 March 2025	0
	0
Arising during year	0
Utiised	0
Reversed unused	0
Movement in Discount Rates	0
	0

STATEMENT OF COMPREHENSIVE NET EXPENDITURE / STATEMENT OF COMPREHENSIVE INCOME *Delete as appropriate

	£000
Insurance Income	0
Insurance expenditure	0

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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Director of Finance and the Chair of the
Audit, Risk and Assurance Committee,
Powys Teaching health Board,
Glasbury House,
Bronllys, Powys,
LD3 0LY

Reference: Powys Teaching Health Board 2024-25

Powys Teaching Health Board's 2024-25 financial statements: audit enquiries to those charged with governance and management.

As your external auditors we are responsible for obtaining reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This letter and the enclosed content formally seek the documented consideration and understanding of some key governance areas that impact on the audit of the financial statements.

The enclosed pages include a section for management; a section for 'those charged with governance' (the Audit and Governance Committee); and a section with some background information.

I would be grateful if you could oversee the completion of the 'Response' column in the enclosed tables.

Yours sincerely

Mike Jones

Audit Manager

Enquiries of management

Enquiries of Management - General enquiries (including financial reporting)

Question	2023-24 Response	2024-25 Response
1. Please detail the extent of delegated authorities granted by the entity.	These are outlined within the Standing Orders and associated appendices including Standing Financial Instructions and Scheme of Delegation.	These are outlined within the Standing Orders and associated appendices including Standing Financial Instructions and Scheme of Delegation.
2. Are there significant matters and/or events that have occurred since April 2024 that could influence our audit approach or the Health Boards's financial statements? Gwynne.Stella 17/06/2025 09:04:09	The THB in line with other NHS Bodies will not be using the LASPAR system for completion of the losses and special payments notes. This will have minimum impact as the THB uses the currently held spreadsheet data to update the relevant financial statement notes so all relevant information is contained within the THB's claims spreadsheets. The methodology for other significant estimates is approved by the Audit Committee on an annual basis.	None are known. The methodology for other significant estimates is approved by the Audit Committee on an annual basis.

	The previously hosted body of Community Health Councils ceased to exist on 1st April 2023 and functions transfer to a new organisation Citizens Voice Body/Llais.	
3. Provide details of any professional advisors (e.g. solicitors, consultants etc) consulted during the year and the issue consulted on.	PTHB utilises the services of NHS Wales Shared Services Legal and Risk for the majority of its legal service advice and litigation (e.g., leases, employment matters). Sometimes they may refer the THB onto the use of more specialised professionals (e.g. barristers). This has been the case in respect of the historic CHC cases (provided for in 2022/23) where the HB and Powys County Council reached facilitated agreement with each other. PTHB has sought specialist advice in respect of Employment matters, Value Added Tax, Estates, Property and Statutory Compliance related issues.	PTHB utilises the services of NHS Wales Shared Services Legal and Risk for the majority of its legal service advice and litigation (e.g., leases, employment matters). Sometimes they may refer the THB onto the use of more specialised professionals (e.g. barristers). PTHB has sought specialist advice in respect of Employment matters, Value Added Tax, Estates, Property and Statutory Compliance related issues.
4. How does the entity communicate to employees regarding their views on business practices and ethical behaviour?	The organisation has an agreed Values and Behaviours Framework and Standards of Behaviour Policy. The Board also has an approved Bribery Policy. Values and Behaviours as well as standards of behaviour are reinforced through the appraisal process. Declaration of Interest	The organisation has an agreed Values and Behaviours Framework and Standards of Behaviour Policy. The Board also has an approved Bribery Policy. Values and Behaviours as well as standards of behaviour are reinforced through the appraisal process. Declaration of Interest

	are sought annually, with an onus on staff to disclose at any time in between.	are sought annually, with an onus on staff to disclose at any time in between.
5. What are your general views on the Health Boards's risk assessment process relating to financial reporting?	PTHB has an effective system of internal control. Financial systems internal audits and statutory audits have been assessed as substantial and reasonable, with some recommendations by both internal and external audit on governance and other matters which have been addressed. The Head of Internal Audit's Opinion for 2023-24 was 'reasonable'. Each year the finance team present a paper to the Audit Committee identifying the key judgements and assumptions underpinning the annual accounts. The Audit Risk and Assurance Committee receives reports on Single Tender Waivers at each meeting. It also undertakes an annual process of assessing adherence to Standing Orders. Additionally, PTHB secured LCFS via an SLA with Swansea Bay University Health Board, from which the Audit Risk and Assurance Committee receive reports on the actions against the work plan (as approved) on fraud policy and reviewing progress against the fraud annual work plan.	PTHB has an effective system of internal control. Financial systems internal audits and statutory audits have been assessed as substantial, with some recommendations by both internal and external audit on governance and other matters which have been addressed. The Head of Internal Audit's Opinion for 2024-25 was 'reasonable'. Each year the finance team present a paper to the Audit Committee identifying the key judgements and assumptions underpinning the annual accounts. This was taken to the March 2025 ARAC committee. The Audit Risk and Assurance Committee receives reports on Single Tender Waivers at each meeting. It also undertakes an annual process of assessing adherence to Standing Orders. Additionally, PTHB secured LCFS via an SLA with Swansea Bay University Health Board, from which the Audit Risk and Assurance Committee receive reports on the actions against the work

	Where incidences of potential fraud are identified PTHB has access to local and regional fraud services. Independent Members of the Audit, Risk and Assurance Committee and the Board Secretary meet with the LCFS, External Audit and Internal Audit without Management. Referrals are communicated between the Director of Finance (DOF) and the LCFS. Where appropriate, investigations which are deemed to be in excess of £15K are referred directly to the NHS Wales Counter Fraud Service as per NHS Protect requirements. Reports are regularly received of progress and quarterly returns are provided by LCFS to the Health Board (via Audit Committee). In relation to cases below the £15K threshold the DOF receives regular monthly updates re case progress and the Audit Risk and Assurance Committee is notified on a periodical basis in the form of redacted reports. In relation to cases above the £15K threshold the National Counter Fraud Services briefs the DOF regularly.	plan (as approved) on fraud policy and reviewing progress against the fraud annual work plan Where incidences of potential fraud are identified PTHB has access to local and regional fraud services. Independent Members of the Audit, Risk and Assurance Committee meet with the LCFS, External Audit and Internal Audit without Management. Referrals are communicated between the Director of Finance (DOF) and the LCFS. Where appropriate, investigations which are deemed to be in excess of £15K are referred directly to the NHS Wales Counter Fraud Service as per NHS Protect requirements. Reports are regularly received of progress and quarterly returns are provided by LCFS to the Health Board (via Audit Committee). In relation to cases below the £15K threshold the DOF receives regular monthly updates re case progress and the Audit Risk and Assurance Committee is notified on a periodical basis in the form of redacted reports. In relation to cases above the £15K threshold the National Counter Fraud Services briefs the

		DOF regularly.
6. Are you aware of significant transactions that are outside the normal trading activities of the Health Board's business?	There are no significant transactions outside of the normal trading activities of the Health Board's business. Please note that the hosted function of Health and Care Research Wales has roles and delivery that differ slightly from that of the Health Board's core business.	There are no significant transactions outside of the normal trading activities of the Health Board's business. Please note that the hosted function of Health and Care Research Wales has roles and delivery that differ slightly from that of the Health Board's core business.
7. Have there been any issues that may impact the preparation of the 2024-25 financial statements?	There are two members of the finance team who have been on short term sick leave. This has meant less capacity for the team in preparing the financial statements.	There are two members of the finance team who have been on short term sick leave at the approach to year end and one vacancy appointed to but the candidate withdrew prior to commencement. This has meant less capacity for the team in preparing the financial statements. However, that is similar to the prior year.
8. Do you have knowledge of events or conditions beyond the period of the going concern assessment that may cast significant doubt on the entity's ability to continue as a going concern?	None are known at this point	None are known at this point

9. Are there any issues around the use of service organisations or common functions, including uncorrected misstatements from service organisations? This would include the NHS Wales Shared Services Partnership.	None are known at this point	None are known at this point

Enquiries of management in relation to related parties

Question	2023-24 Response	2024-25 Response
1. Have there been any changes to related parties from the prior year? If so, what is the identify of the related parties and the nature of those relationships?	A number of Board member changes have taken place. Therefore, some amendment to related parties is required. These declarations of interest have been detailed in January 2024 ARAC meeting papers.	A number of Board member changes have taken place. Therefore, some amendment to related parties is required. These declarations of interest have been detailed in March 2025 ARAC meeting papers.
2. What transactions have been entered into with related parties during the period? What is the purpose of these transactions?	All transactions entered into with related parties are aligned with the provision of healthcare and associated services. These include the use of Voluntary Sector Partners, local leisure centre services, college & university training supporting services and Local Authority related services.	All transactions entered into with related parties are aligned with the provision of healthcare and associated services. These include the use of Voluntary Sector Partners, local leisure centre services, college & university training supporting services and Local Authority related services.
3. What controls are in place to identify, account for and disclose related parties?	The declaration of interest register is reviewed for relevant parties and then a review of PTHB financial systems is undertaken to identify relevant transactions to be declared.	The declaration of interest register is reviewed for relevant parties and then a review of PTHB financial systems is undertaken to identify relevant transactions to be declared.
4. What controls are in place to authorise and approve	A director limit of £50k is set. Any above this are referred for Chief Executive Approval up to £100k and the additional approval of	A director limit of £50k is set. Any above this are referred for Chief Executive Approval up to £100k and the additional approval of

significant transactions and arrangements: • with related parties; and • outside the normal course of business?	Chair/Board for items above £100k. Welsh Government for contracts >£1m. At procurement stages declarations of interests are completed to ensure no conflicts in process. Staff are communicated to and expected to undertake the requirements outlined in the standards of behaviour incorporating Declarations of Interest, gifts, hospitality and sponsorship policy	Chair/Board for items above £100k. Welsh Government for contracts >£1m. At procurement stages declarations of interests are completed to ensure no conflicts in process. Staff are communicated to and expected to undertake the requirements outlined in the standards of behaviour incorporating Declarations of Interest, gifts, hospitality and sponsorship policy

Enquiries of management in relation to laws and regulations

Question	2023-24 Response	2024-25 Response
1. What are the policies and procedures in place to identify applicable legal and regulatory requirements to ensure compliance?	During 2023-24 a series of Welsh Health Circulars were issued to the health board. Compliance with these is monitored by the corporate governance team and a nominated Director is required to oversee implementation of each WHC. The financial impact of each WHC is assessed but none issued in 2023-24 had a significant impact on the health board's financial statements. Where relevant, key polices/procedures identify and reference applicable legal and regulatory requirements. Examples include, but are not limited to: □ Access to Health Records □ Disciplinary Policy □ Bribery Policy □ Claims Management Policy □ Counter Fraud Policy □ Disclosure & Barring Policy □ Health & Safety Policy □ Standing Financial Instructions □ Standards of Behaviour incorporating Declarations of Interests, Gifts, Hospitality and Sponsorship	During 2024-25 a series of Welsh Health Circulars were issued to the health board. Compliance with these is monitored by the corporate governance team and a nominated Director is required to oversee implementation of each WHC. The financial impact of each WHC is assessed but none issued in 2024-5 had a significant impact on the health board's financial statements. Where relevant, key polices/procedures identify and reference applicable legal and regulatory requirements. Examples include, but are not limited to: □ Access to Health Records □ Disciplinary Policy □ Bribery Policy □ Claims Management Policy □ Counter Fraud Policy □ Disclosure & Barring Policy □ Health & Safety Policy □ Standing Financial Instructions □ Standards of Behaviour incorporating Declarations of Interests, Gifts, Hospitality and Sponsorship

2. What policies and procedures are in place for identifying, evaluating and accounting for litigation claims and assessments?	Potential Clinical Negligence Cases and other provisions such as Continuing Health Care are accounted for in the annual accounts and managed during the year in conjunction with the NHS Shared Services Partnership. There have been no significant issues raised to date by External or Internal Audit on the values contained within the financial statements on an annual basis. A Losses and Special Payments report is provided to the Audit Risk and Assurance Committee in respect of clinical negligence/redress and ex gratia payments made and detailed reports on each case reviewed by the Executive Team. There are comparatively low levels of claims paid by PTHB. PTHB continues to monitor any potential impact of personal injury claims from staff who contracted covid but there have been no identified claims or cases to date. PTHB is not aware of the existence of loss contingencies or un-asserted claims that may affect the financial statements, other than the Clinical Negligence and Personal Injury Claims; Putting Things Right Redress claims and Retrospective Continuing Healthcare Claims outlined within the provisions and contingent liabilities notes within the financial statements. There was ongoing Employment Tribunal case at the balance sheet date but this has since been resolved and dismissed from tribunal.	Potential Clinical Negligence Cases and other provisions such as Continuing Health Care are accounted for in the annual accounts and managed during the year in conjunction with the NHS Shared Services Partnership. There have been no significant issues raised to date by External or Internal Audit on the values contained within the financial statements on an annual basis. A Losses and Special Payments report is provided to the Audit Risk and Assurance Committee in respect of clinical negligence/redress and ex gratia payments made and detailed reports on each case reviewed by the Executive Team. There are comparatively low levels of claims paid by PTHB. PTHB continues to monitor any potential impact of personal injury claims from staff who contracted covid but there have been no identified claims or cases to date. PTHB is not aware of the existence of loss contingencies or un-asserted claims that may affect the financial statements, other than the Clinical Negligence and Personal Injury Claims; Putting Things Right Redress claims and Retrospective Continuing Healthcare Claims outlined within the provisions and contingent liabilities notes within the financial statements.

3. Are you aware of any instances of non-compliance with laws or regulations? Has the Health Board received any notice of any such known of possible instances of non-compliance?	None are known at this point	None are known at this point
4. Have there been any examinations or inquiries performed by licensing, tax, or other authorities/regulators?	The THB is currently under a routine HMRC review on VAT and Employment taxes. This work remains ongoing and no non-compliance has been identified to date	This HMRC review has concluded on VAT and Employment taxes with only a small £1k error requiring adjustment for VAT.
5. Has there been any significant communications with regulators?	Apart from routine legal correspondence in relation to legal claims there has been no significant communications with regulators	Apart from routine legal correspondence in relation to legal claims there has been no significant communications with regulators
6. For the Health Board's service organisations, have you reported any non-compliance with laws and regulations?	None are known at this point	None are known at this point

Enquiries of management in relation to fraud

Question	2023-24 Response	2024-25 Response
1. What is management's assessment of the risk that the financial statements may be materially misstated due to fraud? What is the nature, extent and frequency of management's assessment?	The Health Board is required to demonstrate compliance with NHS Requirements of Government Functional Standard 013 Counter Fraud. There were two Standards Components that were Amber rated at the start of 2023/24: • Component 1B - Accountable individual - rated Amber • Component 3 - Fraud bribery and corruption risk assessment - rated Amber which are currently being implemented. The 23-24 report demonstrated deterioration for some areas identified as part of 22-23 assessment. The Standard Component 1B – Accountable Individual 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. Due to loss of significant resource in year due to long term sickness within the Counter Fraud Team slippage in delivery of this objective has occurred with the net effect of arriving at commencement of 2024/25 with Component 3 still rated as Amber. The Counter Fraud annual work programme is identified and agreed by the Audit Committee each year with dedicated resource and time allocated against 4 strategic areas of Strategic Governance,	The Health Board is required to demonstrate compliance with NHS Requirements of Government Functional Standard 013 Counter Fraud. This assessment had all elements as green which is an improvement from 2 ambers in 23/24. The Counter Fraud annual work programme is identified and agreed by the Audit Committee each year with dedicated resource and time allocated against 4 strategic areas of Strategic Governance, Inform, and Involve, Prevent, and Deter and Hold to Account. Progress against the work programme and regular updates re case workload are regularly reported (via Audit Committee). There has been an increased focus on prevention exercises to help protect and minimise the incidence of fraud. Throughout the last year there has been increased communication and awareness in relation to the additional potential risks and this have been linked to National and Local awareness. The work has also included the transition to the new Government Functional Standards to meet latest best practice. The Counter Fraud team have completed several fraud risk assessments in relation to the strategic risks as outlined in previous fraud alerts.

Enquiries of management in relation to fraud

Question	2023-24 Response	2024-25 Response
	Inform, and Involve, Prevent, and Deter and Hold to Account. Progress against the work programme and regular updates re case workload are regularly reported (via Audit Committee). There has been an increased focus on prevention exercises to help protect and minimise the incidence of fraud. Throughout the last year there has been increased communication and awareness in relation to the additional potential risks and this have been linked to National and Local awareness. The work has also included the transition to the new Government Functional Standards to meet latest best practice. The Counter Fraud team have completed several fraud risk assessments in relation to the strategic risks as outlined in previous fraud alerts. Procurement related transactions, Accounts Payable Transactions, Primary Care Contractor payments, staff related expenses and all transactions involving the handling of cash are the classes of transactions most at risk to fraud. However, PTHB ensures segregation of duties and controls are in operation to ensure that risk of fraud is minimised, and these actions also include actions undertaken by NHS Wales Shared Services Partnership in relation to the functions they support and provide. There was also regular communication regarding the increased risk of fraud at this time lead by the National and Local Counter Fraud teams.	Procurement related transactions, Accounts Payable Transactions, Primary Care Contractor payments, staff related expenses and all transactions involving the handling of cash are the classes of transactions most at risk to fraud. However, PTHB ensures segregation of duties and controls are in operation to ensure that risk of fraud is minimised, and these actions also include actions undertaken by NHS Wales Shared Services Partnership in relation to the functions they support and provide. There was also regular communication regarding the increased risk of fraud at this time lead by the National and Local Counter Fraud teams. The progress and subsequent outcome of all investigations undertaken is also reported to the Director of Finance and Audit Committee. Based on the actions as identified the risk is perceived to be minimal.

Enquiries of management in relation to fraud

Question	2023-24 Response	2024-25 Response
	The progress and subsequent outcome of all investigations undertaken is also reported to the Director of Finance and Audit Committee. Based on the actions as identified the risk is perceived to be minimal.	
2. Do you have knowledge of any actual, suspected or alleged fraud affecting the entity?	Referrals have been received, in relation to concerns directly to the Local Counter Fraud Service and subsequent investigations have taken place. The Board has in place a Raising Concerns Policy and any complaints under this would be handled by the Chief Executive, Director of Workforce & OD and/or Director of Corporate Governance as appropriate.	Referrals have been received, in relation to concerns directly to the Local Counter Fraud Service and subsequent investigations have taken place. The Board has in place a Raising Concerns Policy and any complaints under this would be handled by the Chief Executive, Director of Workforce & OD and/or Director of Corporate Governance as appropriate
3. What is management's process for identifying and responding to the risks of fraud in the entity, including any specific risks of fraud that management has identified or that have been brought to its attention?	PTHB secured LCFS via an SLA with Swansea Bay University Health Board, from which the Audit Risk and Assurance Committee receive reports on the actions against the work plan (as approved) on fraud policy and reviewing progress against the fraud annual work plan. Where incidences of potential fraud are identified PTHB has access to local and regional fraud services. Independent members of the Audit, Risk and Assurance Committee and the Director of Corporate	PTHB secured LCFS via an SLA with Swansea Bay University Health Board, from which the Audit Risk and Assurance Committee receive reports on the actions against the work plan (as approved) on fraud policy and reviewing progress against the fraud annual work plan. Where incidences of potential fraud are identified PTHB has access to local and regional fraud services. Independent members of the Audit, Risk and Assurance Committee and the Director of Corporate Governance meet with the LCFS,

Enquiries of management in relation to fraud

Question	2023-24 Response	2024-25 Response
	Governance meet with the LCFS, External Audit and Internal Audit without Management. Referrals are communicated appropriately between the Director of Finance (DOF) and the LCFS. Where appropriate, investigations which are deemed to be in excess of £15K are referred directly to the NHS Wales Counter Fraud Service as per NHS Protect requirements. Reports are regularly received of progress and quarterly returns are provided by LCFS to the Health Board (Via Audit Committee). In relation to cases below the £15K threshold the DOF receives regular monthly updates re case progress and the Audit Risk and Assurance Committee is notified on a periodical basis in the form of redacted reports. In relation to cases above the £15K threshold the National Counter Fraud Services briefs the DOF regularly.	External Audit and Internal Audit without Management. Referrals are communicated appropriately between the Director of Finance (DOF) and the LCFS. Where appropriate, investigations which are deemed to be in excess of £15K are referred directly to the NHS Wales Counter Fraud Service as per NHS Protect requirements. Reports are regularly received of progress and quarterly returns are provided by LCFS to the Health Board (Via Audit Committee). In relation to cases below the £15K threshold the DOF receives regular monthly updates re case progress and the Audit Risk and Assurance Committee is notified on a periodical basis in the form of redacted reports. In relation to cases above the £15K threshold the National Counter Fraud Services briefs the DOF regularly.
4. What classes of transactions, account balances and disclosures, within the financial statements, have you identified as most at risk of fraud?	An increase in mandate fraud, whereby fraudsters seek to change bank account details of suppliers to divert payments to accounts they control, have continued to target the NHS throughout 2023/24 with NHS Counter Fraud Authority continuing to issue alerts. A comprehensive review was undertaken in response to the alerts by the Counter Fraud Team in conjunction with relevant PTHB officers.	Continued instances in mandate fraud, whereby fraudsters seek to change bank account details of suppliers to divert payments to accounts they control, have continued to target the NHS throughout 2024/25 with NHS Counter Fraud Authority continuing to issue alerts. A comprehensive review was undertaken in response to the alerts by the Counter Fraud Team in conjunction with relevant PTHB officers.

Enquiries of management in relation to fraud

Question	2023-24 Response	2024-25 Response
5. Are you aware of any whistleblowing or complaints by potential whistle-blowers? If so, what has been the Health Board's response?	No referrals received by the Counter Fraud Team have been classed as whistleblowing under the Health Board's Raising Concerns Policy instead being actioned under the Health Board's Counter Fraud Policy and Response Plan as allegations of Fraud, Bribery and Corruption	No referrals received by the Counter Fraud Team have been classed as whistleblowing under the Health Board's Raising Concerns Policy instead being actioned under the Health Board's Counter Fraud Policy and Response Plan as allegations of Fraud, Bribery and Corruption
6. What is management's communication, if any, to those charged with governance (the Board) regarding their processes for identifying and responding to risks of fraud?	The Health Board is committed to the corporate governance framework which communicates expectations to staff and board members. The governance framework includes standing orders, standards of business conduct, standing financial instructions, a scheme of delegation, a values and behaviour framework and a variety of corporate policies that outline processes to be followed. This is all reported within the Annual Governance Statements within the accountability report.	The Health Board is committed to the corporate governance framework which communicates expectations to staff and board members. The governance framework includes standing orders, standards of business conduct, standing financial instructions, a scheme of delegation, a values and behaviour framework and a variety of corporate policies that outline processes to be followed. This is all reported within the Annual Governance Statements within the accountability report.
7. What is management's communication, if any, to employees regarding their views on business practices and ethical behaviour?	The organisation has an agreed Values and Behaviours Framework and Standards of Behaviour Policy. The Board also has an approved Bribery Policy. Values and Behaviours as well as standards of behaviour are reinforced through the appraisal	The organisation has an agreed Values and Behaviours Framework and Standards of Behaviour Policy. The Board also has an approved Bribery Policy. Values and Behaviours as well as standards of behaviour are reinforced

Enquiries of management in relation to fraud		
Question	**2023-24 Response**	**2024-25 Response**
	process. Declaration of Interest are sought annually, with an onus on staff to disclose at any time in between.	through the appraisal process. Declaration of Interest are sought annually, with an onus on staff to disclose at any time in between.
8. For service organisations, have you reported any fraud or potential fraud to the user entity(ies)?	No fraud reported	No fraud reported

Enquiries of management in relation to risk and governance

Question	2023-24 Response	2024-25 Response
1. How do you communicate to those charged with governance regarding business risks including fraud?	Detailed reports on the content of, and movements within, the Health Board Risk Register and Board Assurance Framework, are received on a regular basis by the Board and its Committees. The Health Board has a Risk Management Framework in place, which is reviewed/updated on a regular basis, and approved by the Board (Nov 2022 and then May 2024). The Board also sets/approves the organisation's risk appetite. The Health Board has a programme of fraud awareness undertaken on an annual basis. Targeted risk-based fraud awareness training is delivered under this programme. Alerts and intelligence of emerging fraud risks are shared with the business areas affected by those risks by the Counter Fraud Team.	Detailed reports on the content of, and movements within, the Health Board Risk Register and Board Assurance Framework, are received on a regular basis by the Board and its Committees. The Health Board has a Risk Management Framework in place, which is reviewed and approved by the Board in March 2025. The Board also sets/approves the organisation's risk appetite – last reviewed May 2025. The Health Board has a programme of fraud awareness undertaken on an annual basis. Targeted risk-based fraud awareness training is delivered under this programme. Alerts and intelligence of emerging fraud risks are shared with the business areas affected by those risks by the Counter Fraud Team.
2. What is the allocation of responsibilities between those charged with governance and management?	The Health Board is an NHS Wales statutory body, with clearly mandated distinctions between Independent Members, who comprise a majority of the Board and executive directors who are the most senior officers of management. The Audit and Risk Assurance committee comprises Independent Members and is a sub-committee of the Board. It is considered to be 'those charged with governance'.	The Health Board is an NHS Wales statutory body, with clearly mandated distinctions between Independent Members, who comprise a majority of the Board and executive directors who are the most senior officers of management. The Audit and Risk Assurance committee comprises Independent Members and is a sub-committee of the Board. It is considered to be 'those charged with governance'

	In terms of specific roles and responsibilities, these are clearly set out in the Risk Management Policy, which is regularly reviewed/updated, and approved by the Board (last approved Nov 2022).	In terms of specific roles and responsibilities, these are clearly set out in the Risk Management Framework, which is regularly reviewed/updated, and approved by the Board (last approved March 2025).
3. What procedures are in place to ensure the compliance and completeness of Governance reports?	These are part of the Board and Audit and Risk Assurance Committee work programmes for regular assurance and scrutiny, with a committee update reports included on each Board agenda to highlight any matters to be brought to the attention of the board.	These are part of the Board and Audit and Risk Assurance Committee work programmes for regular assurance and scrutiny, with a committee update reports included on each Board agenda to highlight any matters to be brought to the attention of the board.
4. What procedures are in place to ensure the compliance and completeness of Sustainability reports?	Executive and action leads nominated for key areas Senior Responsible Officer for Sustainability responsible for processes to collate reports Management Board approve reports for submission. Board receive reports and inform future developments through Board Development Sessions	Executive and action leads nominated for key areas Senior Responsible Officer for Sustainability responsible for processes to collate reports Management Board approve reports for submission. Board receive reports and inform future developments through Board Development Sessions

Enquiries of management in relation to regularity

Question	2023-24 Response	2024-25 Response
1. What is your assessment of the risk of material irregularity, in respect of the 2024-25 financial statements?	Our assessment is that the financial transactions recorded in the ledger are free of misstatement and in line with the powers given to the Health Board. There have been no changes to the processes to record transactions in the financial statements in 2023/24 and the health board believes that as in previous years that the transactions are free from material misstatement.	Our assessment is that the financial transactions recorded in the ledger are free of misstatement and in line with the powers given to the Health Board. There have been no changes to the processes to record transactions in the financial statements in 2024/25 and the health board believes that as in previous years that the transactions are free from material misstatement.
2. What is the process for responding to the risk of irregularity?	The Board Governance Framework provides assurance to the Board on Health Board activity, including any risk of irregularity. The components of the Board Governance Framework is regularly reported upon to the Audit and Corporate Governance Committee and Board	The Board Governance Framework provides assurance to the Board on Health Board activity, including any risk of irregularity. The components of the Board Governance Framework is regularly reported upon to the Audit and Corporate Governance Committee and Board
3. What is your knowledge of actual, suspected or alleged irregularity?	None known at this point	None known at this point

4. Where service organisations are used by the Health Board, have any irregularities been reported to the user entity?	None known at this point	None known at this point

Enquiries of those charged with governance

Enquiries of those charged with governance – general enquiries		
Question	**2023-24 Response**	**2024-25 Response**
1. Are you aware of any actual, suspected or alleged irregularity affecting the entity?	None known at this point	None known at this point
2. What is the process for identifying and responding to the risks of fraud?	PTHB secured LCFS via an SLA with Swansea Bay University Health Board, from which the Audit Risk and Assurance Committee receive reports on the actions against the work plan (as approved) on fraud policy and reviewing progress against the fraud annual work plan. Where incidences of potential fraud are identified PTHB has access to local and regional fraud services. Independent members of the Audit, Risk and Assurance Committee and the Director of Corporate Governance meet with the LCFS, External Audit and Internal Audit without Management	PTHB secured LCFS via an SLA with Swansea Bay University Health Board, from which the Audit Risk and Assurance Committee receive reports on the actions against the work plan (as approved) on fraud policy and reviewing progress against the fraud annual work plan. Where incidences of potential fraud are identified PTHB has access to local and regional fraud services. Independent members of the Audit, Risk and Assurance Committee and the Director of Corporate Governance meet with the LCFS, External Audit and Internal Audit without Management

3. Does any of the entity's objectives and strategies or business related risks have the potential to result in material misstatement in the financial statements?	None known	None known
4. Are there any matters which those charged with governance consider require particular attention during the audit?	None known	We have been briefed and understand the Audit Team have also been made aware of the ongoing arbitration escalation relating the Wye Valley £5m invoice raised and will be kept appraised of progress on this matter via Delivery and Performance and ARAC.
5. Are there any other matters which those charged with governance consider may influence the audit of the financial statements?	None known	None known
6. Are those charged with governance aware of any significant communications with regulators?	Except for updates in respect of Legal cases (clinical negligence, Continuing Health Care & Health and Safety) to relevant committees and Board in some circumstances there is no further significant communications with regulators.	Except for updates in respect of Legal cases (clinical negligence, Continuing Health Care & Health and Safety) to relevant committees and Board in some circumstances there is no further significant communications with regulators
7. What arrangements are in place to oversee the	PTHB has an effective system of internal control. Financial systems internal audits and statutory audits have been assessed as	PTHB has an effective system of internal control. Financial systems internal audits and statutory audits have been assessed as

effectiveness of internal control?	substantial and reasonable, with some recommendations by both internal and external audit on governance and other matters which have been addressed. The Head of Internal Audit's Opinion for 2023-24 was 'reasonable'.	substantial and reasonable, with some recommendations by both internal and external audit on governance and other matters which have been addressed. The Head of Internal Audit's Opinion for 2024-25 was 'reasonable'.
8. What actions have those charged with governance taken in response to developments in accounting standards, corporate governance practice or other guidance and related matters?	Updates are provided to the ARA committee and other committees as deemed relevant to that committee.	Updates are provided to the ARA committee and other committees as deemed relevant to that committee.
9. Are you aware of any non-compliance with laws and regulations that may be expected to have a fundamental effect on the operations of the entity?	None known	None known

Enquiries of those charged with governance in relation to fraud

Question	2023-24 Response	2024-25 Response
1. Do you have any knowledge of actual, suspected or alleged fraud affecting the entity?	All cases of fraud are reported via the LCFS reports to the Audit and Assurance Committee on a regular basis. As a result of the above processes the LCFS has received referrals of suspected fraud. All referrals were investigated and updates on the outcomes of investigations were reported to the Audit, Risk and Assurance Committee on a regular basis	All cases of fraud are reported via the LCFS reports to the Audit and Assurance Committee on a regular basis. As a result of the above processes the LCFS has received referrals of suspected fraud. All referrals were investigated and updates on the outcomes of investigations were reported to the Audit, Risk and Assurance Committee on a regular basis
2. What is your assessment of the risk of fraud within the entity, including those risks that are specific to the Health Board's business sector?	PTHB undertook a Self-Assessment during the year which provided an overall green rating with a small number of improvement areas which are currently being implemented. This was reported to the May 24 Committee meeting. The Counter Fraud annual work programme is identified and agreed by the Audit and Risk Assurance Committee each year with dedicated resource and time allocated against 4 strategic areas of Strategic Governance, Inform, and Involve, Prevent, and Deter and Hold to Account. Progress against the work programme and regular updates re case workload are regularly reported (via ARA Committee).	PTHB undertook a Self-Assessment during the year which provided an overall green rating with a small number of improvement areas which are currently being implemented. This was reported to the May 24 Committee meeting. The Counter Fraud annual work programme is identified and agreed by the Audit and Risk Assurance Committee each year with dedicated resource and time allocated against 4 strategic areas of Strategic Governance, Inform, and Involve, Prevent, and Deter and Hold to Account. Progress against the work programme and regular updates re case workload are regularly reported (via ARA Committee).

Enquiries of those charged with governance in relation to fraud

Question	2023-24 Response	2024-25 Response
3. How do you exercise oversight of: - management's processes for identifying and responding to the risk of fraud in the entity; and - the controls that management has established to mitigate these risks?	The LCFS meets in confidence with the Audit Risk and Assurance Committee at least twice annually. The LCFS attend the Audit Risk and Assurance Committee meetings and had scheduled reporting built into the Committee's workplan. PTHB utilises the services of NHS Wales Shared Services Legal and Risk for much of its legal service advice and litigation (e.g., leases, employment matters). PTHB has sought specialist advice in respect of Employment law, Value Added Tax, Estates, Property and Statutory Compliance related Issues.	The LCFS meets in confidence with the Audit Risk and Assurance Committee at least twice annually. The LCFS attend the Audit Risk and Assurance Committee meetings and had scheduled reporting built into the Committee's workplan. PTHB utilises the services of NHS Wales Shared Services Legal and Risk for much of its legal service advice and litigation (e.g., leases, employment matters). PTHB has sought specialist advice in respect of Employment law, Value Added Tax, Estates, Property and Statutory Compliance related Issues.

Background information

Matters in relation to fraud

International Standard for Auditing (UK) and Ireland) 240 covers auditors' responsibilities relating to fraud in an audit of financial statements.

The primary responsibility to prevent and detect fraud rests with both management, and 'those charged with governance', which for the Health Board is the Board itself. Management, with the Board, should ensure there is a strong emphasis on fraud prevention and deterrence and create a culture of honest and ethical behaviour, reinforced by active oversight by the Board.

As external auditors, we are responsible for obtaining reasonable assurance that the financial statements are free from material misstatement due to fraud or error. We are required to maintain professional scepticism throughout the audit, considering the potential for management override of controls.

What are we required to do?

As part of our risk assessment procedures we are required to consider the risks of material misstatement due to fraud. This includes understanding the arrangements management has put in place in respect of fraud risks. The ISA views fraud as either:

- the intentional misappropriation of assets; or
- the intentional manipulation or misstatement of the financial statements.

We also need to understand how the Board exercises oversight of management's processes. We are also required to make enquiries of both management and the Board as to their knowledge of any actual, suspected or alleged fraud and for identifying and responding to the risks of fraud and the internal controls established to mitigate them.

Matters in relation to laws and regulations

International Standard for Auditing (UK and Ireland) 250 covers auditors' responsibilities to consider the impact of laws and regulations in an audit of financial statements.

Management, with the oversight of those charged with governance, (the Board), is responsible for ensuring that the Fund's operations are conducted in accordance with laws and regulations, including compliance with those that determine the reported amounts and disclosures in the financial statements.

As external auditors, we are responsible for obtaining reasonable assurance that the financial statements are free from material misstatement due to fraud or error, taking into account the appropriate legal and regulatory framework. The ISA distinguishes two different categories of laws and regulations:

- laws and regulations that have a direct effect on determining material amounts and disclosures in the financial statements; and
- other laws and regulations where compliance may be fundamental to the continuance of operations, or to avoid material penalties.

What are we required to do?

As part of our risk assessment procedures we are required to make inquiries of management and the Board as to whether the Fund is in compliance with relevant laws and regulations. Where we become aware of information of non-compliance or suspected non-compliance, we need to gain an understanding of the non-compliance and the possible effect on the financial statements.

Matters in relation to related parties

International Standard for Auditing (UK and Ireland) 550 covers auditors' responsibilities relating to related party relationships and transactions.

The nature of related party relationships and transactions may, in some circumstances, give rise to higher risks of material misstatement of the financial statements than transactions with unrelated parties.

Because related parties are not independent of each other, many financial reporting frameworks establish specific accounting and disclosure requirements for related party relationships, transactions and balances to enable users of the financial statements to understand their nature and actual or potential effects on the financial statements. An understanding of the entity's related party relationships and transactions is relevant to the auditor's evaluation of whether one or more fraud risk factors are present as required by ISA (UK and Ireland) 240, because fraud may be more easily committed through related parties.

What are we required to do?

As part of our risk assessment procedures, we are required to perform audit procedures to identify, assess and respond to the risks of material misstatement arising from the entity's failure to appropriately account for or disclose related party relationships, transactions or balances in accordance with the requirements of the framework.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item:

Audit, Risk and Assurance Committee	**17 JUNE 2025**
Subject:	**Risk Appetite – Financial Sustainability**
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	Board Development – 8 May 2025 Executive Committee – 14 May 2025 who endorsed the statement. Board – 28 May 2025 who requested further discussion by the Committee
Appendices :	Appendix A – Risk Appetite Statement

PURPOSE:

This report provides the Committee the proposed revisions to the Board's Risk Appetite Statement as discussed at the meeting of the Board on 28 May 2025. The Board has requested that the Audit, Risk and Assurance Committee considers and discusses the proposals in relation to Financial Sustainability, to formulate a consensus and make a recommendation to the Board at its next meeting on 30 July 2025.

RECOMMENDATION(S):

The Board is asked to:

- **RECEIVE** and **DISCUSS** the proposed revisions to the Board's Risk Appetite Statement for financial sustainability; and
- Based on the discussion held **RECOMMEND** to the Board the appropriate categorisation of appetite regarding Financial Sustainability.

Approve/Take Assurance	Discuss	Note
x	x	

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The corporate risks are a reflection of the significant risks to the delivery of the health board's strategic objectives and therefore underpin all wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	

6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

BACKGROUND

The Risk Appetite Statement (**Appendix A**) sets out the Board's strategic approach to risk-taking by defining its risk appetite thresholds. It is a 'live' document that should be regularly reviewed and modified, so that any changes to the organisation's strategy, priorities 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.

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.

Following engagement at a Board Development session in April 2025, the Board received proposed updates to its Risk Appetite Statement at the meeting on 28 May 2025. A conducive discussion was held at the Board, and it was recognised that there were differing opinions on the way in which the risk category of Financial Sustainability should be categorised in terms of appetite, particularly in the context of a Minimal appetite in relation to Quality risks.

It is recognised that there were pros and cons for both Cautious and Minimal categorisation of Financial Sustainability risks in the context of the significant and complex challenges faced by the Health Board. The Audit, Risk and Assurance Committee is therefore requested by the Board to consider the most appropriate categorisation, this may also include considering the language used in the categories themselves to ensure that the category definitions used within the statement are an accurate reflection of the Board's appetite thresholds.

RISK APPETITE

Below is a summary of the changes to the Boards risk appetite statement – these were supported with the exception of the financial sustainability category:

Risk Category	May 2024 Appetite	New Appetite
Safety	Averse	Averse
Quality	Minimal	Minimal
Regulation & Compliance	Cautious	Cautious
Reputation & Public Confidence	Open	Open

Performance and Service Sustainability	Cautious	Open
Financial Sustainability	**Open**	**Cautious**
Workforce	Cautious	Cautious
Reputation & Public Confidence	Open	Open
Partnerships	Open	Open
Innovation & Strategic Change	Open	Eager

The Board was supportive the majority of the proposals however has requested further consideration of the categorisation of appetite for Financial Sustainability, as highlighted in bold in the table above.

The Committee is specifically asked to consider whether a rating of 'Cautious' or 'Minimal' is most appropriate for Financial Sustainability risks in the current context, giving particular consideration to the relationship with Quality risks, the appetite for which is currently Minimal.

The definitions currently used for both categories is included below, it may be that the Committee suggests amendments to the categories to ensure clear and robust articulation of appetite:

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.

The full Risk Appetite Statement, as presented to the Board, is appended to this paper as **Appendix A.**

NEXT STEPS:

The Committee is asked to reach a consensus in regard to the appropriate level of appetite in relation to Financial Sustainability, and make a recommendation to the Board at its next meeting on 30 July 2025.

When approved by the Board the Risk Appetite Statement will be published and integrated into the Health Board's Risk Management Framework and processes for managing risk, such as the Strategic Risk Register.

Appendix A – Risk Appetite Statement

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

RISK APPETITE STATEMENT – MAY 2025

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. The Health Board will continue its open and transparent approach to risk management.

The Board places fundamental importance on the delivery of its strategic objectives and its relationships with its patients, the public and strategic partners in achieving delivery of the ten-year Health and Care Strategy: '*A Healthy, Caring Powys'*.

The Health Board should make a strategic choice about the style, shape and quality of risk management and should lead the assessment and management of opportunity and risk. The Board should determine and continuously assess the nature and extent of the principal risks that the organisation is exposed to and is willing to take to achieve its objectives - its risk appetite – and ensure that planning and decision-making reflects this assessment. Effective risk management should support informed decision-making in line with this risk appetite, ensure confidence in the response to risks and ensure transparency over the principal risks faced and how these are managed.

The Board will seek to balance all categories of risk appetite, in reality complex decisions contain components that fall across the range of risk categories, for example financial sustainability, performance and service sustain ability and workforce could all be contained within any one decision.

The risk appetite statement should be read in conjunction with the Health Boards Risk Management Framework which can be found here – PTHB Risk Management Framework March 2025

The Board has adopted the following Risk Appetite Matrix:

Risk Appetite	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities

Risk Appetite	Description
	undertaken will only be those considered to carry very limited or 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 Board is not open to risks that materially impact on the quality or safety of services the Health Board provides or commissions; or risks that could result in the organisation being non-compliant with UK law, healthcare legislation, or any of the applicable regulatory frameworks in which we operate.

The Board has greatest appetite to pursue innovation and challenge current working practices and financial risk in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.

The health board's risk appetite has been defined following consideration of organisational risks, issues and consequences. Appetite levels will vary, in some areas our risk tolerance may be cautious in others we may be eager for risk and are willing to carry risk in the pursuit of important strategic objectives. The health board will always aim to operate organisational activities at the levels defined below. Where activities are projected to exceed the defined levels, this will be escalated through the appropriate governance mechanisms to the Board for ratification.

Risk Category	Description
APPETITE FOR RISK: Averse	
Safety	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. 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 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 my compromise the Duty of Quality and/or 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.
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

Risk Category	Description
	reach their full potential. This key driver supports our values and objectives to maximise 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. Our work will continue to be undertaken in partnership with our Trade Union colleagues.
Financial Sustainability	We recognise 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 ensuring maximum value is achieved. Risks associated with investment or increased expenditure will only be considered when linked to delivery of core patient services supporting innovation and strategic change and/or legal or regulatory compliance. We will not accept risks that leave us open to fraud or breaches of our Standing Financial Instructions.
APPETITE FOR RISK: Open	
Performance and Service Sustainability	We have a low-moderate risk appetite for risks which may 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. We will also consider impacts on both short and long term performance and service sustainability in our decision making.
Reputation & Public Confidence	We will maintain high standards of conduct, ethics and professionalism at all times, championing our Values and Behaviours Framework, and will not accept risks or circumstances that could unduly damage the public's confidence in the organisation. Our reputation for integrity and competence should not be compromised with the people of Powys, Partners, Stakeholders and Welsh Government. Our communication and engagement will remain open and transparent. In light of the challenging environment related to public sector funding, we have a more open appetite for risks that

Risk Category	Description
	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 and financial environment.
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 at a local, regional and national level. 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.
APPETITE FOR RISK: Eager	
Innovation & Strategic Change	We wish to maximise opportunities for developing and growing our services by encouraging entrepreneurial activity and by being creative and pro-active in seeking new initiatives, consistent with the strategic direction set out in the Integrated Plan, whilst respecting and abiding by our statutory obligations. 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 centred values and approach. 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.

This Statement will be regularly reviewed and modified so that any changes to the organisation's strategy, objectives or our capacity to manage risk are properly reflected. It will be communicated throughout the organisation in order to embed sound risk management and to ensure risks are properly identified and managed.