



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# Accountability Report: 2019-20



**SIGNED BY: CAROL SHILLABEER  
[CHIEF EXECUTIVE]**

**DATE: 30 JUNE 2020**

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## INTRODUCTION TO THE ACCOUNTABILITY REPORT

Powys Teaching Health Board is required, as are all Welsh NHS bodies, to publish annually an Annual Report and Accounts. Copies of previous year's reports can be accessed from the health board [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.

As not all requirements of the Companies Act 2006 apply to NHS bodies, the structure adopted is as described in the Treasury's Government Financial Reporting Manual (FRm) and set out in the 2019-20 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 [National Assembly for Wales Accountability and Audit Report](#)

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

## THE CORPORATE GOVERNANCE REPORT

This section of the Accountability Report provides an overview of the governance arrangements and structures that were in place across Powys Teaching Health Board during 2019-20. It also explains how these governance arrangements supported the achievement of the health board's core and enabling well-being objectives.

The 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](#)

- [A Statement of Directors' Responsibilities in Respect of the Accounts](#)
- [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 Directorate of Finance and the Workforce and Organisational Development Directorate.

## **NATIONAL ASSEMBLY FOR WALES 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 2019-20. It includes:

1. A Director's Report
2. A Statement of Accountable Officer Responsibilities
3. A Statement of Directors' Responsibilities in Respect of the Accounts
4. The Annual Governance Statement

## **1. THE DIRECTORS' REPORT FOR 2019-20**

The Directors' report brings together information about the Board of Powys Teaching Health Board (PTHB), including the Independent Members and Executive Directors, the composition of the Board and other elements of its governance and risk management structure.

## **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, 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 2019-20

During 2019-20, the following individuals were voting members of the Board of Powys Teaching Health Board:

<b>Independent Members (IM)</b>		
<b>Vivienne Harpwood</b>	Chair	Full year
<b>Melanie Davies</b>	Vice Chair	Full Year
<b>Anthony Thomas</b>	IM (Finance)	Full Year
<b>Matthew Dorrance</b>	IM (Local Authority)	Full Year
<b>Owen James</b>	IM (Community)	Full Year
<b>Trish Buchan</b>	IM (Third Sector)	Full Year
<b>Duncan Forbes</b>	IM (Legal)	To 07 August 2019
<b>Frances Gerrard</b>	IM (University)	Full Year
<b>Ian Phillips</b>	IM (ICT)	Full Year
<b>Susan Newport</b>	IM (Trade Union Side)	Full Year
<b>Mark Taylor</b>	IM (Capital & Estates)	From 03 July 2019
<b>Executive Directors</b>		
<b>Carol Shillabeer</b>	Chief Executive	Full Year
<b>Julie Rowles</b>	Executive Director of Workforce and OD	Full Year
<b>Eifion Williams</b>	Executive Director of Finance and IT	To 30 June 2019
<b>Pete Hopgood</b>	Interim Executive Director of Finance and IT	From 01 July 2019
<b>Hayley Thomas</b>	Executive Director of Planning and Performance	Full Year
<b>Wyn Parry</b>	Executive Medical Director	Full Year
<b>Stuart Bourne</b>	Executive Director of Public Health	Full Year
<b>Rhiannon Jones</b>	Executive Director of Nursing	To 14 July 2019
	Interim Executive Director of Therapies & Health Science	
<b>Katrina Rowlands</b>	Interim Director of Nursing	15 July 2019 to 20 January 2020
<b>Alison Davies</b>	Executive Director of Nursing & Midwifery	From 20 January 2020
<b>Claire Madsen</b>	Executive Director of Therapies & Health Sciences	From 07 January 2020
<b>Patsy Roseblade</b>	Interim Executive Director of Primary, Community Care and Mental Health	To 14 April 2019
<b>Jamie Marchant</b>	Executive Director of Primary, Community and Mental Health Services	From 11 June 2019



During 2019/20, vacancies in the Board consisted of:

Independent Member	Executive Director
<ul style="list-style-type: none"> <li>• Independent Member (Legal) from 08/08/19 to present</li> <li>• Independent Member (Capital) from 01/04/19 to 02/07/19</li> </ul>	<ul style="list-style-type: none"> <li>• Executive Director of Primary, Community &amp; Mental Health Services from 15/04/19 to 10/06/19</li> <li>• Executive Director of Therapies and Health Sciences from 15/07/19 to 06/01/20</li> </ul>

Whilst roles on the Board were vacant, responsibilities were covered by other Board members to ensure continuity of business and effective governance arrangements. Independent Members attended Board Committee meetings where necessary to ensure meetings remained quorate and the Board's duties could be discharged. The Chief Executive provided leadership and support to the Primary, Community & Mental Health Services Directorate whilst the Director post was vacant.

On 23 March 2020 the Welsh Government suspended all Ministerial Public Appointment campaigns with immediate effect. At the time of this suspension the Health Board has one Independent Member vacancy. The intention is to recommence Campaigns in September 2020, however this is being kept under review as the public health response to COVID-19 develops.

## NON-VOTING MEMBERS OF THE BOARD DURING 2019-20

During 2019/20, the following Associate Members, were appointed by the Minister for Health and Social Services, to the Board as a non-voting member:

- **Alison Bulman**, Corporate Director (Children & Adults), Powys County Council.

The following Associate Member positions were vacant on the Board during 2019/20:

- Chair of the Stakeholder Reference Group (Advisory Group of the Board)  
The Stakeholder Reference Group did not meet in 2019/20 and a Chair has not yet been appointed.
- Chair of the Healthcare Professionals' Forum (Advisory Group of the Board)  
The Healthcare Professionals' Forum is not yet in place and will be established in 2020/21.

Further details in relation to role and composition of the Board can be found at page 23 of the Annual Governance Statement. In addition, short biographies of all our Board members can be found on the health board [website](#). The Annual Governance Statement also contains further information in respect of Board and Committee Activity.

## **DECLARATION OF INTERESTS**

Details of company directorships and other significant interests held by members 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 [website](#), or a hard copy can be obtained from the Board Secretary on request.

## **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 on page 57 of the Annual Governance Statement.

## **ENVIRONMENTAL, SOCIAL AND COMMUNITY ISSUES**

The Board is aware of the potential impact that the operation of the health board has on the environment and it is committed to wherever possible:

- ensuring compliance with all relevant legislation and Welsh Government Directives;
- working in a manner that protects the environment for future generations by ensuring that long term and short term environmental issues are considered; and
- preventing pollution and reducing potential environmental impact.

The Board's Sustainability Report forms a key part of the Performance Report section of the Annual Report and provides greater detail in relation to the environmental, social and community issues facing the health board.

## **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: CAROL SHILLABEER  
[CHIEF EXECUTIVE]**

**DATE: 30 JUNE 2020**

**STATEMENT OF ACCOUNTABLE OFFICER  
RESPONSIBILITIES: 2019-20**

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

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

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

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

I also confirm that:

- as far as I am aware, there is no relevant audit information of which Powys Teaching Health Boards 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 judgments required for determining that it is fair, balanced and understandable.

**SIGNED BY: CAROL SHILLABEER  
[CHIEF EXECUTIVE]**

**DATE: 30 JUNE 2020**

**STATEMENT OF DIRECTORS' RESPONSIBILITIES  
IN RESPECT OF THE ACCOUNTS FOR 2019-20**

## **STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS**

The 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 directors are required to:

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

On behalf of the directors of Powys Teaching Health Board we confirm:

- that we have complied with the above requirements in preparing the 2019-20 accounts; and
- that we are clear of our responsibilities in relation to keeping proper accounting records which 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: MELANIE DAVIES  
[VICE CHAIR]**

**DATE: 30 JUNE 2020**

**SIGNED BY: CAROL SHILLABEER  
[CHIEF EXECUTIVE]**

**DATE: 30 JUNE 2020**

**SIGNED BY: PETE HOPGOOD  
[DIRECTOR OF FINANCE AND ICT]**

**DATE: 30 JUNE 2020**

## **ANNUAL GOVERNANCE STATEMENT**

This Annual Governance Statement details the arrangements that were in place to manage and control resources during the financial year 2019-20. It also sets out the governance arrangements in place to ensure probity, mitigate risks and maintain appropriate controls to govern corporate and clinical situations.



## SCOPE OF RESPONSIBILITY

The Board is accountable for Governance, Risk Management and Internal Control. As Chief Executive of the Board, I have responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and 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.

Powys Teaching Health Board (PTHB, the health board) was established in 2003. The health board is predominantly a commissioning organisation, buying services on behalf of the population from a wide range of providers, including from primary care contractors, independent sector care homes, ambulance services, district general hospitals and other specialist hospitals. There are a range of directly provided services across Powys, including a network of community hospitals, a health and social care centre, community services such as district nursing, midwifery and health visiting, therapies, mental health and services for people with a learning disability. Increasingly, services are jointly provided by the health board and Powys County Council, working together and pooling resources.

Detailed information about the services we provide and our facilities can be found in the section labelled 'Services' on the health board [website](#). Our Integrated Medium Term Plan for 2019-2022 and Annual Report also provide helpful overviews of our services.

The Board of PTHB is accountable for good governance, risk management and internal control. As the Chief Executive and Accountable Officer of PTHB I have clearly defined responsibilities as set out in the Accountable Officer Memorandum and my letter of appointment. These responsibilities relate to 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 duties are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

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

At the time of preparing this Annual Governance Statement the Health Board and the NHS in Wales is facing unprecedented and increasing pressure in planning and providing services to meet the needs of those who are affected by COVID-19, whilst also planning to resume other activity where this has been impacted.

The required response has meant the whole organisation has had to work very differently both internally and with our staff, partners and stakeholders and it has been necessary to revise the way the governance and operational framework is discharged. In recognition of this, Dr Andrew Goodall, Director General Health and Social Services/NHS Wales Chief Executive wrote to all NHS Chief Executives in Wales, with regard to "COVID -19- Decision Making and Financial Guidance". The letter recognised that organisations would be likely to make potentially difficult decisions at pace and without a firm evidence base or the support of key individuals which under normal operating circumstances would be available. Nevertheless, the organisation is still required to demonstrate that decision-making has been efficient and will stand the test of scrutiny with respect to compliance with Managing Welsh Public Money and demonstrating Value for Money after the COVID-19 crisis has abated and the organisation returns to more normal operating conditions.

The actions and decisions taken by the Health Board in response to COVID-19 have been explained within this Annual Governance Statement.

## **FUNCTIONS HOSTED BY PTHB**

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

- **The seven Community Health Councils that operate across Wales and the Board of Community Health Councils in Wales:**  
The Community Health Councils operate across Wales and provide help and advice if citizens have problems with, or complaints about, NHS services. They ensure that citizens' views and needs influence the policies and plans put in place by health providers in their area. They monitor the quality of NHS services from a citizen's perspective and provide information about access to the NHS.  
The Board of Community Health Councils in Wales was established in April 2004 with the aim to advise, assist and monitor the Community Health Councils with respect to the performance of their functions, and to represent their collective views and interests to the Welsh Ministers. In 2015, the regulations were revised and it was clearly stated that the Board had responsibility of setting standards and to monitor the performance of the Community Health Councils, the conduct of members and performance of officers as well as operating a Complaints Procedure.
- **Health and Care Research Wales (HCRW):**  
HCRW is a national, multi-faceted, virtual organisation funded and overseen by the Welsh Government's Division for Social Care and Health Research. It provides an infrastructure to support and increase capacity in research and development, runs a number of funding schemes, and manages the NHS research and development funding allocation in Wales. Its aim is to generate and support excellent research to improve the health and care of people in Wales across a range of conditions and settings.

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

The health board has nominated its Director of Workforce and OD as the Lead Director for Community Health Council and its Medical Director as the Lead Director for Health and Care Research Wales. Key officers from the finance and workforce teams have been identified to provide support to the functions, as appropriate.

During 2019-20 we continued to work with Welsh Government to strengthen the governance and accountability arrangements for the functions that we host. The Audit, Risk and Assurance Committee held discussion regarding hosted functions in January 2020 following an Advisory Internal Audit Report. Internal Audit made a number of recommendations for improvement which will be taken forward in 2020/21.

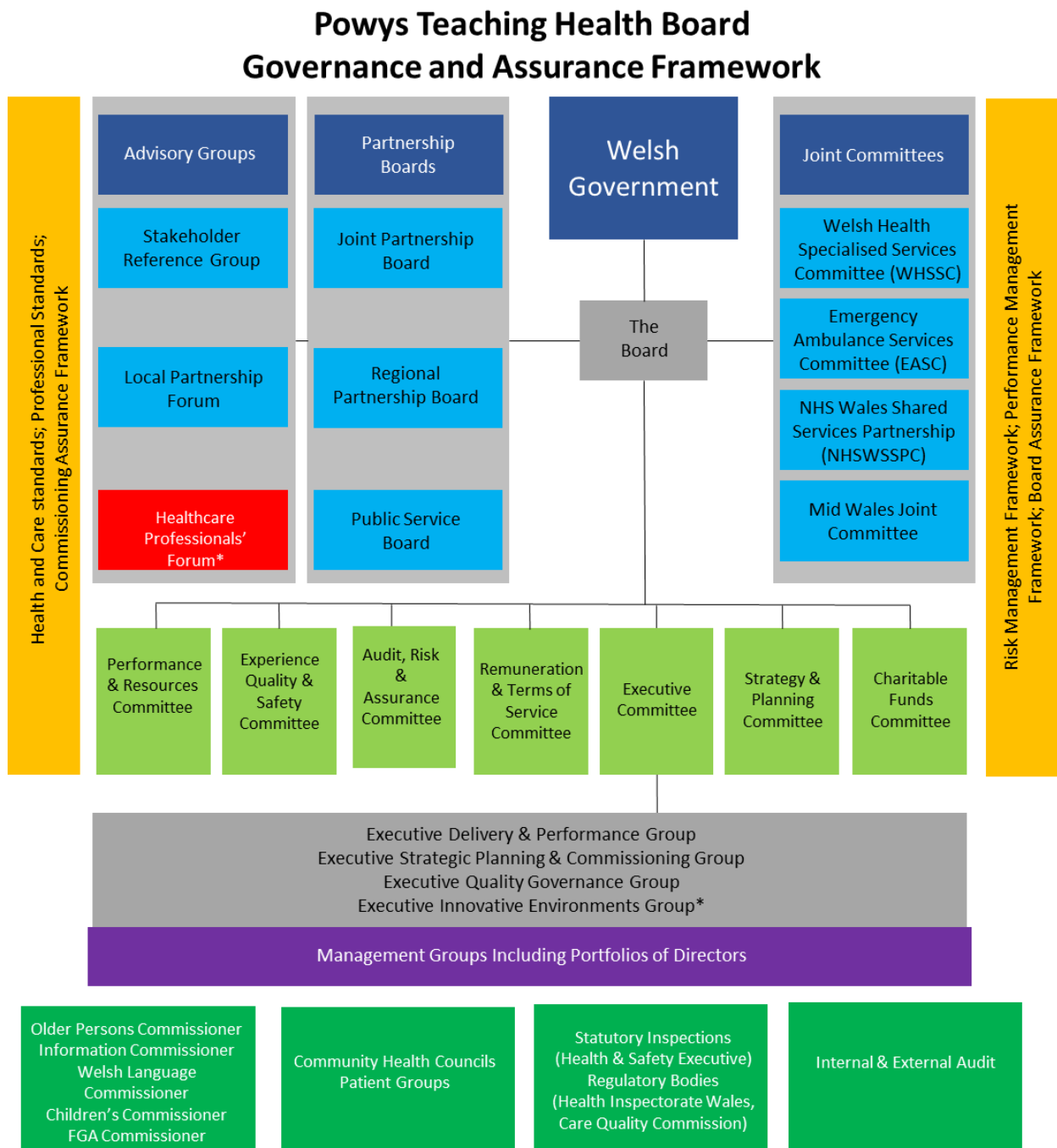
The development of robust accountability frameworks, in conjunction with Welsh Government and hosted bodies, will be necessary to allow each function to discharge its responsibilities.

## **OUR GOVERNANCE AND ASSURANCE FRAMEWORKS**

PTHB has a clear purpose from which its strategic aims and objectives have been developed. Our vision is to enable a 'Healthy Caring Powys'. The Board is accountable for setting the organisation's strategic direction, ensuring that effective governance and risk management arrangements are in place and holding Executive Directors to account for the effective delivery of its three year Integrated Medium Term Plan and related Annual Plan. A copy of our Integrated Medium Term Plan for 2019-20 to 2021-22 can be found on the health board [website](#).

**Figure 1** on the page that follows provides an overview of the governance framework that was in operation during 2019-20:

**Figure 1: Powys Teaching Health Board's Governance and Assurance Framework**



\* Yet to be established

## 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 in the Directors Report at page 6.

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

- Sets the strategic direction of the organisation within the overall policies and priorities of the Welsh Government and the NHS in Wales;
- Establishes and maintains high standards of corporate governance;
- 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 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 life 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, honoraria 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 2011'.

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 Instructions, they provide the regulatory framework for the business conduct of the health board and define "its ways of working". The Standing Orders in place during 2019-20 were adopted by the Board on 27 November 2019 and are available on the health board's [website](#).

The Board, subject to any directions that may be made by the Welsh Ministers, is required to make appropriate arrangements for certain functions to be carried out on its behalf so that 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. To fulfil this requirement, in alignment with the review of Standing Orders and Committee terms of reference, a detailed review of the Board's Scheme of Reservation and Delegation of Powers has also been completed. The document, which was approved by the Board on 27 November 2019 can be found 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 and is constituted to comply with Welsh Government's Good Practice Guide – Effective Board Committees. All Committees annually 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 our mission's aims and objectives.

During 2018-19, a full and considered review of the Board's committee structure and each of the terms of reference was undertaken. This review highlighted the need for a refreshed approach to ensure: an appropriate balance between strategy and performance; and reduced duplication and increased integration between committees. Work was taken forward to develop revised committee arrangements, and these were formally approved by the Board in March 2019, the revised committee arrangements were implemented in 2019-20. A paper outlining the changes made and agreed by the Board can be found on the health board's [website](#).

The Committees that were in place during 2019-20 were:

- Audit, Risk and Assurance Committee
- Charitable Funds Committee
- Executive Committee
- Experience Quality and Safety Committee
- Performance and Resources Committee
- Remuneration and Terms of Service Committee
- Strategy and Planning Committee

The detailed Terms of Reference, agendas and papers for each of these Committees can be found on the health board's [website](#).

The Chair of each Committee reports regularly to the Board on the committee's activities. This contributes to the Board's assessment of risk, level of assurance and scrutiny against the delivery of objectives. In addition, and in-line with Standing Orders, each committee is required to produce an annual report. The development of committee annual reports for 2019/20 was delayed in order that capacity could be made available to support the health board's response to COVID-19.



Powys Teaching 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. The Board and its Committees meet throughout the year, and attendance is formally recorded within the minutes, detailing where apologies have been received and deputies have been nominated.

In light of Welsh Government's advice in relation to COVID-19, the Board took a decision at its meeting on 25 March 2020 to conduct meetings by electronic / telephony means as opposed to in a physical location, for the foreseeable future. This will mean that members of the public will not be able attend in person or observe on-line. The Board took this decision in the best interests of protecting the public, our staff and Board members. The Board agreed to publish a summary of meetings held on the health board's website within a week of the meeting to promote openness and transparency.

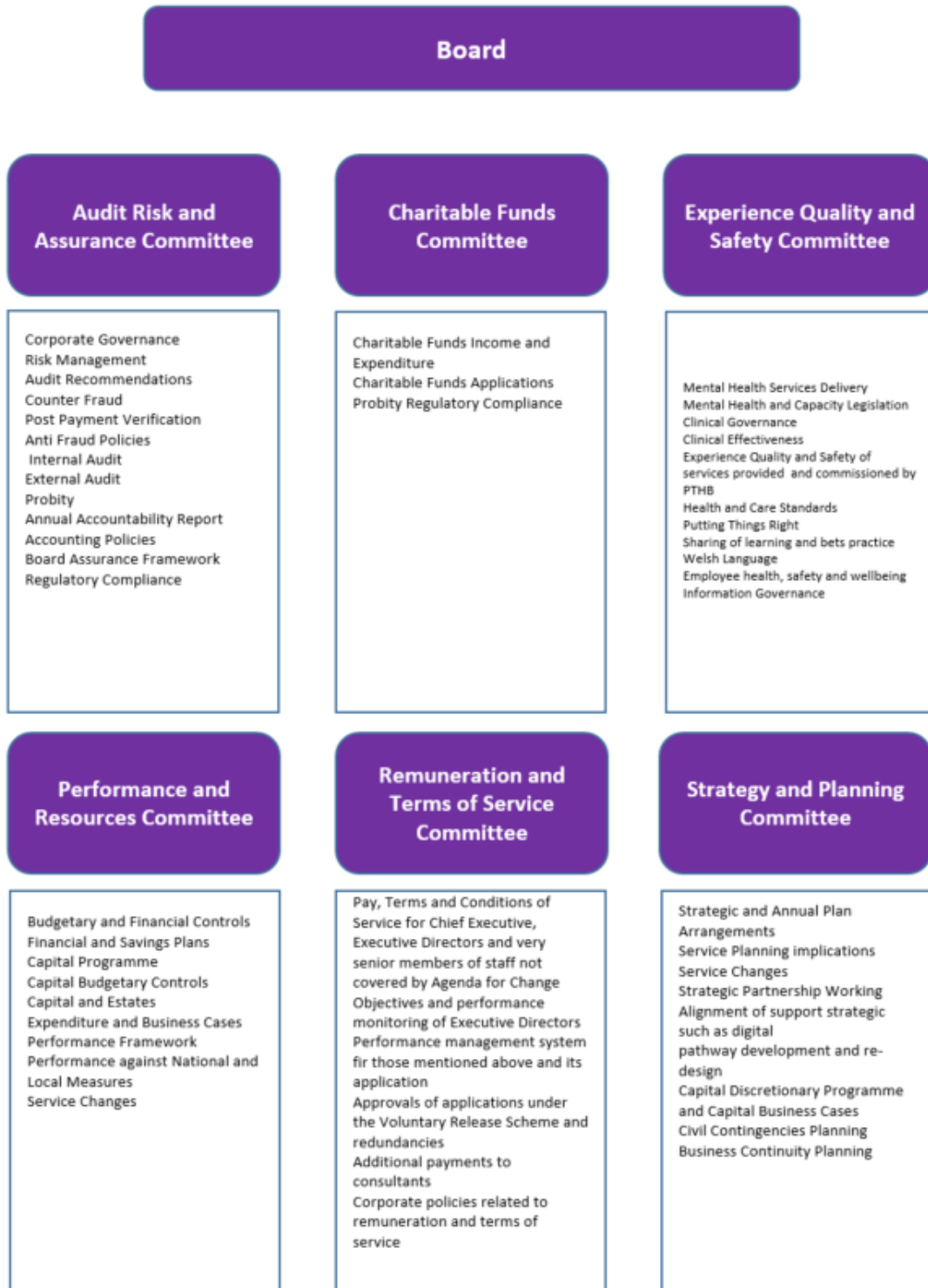
In addition, the Board agreed to temporarily stand down the following meetings:

- Performance and Resources Committee meeting scheduled for 29<sup>th</sup> April 2020 would be cancelled. In its absence, finance and performance reporting will go to the full Board on 27<sup>th</sup> May 2020 (the usual Finance Monthly Report will be issued and Integrated Performance Report) along with any other critical areas and material issues; and
- Strategy and Planning Committee meeting scheduled for 23<sup>rd</sup> April 2020 would be cancelled, recognising that the organisation's immediate focus would be on COVID-19.

Figure 2 below provides 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 2019-20.

**Figure 2: Roles and Responsibilities of Committees of the Board**



**Figure 3: Board and Committee meetings held during 2019-20**

Board/ Committee	Dates											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Board</b>		8 & 29		31		25		27		29		25
<b>Audit Risk and Assurance</b>		7 & 28		16		12		11		14		9
<b>Charitable Funds</b>			11				15				3	
<b>Experience Quality and Safety</b>	16		4		1		10		3		4	
<b>Performance and Resources</b>	30		24		6		22		16		24	
<b>Remuneration and Terms of service</b>		7			6			5			11	
<b>Strategy and Planning</b>		2	24					1		16		

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

## **ITEMS CONSIDERED BY THE BOARD IN 2019-20**

During 2019-20 the Board held:

- Five meetings in public;
- One extraordinary meeting held in public to consider a recommendation from the Branch Practice Review Panel, in respect of a Branch Surgery Closure Application received from Dyfi Valley Health regarding Cemmaes Road and;
- Six developmental sessions.
- One meeting of the Board (25 March 2020) was held in closed session due to the advice and guidance in relation to COVID-19. This meant that members of the public were not be able to attend in person or observe on-line. The Board took this decision in the best interests of protecting the public, staff and Board members. The Board published a summary of the meeting held on the website within a week of the meeting to promote openness and transparency.

All meetings of the Board held in 2019-20 were appropriately constituted with the required quorum.

### **COVID-19 Response**

In March 2020, the Board approved its Clinical Response Model to the COVID-19 pandemic. This outlined the model of care to be put in place to save lives during COVID-19, and included five main elements:

1. Stay home and save lives;
2. Saving Lives through Self Care, Families and Support;
3. Saving Lives through the best use of the skills & resources in Primary Care;
4. Saving Lives through the best use of the skills & resources in Community Care; and
5. Saving Lives through strong partnership with acute & specialist care.

The first four elements of the model outlined above will mean that as many people as possible will continue to receive their care at home or close to home in Powys. We have increased beds, the skills and services within the community to care for more patients with the virus, which will reduce the need for patients to be admitted to acute hospital, and bringing them closer to home when they are more stable and no longer need acute hospital care. In addition to this we have refocussed our community hospitals and health & care centres to provide an enhanced level of in-county community hospital care for those who need it. This also includes increasing the number of beds, increasing the scope of practice so that we are able to provide a higher level of care within the county than would normally be possible, as well as making sure we are able to continue to provide dignified palliative support and end of life care. We also continue to develop plans so that extra local capacity can be put in place if the need for additional health and care support is required. There will be some people, however, with more

serious illnesses who will need to be admitted for specialist and critical care, with specialist teams and equipment to give them the best chance of recovery. We have very well established relationships with our network of neighbouring hospitals who provide acute and specialist inpatient care for the people of Powys. This will continue to be the case during this period and each of our neighbouring hospitals is increasing their own capacity so that as the impact of COVID-19 increases, they will continue to be able to provide essential care, including for our communities – both for COVID-19 as well as for the other essential services.

### **Organisational Development Framework**

In May 2019, the Board considered and approved '*Best Chance of Success*', An Organisational Development Strategic Framework to support 'A Healthy, Caring Powys' 2019 – 2021.

The purpose of this framework is to outline the development priorities to improve Powys Teaching Health Board's organisational effectiveness, enabling the health board to be best placed to deliver against its commitments for the population of Powys. These commitments are set out in the 10-year health and care strategy: 'A Healthy, Caring Powys' and are operationalised in our three year Integrated Medium Term Plan.

### **Workforce Futures Strategic Framework**

The Board approved the Workforce Futures Strategic Framework in January 2020. The Framework sets out the health board's intentions, by describing our high-level strategic priorities based on what we know about the current workforce landscape, and ensures everyone is clear about what is needed to deliver 'A Healthy, Caring Powys' through our workforce resource. It makes a commitment to design a health and care workforce model that will meet the needs of our citizens and communities, attract the right people with the right skills and knowledge, continue to value, engage and retain our workforce through compassionate and collective leadership, and provide education and development opportunities.

### **Strategic Planning and Service Change**

#### **Integrated Medium Term Plan (IMTP) 2020-21 - 2022-23**

The Health and Care Strategy for Powys 'A Healthy Caring Powys' provided a robust strategic context for the IMTP for 2019/2020 – 2021/2022. This provided the long-term strategy that has been agreed jointly between the health board, the local authority and the Regional Partnership Board, as the Local Area Plan for Powys. The IMTP for 2019/2020 – 2021/2022 represented Year Two of the delivery of this long term strategy. Further to Board approval, the IMTP 2019/2020 – 2021/2022 received approval from Welsh Government in March 2019.

In January 2020, the Board approved its IMTP for 2020-23. In March 2020, Welsh Government confirmed to the health board that, following a robust assessment, the IMTP was considered to be approvable, which provided a

baseline for future planning discussions. However, in light of the challenges associated with COVID-19, Welsh Government had taken the decision to pause the IMTP processes and allow all resources to be redirected to sustaining key services.

During 2019-20, the Board also considered and approved:

- **Branch Surgery Closure Application received from Dyfi Valley Health**  
The Board ratified a decision of a Branch Practice Review Panel, held on 18 April 2019, to accept an application from Dyfi Valley Health to close their premises in Cemmaes Road and consolidate their services at their premises in Machynlleth from 31 July 2019.
- **South Wales Trauma Network Programme Business Case**  
In November 2019, the Board approved the overall network model described in the Programme Business Case (clinical, operational and governance) for a South Wales Trauma Network. This included the Operational Delivery Network (ODN) and the role of the health board as a provider of respective components of the service model.
- **Powys Winter Resilience Plan 2019/20**  
In November 2019, the Board approved its Winter Resilience Plan which was co-produced with partners and key stakeholders to ensure the health and care community was fully prepared for the winter period to ensure safe, timely and effective care together with positive experiences and outcomes for the people of Powys.
- **Strategic Change Programmes**  
The Board received regular updates and assurances in relation to other external change programmes, including: Aneurin Bevan University Health Board – 'Clinical Futures'; NHS Future Fit (Shrewsbury and Telford Hospitals); and Hereford and Worcestershire STP – Stroke Programme.

### **Clinical Quality Framework**

In January 2020 the Board approved its Clinical Quality Framework. The specific purpose of the PTHB Clinical Quality Framework is to realise a vision of:

*"Systematic, clinically-led, continuous and sustained, year-on-year improvement in the quality of clinical care provided by Powys Teaching Health Board".*

In this context and through its approach, the framework encompasses fundamental pre-determinants of the delivery of high quality clinical care, including:

- Organisational culture - encompassing honesty and openness
- Clinical leadership
- The improvement methodology in place in the organisation
- Clinical quality intelligence and performance reporting

The Framework is structured around five organisational goals linked improvement actions to determine good quality care in PTHB clinical services, during the period 2020-2023.

## **Governance, Risk Management and Assurance**

The Board received regular updates on, and participated in, the further development and strengthening of risk management and assurance arrangements across the organisation.

In March 2019, the Board approved its Board Assurance Framework, with an update regarding the Board Assurance Framework received quarterly. The Board Assurance Framework is available on the health board [website](#). In July 2019, the Board approved its Risk Appetite Statement and in September 2019 approved its updated Risk Management Framework. The Board considered its Corporate Risk Register at each meeting, ensuring risks were managed in-line with its appetite and thresholds.

In November 2019 the Board approved: revised Standing Orders and a revised Scheme of Reservation and Delegation of Powers.

During 2019-20, the Board approved the following key policies for implementation in the organisation:

- **Putting Things Right Policy**  
This Policy sets out the arrangements, under Putting Things Right (PTR), by which Powys Teaching Health Board will manage, respond and resolve concerns in order to meet the requirements of the NHS Welsh Government legislation: Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011. These Regulations came into force on 1 April 2011, except Part 7, which came into force in April 2012. Part 7 of the Policy deals with the consideration of Redress where a Welsh NHS body has commissioned care from a NHS Provider in England – Cross Border Arrangements.
- **Standards of Behaviour Policy**  
The aim of this policy is to ensure that arrangements are in place to support employees and Independent Members to act in a manner that upholds the Standards of Behaviour Framework, as well as setting out the arrangements in place to manage declarations of interests, gifts, hospitality, honoraria and sponsorship, through the standard forms in place.
- **Bribery Policy**  
The primary purpose of this policy is to outline the Health Board's position in respect of compliance with the Bribery Act; set out the Health Board's responsibilities, and the responsibilities of those working for the Health Board, in preventing bribery and corruption; and provide clear guidance on how to report any concerns or suspicions in respect of potential fraudulent behaviour. This policy forms a key part in the Health Board's defence against the risks posed by economic crime.

## **Nurse Staffing Levels (Wales) Act**

The Nurse Staffing Levels (Wales) Act 2016 came into force on 21 March 2016,

with a phased commencement with full implementation required by 6 April 2018. In May 2019, the Board received a position report from the Executive Director of Nursing regarding local implementation of the Act, with assurance that all necessary steps had been taken to ensure compliance for provided services. In terms of services commissioned from other providers, safe staffing is included as a requirement within the Long Term Agreement and staffing levels are monitored through the Board's Commissioning Assurance Framework.

In addition to the above, the Board:

- Approved the Annual Accounts for 2018-19;
- Approved the Resource Plan for 2019-20;
- Received feedback from service users and patients through experience stories;
- Approved and monitored the Discretionary Capital Programme;
- Received, considered and discussed financial performance and the related risks being managed by the health board;
- Routinely considered the Board's performance in relation to key national and local targets and agreed mitigating actions in response to improve performance where appropriate.
- Routinely received assurance reports from the Committees and Advisory Groups of the Board.

## **ITEMS CONSIDERED BY COMMITTEES OF THE BOARD**

During 2019-20, 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 HSE.

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 (at least six a year), attending partnership meetings, shadowing and a range of other internal and external meetings.

An overview of the key areas of focus for each of the Board committees is set out in Figure 4 that follows.



**Figure 4: Key Areas of Focus of Committees of the Board**

<p><b>Audit Risk and Assurance Committee</b></p>	<ul style="list-style-type: none"> <li>▪ Approved the Internal Audit Plan for 2019-20</li> <li>▪ Oversaw the delivery of a programme of internal and external audit reports</li> <li>▪ Sought assurance in relation to Post Payment Verification Checks</li> <li>▪ Kept an overview of the adequacy of Local Counter Fraud Services</li> <li>▪ Monitored the implementation of audit recommendations</li> <li>▪ Kept under review the health board’s arrangements for risk management and assurance</li> <li>▪ Reviewed and sought assurance on the accuracy of Annual accounts</li> <li>▪ Oversaw the Governance Improvement Programme</li> </ul>
<p><b>Executive Committee</b></p>	<ul style="list-style-type: none"> <li>▪ Took forward actions arising from the Integrated Performance Report and performance managing the delivery of those action plans.</li> <li>▪ Kept the operational effectiveness of policies and procedures under review.</li> <li>▪ 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.</li> <li>▪ Provided a strategic view of issues of concern ensuring co-ordination between directorates.</li> <li>▪ 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.</li> <li>▪ Ensured staff are kept up to date on health board wide issues.</li> <li>▪ Acted as the forum in which Directors and senior managers can formally raise concerns and issues for discussion, making decisions on these issues.</li> </ul>
<p><b>Charitable Funds Committee</b></p>	<ul style="list-style-type: none"> <li>▪ Scrutinised applications for charitable funds</li> <li>▪ Kept and overview of charitable funds income and expenditure</li> </ul>
<p><b>Experience Quality and Safety Committee</b></p>	<ul style="list-style-type: none"> <li>▪ Reviewed performance against key patient experience, quality and safety indicators</li> <li>▪ Sought assurance in relation to the quality of directly provided services and commissioned services</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Monitored the health board’s approach to complaints and concerns</li> <li>▪ Sought assurance in relation to specific issues, for example, Commissioned Maternity Services</li> <li>▪ Oversaw the development of the Annual Quality Statement</li> <li>▪ Received reports on matters such as Infection Prevention and Control, Wellbeing at Work, Safeguarding and Health and Safety</li> <li>▪ Monitored Welsh Language requirements, equality and diversity; and compliance with mental health legislation.</li> <li>▪ Monitored the effectiveness of arrangements in place to support Improvement and Innovation</li> <li>▪ Considered the safeguarding of information and associated governance arrangements.</li> <li>▪ Sought assurance on the implementation of Putting Things Right regulations and lessons learnt.</li> </ul>
<p><b>Performance and Resources Committee</b></p>	<ul style="list-style-type: none"> <li>▪ Sought assurance regarding financial management and financial performance.</li> <li>▪ Oversaw the delivery of the health board’s performance against the National Outcomes Framework, the Integrated Medium Term Plan and related Annual Plan, and key local outcomes.</li> <li>▪ Sought assurance regarding arrangements for the performance management and accountability of directly provided and commissioned services</li> <li>▪ Monitored workforce and organisational development frameworks and plans; and the monitoring of key workforce metrics.</li> <li>▪ Monitored GDPR and Freedom of Information, requirements</li> <li>▪ Monitored the achievement of shared outcomes, including the Regional Partnership Board and Public Services Board.</li> </ul>
<p><b>Strategy and Planning Committee</b></p>	<ul style="list-style-type: none"> <li>▪ Oversaw the development of the Board’s Capital Discretionary Programme and Capital Business Cases</li> <li>▪ Received reports on matters such as Board’s Integrated Medium-Term Plan, including the Financial Plan and Workforce Plan and Board’s Annual Plan, aligned to the Integrated Medium-Term Plan.</li> <li>▪ Considered and kept the following under review:</li> </ul>

	<ul style="list-style-type: none"> <li>• any necessary revision of the Health Board’s strategies and plans</li> <li>• implications for service planning arising from the development of the Health Board’s strategies and plans or those of its stakeholders and partners</li> <li>• Health Board Civil Contingency Plan and Business Continuity Plan</li> </ul>
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## **BOARD DEVELOPMENT**

In July 2019, the Board approved its Board Development Plan 2019/20 – 2020/21. The purpose of Plan outlines the key components of an effective Board, areas for further development as identified through a process of self-assessment and reflection (undertaken in January 2019) and confirms the Board Development Plan for delivery throughout 2019/20 and 2020/21.

During the year, the Board took part in a number of development and briefing sessions which covered topics that included risk management, organisational development, strategic commissioning, key issues and hot topics and presentations from organisations, such as Welsh Health Specialised Services Committee and the Health and Safety Executive.

The Board had scheduled its annual self-assessment and reflection to take place in April 2020 (to include consideration of the effectiveness of its committees), however this was stood down in light of COVID-19. In its absence, implementation of the Board Development Plan will continue into its second year to support improved effectiveness.

## ADVISORY GROUPS

PTHB's Standing Orders require the board to establish three advisory groups in place. These allow the Board to seek advice from and consult with staff and key stakeholders. They are the:

- Stakeholder Reference Group
- Local Partnership Forum
- 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's [website](#).

The Local Partnership Forum (LPF) is well established. Work was undertaken in 2019-20 to strengthen the Forum's operating arrangements and maximize its role in providing advice to the Board. Considerations have been made in 2019-20 regarding the potential of combining the Local Partnership Forum and the Health and Safety Group. This will be given further consideration in 2020/21. There were no significant issues considered by the LPF on behalf of the Board during 2019-20.

The Stakeholder Group did not meet during 2019/20. Whilst the Board had identified actions to review the SRG's terms of reference and membership and establish a schedule of meetings during 2019/20, other actions within the Annual Governance Programme were delivered as a priority. During 2020/21, in-line with the Annual Governance Programme, work will be undertaken to review the Stakeholder Reference Group's membership, to ensure clarity on its role and purpose and ensure alignment with the Board's programme of business.

The Board does not have in place its Healthcare Professionals' Forum. Whilst the Board had identified action to establish the Healthcare Professionals' Forum during 2019/20, other actions within the Annual Governance Programme were delivered as a priority.

In the absence of this Group, the Board engages clinical professionals through its clinical directors (Medical Director, Director of Nursing, Director of Therapies and Health Sciences and Director of Public Health) and existing management groups such as the Heads of Nursing and Midwifery Group and the Heads of Therapies. The Board also engages with GPs through its cluster arrangements.

The Healthcare Professional's Forum is due to be established in 2020/21, in-line with the Annual Governance Programme.

## **JOINT COMMITTEES**

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

### **WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) & EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC)**

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

## **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 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, Community Equipment, Glan Irfon, Information Communication Technology (ICT) services, Reablement Services and Substance Misuse. In addition to Section 33 agreements, there are a number of key areas where there is integrated working, including: Mental health services, services for people with learning disabilities, older people, carers and children's. Section 33 arrangements are overseen by a Joint Partnership Board which is outlined below.

### **JOINT PARTNERSHIP BOARD**

Powys has been made a region in its own right under Part 9 of the Social Services Wellbeing (Wales) Act 2014. In light of this and combined with the requirements of the Well-being of Future Generations Act (Wales) 2015 and the Social Services Wellbeing (Wales) Act 2014, and the collective drive towards increased integration between the health board and County Council, in February 2016, PTHB and PCC established a Joint Partnership Board. This brings together nominated strategic leaders from PCC and the health board to ensure effective partnership working across organisations within the county for the benefit of the people of Powys. The Joint Partnership Board also has oversight of the Section 33 agreements, as mentioned above.

The Joint Partnership Board is responsible for oversight of the integration

agenda. Formal Terms of Reference are in place and a collaborative agreement between the health board and PCC has been signed.

### **POWYS PUBLIC SERVICE BOARD**

The Public Service Board (PSB) is the statutory body established by the Well-being of Future Generations (Wales) Act 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 the health and care strategy and the Integrated Medium Term Plan (IMTP). The PSB has set out in its Well-being Plan 15 well-being steps that we will concentrate on during 2018-21 to contribute to achieving the objectives. These steps are those where the biggest difference can be made by developing solutions together.

### **POWYS PUBLIC SERVICE BOARD SCRUTINY COMMITTEE**

The PSB Scrutiny Committee was set up in September 2018 as a joint committee with representatives of the organisations which sit on the Powys Public Service Board. This Committee was active during the year scrutinizing progress on a number of the 12 steps of the Well-being Plan.

### **POWYS REGIONAL PARTNERSHIP BOARD**

The Powys Regional Partnership Board (RPB) is the statutory legal body established in April 2016 by the Social Services and Well-being (SSWB) (Wales) Act 2014. Its key role is to identify 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 the years of joint working and through the development of the health and care strategy 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 Wellbeing, 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.

Welsh Government has distributed an Integrated Care Fund across Wales to the seven Regional Partnership Boards (RPBs) in Wales. The aim of the fund is to drive and enable integrated working between social services, health, housing and the third sector and independent providers to develop sustainable services. Powys RPB is responsible for overseeing and managing the use of the fund in Powys.

In September 2019, Wales Audit Office (WAO) examined whether the fund is being used effectively to deliver sustainable services that achieve better outcomes for service users. WAO identified a number of areas where Powys RPB could improve upon at a regional level, as set out in their report. In addition, WAO identified some key questions that Board members of Health Boards and scrutiny members of local authorities could explore with lead officers responsible for the fund to maintain a close handle on how the fund continues to be used across the region. The Board's Strategy and Planning Committee will consider these in its 2020/21 workplan.

### **MID WALES JOINT COMMITTEE FOR HEALTH AND SOCIAL CARE (MWHC)**

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 Social 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 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 health and care services across Mid Wales over the next three years.

### **SOUTH EAST WALES REGIONAL PLANNING – DELIVERY FORUM**

In 2017-18, the Cabinet Secretary for Health and Social Services, following discussions with Health Board Chairs, wrote asking that they establish Regional Planning arrangements that address at pace some of the clinical service redesign options where solutions sit outside individual Health Board boundaries.

The Regional Planning and Delivery Forum was therefore established, which includes the Chief Executive NHS Wales and Chair and Chief Executive representation from Cwm Taf University Health Board, Cardiff & Vale

University Health Board, Aneurin Bevan University Health Board, Abertawe Bro Morgannwg University Health Board, Powys Teaching Health Board, Velindre NHS Trust and Welsh Ambulance Services Trust.

### **NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE**

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

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

### **THE CORPORATE GOVERNANCE CODE**

The Corporate Governance Code currently relevant to NHS bodies is 'The Corporate governance code for central government departments: Code of Good Practice 2017'. This can be found on the Welsh Government website.

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 which are designed to monitor our compliance with the code, these include: Self-assessment; Internal and external audit; and Independent reviews.

The Board is clear that it is complying with the main 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 CONTROLS**

As I have reported in previous Annual Governance Statements, the system of internal control operating across Powys Teaching Health Board is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of policies, aims and objectives of the



health board, to evaluate the likelihood of those risks being realised and to manage them efficiently, effectively and economically.

I can confirm the system of internal control has been in place at the health board for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts. Some elements of the system of internal control were however adapted or suspended in the last quarter of 2019/20 to support the health board's response to COVID-19, specifically:

- The board's Performance and Resources Committee and Strategy and Planning Committee meeting did not meet, with any urgent business being absorbed by the Board;
- The implementation of Audit Recommendations was not monitored;
- The Internal Audit Plan for 2019/20 was closed down with two audits deferred to 2020/21;
- The Risk & Assurance Group did not meet to oversee Operational Risk Management, although risk management remained the responsibility of managers as set out within the Risk Management Framework;
- A Command and Control Model was established to lead the planning and response to COVID-19.

The system of internal control will continue to be reviewed and refined as the organisation moves into the second phase of responding to COVID-19.

## **CAPACITY TO HANDLE RISK AND KEY ASPECTS OF THE CONTROL FRAMEWORK**

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, feedback received from Board Committees; in particular the Audit, Risk and Assurance Committee and Experience, Quality and Safety Committee.

Executive Committee (Committee of the Board, as per page 23) meetings present an opportunity for executive directors to consider, evaluate and address risk and actively engage with and report to the Board and its committees on the organisation's risk profile. In addition, the Risk and Assurance Group, constituted by Assistant Directors and Senior Managers to oversee operational risk management, reports into the Executive Committee.

The health board's lead for risk is the 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. Depending on the nature of risk, other Directors will take the lead, for example, patient

safety risks fall within the responsibility of the Medical Director, Director of Nursing, and Director of Therapies and Health Science.

## **THE RISK MANAGEMENT FRAMEWORK**

Robust risk management is seen by the Board as being integral to good management and the aim is to ensure it is integral to the health board's culture. It is an increasingly important element of the health board's planning, budget setting and performance processes.

The Board's Risk Management Framework, reviewed and updated in September 2019, sets out the health board's processes and mechanisms for the identification, assessment and escalation of risks. It has been developed to create a robust risk management culture across the health board by setting out the approach and mechanisms by which the health board will:

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

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

The Risk Management Framework sets out the ways in which risks will be identified and assessed. It is underpinned by a number of policies which relate to risk assessment including incident reporting, information governance, training, health and safety, violence and aggression, complaints, infection control, whistle blowing, human resources, consent, manual handling and security.

The Risk Management Framework is available on the health board [website](#).

## **EMBEDDING EFFECTIVE RISK MANAGEMENT**

Embedding effective risk management remains a key priority for the Board as it is integral to enabling the delivery of our objectives, both strategic and operational, and most importantly to the delivery of safe, high quality services.

In March 2020, Internal Audit undertook a review of Risk Management and Board Assurance arrangements, which focused on how the Board Assurance Framework and Risk Management Framework are being implemented and updated in-line with the revised IMTP. A limited assurance rating was provided to the Board in respect of this review.

Internal Audit confirmed that the Board has adopted a structured approach to risk management, whereby risks are identified, assessed and controlled, and if appropriate, escalated or de-escalated through the governance mechanisms of the organisation. Further, the health board's Risk Management Framework identifies those individuals with responsibilities for the management of risk, and sets out the health board's key risk management structures and processes.

Whilst, Internal Audit recognised the progress made during 2019-20 at an organisational and strategic level to set the framework by which risk will be identified and managed, Internal Audit made a number of recommendations by which improvements could be made in embedding risk into the operational management of the organisation. During 2020-21, we will take forward Internal Audit's recommendations as a priority.

I recognise the limited assurance that Internal Audit was able to provide given the weaknesses identified in the operational management. I am satisfied that the Board did continue to receive and review its corporate risk register to ensure that strategic risks were managed and this was acknowledged by Internal Audit and the Wales Audit Office as part of the 2019 Structured Assessment.

## **RISK APPETITE**

The Board's Risk Appetite Statement sets out the Board's strategic approach to risk-taking by defining its risk appetite thresholds. It is a 'live' document that will be regularly reviewed and modified, so that any changes to the organisation's strategies, objectives or its capacity to manage risk are properly reflected.

In updating and approving its Risk Appetite Statement in July 2019, the Board gave careful consideration to 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.

The Risk Appetite Statement for 2019-20 was developed to reflect an increased appetite in relation to innovative and financial risks, which may be necessary to support achievement of the Board’s ten-year strategy, ‘A Healthy, Caring Powys’. In recognising the risks inherent in healthcare services, the risk appetite statement starts at the basis of a low appetite.

The Risk Appetite Statement confirms that 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 following risk appetite levels, informed by the Good Governance Institute, have been included have been used as the basis in determining the appetite levels set out in the Statement:

<b>Risk Appetite Level</b>	<b>Risk Maturity</b>	<b>Risk Appetite Description</b>
LOW (Risk Score 1-6)	Minimal	Preference for ultra-safe, well established/evidence based delivery options that have a low degree of risk.
MODERATE (Risk Score 8-10)	Cautious	Preference for safe delivery options, also used by other organisations that have some degree of known risk outweighed by potential benefit.
HIGH (Risk Score 12-15)	Open	Willing to consider all potential delivery options, established and new, and make a choice which also provides an acceptable level of reward.
SIGNIFICANT (Risk Score 16-25)	Seek  Mature	Eager to be innovative and to choose options offering potentially higher rewards despite greater potential risk.  Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

The thresholds provided within the Risk Appetite Statement, approved in July 2019, is provided below:

<b>Risk Category</b>	<b>Description</b>
<b>APPETITE FOR RISK: Low (Risk Score 1-6)</b>	
<b>Quality &amp; Safety of Services</b>	<p>The provision of high quality services is of the utmost importance to the Health Board and we have a cautious appetite to risks that impact adversely on quality of care.</p> <p>We consider the safety of patients and staff to be paramount and core to our ability to operate and carry out the day-to-day activities of the organisation. We have a low appetite to risks that result in, or are the cause of incidents of avoidable harm to our patients or staff.</p> <p>This means we are not open to risks that could result in poor quality care or clinical risk assessment, non-compliance with standards of clinical or professional practice, unintended outcomes or poor clinical interventions.</p> <p>We will not accept risks associated with unprofessional conduct, underperformance, bullying, or an individual's competence to perform roles or tasks safely and, nor any incidents or circumstances which may compromise the safety of any staff member or group.</p>
<b>Regulation &amp; Compliance</b>	<p>We will not accept risks that could result in the organisation being non-compliant with UK law or healthcare legislation, or any of the applicable regulatory frameworks in which we operate.</p>
<b>APPETITE FOR RISK: Moderate (Risk Score 8-10)</b>	
<b>Reputation &amp; Public Confidence</b>	<p>We will maintain high standards of conduct, ethics and professionalism at all times, espousing our Values and Behaviours Framework, and will not accept risks or circumstances that could damage the public's confidence in the organisation.</p> <p>Our reputation for integrity and competence should not be compromised with the people of Powys, Partners, Stakeholders and Welsh Government.</p> <p>We have a moderate appetite for risks that may impact on the reputation of the health board when these arise as a result of the health board taking opportunities to improve the quality and safety of services, within the constraints of the regulatory environment.</p>
<b>Finance</b>	<p>We have been entrusted with public funds and must remain financially viable. We will make the best use of our resources for patients and staff. Risks associated with investment or increased expenditure will only be</p>

	<p>considered when linked to supporting innovation and strategic change.</p> <p>We will not accept risks that leave us open to fraud or breaches of our Standing Financial Instructions.</p>
<p><b>APPETITE FOR RISK: High (Risk Score 12-15)</b></p>	
<p><b>Innovation &amp; Strategic Change</b></p>	<p>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.</p> <p>We will consider risks associated with innovation, research and development to enable the integration of care, development of new models of care and improvements in clinical practice that could support the delivery of our person and patient 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.</p>

**THE HEALTH BOARD’S RISK PROFILE**

As can be seen from the Heat Map at **Figure 7**, at the end of March 2020 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](#).

**Figure 7: Strategic Risk Heat Map**

Impact	Catastrophic	5					
	Major	4	<ul style="list-style-type: none"> <li>There is a Service Failure of Out of Hours GMS Care</li> </ul>	<ul style="list-style-type: none"> <li>Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring bodies</li> <li>The health board does not meet its statutory duty to achieve a breakeven position</li> <li>ICT systems are not robust or stable enough to support safe, effective and up to date care</li> <li>Effective governance arrangements are not embedded across all parts of the health board</li> <li>The health board is unable to attract, recruit and retain staff to some medical and clinical roles, principally registered nurses and doctors (GPs)</li> </ul>	<ul style="list-style-type: none"> <li>Some commissioned services are not sustainable or safe, and do not meet national targets</li> <li>The care provided in some areas is compromised due to the health board’s estate being non-compliant and not fit for purpose</li> <li>Resources (financial and other) are not fully aligned to the health board’s priorities</li> <li>Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of a high consequence infectious disease</li> </ul>		
	Moderate	3			<ul style="list-style-type: none"> <li>The health board does not comply to the Welsh Language standards, as outlined in the compliance notice</li> <li>Services provided are fragile, not sustainable, and impact on PTHB ability to achieve National Outcome Framework measures</li> </ul>		
	Minor	2					
	Negligible	1					
	Likelihood		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain	

An overview of the key risks (i.e. those in the red section of the Heat Map) and actions taken is provided in **Figure 8**.

**Figure 8: Key Risks and Controls**

RISK DESCRIPTION	CONTROLS IN PLACE, ACTION TAKEN & IMPROVEMENT ACTIONS
<p>Some commissioned services are not sustainable or safe, and do not meet national targets</p>	<p><b>CONTROLS IN PLACE/ACTION TAKEN:</b></p> <ul style="list-style-type: none"> <li>▪ Implementation of the Strategic Commissioning Framework (for whole system commissioning)</li> <li>▪ Embedding the Commissioning Assurance Framework (CAF) escalation process</li> <li>▪ Executive Committee Strategic Commissioning and Change Group (including consideration of fragile services)</li> <li>▪ Regular review at Delivery and Performance Meetings</li> <li>▪ Scrutiny by Performance and Resources Committee</li> <li>▪ Scrutiny by Experience, Quality and Safety Committee</li> <li>▪ Internal Audits</li> <li>▪ Contract Quality and Performance Review Meetings for the 15 NHS Providers and key private sector providers</li> <li>▪ Individual Patient Funding Request Panel and Policy</li> <li>▪ WHSSC Joint Committee and Management Group</li> <li>▪ WHSSC ICP agreed within PTHB IMTP</li> <li>▪ Emergency Ambulances Services Committee</li> <li>▪ Shared Services Framework Agreements</li> <li>▪ Section 33 Agreements</li> <li>▪ Responsible Commissioner Regulations for Vulnerable Children Placed away from Home</li> <li>▪ Specific Organisational Delivery Objectives set out in health board’s Annual Plan for 2019-20</li> <li>▪ Participation in the Cross-Border Network Between England and Wales (Statement of Values and Principles between England and Wales)</li> <li>▪ Commissioning Intentions set out in IMTP</li> <li>▪ NHS LTA and SLA Overview submitted to the Executive Committee (and approval process)</li> <li>▪ Executive Committee approved LTA and SLA narrative (updated each year)</li> <li>▪ CEO signed LTAs and SLAs for healthcare</li> <li>▪ CAF developed for General Dental Services</li> <li>▪ CAF developed for General Medical Services</li> <li>▪ Recruitment of Public Health Consultant to help strengthen commissioning intelligence</li> <li>▪ Prior approval policy in place</li> <li>▪ EEA policy arrangements in place</li> <li>▪ INNU policy out to consultation</li> </ul> <p><b>IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2020-21:</b></p> <ul style="list-style-type: none"> <li>▪ Embed whole system commissioning through the implementation of the Strategic Commissioning Framework</li> <li>▪ Embed and ensure implementation of the Commissioning Assurance Framework</li> <li>▪ Implement commissioning intentions for 2018-19</li> <li>▪ Robustly manage the performance of all providers of planned care services for the people of Powys through the Commissioning</li> </ul>

	<p>Assurance Framework</p> <ul style="list-style-type: none"> <li>▪ Programme of work to strengthen effective processes to develop and manage condition specific and service plans</li> <li>▪ Strengthening of commissioning intelligence in line with IMTP</li> <li>▪ Review Patient flows and activity into specialised services to ensure safe and appropriate pathways</li> <li>▪ Strengthen the organisation’s capacity, capability and governance processes for commissioning – including interface with specialised services</li> <li>▪ As a member of the Powys Regional Partnership Board, support delivery of the Powys Area Plan which includes commissioning appropriate, effective and efficient accommodation options for older people, individual children and looked after children</li> <li>▪ Through the Joint Partnership Board, continue to develop opportunities for pooling Third Sector commissioning</li> <li>▪ Recruitment of a pooled fund manager for Section 33 Residential Care</li> <li>▪ Strengthen the whole system approach to the Big 4</li> </ul>
<p>The care provided in some areas is compromised due to the health board’s estate being non-compliant and not fit for purpose</p>	<p><b>CONTROLS IN PLACE/ACTION TAKEN:</b></p> <p><u>ESTATES</u></p> <ul style="list-style-type: none"> <li>▪ Specialist sub-groups for each compliance discipline</li> <li>▪ Risk based improvement plans introduced</li> <li>▪ Specialist leads identified</li> <li>▪ Estates Compliance Group and Capital Control Group established</li> <li>▪ Medical Gases Committee; Fire Safety Group; Water Safety Group; Health &amp; Safety Committee in place</li> <li>▪ Capital Programme developed for compliance and approved</li> <li>▪ Capital and Estates set as a specific Organisational Priority (OP 22) in the health board’s Annual Plan for 2019-20 with related Organisational Delivery Objectives</li> <li>▪ Address (on an ongoing basis) maintenance and compliance issues</li> <li>▪ Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards</li> </ul> <p><u>CAPITAL</u></p> <ul style="list-style-type: none"> <li>▪ Capital Procedures for project activity</li> <li>▪ Capital Procedures for project activity</li> <li>▪ Routine oversight / meetings with NWSSP Procurement</li> <li>▪ Specialist advice and support from NWSSP Specialist Estates Services</li> <li>▪ Audit reviews by NWSSP Audit and Assurance</li> <li>▪ Close liaison with Welsh Government, Capital Function</li> <li>▪ Reporting routinely to P&amp;R Committee</li> <li>▪ Capital Programme developed and approved</li> <li>▪ Detailed Strategic, Outline and Full Business Cases defining risk</li> <li>▪ Capital and Estates set as a specific Organisational Priority (OP 22) in the health board’s Annual Plan for 2019-20 with related Organisational Delivery Objectives</li> </ul> <p><u>ENVIRONMENT</u></p> <ul style="list-style-type: none"> <li>▪ ISO 14001 accreditation with ongoing external audit to retain accreditation</li> <li>▪ Environment &amp; Sustainability Group</li> <li>▪ NWSSP Specialist Estates Services (Environment) support and oversight</li> <li>▪ Welsh Government support and advice</li> </ul>



	<p><b>IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2020-21:</b></p> <ul style="list-style-type: none"> <li>▪ Implement the Capital Programme and develop the long term capital programme</li> <li>▪ Continue to seek WG funding</li> <li>▪ Develop capacity and efficiency of the Estates and Capital function</li> <li>▪ Review current structure of capital and estates department</li> </ul>
Resources (financial and other) are not fully aligned to the health board's priorities	<p><b>CONTROLS IN PLACE/ACTION TAKEN:</b></p> <ul style="list-style-type: none"> <li>▪ Approved IMTP signals confidence in planning and delivery</li> <li>▪ Development of an Organisational Development Framework</li> <li>▪ Assessment of organisational capability including staff survey, WAO and Internal Audit, external review work</li> <li>▪ Strengthened Regional Partnership Board working and ICF management – potential for further investment</li> </ul> <p><b>IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2020-21:</b></p> <ul style="list-style-type: none"> <li>▪ Development of a Workforce Futures Strategic Framework and its implementation</li> <li>▪ Development of an Innovative Environments Strategic Framework and its implementation</li> <li>▪ Development of a Digital First Strategic Framework and its implementation</li> </ul>
Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of a high consequence infectious disease.	<p><b>CONTROLS IN PLACE/ACTION TAKEN:</b></p> <ul style="list-style-type: none"> <li>▪ PTHB Pandemic Framework invoked; Gold (Strategic), Silver (Tactical) and a series of task and finish groups have been convened to meet weekly. Incident management team established</li> <li>▪ Action plan in place</li> <li>▪ Scientific Advisory Group on Emergencies (SAGE) reasonable worst case planning assumptions being used to model the impact of a 4-6 month outbreak on the Powys population and plan the health board response</li> <li>▪ Support being given to the wider system in Wales through participation in WG and PHW-led planning and response groups</li> <li>▪ Regular updates on COVID-19 guidance issued via Powys Announcements to ensure effective communication processes across the health board are in place</li> <li>▪ Walkthrough of local response arrangements at key PTHB hospital sites</li> <li>▪ Community testing in place to support the 'Contain' phase</li> <li>▪ UK Govt guidance circulated to primary and community services</li> </ul> <p><b>IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2020-21:</b></p> <ul style="list-style-type: none"> <li>▪ Local Resilience Forum arrangements may need to be invoked at some point in the future, depending on the scale of the outbreak and the effectiveness of the public health response</li> </ul>

As referenced in the table above, in developing our Integrated Medium Term Plan for 2020-23 we gave careful consideration to the actions that we will be taken to mitigate such risks.

The Integrated Medium Term Plan also set out an initial risk assessment, which outlined an indication of the scale of risk contained within the financial framework. The risks included a range of delivery issues, partner compliance issues, delivery of savings targets, receipt of additional income and risks arising from the fact that assumptions had to be made based on current

knowledge of the future pressures on the NHS. These risks have been monitored during 2019-20 by the Performance & Resources Committee and the Board.

During 2019/20, the Board agreed to reduce the likelihood of occurrence for a number of risks included in the Corporate Risk Register, due to the impact of mitigating actions being implemented or a change in circumstance. These included:

- A risk that ICT systems are not robust or stable enough to support safe, effective and up to date care
- A risk that the health board is unable to attract , recruit and retain staff to some medical and clinical roles, principally registered nurses and doctors (GPs)
- A risk that services provided are fragile, not sustainable, and impact on PTHB ability to achieve National Outcome Framework measures
- A risk that there is a Service Failure of Out of Hours GMS Care

During 2019/20, the Board agreed to de-escalate a number of risks from the Corporate Risk Register to the Directorate Risk Register, due to the impact of mitigating actions being implemented or a change in circumstance. These included:

- A risk that a "no deal" Brexit scenario adversely impacts PTHB systems and services, and key sectors within the economy of Powys

COVID-19 was declared a pandemic by the World Health Organisation on 11 March 2020, and this has subsequently led to NHS organisations, including Powys Teaching Health Board, needing to focus on preparations and plans for dealing with an expected surge in demand of patients requiring interventions. The situation has been changing constantly and has required an agile response.

The Board's approach to risk management will therefore need to be balanced and proportionate to ensure effective risk management arrangements, whilst ensuring capacity is made available to plan and respond to COVID-19. The approach to releasing capacity and determining priorities (COVID and 'business as usual' related) during this period will need to be determined by an assessment of risk.

During the COVID-19 Pandemic, the Board will continue to review the existing Corporate Risk Register to:

- Consider whether any existing risks may need to be updated to reflect the impact of COVID-19 on them which may reduce/increase the risk score in terms of likelihood and/or impact;
- Consider whether there are new risks emerging from the impact of COVID-19 on the achievement of the board's strategic objectives;

- Assess and make recommendations to the Board regarding those risks where appetite and tolerance may need adjusting to recognise the impact of COVID-19 on the organisation.

In light of the COVID-19 pandemic, the Chief Executive Officer established a command and control structure under Business Continuity Planning arrangements, led by a Strategic (Gold) Group. Gold Group is responsible for determining the coordinated strategy and policy for the overall management of the health board's response to COVID-19, to protect the reputation of the organisation and ensure the delivery of effective, efficient and safe care for the population of Powys.

In assessing the health board's ability to respond to COVID-19, Gold Group has identified the key risks which require mitigation and monitoring and a COVID-19 Risk Register developed. Risks contained within the COVID-19 Risk Register relate solely to the health board's arrangements for responding to COVID-19 and does not include the COVID-19 related risks relevant to the achievement of the Board's strategic objectives (recorded through the Corporate Risk Register) or those risks related to service delivery (recorded through Directorate Risk Registers).

The COVID-19 Risk Register is reviewed regularly by Strategic (Gold) Group and will be reported to the Board alongside the Corporate Risk Register during 2020/21.

The Audit, Risk and Assurance Committee has a key role in monitoring the effectiveness of internal control and the process for risk management. Work will continue in 2020/21 to strengthen the reporting of risks to the Board's Committees.

General Practitioners (GPs), Pharmacists, Dental Practitioners, Optometrists, Nursing Care Homes, Voluntary organisations and those where we have partnership relationships for service delivery, e.g. Local Authorities and other health boards, are responsible for identifying and managing their own risks through the contractual processes in place.

## **KEY ASPECTS OF THE CONTROL FRAMEWORK**

In addition to the Board and Committee arrangements described earlier in this document, I have over the last 12 months worked to further strengthen the health board's control framework. Key elements of this include:

### **QUALITY GOVERNANCE STRUCTURE**

During 2019-20, the health board progressed work to review arrangements and activities to support the delivery of high-quality clinical care. The existing quality governance structure of the Experience, Quality and Safety Committee continued to receive reports on assurance and escalated risks linked to patient experience, quality and safety. A new Quality Governance Group was set up in July 2019, its

focus to ensure robust governance, management systems and processes were in place and were operating effectively; this reported via the Executive Committee to the Experience, Quality and Safety Committee on matters of risk or escalation. Recognising its collective responsibility for quality and with a particular focus on clinical quality and clinical quality improvement, in January 2020, the Board approved 'Improving Clinical Quality: Powys Teaching Health Board Framework for Action 2020-2023'.

The Board recognises people's experience is an important aspect of optimising clinical outcome. Listening and learning from patient stories at Board has supported a strong focus on the provision of person centered, outcome focused care to help inform decision making in relation to service planning design, delivery and evaluation. This year the Board has received presentations about driving when living with Parkinson's disease, Powys' triage approach to treating patients with musculoskeletal conditions in primary care and our model of care within occupational therapy. The driving checklist is now integrated into practice as part of the routine annual review for anyone with Parkinson's disease who drives. This improvement was also shared via the Chief Nursing Officer's Annual Conference last year and more widely, through the Parkinson's Disease Excellence Networks, along with a poster presentation at an international conference.

## **HEALTH AND CARE STANDARDS**

The health board continues to utilise the Health and Care Standards (HCS) to inform on the quality of services provided in in-patient settings. Services undertake self-assessments which enables identification of good practice, which is shared across the health board to help support improvement in other areas. The HCS are referenced as part of all reports to Committees, with associated risks and escalation raised.

In December 2019, Welsh Government wrote to health boards advising that a review of the standards framework was underway. As part of the review, health boards were asked to complete a questionnaire on the current effectiveness of the standards in particular whether they remain fit for purpose or whether there is a need for wholesale review at this time.

## **HEALTH AND SAFETY**

During 2019-20 the health board invested in its Health and Safety function, aligning the team to both Occupational Health and Workforce Training. During early 2019, the Health and Safety Executive visited various PTHB sites as part of a national initiative to look at the management of Violence and Aggression and Manual Handling, and recommended a number of areas for improvement. At the revisit in November 2019, the HSE reported significant improvements had been made by PTHB in the identified areas, where clear awareness, knowledge and application by staff was evident. During the revisit, two improvement notices were served and two contraventions of health & safety law were

identified, in relation to Water Safety testing and robust site risk assessments.

The refreshed Health and Safety Group has a clear line of accountability to the Executive Team and the Experience Quality and Safety Committee, through to Board.

A number of key H&S policies have been reviewed, updated and signed off. Manual Handling Training provision has been streamlined to four key areas.

The following risk assessment templates have been reviewed and updated:

- Patient Handling Assessment and Safer Handling Plans
- Inanimate Load Handling Risk Assessment form and guidance
- General Risk Assessment Template Form and Toolkit
- All Wales Violence and Aggression Risk Assessment form

Waiting lists for occupational health Doctors have reduced from nine months to six weeks. SliverCloud online CBT programme is in place, including provision for self-referrals.

## **COMMISSIONING DEVELOPMENT AND ASSURANCE FRAMEWORKS**

Powys is unlike other Health Boards in Wales in that around 75% of the funding entrusted to it by Welsh Government is spent on securing healthcare from providers it does not directly manage. Our commissioning work spans the continuum through health promotion, primary care, secondary care, specialised services, individual patient commissioning, continuing healthcare, partnership commissioning and joint commissioning with the local authority.

As a highly rural area with no District General Hospital, around 90% of admitted patient care and 80% of secondary care outpatients is delivered beyond its borders. It is a significant challenge to ensure that the quality and safety of the services its residents receive across five health economies, spanning England and Wales, in up to 30 different specialties is appropriate.

In 2019-20, under the Strategic Commissioning Framework, work has been undertaken with public health expertise to help strengthen commissioning intelligence building an approach which will enable the health board to scan multiple systems and sources of information (including the Clinical Health Knowledge System and the MAIR system for specialised services) to highlight the most important issues.

As part of our commissioning approach we have in place a Commissioning Assurance Framework to help ensure we have a safer more holistic and robust understanding of the services currently commissioned - with a rules based approach to escalation. Work has been successfully undertaken with Wye Valley NHS to reduce key areas of concern including mortality indicators. Escalation

processes have also been used in relation to services in special measures including Shrewsbury and Telford NHS Trust, where there have been significant concerns in relation to Emergency Department and maternity services in particular. As well as its own escalation procedures, PTHB has also participated in system wide risk management arrangements for that provider led by NHS England.

In 2019-20 significant work has been undertaken to develop a specific thematic view of maternity services “across the system” with a maternity assurance spanning all providers feeding into the Commissioning Assurance Framework. The fragility of some neighbouring maternity services, including Shrewsbury and Telford NHS Trust and those in Cwm Taf Morgannwg University Health Board, has been a particular concern.

The dedicated lead for the quality and safety of commissioned services has populated a dashboard of key indicators covering key issues such as serious incidents, mortality, pressure sores, hospital acquired infections and patient experience.

Via Internal Audit there was reasonable assurance in relation to financial management of commissioned services. The Executive Committee approves the values of the DGH Agreements, which are signed by myself as Accountable Officer. Regular reports of progress in reaching signature through negotiation are received through the “Long Term Agreement and Service Level Agreement Overview”.

A “Fragile Services Log” is also regularly submitted to the Strategic Planning and Executive Group of the Executive Committee.

Assurances in relation to specialist services are reported to the Board through reports from the Welsh Health Specialised Services Committee strategic quality framework, and assurance on Emergency Ambulance Services through the Emergency Ambulance Services Committee.

A signed Section 33 Agreement has been in place with Powys County Council for care home functions. There was difficulty appointing a Pooled Fund Manager which was achieved in January 2020. The Health Board provided additional interim support and resources in-year to help take forward a programme of work needed for the Section 33 Agreement, including developing an information report ahead of a commissioning assurance approach.

A new procedure for Prior Approval was consulted upon and implemented in addition to the continued use of updated policies and procedures for Individual Patient Funding Requests and European Economic Area cases, which have helped to ensure robust processes for highly complex individual cases.

## **CLINICAL AUDIT**

The current Clinical Audit Strategy is due to be reviewed during 2020, as set out in the Board's Clinical Quality Framework. Recognising that clinical audit is one of a number of tools that enable the provision of high quality, safe and effective healthcare, PTHB's approach to clinical audit will be incorporated into a Clinical Effectiveness and Quality Improvement Strategy. A Clinical Audit Programme Plan aligned to the Clinical Quality Framework has been developed. This reflects the changes to both the governance arrangements of the Health Board and the organisational realignment. A Clinical Audit Plan will be drafted for 2020/21 which incorporates within the plan:

- National Audit Programme elements as they apply to PTHB;
- Learning from Serious Incidents (SIs) or complaints;
- New or changes to existing policy / practice and areas where service improvement is required; and
- The prioritisation of new and repeat clinical audit projects (taking account of any recognised clinical risks).

All clinical services continued to offer a local audit programme during the course of 2019-20, with the Health Board also participating in the National Clinical Audits for:

- Cardiac Rehabilitation;
- Audiology; and
- Primary Care Diabetes Care.

## **COMPLAINTS AND CONCERNS FRAMEWORK**

Significant work has taken place in 2019/20 to improve compliance with the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. This has resulted in focused work led through the Executive Team to improve the way in which serious incidents are managed, through to investigation, learning and sharing of lessons. Concerns/ complaints have been targeted with the aim of providing quality responses within assessed timeframes. This work is continuing through our Improving Clinical Quality: Powys Teaching Health Board Framework for Action 2020-2023, setting out clear goals for improving clinical quality, safety, effectiveness and patient experience.

Further detail on complaints and concerns will be published in the Annual Quality Statement 2019-2020 and Putting Things Right Annual Report for 2019-2020. These and further information on Putting Things Right can be found on the health board [website](#).

## **MORTALITY REVIEWS**

The normal process for in-patient mortality review continued to take place in Powys hospitals throughout the year, with a change to a quarterly pan Powys mortality review to be introduced in 2020. A group also undertook a review of the

proposed Datix module for mortality review documentation. Extensive feedback was offered to the manufacturers by Powys users. Links were also made to the All-Wales Medical Examiner's office about the future use of the software. Unfortunately the coronavirus pandemic is currently delaying a final implementation of quarterly reviews, Datix software or the full Medical Examiner role. A report summarising local mortality reviews was submitted to the Board's Experience, Quality and Safety Committee in November 2019

## **ANNUAL QUALITY STATEMENT**

The Annual Quality Statement provides the opportunity to:

- share how well we are doing across all services and across the patient pathway, including working with social care and the third sector;
- promote good practice to share and spread more widely;
- confirm any areas which need improvement;
- reporting our progress year on year;
- account to our public and other stakeholders on the quality of our services; and
- engage our public on the quality of services received.

The health board will publish its Annual Quality Statement by 30 September 2020. This will provide a summary of the health board's activities in addressing local need. The Annual Quality Statement will highlight a summary of actions taken to improve the quality and safety of the services provided and commissioned, along with reference to the Health and Social Care (Quality & Engagement) (Wales) Bill, which is set to be introduced within the next year. The Annual Quality Statements of the health board can be found on the health board [website](#).

## **EXECUTIVE PORTFOLIOS**

In November 2019, 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 Directorate and Director portfolio, and to also ensure that directorates focus on their core responsibility. The Scheme of Delegation also supports the strengthening of clinical leadership. An overview of Executive Director portfolios is set out in **Figure 9**.



**Figure 9: Executive Portfolios – November 2019**



## **STAFF AND STAFF ENGAGEMENT**

We engage with our staff in a number of ways which are part of the checks and balances we undertake to enable good governance.

The Board has in place a Local Partnership Forum as a formal advisory group. The purpose of the Local Partnership Forum provides a formal mechanism where the health board as employer, and trade unions/professional bodies representing the health board's employee's work together to improve health services for the citizens of Powys, achieved through a regular and timely process of consultation, negotiation and communication. The Local Partnership Forum's allows engagement on local priorities on workforce and health service issues.

In addition to these formal mechanisms, we have a consultation process open to all staff for all new and revised organisational policies and staff engagement events. These mechanisms are used in parallel with Facebook, Twitter, Powys Announcements, a weekly Newsletter and other virtual ways for staff to share their work and opinions.

Positive staff engagement and communication programmes have enabled us to maintain high levels of uptake of flu immunisation, and to continue our programmes to embed our values to ensure a kind and compassionate culture across the organisation including a very successful Staff Excellence Awards.

## **COMMUNICATION AND ENGAGEMENT**

During 2019-20 we have continued to strengthen our systems and processes for engagement and communication.

The main formal consultation activity during the year was the analysis and decision-making phase following formal consultation on the Dyfi Valley Health primary care proposals.

However, this was a significant year for engagement programmes with the planning, launch and delivery of a comprehensive partnership engagement programme for the North Powys Wellbeing Programme culminating at the end of the year with the development of the new Model of Care. Alongside this, the health board engagement and communication team planned and launched a programme of engagement on podiatry services.

During the year we have also strengthened our stakeholder engagement and delivered a range of campaigns, publications and events with increasing levels of co- production with stakeholders. Examples include the continuation of the Welsh Government-led Local Care and Support programme to promote alternatives to GP Primary Care.

During the year we have continued our work on the transition of the health

board's website from the Cascade Content Management System to a new platform being implemented by NWIS. Website migration will continue during 2020/21 having been delayed during Q4 by the need to focus on COVID-19.

As mentioned above, a significant focus during Q4 has been the emerging issue of COVID-19 with the health board's engagement and communication capacity and capability being fully occupied in support of addressing this major public health emergency.

## **INFORMATION GOVERNANCE**

Information Governance (IG) is the way in which the health board handles all information, in particular personal and sensitive information relating to our patients, services users and employees. IG sets out the requirements and standards that the health board must achieve to ensure it fulfills its obligations to handle information securely, efficiently and effectively.

Responsibility for IG in the health board rests with the Board Secretary, and the Executive Director of Finance acts as the Senior Information Risk Owner (SIRO). The Information Governance Manager is the health board's nominated Data Protection Officer (DPO) in line with the requirements of General Data Protection Regulation (GDPR). The Medical Director is the nominated Caldicott Guardian. Performance against IG related legislation for Powys Teaching Health Board is captured and reported to our Performance and Resources Committee <http://www.powysthb.wales.nhs.uk/performance-and-resources-committee>.

During the Covid-19 response, reliance on IG has increased with the introduction of new technologies to share information and communicate with patients and staff. Performance indicators against IG related legislation include the following:

- **INFORMATION GOVERNANCE TRAINING**

Powys Teaching Health Board achieved a compliance rate of 93% for the mandatory Information Governance training for 2019-20. This exceeded the national average training compliance, and target set for compliance for NHS Wales organisations.

- **PERSONAL DATA RELATED INCIDENTS (BREACHES)**

A personal data incident is a breach of security leading to the accidental or unlawful destruction, loss, alteration, un-authorized disclosure of, or access to, personal data. In line with GDPR requirements, all personal data incidents must be reviewed daily and any incidents deemed significant must be formally reported to the Information Commissioner's office (ICO) within 72 hours. During 2019/20, six personal data incidents were formally reported to the ICO. These included over disclosure to the courts, and over disclosure to relatives of patients. The health board did not incur any financial penalties from the ICO as a result of those incidents reported. However the health board did adopt ICO

recommendations locally, with these recommendations due to be added to the internal audit recommendations register, and we continue to take on board any lessons learned or feedback. Figures on the number of IG related breaches are reported to our Experience, Quality and Safety Committee (<http://www.powysthb.wales.nhs.uk/experience-quality-and-safety-committee>)

- **FREEDOM OF INFORMATION ACT**

The Freedom of Information Act (FOIA) 2000 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 2019 to 31 March 2020, Powys Teaching Health Board received a total of 354 requests for information, 201 of these were answered within the 20 day target. Four requests for internal review was received, and one complaint was received from the Information Commissioner's Office.

An audit of the Publication Scheme was undertaken which reviewed the 7 classes of information required to be published on the health board's [website](#). The organisation is compliant with 49 of the 60 standards and work continues to progress the areas of non-compliance.

Key performance indicators on access to information requests are routinely reported to the Board's Performance and Resources Committee and papers are available on the health board's [website](#).

- **WELSH INFORMATION GOVERNANCE (IG) TOOLKIT**

The Welsh IG Toolkit is the national self-assessment tool that enables organisations to measure their level of compliance against National Information Governance Standards and data protection legislation to ascertain whether information is handled and protected appropriately. It replaces the previous assessment tool, the Caldicott Principles into Practice (C-PIP). A pilot of the assessment was released in 2019-20 and the closing date for submission was end of February 2020. Work will take place in 2020/21 to evaluate the results of the submission, target areas for improvement and to provide a compliance report and improvement plan to the Board Secretary and Medical Director as Caldicott Guardian.

## **RECORDS MANAGEMENT**

Records Management is the process by which the health board manages all aspects of records whether internally or externally generated and in any format or media type, from their creation through their lifecycle to their eventual disposal. Responsibility sits with the Board Secretary, whose role includes the overall development and maintenance of records management practices within the organisation, and for ensuring that related policies and procedures conform to the latest legislation and standards.

In August 2019, Internal Audit undertook a review of records management. The

objective of the review was to assess the adequacy of the arrangements in place for the management of health records, including compliance with policies and procedures.

The review sought to provide assurance that: -

- roles, responsibilities and arrangements for the creation, storage, management, retention and disposal of records are clearly documented and reflect the GDPR;
- records are securely shared and stored, including the tracking and transportation of information, accessibility / availability and maintenance of records (including archiving and disposal);
- any record management issues have been identified, risk prioritised and reported; and
- sufficient resources are afforded to train staff (including induction training) and that staff overseeing the management of records have sufficient knowledge and experience.

Internal Audit concluded the level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with records management is 'No Assurance'. Internal Audit's report recommended six high rated recommendations for action.

In its meeting of 11 November 2019, the Audit, Risk & Assurance Committee approved the Records Management Improvement Plan that was developed by the Board Secretary in response to the audit. A Service Improvement Manager for Records Management has been appointed from 1 February 2020 to implement the recommendations and progress against the Plan will be reported to the Performance & Resources Committee. Although work continues, the Covid-19 outbreak has had a detrimental impact on the ability to address many of the requirements in accordance with the timescales set out in the Plan.

## **ADDITIONAL MANDATORY DISCLOSURES**

### **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.

## WELSH LANGUAGE

During 2019-2020, significant improvements have been made to Welsh language service provision across PTHB. Following the appointment of a new Service Improvement Manager, PTHB has begun implementing a set of Welsh Language Standards which aim to improve patient experience for our Welsh speaking service users. Further information on the standards with which PTHB is required to comply can be found on the [website](#).

A series of departmental Welsh language action plans have been developed and Service Leads have been identified to oversee the monitoring procedures. A new Welsh Language Steering Group has been established to address any issues and to share examples of best practice. This is having a positive impact in raising awareness across the Health Board and encouraging more proactive bilingual service provision in line with the 'Active Offer' principle. Many initiatives to raise awareness of Welsh language and culture are now being rolled out such as our St David's Day ward activities, our promotion of the new Welsh Language Rights Day on 6 December 2019 and our nursing staff who took part in S4C's 'Nyrsys', a Welsh language documentary series which followed newly qualified nurses preparing to care for patients across Wales which also promoted the use of Welsh in healthcare settings.

Improvements have been made to the way in which Welsh speaking service users are identified. Patient Services are able to record and flag a person's preferred language at the point of referral which can allow staff to pair Welsh speaking staff to Welsh speaking patients, examples of which can be found right across the Health Board. PTHB also continues to assess the skills of its workforce in order to monitor the availability of Welsh speaking staff, especially in communities with high numbers of Welsh speakers.

Welsh language resources and aids are now available to support staff in their roles and all staff who wish to learn Welsh or improve upon their existing skills are encouraged to do so. Several members of staff have already taken up the opportunity to attend the Welsh language courses on offer and are more confident in using their language skills with patients in the workplace.

Considerable efforts have been made to ensure that PTHB does not treat the Welsh language any less favourably than English. Staff have undertaken assessments of the information available to patients and the public and existing translation procedures have been reviewed and strengthened to ensure that information is produced bilingually in accordance with the requirements of the Welsh Language Standards.

In 2019-20, Internal Audit undertook a review of high-level review of the actions

the health board had taken to assess the impact of, and achieve compliance with, the Welsh Language Regulations 2018. Internal audit provided the Board with a limited level of assurance with weaknesses identified. Recognising that the health board has made progress in 2019-20 in respect of the Welsh Language, further improvements will need to continue into 2020/21.

## **EQUALITY AND DIVERSITY**

PTHB has continued to implement a series of initiatives aimed to improve the quality and accessibility of its services to minority and vulnerable groups. PTHB's Strategic Equality Plan (SEP) and Objectives has been reviewed and considerable engagement and consultation has been undertaken in preparation for a new 4yr SEP for 2020-2024. A joint-working approach between Powys, Carmarthenshire, Pembrokeshire and Ceredigion took place where all public sector and 3rd sector bodies joined together to conduct a survey with members of the public and targeted groups with protected characteristics. The data was analysed by the Regional Collaboration Group and was used to inform the new SEP objectives. PTHB has worked closely with neighbouring Hywel Dda UHB to ensure that its SEP objectives are aligned with the national objectives set out in Welsh Government's SEP objectives. In addition, PTHB has cross-referenced the new 4yr action plan to the actions included in the refreshed IMTP to help mainstream equality and diversity across all directorates and to ensure that a consistent approach is taken within PTHB.

Considerable achievements have been made during 2019-2020 to improve the lives of dementia patients who also have a physical or learning disability, which include meaningful ward activities, quicker referrals to audiology for dementia patients with hearing loss, and the development of our dementia home treatment teams to prevent hospital admissions.

Other notable achievements include the work completed by staff within the Mental Health Directorate who have been working with Diverse Cymru to implement the Cultural Competency Toolkit as part of our ambition to achieve the BME Mental Health Workplace Good Practice Certification Scheme. Also, a successful Maternity Day Assessment Project has been rolled out providing vital access to scans and support in the county, reducing the need for expectant parents to travel to neighbouring District General Hospitals and PTHB Maternity Flu Immunisation Project Team is also leading the way in midwife-led flu immunisation.

## **EMERGENCY PREPAREDNESS AND CIVIL CONTINGENCIES**

PTHB is described as a Category 1 responder under the Civil Contingencies Act 2004 (CCA) and is therefore required to comply with all the legislative duties set out within the Act.

The CCA places 5 statutory duties upon Category 1 responders, these being

to:

- assess the risks of emergencies;
- have in place emergency plans;
- establish business continuity management arrangements;
- have in place arrangements to warn, inform and advise members of the public;
- share information, cooperate and liaise with other local responders.

In December 2014, the Board approved the Powys Pandemic Framework which provides an overarching framework that details the Powys THB response to an influenza pandemic. The Pandemic Framework was developed in considering Welsh Government Guidance and other Multi-Agency Response Plans.

The Board has also approved (January 2020) its Civil Contingency Plan. The purpose of which is to enable PTHB to respond effectively to a major incident or an emergency situation.

During 2019, the Health Board has participated in a number of multi-agency planning, training and exercises to increase the health board's ability to respond to a wide-range of emergencies.

Key areas of planning for 2019/2020 include:

- **Preparing for a 'no-deal' BREXIT**

The Health Board continued to prepare for the potential impacts of a 'no-deal' Brexit on its services throughout 2019/2020.

At a national level, the Health Board was represented at a number of NHS Brexit planning groups, which had been established by Welsh Government as part of the UK's overall governance arrangements for 'no-deal' Brexit. The Health Board was also represented at Dyfed-Powys Local Resilience Forum, ensuring that effective multi-agency planning and coordination was in place in response to the potential impact of a 'no-deal' Brexit.

At a local level, the focus of the Health Board's 'no-deal' Brexit preparations was on ensuring continuity and quality of service to ensure that the Health Board was as prepared as it could reasonably be, to respond to the challenges of leaving the EU. Key areas of this work included:

- ensuring continuity of supply of medicines, medical devices and clinical consumables as part of work being undertaken at a national level;
- ensuring that our workforce feel valued by providing continued support to EU staff working in Powys, including the promotion of the EU Settlement Scheme, which officially opened on 30<sup>th</sup> March 2019;
- the provision of mental wellbeing support in the farming sector;



- effective communications;
- seeking assurance from commissioned service providers that appropriate preparations were being developed in the context of a 'no-deal' Brexit.

In January 2020, the Health Board stood-down its 'no-deal' Brexit preparations, as directed by Welsh Government.

- **Planning Arrangements for COVID-19**

The current novel coronavirus (COVID-19) outbreak has presented significant challenges internationally, since the new strain was first identified in Wuhan City, China in December 2019. Since then, cases have been identified across the world, including the United Kingdom.

On 30<sup>th</sup> January 2020, the World Health Organisation (WHO) declared the outbreak of Coronavirus a "Public Health Emergency of International Concern". On 11<sup>th</sup> March 2020, the WHO subsequently declared COVID-19 as a "Pandemic" following the rapid global transmission of the outbreak.

As previously highlighted the need to plan and respond to the COVID-19 pandemic presented a number of challenges to the organisation. A number of new and emerging risks were identified. Whilst the organisation did have a major incident and business continuity plan in place, as required by the Civil Contingencies Act 2004, the scale and impact of the pandemic has been unprecedented. Significant action has been taken at a national and local level to prepare and respond to the likely impact on the organisation and population. This has also involved working in partnership on the multi-agency response as a key member of the Strategic Co-ordination Group. There does remain a level of uncertainty about the overall impact this will have on the immediate and longer-term delivery of services by the organisation, although I am confident that all appropriate action is being taken.

The PTHB Pandemic Framework is being used to shape the preparatory and response arrangements that are being undertaken within the Health Board at the time of completing this annual report.

The Health Board has established internal command and control arrangements, which centre on Gold (Strategic) and Silver (Tactical) groups, as part of its response to COVID-19. Task and finish groups have been established to carry out specific pieces of work, e.g. establish procedures for community and staff testing.

In addition, an internal COVID-19 action plan has been developed to ensure that the Health Board's response encompasses all measures currently

directed 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, and planning into the recovery phase. It will be necessary to ensure 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 their strategic objectives.

### **MINISTERIAL DIRECTIONS & WELSH HEALTH CIRCULARS**

The Welsh Government has previously issued Non-Statutory Instruments and reintroduced Welsh Health Circulars in 2014/15. Details of these and a record of any ministerial directions given is available on the Welsh Government website. I can confirm that all of the Directions previously issued have been fully considered and where appropriate implemented. There was 1 ministerial direction issued in December 2019, relating to action on 2019/20 Pension Tax Impacts. A full detail of WHCs, ministerial directions and the health board's action is included at Appendix 2.

### **POST PAYMENT VERIFICATION**

In accordance with the Welsh Government directions the Post Payment Verification (PPV) Team, (a role undertaken for the health board by the NHS Shared Services Partnership), in respect of General Medical Services Enhanced Services and General Ophthalmic Services has carried out its work under the terms of the service level agreement (SLA) and in accordance with NHS Wales agreed protocols. The Work of the Post Payment Verification Team is reported to the Board's Audit, Risk and Assurance Committee with papers available on the health board's [website](#).

### **REVIEW OF ECONOMY, EFFICIENCY AND EFFECTIVENESS ON THE USE OF RESOURCES**

The National Health Service Finance (Wales) Act 2014 amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. The Act places two financial duties on Local Health Boards:

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

The health board achieved both financial duties in 2019-20.

### **SUSTAINABILITY AND CARBON REDUCTION DELIVERY PLANS**

Risk assessments are in place in accordance with emergency preparedness and civil contingency requirements as based on UKCIP 2009 weather projections to ensure that the organisation's obligation under the Climate Change Act and the Adaptation Reporting requirements are complied with. To meet Welsh Government's 'decarbonisation by 2030' target, Powys Teaching Health Board has developed and is implementing an Environmental Management System in line with ISO14001:2015, which includes a decarbonisation delivery plan. This, along with a carbon footprint exercise carried out by the Carbon Trust, sets the agenda to develop a 'Carbon Neutral Strategy' through the Public Service Board and will support the health board working collaboratively and effectively with partner organisations to meet the 2030 targets.

The Board's Sustainability Report forms a key part of the Performance Report section of the Annual Report and provides greater detail in relation to the environmental, social and community issues facing the health board.

### **INTEGRATED MEDIUM TERM PLAN (IMTP)**

The National Health Service Finance (Wales) Act of 2014, established a statutory duty on health boards to develop and publish a Board approved Integrated Medium Term Plan (IMTP) on an annual basis. Amendments to the National Health Service (Wales) Act 2006 also set out the statutory duty for health boards to have their IMTPs approved by Welsh Ministers.

In accordance with these legislative duties, the health board developed and published an approved IMTP for 2019-22, which was approved by the Minister for Health and Social Care. A copy of the plan is available on the health board [website](#).

A detailed analysis of the health board's performance for 2019/20 will be provided in the PTHB Annual Report 2019/20, which will be published in August 2020.

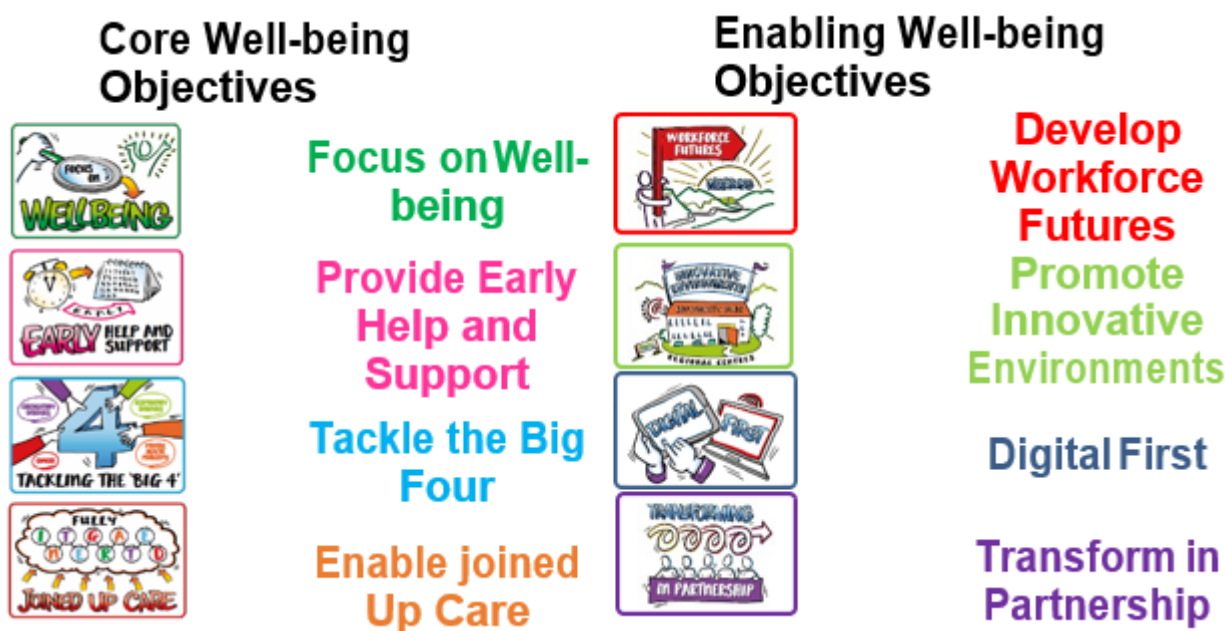
The health board continues to perform well against most of the directly influenced key targets set by Welsh Government. We are also performing well against the well-being objectives set jointly as part of the Health and Care Strategy, A Healthy Caring Powys.

The health board delivered the financial target of breakeven in 2019/20 and remained within the Capital Resource Limit (CRL).

In March 2020, Welsh Government confirmed to the health board that, following a robust assessment, the IMTP 2020-23 was considered to be approvable, which provided a baseline for future planning discussions. However, in light of the challenges associated with COVID-19, Welsh Government had taken the decision to pause the IMTP processes and allow all resources to be redirected to sustaining key services.

The IMTP also functions as the health board’s Well-being Statement, demonstrating how through the actions to deliver our well-being objectives we are contributing to the seven well-being goals for Wales and in accordance with the sustainable development principle.

The IMTP has been developed within the context of the Health and Care Strategy, published in July 2017. It sets out the vision to enable a ‘Healthy Caring Powys’, delivered through focusing on four core well-being objectives and four enabling well-being objectives underpinned by six delivery principles; Do What Matters, Do What Works, Focus on Greatest Need, Offer Fair Access, Be Prudent and Work with People and Communities.



The health board’s planning approach continues to strengthen and mature. The approach is multi-faceted and takes into account the multiple planning streams across local, organisational and regional levels. The key principles of planning processes in the health board are to ensure:

- Patients are at the centre of service design and delivery.
- There is a clinically led planning environment with multi professional input.
- There is whole system planning, ensuring alignment with neighbouring provider plans.

- There is a transformation of commissioning and provider functions.
- Promotion of integration at a strategic and service level.
- There are internal relationships including staff side/trade unions.
- There are external relationships with key stakeholders.
- There are strong Community Health Council planning links.

In its Structured Assessment for 2019, the Wales Audit Office confirmed "*the Health Board has a strong approach to strategic planning and is changing structures and leadership arrangements to deliver its vision. Underpinning plans are developing in collaboration with partners and are on track for delivery in year*".

### **INTEGRATED PERFORMANCE MANAGEMENT AND REPORTING**

Delivery against the IMTP is managed through the Framework for Improving Performance with delivery and performance reported to the Board on a quarterly basis in the form of an Integrated Performance Report.

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

The Framework for Improving Performance is a contributor to the Board Assurance Framework which ensures that there is sufficient, continuous and reliable assurance on the management of the major risks to the delivery of strategic objectives and most importantly to the delivery of quality, patient-centred services.

### **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 annual audit letter and other reports. In addition, the independent and impartial views expressed by a range of bodies external to the health board has been of key importance, including Welsh Government; Powys Community Health Council; and Healthcare Inspectorate Wales.

As Accountable Officer I have overall responsibility for risk management and report to the Board regarding the effectiveness of risk management across the Health Board. My advice to the Board is informed by reports on internal controls received from all its committees and in particular the Audit, Risk and Assurance Committee and the Experience, Quality and Safety Committee. The Experience, Quality and Safety Committee also provides assurance relating to issues of clinical governance and patient safety. In addition, reports submitted to the Board by the Executive Team identify risk issues for consideration.

Each of the Health Board's Committees have considered a range of reports relating to their areas of business during the last year, which have included a comprehensive range of internal audit reports and external audit reports and reports on professional standards and from other regulatory bodies. The Committees have also considered and advised on areas for local and national strategic developments and new policy areas. Each Committee reports its business regularly and these are received by the Board in public.

Whilst significant progress has been made in 2019/20 to strengthen the system of internal control, I recognise that further improvements are essential in 2020/21 in respect of risk management and embedding the Board's Assurance Framework. Fundamental work will also be taken forward in implementing the Boards Organisational Development Framework and Clinical Quality Framework which will contribute to the system of control.

## **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 and Assurance Committee and is focused on significant risk areas and local improvement priorities.

We will ensure that the work of all regulators, inspectors and assurance bodies is mapped and evidenced in our assurance framework so that the Board is fully aware of this activity and the level of assurance it provides. We will also prioritise work to support the recording and monitoring of recommendations arising from the work of regulators, inspectors and other key assurance reviews.

## **HEAD OF INTERNAL AUDIT'S OPINION FOR 2019-20**

The overall opinion by the Head of Internal Audit on governance, risk

management and control is a function of this risk based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The 2019/20 audit programme was impacted by the need to respond to the COVID-19 pandemic with some audits deferred to 2020/21 as the organisation responded to the pandemic. 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's opinion is arrived at having considered whether or not the arrangements in place to secure governance, risk management and internal control are suitably designed and applied effectively in the following assurance domains:

- Corporate Governance, Risk Management and Regulatory Compliance
- Strategic Planning, Performance Management and Reporting
- Financial Governance and Management
- Clinical Governance, Quality and Safety
- Information Governance and Security
- Operational Service and Functional Management
- Workforce Management
- Capital and Estates Management

The scope of this opinion is confined to those areas examined in the risk based audit plan which has been agreed with senior management and approved by the Audit, Risk & Assurance Committee. 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 for 2019-20 is set out below:



**“In my opinion the Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and**

applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved."

The Head of Internal Audit has confirmed that in reaching their opinion both professional judgement and the Audit & Assurance "*Supporting criteria for the overall opinion*" guidance produced by the Director of Audit & Assurance for NHS Wales has been used.

The Head of Internal Audit has also concluded that Reasonable Assurance could be reported for five of the eight assurance domains, around which the plan is structured. The three assessed as 'limited' assurance this year are 'corporate governance, risk management and regulatory compliance', 'clinical governance quality & safety' and 'information governance and I.T. security'.

Of the 27 reviews included in the 2019/20 Internal Audit Plan, 15 were rated as providing 'reasonable' assurance and two 'substantial'. Six reviews were rated as 'limited' assurance with a further one providing 'no' assurance. Ratings were not applicable to three reviews.

Audits of 'risk management & board assurance', 'Welsh Language Standards', 'care and nursing homes governance', 'DOLS best interest assessments', 'FoI requests' all received limited assurance. In addition, the follow up work on the 2017/18 'no' assurance report of 'podiatry' received a 'limited' assurance rating in 19/20.

The health board recognises that the effective management of risk is a key responsibility. The Head of Internal Audit noted in the review of risk management "*It is disappointing that for the second year running we have been able to deliver only a 'limited' assurance rating. We observed limited progress with implementing prior year recommendations, resulting in several of the findings from our 2018/19 limited assurance report being repeated. Whilst we noted slight improvement, the key finding from previous years remains – there is an absence of directorate level risk registers and a lack of evidence of management oversight by directorate teams.*"

A 'no assurance' rating was assigned to the review of the 'records management' where significant issues were highlighted. The overarching theme of audit findings was the inadequacy of arrangements in place. The majority of the findings were consistent with those raised in previous audits, dating as far back as 2012, including a no assurance report in 2015/16. Six

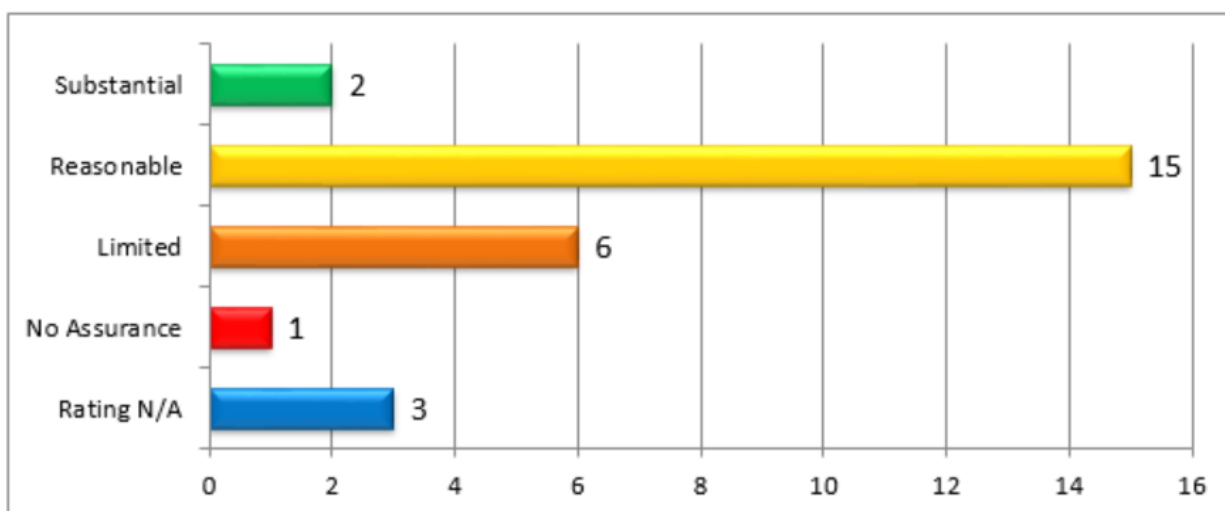


high priority recommendations were raised.

Due to the Covid-19 outbreak and the impact on health board resource, Internal Audit was unable to progress two of the four remaining follow up reviews of 2018/19 limited assurance outcomes ('health & safety' and 'Section 33 governance arrangements'). The reviews of 'dental services – monitoring the GDS contract' and 'catering department' evidenced sufficient improvements to enable assurance ratings of 'reasonable'.

Both the Board and operational management have worked in partnership with Internal Audit throughout the year and formal feedback on the work demonstrates that Internal Audit is helping the health board to make continuous improvements.

A summary of audit ratings provided in 2019-20, is outlined in the table below:



The findings to all limited and no assurance rated internal audit reviews undertaken in 2019/20 were accepted in full by management, and action plans included in final reports. All Internal Audit reports were reported to the Audit, Risk and Assurance Committee for oversight and monitoring.

The Audit, Risk and Assurance Committee has responsibility for tracking all recommendations made by Internal Audit and to ensure that they are addressed in a way that is appropriate and timely, through robust systems for recording and monitoring audit recommendations arising from Internal and External Audit Reviews.

I will monitor the implementation of audit action plans/recommendation implementation through regular meetings of the Executive Delivery and

Performance Group.

The full Head of Internal Audit Opinion and Internal Audit Reports can be accessed on the health board's [website](#).

## **COUNTER FRAUD**

In line with the NHS Protect Fraud, Bribery and Corruption Standards for NHS Bodies (Wales) the Local Counter Fraud Specialist (LCFS) and Director of Finance agreed, at the beginning of the financial year, a work plan for 2019-20. This was approved by the Audit, Risk and Assurance Committee in May 2019.

The work plan for 2019-20 was completed and covered all the requirements under Welsh Government directions. The Counter Fraud Service provides regular reports and updates to members of the Executive Team and directly to the Audit, Risk and Assurance Committee. The Audit, Risk and Assurance Committee will receive the Counter Fraud and Corruption Annual Report for 2020-21 on 25 June 2020.

The NHS Counter Fraud Authority (formerly NHS Protect) provides national leadership for all NHS anti-fraud, bribery and corruption work and is responsible for strategic and operational matters relating to it. A key part of this function is to quality assure the delivery of anti-fraud, bribery and corruption work with stakeholders to ensure that the highest standards are consistently applied.

## **EXTERNAL AUDIT: STRUCTURED ASSESSMENT FINDINGS**

The Auditor General for Wales is the statutory external auditor for the NHS in Wales. The Wales Audit Office (WAO) undertakes the external auditor role for Powys Teaching Health Board on behalf of the Auditor General.

The 2019 Structured Assessment work reviewed aspects of the health board's corporate governance and financial management arrangements and, in particular, the progress made in addressing the previous year's recommendations. The scope was broadened to include commentary on arrangements relating to procurement, asset management and improving efficiency and productivity.

Overall the WAO concluded that the Structured Assessment work had demonstrated that the Health Board's arrangements provide strong foundations for delivering its vision, and that the Board has a clear understanding of which arrangements require further development and has focused action to deliver improvements.

The WAO made three recommendations within its report. Recommendations in respect of governance related to: functioning of the Performance and Resources Committee; and, evaluation of the new committee structure.

While pleased that the Wales Audit Office considers good progress to be made I am fully aware of the need to further strengthen and enhance the health board's governance arrangements. I can confirm that actions to address each of the recommendations are underway.

The WAO Structured Assessment 2019 can be viewed on the health board's [website](#).

## 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 and its Executive Directors are alert to their accountabilities in respect of internal control and the Board has had in place during the year a system of providing assurance aligned to corporate objectives to assist with identification and management of risk. I am pleased to note that as a result of our internal control arrangements, Powys Teaching Health Board continues to be on 'routine' monitoring as part of NHS Wales Escalation and Intervention arrangements.

During 2019-20, 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 2020-21 to ensure implementation of recommendations arising from audit reviews, particular where a limited or no assurance rating is applied. We have taken substantial steps to embed risk management and the assurance framework at a corporate level; this work will continue in 2020-21. Implementation of the Board's Annual Governance Programme will see a further strengthening of the Board's effectiveness and system of internal control in 2020-21.

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 and the Executive Team has had in place a sound and effective system of internal control which provides regular assurance aligned to the organisation's strategic objectives and strategic risks. Together with the Board, 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 designed to meet patient needs and expectations.

As indicated throughout this statement, the need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to the risks. The need to respond and recover from the pandemic will be with the organisation and wider society throughout 2020/21 and beyond. I will ensure our Governance Framework considers and responds to this need.

**SIGNED BY:**

**CAROL SHILLABEER [CHIEF EXECUTIVE]**

**DATE: 30 JUNE 2020**

## Appendix 1

### *Board and Board Committee Membership and Attendance at Board*

Name	Position and Area of Expertise	Board and Board Committee Membership	Attendance 2019-20	Board Champion Role
Vivienne Harpwood	Chair	▪ Chair of the Board	7/7	
		▪ Chair of the Remuneration and Terms of Service Committee	4/4	
Melanie Davies	Vice Chair	▪ Vice Chair of the Board	6/7	
		▪ Chair of the Experience, Quality and Safety Committee	5/6	
		▪ Vice Chair of the Remuneration and Terms of Service Committee	3/4	
		▪ Member of the Performance and Resources Committee	4/6	
Ian Phillips	Independent Member [Information Technology]	▪ Member of the Board	5/7	
		▪ Vice Chair of the Strategy and Planning Committee	4/4	
		▪ Member of the Audit, Risk and Assurance Committee	4/6	
		▪ Member of the Performance and Resources Committee	5/6	
Trish Buchan	Independent Member [Third Sector]	▪ Member of the Board	7/7	Cleaning, Hygiene and Infection Management
		▪ Chair of the Strategy and Planning Committee	4/4	
		▪ Vice Chair of the Experience, Quality and Safety Committee	6/6	
		▪ Member of the Charitable Funds Committee	3/3	
Matthew Dorrance	Independent Member [Local Authority]	▪ Member of the Board	4/7	
		▪ Chair of the Performance and Resources Committee	3/6	
		▪ Member of the Audit, Risk and Assurance Committee	4/7	
		▪ Member of the Remuneration and Terms of Service Committee	4/4	
Owen James	Independent Member [Community]	▪ Member of the Board	7/7	
		▪ Chair of the Charitable Funds Committee	2/3	
		▪ Member of the Experience, Quality and Safety Committee	6/6	
		▪ Member of the Strategy and Planning Committee	4/4	

Name	Position and Area of Expertise	Board and Board Committee Membership	Attendance 2019-20	Board Champion Role
Tony Thomas	Independent Member [Finance]	▪ Member of the Board	7/7	
		▪ Chair of the Audit, Risk and Assurance Committee	7/7	
		▪ Vice Chair of the Charitable Funds Committee	3/4	
		▪ Member of the Performance and Resources Committee	5/6	
		▪ Member of the Remuneration and Terms of Service Committee	4/4	
Mark Taylor	Independent Member [Capital and Estates]  [From July 2019]	▪ Member of the Board	6/6	
		▪ Vice Chair of the Audit, Risk and Assurance Committee	4/5	
		▪ Vice Chair of Performance & Resources Committee	4/4	
		▪ Member of the Charitable Funds Committee	2/2	
		▪ Member of the Strategy and Planning Committee	2/2	
Susan Newport	Independent Member [Trade Union]	▪ Member of the Board	6/7	Armed Forces/Veterans Health
		▪ Member of the Experience, Quality and Safety Committee	4/6	
		▪ Member of the Remuneration and Terms of Service Committee	3/4	
Duncan Forbes	Independent Member [Legal  [To August 2019]]	▪ Member of the Board	2/3	
		▪ Vice Chair of the Performance and Resources Committee	1/3	
		▪ Member of the Audit, Risk and Assurance Committee	2/3	
		▪ Member of the Strategy and Planning Committee	2/2	
Frances Gerrard	Independent Member [University]  [Sickness Absent from 2 <sup>nd</sup> February 2020]	▪ Member of the Board	5/6	
		▪ Member of the Experience, Quality and Safety Committee	4/5	

Name	Position and Area of Expertise	Board and Board Committee Membership	Attendance 2019-20	Board Champion Role
Carol Shillabeer	Chief Executive	<ul style="list-style-type: none"> <li>▪ Member of the Board</li> <li>▪ Member of the Emergency Ambulance Services Committee</li> <li>▪ Member of the Joint Partnership Board</li> <li>▪ Member of the Welsh Health Specialist Services Committee</li> </ul> <p><u>Required attendee at:</u></p> <ul style="list-style-type: none"> <li>▪ Remuneration and Terms of Service Committee</li> <li>▪ Regular attendee at all Board Committees</li> </ul>	Board Attendance 7/7	
Patsy Roseblade	Director of Primary and Community Care, and Mental Health  [To April 2019]	<ul style="list-style-type: none"> <li>▪ Member of the Board</li> <li>▪ Member of the Emergency Ambulance Services Committee (in Chief Executives absence)</li> <li>▪ Member of the Welsh Health Specialist Services Committee (in Chief Executives absence)</li> </ul> <p><u>Required Attendee:</u></p> <ul style="list-style-type: none"> <li>▪ Experience Quality and Safety Committee</li> <li>▪ Performance and Resources Committee</li> </ul> <p><u>Attendee as requested at all Board Committees</u></p>	Board Attendance 0/0	
Jamie Marchant (From June 2019)	Director of Primary and Community Care, and Mental Health  [From June 2019]	<ul style="list-style-type: none"> <li>▪ Member of the Board</li> <li>▪ Member of the Emergency Ambulance Services Committee (in Chief Executives absence)</li> <li>▪ Member of the Welsh Health Specialist Services Committee (in Chief Executives absence)</li> </ul> <p><u>Required Attendee:</u></p> <ul style="list-style-type: none"> <li>▪ Experience Quality and Safety Committee</li> <li>▪ Performance and Resources Committee</li> </ul> <p><u>Attendee as requested at all Board Committees</u></p>	Board Attendance 4/5	

Name	Position and Area of Expertise	Board and Board Committee Membership	Attendance 2019-20	Board Champion Role
Wyn Parry	Medical Director	<ul style="list-style-type: none"> <li>▪ Member of the Board</li> </ul> <p><u>Required Attendee:</u></p> <ul style="list-style-type: none"> <li>▪ Experience, Quality and Safety Committee</li> </ul> <p><u>Attendee as requested at all Board Committees</u></p>	Board Attendance 5/7	
Rhiannon Jones	Director of Nursing and Interim Director of Therapies and Health Sciences  [To July 2019]	<ul style="list-style-type: none"> <li>▪ Member of the Board</li> </ul> <p><u>Executive Lead and Required Attendee:</u></p> <ul style="list-style-type: none"> <li>▪ Experience, Quality and Safety Committee</li> </ul> <p><u>Required Attendee:</u></p> <ul style="list-style-type: none"> <li>▪ Performance and Resources Committee</li> <li>▪ Strategy and Planning Committee</li> <li>▪ Charitable Funds Committee</li> </ul> <p><u>Attendee as requested at all Board Committees</u></p>	Board Attendance 2/2	
Claire Madsen	Director of Therapies and Health Sciences  [From January 2020]	<ul style="list-style-type: none"> <li>▪ Member of the Board</li> </ul> <p><u>Required Attendee:</u></p> <ul style="list-style-type: none"> <li>▪ Experience, Quality and Safety Committee</li> <li>▪ Performance and Resources Committee</li> </ul> <p><u>Attendee as requested at all Board Committees</u></p>	Board Attendance 2/2	
Alison Davies	Director of Nursing  [From January 2020]	<ul style="list-style-type: none"> <li>▪ Member of the Board</li> </ul> <p><u>Executive Lead and Required Attendee:</u></p> <ul style="list-style-type: none"> <li>▪ Experience, Quality and Safety Committee</li> </ul> <p><u>Required Attendee:</u></p> <ul style="list-style-type: none"> <li>▪ Strategy and Planning Committee</li> <li>▪ Charitable Funds Committee</li> </ul> <p><u>Attendee as requested at all Board Committees</u></p>	Board Attendance 1/1	



Name	Position and Area of Expertise	Board and Board Committee Membership	Attendance 2019-20	Board Champion Role
Katrina Rowlands	Interim Director of Nursing  [From July 2019 to January 2020]	<ul style="list-style-type: none"> <li>▪ Member of the Board</li> </ul> <u>Executive Lead and Required Attendee:</u> <ul style="list-style-type: none"> <li>▪ Experience, Quality and Safety Committee</li> </ul> <u>Required Attendee:</u> <ul style="list-style-type: none"> <li>▪ Strategy and Planning Committee</li> <li>▪ Charitable Funds Committee</li> </ul> <ul style="list-style-type: none"> <li>▪ <u>Attendee as requested at all Board Committees</u></li> <li>▪</li> </ul>	Board Attendance 3/3	
Julie Rowles	Director of Workforce and OD	<ul style="list-style-type: none"> <li>▪ Member of the Board</li> </ul> <u>Executive Lead and Required Attendee:</u> <ul style="list-style-type: none"> <li>▪ Remuneration and Terms of Service Committee</li> </ul> <u>Required Attendee:</u> <ul style="list-style-type: none"> <li>▪ Experience, Quality and Safety Committee</li> <li>▪ Performance and Resources Committee</li> <li>▪ Strategy and Planning Committee</li> </ul> <u>Attendee as requested at all other Board Committees</u>	Board Attendance 7/7	
Hayley Thomas	Director of Planning and Performance	<ul style="list-style-type: none"> <li>▪ Member of the Board</li> </ul> <u>Executive Lead and Required Attendee:</u> <ul style="list-style-type: none"> <li>▪ Strategy and Planning Committee</li> </ul> <u>Required Attendee:</u> <ul style="list-style-type: none"> <li>▪ Performance and Resources Committee</li> </ul> <u>Attendee as requested at all other Board Committees</u>	Board Attendance 7/7	

Name	Position and Area of Expertise	Board and Board Committee Membership	Attendance 2019-20	Board Champion Role
Stuart Bourne	Director of Public Health	<ul style="list-style-type: none"> <li>▪ Member of the Board</li> </ul> <p><u>Required Attendee:</u></p> <ul style="list-style-type: none"> <li>▪ Strategy and Planning Committee</li> <li>▪ Experience, Quality and Safety Committee</li> </ul> <p><u>Attendee as requested at all other Board Committees</u></p>	Board Attendance 7/7	
Eifion Williams	Director of Finance and IT  [To July 2019]	<ul style="list-style-type: none"> <li>▪ Member of the Board</li> </ul> <p><u>Executive Lead and Required Attendee:</u></p> <ul style="list-style-type: none"> <li>▪ Performance and Resources Committee</li> <li>▪ Charitable Funds Committee</li> </ul> <p><u>Required Attendee:</u></p> <ul style="list-style-type: none"> <li>▪ Audit, Risk and Assurance Committee</li> <li>▪ Strategy and Planning Committee</li> </ul> <p><u>Attendee as requested at all other Board Committees</u></p>	Board Attendance 2/2	
Pete Hopgood	Interim Director of Finance and IT  [From July 2019]	<ul style="list-style-type: none"> <li>▪ Member of the Board</li> </ul> <p><u>Executive Lead and Required Attendee:</u></p> <ul style="list-style-type: none"> <li>▪ Performance and Resources Committee</li> <li>▪ Charitable Funds Committee</li> </ul> <p><u>Required Attendee:</u></p> <ul style="list-style-type: none"> <li>▪ Audit, Risk and Assurance Committee</li> <li>▪ Strategy and Planning Committee</li> </ul> <p><u>Attendee as requested at all other Board Committees</u></p>	Board Attendance 5/5	

## Appendix 1

### *Ministerial Directions and Welsh Health Circulars 2019-20*

<b>Ministerial Direction/ Welsh Health Circular</b>	<b>Year of Adoption</b>	<b>PTHB Position</b>
Ministerial Direction referred to in letter from Andrew Goodall, 19 December 2019 – Action on 2019/20 Pension Tax Impacts	2019	Received and detailed in financial statements.
WHC 2019 (001) - Changes to the availability of gluten free (GF) foods for the treatment of coeliac disease on prescription in England – Implications for Wales	2019	Reported to prescribing leads at the Drugs and Therapeutics Committee. No specific action required within Powys.
WHC 2019 (002) - Update on ordering influenza vaccines for the 2019-20 season	2019	Circular cascaded in line with guidance. Circulated to members of Influenza Steering Group on 07/02/19 and on 11/02/19. Reviewed at Influenza Steering Group meeting on 11/02/19.
WHC 2019 (003) - List of Welsh Health Circulars - 1 August 2018 – 31 January 2019	2019	All WHCs for the period received and actioned
WHC 2019 (004) - Statutory and Administrative Financial Duties of Health Education and Improvement Wales	2019	HEIW's financial responsibilities noted.
WHC 2019 (005) - Maintaining continuity of supply of medicines in the event of leaving the European Union in a 'no deal' scenario	2019	Head of Pharmacy is a member of the WG Medicine Shortages Group Messaging for Wales wide shortage risks will be managed centrally though this group Within Powys, We have 1. Asked MM team to actively discourage stockpiling 2. Working with our DGH suppliers to identify potential over-ordering National advice has been sent to all Community pharmacies and GP practices, and re-iterated at PCD&T
WHC 2019 (006) - NHS Wales National Clinical Audit and Outcome Review Plan	2019	Audits relevant to PTHB underway to be completed in 2020

Annual Rolling Programme for 2019/20		
WHC 2019 (007) - Annual Quality Statement 2018 / 2019 Guidance	2019	The Annual Quality Statement was prepared and published by the 31 May as required.
WHC 2019 (008) - Changes to the shingles immunisation programme from 1 April 2019	March 2019	Circular cascaded in line with guidance. Circulated to members of Powys Vaccination Group on 19/02/19. Reviewed at Powys Vaccination Group meeting on 12/03/19.
WHC 2019 (011) - Implementing recommendations of the review of sexual health services – action to date and next steps	2019	Finance, Planning and Performance paper prepared in September in anticipation of the forthcoming Sexual Health Welsh Health Circular  Multi-agency workshop held in October 2018 to prepare the relevant priorities for Powys Sexual Health Improvement plan  The content will be populated as part of the required response to the Welsh Health Circular by June 2019
WHC 2019 (012) - Implementation of OBS Cymru (Obstetric Bleeding Strategy for Wales), a management strategy for Postpartum Haemorrhage (PPH), in Maternity Services	2019	Powys fully implemented Community element (stage 1 risk assessment of OBS Cymru (Obstetric Bleeding Strategy for Wales) as the the agreed all Wales management strategy for Postpartum Haemorrhage (PPH), in Maternity Services. Full training of all Powys midwives was undertaken in the 19-20 Midwifery updates in regards to use of documentation and objective measurement of blood loss. Early VHA, haemoglobin and lactate testing is undertaken on transfer for PPH in the community
WHC 2019 (013) - 2019/20 LHB & Trust Monthly Financial Monitoring Return Guidance	2019	The Guidance has been implemented and being adhered to by the Finance Team
WHC 2019 (014) - Dispute Arbitration Process – Guidance for Disputed Debts (invoices and service agreements within NHS Wales – 2019/20 – 2020/21	2019	Revised guidance incorporating a change in timescales for service agreement disputes. This is being followed should the need arise. There have been no requirements for arbitration in 19/20

WHC 2019 (015) - The National Influenza immunisation Programme 2019-2020	2019	Circular forwarded to lead officers. Relevant actions in WHC 015/2019 included in 2019/20 PTHB seasonal flu vaccination action plan approved by Executive Committee in July'19. - Enclosure – Childhood Influenza Vaccination Programme 2019/2020 - National Enhanced Service Specification
WHC 2019 (016) - European Parliamentary Elections - 23 May 2019	2019	Guidance issued by Powys Announcements and included in Standards of Behaviour Policy
WHC 2019 (017) - Living with Persistent Pain in Wales	2019	Powys has introduced a Chronic Pain Pathway that is compliant with NICE Guidelines.
WHC 2019 (018) - Augmentative and Alternative Communication (AAC) Pathway	2019	Circular cascaded in line with guidance.
WHC 2019 (019) - AMR & HCAI IMPROVEMENT GOALS FOR 2019-20	2019	5 year National Action Plan 2019 – 2024 underpinning the UK AMR Strategy 20
WHC 2019 (020) - Changes to the Human Papillomavirus (HPV) immunisation programme for the academic school year starting September 2019	2019	Circular forwarded to lead officer for school nursing service. Confirmation provided that plans in place to extend HPV immunisation from Sep'19 as per the requirements.
WHC 2019 (021) - The Role of the Community Dental Service and Services for Vulnerable People	2019	The CDS is now transmitting FP17's and all actions are complete.
WHC 2019 (022) - Sharing Patient information between healthcare professionals – a joint statement from the Royal College of Ophthalmologists and College of Optometrists	2019	Consultants advised of requirements.
WHC 2019 (023) -UPDATE OF GUIDANCE ON CLEARANCE AND MANAGEMENT OF HEALTHCARE WORKERS LIVING WITH A BLOODBORNE VIRUS (BBV)	2019	Occupational Health Physician revising guideline, scheduled for completion end March 2020
WHC 2019 (024) -Pertussis – occupational vaccination of healthcare workers	2019	There is no PGD for pertussis this was due to be discussed with Medicines Management 5 March 2020. Mitigation is that Occupational Health Physician signs individual prescriptions. Focus on Pertussis will increase now that

		influenza campaign is coming to an end, however progress may be adversely affected dependent upon demand generated by COVID-19.
WHC 2019 (025) - List of Welsh Health Circulars - 31 January 2019 – 31 July 2018	2019	All WHC for the period received and actioned.
WHC 2019 (026) - Nationally Standardised Adult Inpatient Assessment and Core Risk Assessments	2019	Compliance achieved.
WHC 2019 (027) - Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards, NHS Trusts, Welsh Health Specialised Services Committee and the Emergency Ambulances Services Committee	2019	Board approved amended versions in November 2019.
WHC 2019 (028) - Consolidated rules for managing cancer waiting times	2019	For Planned Care the management of patients is in accordance with the relevant elements of consolidated guidance (mainly in relation to the start of the pathway and diagnostics, treatment is not undertaken in PTHB).
WHC 2019 (029) - NHS Wales Planning Framework 2020-23	2019	The PTHB IMTP 2020/2023 has been developed in accordance with the NHS Wales Planning Framework 2020-23. PTHB Board approved the IMTP in January 2020 and it was submitted to Welsh Government for the deadline of the end of January 2020.
WHC 2019 (030) - National Integrated Medium Term Plan (IMTP) – An All Wales Review of NHS IMTPs for 2019-22	2019	The PTHB IMTP 2020/2023 has been developed in accordance with the NHS Wales Planning Framework 2020-23. PTHB Board approved the IMTP in January 2020 and it was submitted to Welsh Government for the deadline of the end of January 2020.
WHC 2019 (031) - The Department of Culture, Media and Sport (DCMS) guidance for UK departments on mitigation options for risks to data flows	2019	Guidance used as part of no-deal Brexit planning up to 31st January 2020. Will be re-visited in the second half of 2020, depending on WG future direction regarding no-deal Brexit planning.

WHC 2019 (032) -Sensory Loss Communication Needs (Accessible Information Standard) - of parents and carers of patients and service users.	2019	As a service communication preference is recorded on referral forms.
WHC 2019 (034) -National Optimal Pathways for Cancer (2019 tranche 1)	TBC	Improving data capture shows that more work is required to ensure we consistently meet the 62 day target for diagnosis. There is a requirement to address symptom awareness, encourage uptake of screening opportunities and healthcare consultations to review possible red flag symptoms and the increase clinical suspicion amongst healthcare providers.
WHC 2019 (035) - UK General Election 2019	2019	Guidance shared via Powys Announcements. Standards of Behaviour Policy updated to include revised guidance.
WHC 2019 (036) - UK General Election 2019 – Guidance for NHS Wales	2019	Guidance shared via Powys Announcements. Standards of Behaviour Policy updated to include revised guidance.
WHC 2019 (037) - Ordering Influenza Vaccines for the 2020-2021 Season	2019	Advice circulated to GPs and community pharmacists by WG. Shared internally via the PTHB Influenza Steering Group membership (inc to Medicines Management, School Nursing and Maternity).
WHC 2019 (038) - Guidance for the Provision of Continence Containment Products for Adults in Wales	2019	All Wales guidelines developed and implemented locally. Local audit planned to confirm compliance by March 2021.
WHC 2019 (039) - Good Working Practice Principles for the Use of Chaperones During Intimate Examinations or Procedures Within NHS	2020	Action undertaken by the Safeguarding Group during January 2020.
WHC 2019 (040) - 2020-21 Health Board and Public Health Wales NHS Trust Allocations	2020	Noted. Detail included in IMTP 2020-23.
WHC 2019 (041) - Changes to the infant pneumococcal conjugate vaccine (PCV) immunisation schedule.	2020	Received and cascaded to clinical leads.

WHC 2019 (042) - Annual Quality Statement 2019 / 2020 Guidance	2020	Noted. AQS to be developed by September 2020, in-line with revised timescales.
WHC 2020 (003) - Value Based Health Care Programme - Data Requirements	2020	Cascaded to commissioning and information teams for action.
WHC 2020 (004) - List of Welsh Health Circulars - 1 August 2019 - 31 January 2020	2020	All WHCs for the period received and actioned.
WHC 2020 (006) - COVID-19 RESPONSE - CONTINUATION OF IMMUNISATION PROGRAMMES	2020	Received and cascaded to clinical leads.



## **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 and the Workforce and Organisational Development Directorate.

# THE REMUNERATION AND STAFF REPORT

## BACKGROUND

The Treasury's Government Financial Reporting Manual (FReM) requires that a Remuneration Report shall be prepared by NHS bodies providing information under the headings in SI 2008 No 410, made to the extent that they are relevant. The Remuneration Report contains information about senior manager's remuneration. The definition of "Senior Manager" 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."*

This section of the Accountability Report meets these requirements.

## THE REMUNERATION TERMS OF SERVICE COMMITTEE

Remuneration and terms of service for Executive Directors and the Chief Executive are agreed, and kept under review by the Remuneration and Terms of Service Committee. The Committee also monitors and evaluates the annual performance of the Chief Executive and individual Directors (the latter with the advice of the Chief Executive).

In 2019-20, the Remuneration and Terms of Services Committee was chaired by the health board's Chair, Vivienne Harpwood, and the membership included the following Members:

- Melanie Davies, Vice Chair of the Board;
- Tony Thomas, Chair of Audit and Assurance Committee;
- Matthew Dorrance, Chair of Performance and Resources Committee; and
- Susan Newport, Independent Member (Trade Union)

Meetings are minuted and decisions fully recorded.

## INDEPENDENT MEMBERS' REMUNERATION

Remuneration for Independent Members is decided by the Welsh Government, which also determines their tenure of appointment.

## DIRECTORS' AND INDEPENDENT MEMBERS' REMUNERATION

Details of Directors' and Independent Members' remuneration for the 2019-20 financial year, together with comparators are given in Table 2 opposite.

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 2019-20, Executive Directors received a pay inflation uplift, in-line with Welsh Government's Framework.

If there were to be an up-lift over and above this level, this would always be agreed as a result of changes in roles and responsibilities and with advice from an independent consultancy with specialist knowledge of job evaluation and executive pay within the NHS. In addition, the Remuneration and Terms of Services Committee would receive a detailed report in respect of issues to be considered in relation to any uplift to Executive Directors salaries (including advice from the Welsh Government) and having considered all the advice and issues put before them, would report their recommendations to the Board for ratification.

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; an Interim Director of Nursing, and Interim Director of Primary, Community Care and Mental Health, and an Interim Director of Finance & IT.

## SALARY AND PENSION DISCLOSURE TABLE: SALARIES AND ALLOWANCES

Name and title	2019-20						2018-19					
	Salary	Benefits in Kind	Performance Pay and Bonuses	Long Term Performance Pay and Bonuses	All Pension - Related Benefits Salary	Single Total remuneration	Salary	Benefits in Kind	Performance Pay and Bonuses	Long Term Performance Pay and Bonuses	All Pension - Related Benefits Salary	Single Total remuneration
	(bands of £5,000) £000	(taxable) to nearest £100 £00	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	(taxable) to nearest £100 £00	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000
<b>Executive directors</b>												
Carol Shillabeer - Chief Executive	165 - 170	0	0	0	42.5 - 45.0	210 - 215	160 - 165	0	0	0	2.5 - 5.0	165 - 170
Julie Rowles - Director of Workforce and Organisational Development **	115 - 120	59	0	0	102.5 - 105.0	225 - 230	105 - 110	47	0	0	(42.5) - (45.0)	65 - 70
Catherine Woodward - Director of Public Health (From 1st September 2018 to 31st January 2019)	0	0	0	0	0	0	110 - 115	0	0	0	90.0 - 92.5	200 - 205
Hayley Thomas - Director of Planning and Performance **	115 - 120	65	0	0	72.5 - 75.0	195 - 200	105 - 110	55	0	0	42.5 - 45.0	155 - 160
Rhiannon Jones - Director of Nursing and Interim Director of Therapies & Health Science (to 14th July 2019 )	35 - 40	20	0	0	55.5 - 57.0	95 - 100	105 - 110	58	0	0	22.5 - 25.0	135 - 140
Eifion Williams - Interim Director of Finance (to 30th July 2019)	30 - 35	0	0	0	0	30 - 35	130 - 135	0	0	0	10.0 - 12.5	140 - 145
Stuart Bourne - Interim Director of Public Health (to 31st August 2018) - Director of Public Health (From 1st February 2019)	105 - 110	0	0	0	12.5 - 15.0	115 - 120	75 - 80	0	0	0	7.5 - 10.0	85 - 90
Patsy Roseblade - Interim Director of Primary, Community Care and Mental Health (From 15th October 2018 to 14th April 2019)	5 - 10	0	0	0	0	5 - 10	50 - 55	0	0	0	27.5 - 30.0	75 - 80
Wyn Parry - Medical Director (From 10th September 2018)	130 - 135	0	0	0	140.0 - 142.5	270 - 275	70 - 75	0	0	0	67.5 - 70.0	140 - 145
Pete Hopgood - Interim Director of Finance (From 1st July 2019)	100 - 105	0	0	0	132.5 - 135.0	235 - 240	0	0	0	0	0	0
Jamie Marchant - Director of Primary, Community Care and Mental Health Services (From 11th June 2019)	80 - 85	0	0	0	15.0 - 17.5	95 - 100	0	0	0	0	0	0
Katrina Rowlands - Interim Director of Nursing (From 15th July 2019 to 19th January 2020)	50 - 60	0	0	0	132.5 - 135.0	185 - 190	0	0	0	0	0	0
Rani Mallison - Board Secretary	75 - 80	0	0	0	105.0 - 107.5	180 - 185	0	0	0	0	0	0
Claire Madsen - Director of Therapies and Health Science (From 7th January 2020)	20 - 25	0	0	0	12.5 - 15.0	35 - 40	0	0	0	0	0	0
Alison Davies - Director of Nursing (From 20th January 2020)	15 - 20	0	0	0	20.0 - 22.5	35 - 40	0	0	0	0	0	0

Name and title	2019-20						2018-19					
	Salary	Benefits in Kind	Performance Pay and Bonuses	Long Term Performance Pay and Bonuses	All Pension - Related Benefits Salary	Single Total remuneration	Salary	Benefits in Kind	Performance Pay and Bonuses	Long Term Performance Pay and Bonuses	All Pension - Related Benefits Salary	Single Total remuneration
	(bands of £5,000) £000	(taxable) to nearest £100 £00	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	(taxable) to nearest £100 £00	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000
<b>Associate Members</b>												
Director of Social Services, Powys County Council (Alison Bulman)	0	0	0	0	0	0	0	0	0	0	0	0
Chair of Healthcare Professionals 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
<b>Non-Officer Members</b>												
Professor Vivienne Harwood - Chair *	50 - 55	0	0	0	0	50 - 55	40 - 45	0	0	0	0	40 - 45
Melanie Davies - Vice Chair	30 - 35	0	0	0	0	30 - 35	30 - 35	0	0	0	0	30 - 35
Matthew Dorrance - Independent Member (Local Authority)	5 - 10	0	0	0	0	5 - 10	5 - 10	0	0	0	0	5 - 10
Patricia Buchan - Independent Member (Third Sector)	5 - 10	0	0	0	0	5 - 10	10 - 15	0	0	0	0	10 - 15
Mark Baird - Independent Member (ICT - to 30th June 2018)	0	0	0	0	0	0	0 - 5	0	0	0	0	0 - 5
Sara Williams - Independent Member (Capital and Estates to 30th September 2018)	0	0	0	0	0	0	5 - 10	0	0	0	0	5 - 10
Owen James - Independent Member (Community)	5 - 10	0	0	0	0	5 - 10	5 - 10	0	0	0	0	5 - 10
Anthony Thomas - Independent Member (Finance)	5 - 10	0	0	0	0	5 - 10	5 - 10	0	0	0	0	5 - 10
Duncan Forbes - Independent Member (Legal - to 7th August 2019)	0 - 5	0	0	0	0	0 - 5	5 - 10	0	0	0	0	5 - 10
Frances Gerrard - Independent Member (University held post relating to health)	5 - 10	0	0	0	0	5 - 10	5 - 10	0	0	0	0	5 - 10
Ian Phillips - Independent Member (ICT - from 1st September 2018)	5 - 10	0	0	0	0	5 - 10	5 - 10	0	0	0	0	5 - 10
Susan Newport - Independent Member (Trade Union - from 1st September 2018)	0	0	0	0	0	0	0	0	0	0	0	0
Mark Taylor - Independent Member (Capital and Estates from 3rd July 2019)	5 - 10	0	0	0	0	5 - 10	0	0	0	0	0	0

\*Please note that Professor Vivienne Harpwood is also Chair for the Welsh Health Specialist Services Committee and the costs of this role are paid by Powys THB and recharged to Cwm Taf Morgannwg University Health Board. These costs are excluded from the above calculations

\*\* Please note that the salary figure for 2019-20 includes arrears of pay relating to 2018-19

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

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

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

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

## Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce. The banded remuneration of the highest-paid director in PTHB in the financial year 2019-20 was £165,000 to £170,000 (2018-19, £160,000 to £165,000. This was 5.61 times (2018-19, 5.75 times) the median remuneration of the workforce, which was £29,763 (2018-19, £28,479).

In 2019-20, 1 (2018-19, 2) employees received remuneration in excess of the highest-paid director. Remuneration for all staff ranged from £17,652 to £169,422 (2018-19, £17,460 to £171,635).

	2019-20	2018-19
Band of Highest paid Directors' Total Remuneration £000	165 - 170	160 - 165
Median Total Remuneration £000	30	28
Ratio	5.6	5.8

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

## SALARY AND PENSION DISCLOSURE TABLE: PENSION BENEFITS

	Real increase in pension at age 60	Real increase in pension lump sum at aged 60	Total accrued pension at age 60 at 31 Mar 2020	Lump sum at aged 60 related to accrued pension at 31st March 2020	Cash Equivalent transfer value at 31 Mar 2020	Cash Equivalent transfer value at 31 Mar 2019	Real increase in Cash equivalent transfer value	Employer's contribution to stakeholder pension
	(bands of £2,500) £000	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	£000	£000	£000	£000
Name and title								
Carol Shillabeer - Chief Executive	2.5 - 5.0	0.0 - 2.5	55 - 60	145 - 150	1,070	981	66	0
Julie Rowles - Director of Workforce and Organisational Development	5.0 - 7.5	7.5 - 10.0	55 - 60	140 - 145	1,168	1,018	126	0
Hayley Thomas - Director of Planning and Performance	2.5 - 5.0	5.0 - 5.5	30 - 35	70 - 75	552	469	71	0
Rhiannon Jones - Director of Nursing and Interim Director of Therapies & Health Science (to 14th July 2019 )	2.5 - 5.0	7.5 - 10.0	50 - 55	155 - 160	1,091	891	59	0
Eifion Williams - Interim Director of Finance (to 30th July 2019)**	0	0	0	0	0	1,742	0	0
Stuart Bourne - Interim Director of Public Health (to 31st August 2018) - Director of Public Health (From 1st February 2019)	0.0 - 2.5	0.0 - (2.5)	30 - 35	70 - 75	584	545	26	0
Patsy Roseblade - Interim Director of Primary, Community Care and Mental Health (From 15th October 2018 to 14th April 2019)**	0	0	0	0	0	643	0	0
Wyn Parry - Medical Director (From 10th September 2018)*	5.0 - 7.5	20.0 - 22.5	45 - 50	145 - 150	0	997	0	0
Pete Hopgood - Interim Director of Finance (From 1st July 2019)	7.5 - 10.0	17.5 - 20.0	35 - 40	80 - 85	632	457	124	0
Jamie Marchant - (From 11th June 2019)	0.0 - 2.5	0.0 - (2.5)	25 - 30	50 - 55	463	427	21	0
Katrina Rowlands - Interim Director of Nursing (From 15th July 2019 to 19th January 2020)*	5.0 - 7.5	(7.5) - (10.0)	45 - 50	75 - 80	0	0	0	0
Rani Mallison - Board Secretary	5.0 - 7.5	10.0 - 12.5	10 - 15	25 - 30	183	111	70	0
Claire Madsen - Director of Therapies and Health Science (From 7th January 2020)	0.0 - 2.5	0.0 - 2.5	25 - 30	75 - 80	549	475	15	0
Alison Davies - Director of Nursing (From 20th January 2020)***	0.0 - 2.5	2.5 - 5.0	30 - 35	100 - 105	0	0	0	0



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

For Directors marked:

\* the member is over normal retirement age in existing scheme therefore a CETV calculation is not applicable

\*\* the members are now retired

\*\*\* CETV figures are not currently available

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

## **CASH EQUIVALENT TRANSFER VALUES**

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

## **REAL INCREASE IN CETV**

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

## STAFFING DETAILS

### STAFF PROFILE

As of 31 March 2020, the total number of staff employed by the Health Board stood at 1709.26 Whole Time Equivalents (WTE). The table below provides a breakdown of the staff groups we employ excluding hosted services, such as the Board of Community Health Councils, Health and Care Research Wales and All Wales CHC.

Staff Group	Average Weekly WTE 19/20	Average Weekly WTE 18/19
Add Prof Scientific and Technic	59.83	53.96
Additional Clinical Services	327.56	306.20
Administrative and Clerical	413.3	510.61
Allied Health Professionals	123.81	118.44
Estates and Ancillary	161.76	151.11
Healthcare Scientists	2.43	2.58
Medical and Dental	36.55	32.61
Nursing and Midwifery Registered	541.62	531.94
<b>Grand Total</b>	<b>1667</b>	<b>1707.45</b>

### STAFF COMPOSITION

As at 31 March 2020 the composition of the staff of Powys Teaching Health Board was as follows:

	Female	Male
Directors	5	4
Employees	1,815	302

### SICKNESS ABSENCE

2019-20 information on sickness absence is provided in the table below:

	2019/2020	2018/19
Days Lost Long Term	22268.65	21071.66
Days Lost Short Term	7625.87	7037.26
<b>Total Days Lost</b>	<b>29894.52</b>	<b>28108.92</b>
<b>Total Staff Years</b>	<b>81.90</b>	<b>77.01</b>
Average Working Days Lost	17.96	15.85
Total Staff Employed in Period (Headcount)	2126	2182
Total Staff Employed in Period with no absence (Headcount)	945	978
<b>Percentage of Staff with no Sick Leave</b>	<b>45.56%</b>	<b>44.82%</b>

## STAFF POLICIES

Powys Teaching Health Board has a range of staff policies in place. The policies applied during the financial year:

- 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.

Were the *Employing Disabled people Policy* and the *Policy on Impact Assessment for Equality*. These were utilised alongside a range of other policies such as the *Sickness Absence Policy* and *Recruitment and Selection Policy* to ensure fair consideration was given to applications for employment made by a disabled person and for supporting their continued employment.

## TAX ASSURANCE FOR OFF-PAYROLL APPOINTEES

The following table shows all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last for longer than six months:

▪ The total number of existing engagements as of 31 March 2020;	0
▪ The number that have existed for less than one year at time of reporting;	0
▪ The number that have existed for between one and two years at time of reporting;	0
▪ The number that have existed for between two and three years at time of reporting;	0
▪ The number that have existed for between three and four years at time of reporting; and	0
▪ The number that have existed for four or more years at time of reporting.	0

There have been no new engagements, or those that reached six months in duration during 2019-20.

There have been no off-payroll engagements of board members and/or senior officials with significant financial responsibility between 1 April 2019 and 31 March 2020.

## 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)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures	Cost of other departures	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special element included in exit packages
	Whole numbers only	£'s	Whole numbers only	£'s	Whole numbers only	£'s	Whole numbers only	£'s
<b>Exit package cost band</b>								
less than £10,000	0	0	0	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0	0	0	0
more than £200,000	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0

Redundancy and other departure costs if paid would have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Exit costs in this note are accounted for in full in the year of departure 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 PTHB 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.

## **PART C: WELSH PARLIAMENT 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 NATIONAL ASSEMBLY FOR WALES ACCOUNTABILITY REPORT**

### **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.

Powys Teaching 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 (page 29) of the Annual Accounts.

When charging for this activity the Health Board has complied with the cost allocation and charging requirements set out in HM Treasury guidance.

### **Remote Contingent Liabilities**

Remote contingent liabilities are made for three categories, comprising indemnities, letters of comfort and guarantees.

The value of remote contingent liabilities for 2019-20 is £0.00m and is disclosed in note 21.2 (page 55) of the Health Board's Annual Accounts.

# **THE CERTIFICATE AND INDEPENDENT AUDITOR'S REPORT OF THE AUDITOR GENERAL FOR WALES TO THE SENEDD**

## **REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS**

### **Opinion**

I certify that I have audited the financial statements of Powys Teaching Local Health Board for the year ended 31 March 2020 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 Tax Payers Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and HM Treasury's Financial Reporting Manual based on International Financial Reporting Standards (IFRSs).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of Powys Teaching Local Health Board as at 31 March 2020 and of its net operating costs for the year then ended; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

### **Basis for opinion**

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

### **Conclusions relating to going concern**

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Executive has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the board's ability to continue to adopt the going concern basis of accounting for

a period of at least twelve months from the date when the financial statements are authorised for issue.

**Emphasis of Matter – effects of Covid-19 on the valuation of land and buildings**

I draw attention to Note 1.24 to the financial statements, which describes a material valuation uncertainty clause in the valuation report on certain property items arising from circumstances caused by the Covid-19 pandemic. My opinion is not modified in respect of this matter.

**Emphasis of Matter – Clinicians’ pension tax liabilities**

I draw attention to Note 21.1 of the financial statements, which describes the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government, instructing her to fund NHS Clinicians’ pension tax liabilities incurred by NHS Wales bodies in respect of the 2019-20 financial year. The Health Board has disclosed the existence of a contingent liability at 31 March 2020, and my opinion is not modified in respect of this matter.

**Other information**

The Chief Executive is responsible for the other information in the annual report and accounts. The other information comprises the information included in the annual report other than the financial statements and my auditor’s report thereon. 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.

In connection with my audit of the financial statements, my responsibility is to read the other information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies, I consider the implications for my report.

**Opinion on regularity**

In my opinion, 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.



## **REPORT ON OTHER REQUIREMENTS**

### **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 information given in the Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and the Governance Statement has been prepared in accordance with Welsh Ministers' guidance;
- the information given in the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the Accountability Report has been prepared in accordance with Welsh Ministers' guidance.

### **Matters on which I report by exception**

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

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

- proper accounting records have not been kept;
- the financial statements 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; or
- I have not received all the information and explanations I require for my audit.

### **Report**

I have no observations to make on these financial statements.

## **RESPONSIBILITIES**

### **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 set out on pages 12 and 14, the Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control 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.

In preparing the financial statements, the Directors and Chief Executive are responsible for assessing the 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 deemed inappropriate.

**Auditor's responsibilities for the audit of the financial statements**

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 an auditor's report 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.

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](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor's report.

**Responsibilities for regularity**

The Chief Executive is responsible for ensuring the regularity of financial transactions.

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

Adrian Crompton	24 Cathedral Road
Auditor General for Wales	Cardiff
2 July 2020	CF11 9LJ

## **PART D: FINANCIAL STATEMENTS**

# POWYS TEACHING LOCAL 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

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 THB 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.

Powys THB hosts the Community Health Councils in Wales. In addition, it is also responsible for hosting specific functions in respect of the accounts of the former Health Authorities mostly significantly in respect of clinical negligence. The THB also hosts the functions of Health and Care Research Wales (HCRW) and All Wales Retrospective Continuing Health Care Reviews Project.

### 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 2019-20. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-17.

Local Health Boards in Wales must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result, the Primary Statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure, which shows the net operating cost incurred by the LHB which is funded by the Welsh Government. This funding is allocated on receipt directly to the General Fund in the Statement of Financial Position.

Under the National Health Services Finance (Wales) Act 2014, the annual requirement to achieve balance against Resource Limits has been replaced with a duty to ensure, in a rolling 3 year period, that its aggregate expenditure does not exceed its aggregate approved limits.

The Act came into effect from 1 April 2014 and under the Act the first assessment of the 3 year rolling financial duty took place at the end of 2016-17.

**Statement of Comprehensive Net Expenditure  
for the year ended 31 March 2020**

	Note	2019-20 £'000	2018-19 £'000
Expenditure on Primary Healthcare Services	3.1	<b>72,773</b>	67,927
Expenditure on healthcare from other providers	3.2	<b>157,686</b>	148,167
Expenditure on Hospital and Community Health Services	3.3	<b>109,381</b>	97,347
		<b>339,840</b>	313,441
Less: Miscellaneous Income	4	<b>(15,328)</b>	<b>(14,264)</b>
<b>LHB net operating costs before interest and other gains and losses</b>		<b>324,512</b>	299,177
Investment Revenue	5	<b>0</b>	0
Other (Gains) / Losses	6	<b>0</b>	0
Finance costs	7	<b>19</b>	7
<b>Net operating costs for the financial year</b>		<b>324,531</b>	<b>299,184</b>

See note 2 on page 25 for details of performance against Revenue and Capital allocations.

The notes on pages 8 to 70 form part of these accounts

## Other Comprehensive Net Expenditure

	2019-20 £'000	2018-19 £'000
Net (gain) / loss on revaluation of property, plant and equipment	(705)	(721)
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	<u>(705)</u>	<u>(721)</u>
<b>Total comprehensive net expenditure for the year</b>	<u><b>323,826</b></u>	<u><b>298,463</b></u>

The notes on pages 8 to 70 form part of these accounts

**Statement of Financial Position as at 31 March 2020**

	Notes	31 March 2020 £'000	31 March 2019 £'000
<b>Non-current assets</b>			
Property, plant and equipment	11	74,674	78,465
Intangible assets	12	0	0
Trade and other receivables	15	14,791	23,322
Other financial assets	16	0	0
<b>Total non-current assets</b>		<b>89,465</b>	<b>101,787</b>
<b>Current assets</b>			
Inventories	14	156	150
Trade and other receivables	15	9,024	9,615
Other financial assets	16	0	0
Cash and cash equivalents	17	540	2,317
		<b>9,720</b>	<b>12,082</b>
Non-current assets classified as "Held for Sale"	11	0	0
<b>Total current assets</b>		<b>9,720</b>	<b>12,082</b>
<b>Total assets</b>		<b>99,185</b>	<b>113,869</b>
<b>Current liabilities</b>			
Trade and other payables	18	(35,164)	(40,435)
Other financial liabilities	19	0	0
Provisions	20	(2,461)	(2,446)
<b>Total current liabilities</b>		<b>(37,625)</b>	<b>(42,881)</b>
<b>Net current assets/ (liabilities)</b>		<b>(27,905)</b>	<b>(30,799)</b>
<b>Non-current liabilities</b>			
Trade and other payables	18	0	0
Other financial liabilities	19	0	0
Provisions	20	(20,679)	(29,145)
<b>Total non-current liabilities</b>		<b>(20,679)</b>	<b>(29,145)</b>
<b>Total assets employed</b>		<b>40,881</b>	<b>41,843</b>
<b>Financed by :</b>			
<b>Taxpayers' equity</b>			
General Fund		768	2,415
Revaluation reserve		40,113	39,428
<b>Total taxpayers' equity</b>		<b>40,881</b>	<b>41,843</b>

The financial statements on pages 2 to 7 were approved by the Board on 29 June 2020 and signed on its behalf by:

Chief Executive and Accountable Officer

C SHILLABEER

Date: 29 June 2020

The notes on pages 8 to 70 form part of these accounts

**Statement of Changes in Taxpayers' Equity  
For the year ended 31 March 2020**

	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
<b>Changes in taxpayers' equity for 2019-20</b>			
<b>Balance at 1 April 2019</b>	2,415	39,428	41,843
Net operating cost for the year	(324,531)	-	(324,531)
Net gain/(loss) on revaluation of property, plant and equipment	0	705	705
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	20	(20)	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBs	0	0	0
<b>Total recognised income and expense for 2019-20</b>	(324,511)	685	(323,826)
Net Welsh Government funding	319,391	-	319,391
Notional Welsh Government Funding	3,473	-	3,473
<b>Balance at 31 March 2020</b>	<b>768</b>	<b>40,113</b>	<b>40,881</b>

The notes on pages 8 to 70 form part of these accounts



**Statement of Changes in Taxpayers' Equity  
For the year ended 31 March 2019**

	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
<b>Changes in taxpayers' equity for 2018-19</b>			
<b>Balance at 31 March 2018</b>	1,630	38,724	40,354
Adjustment for Implementation of IFRS 9	(20)	0	(20)
<b>Balance at 1 April 2018</b>	1,610	38,724	40,334
Net operating cost for the year	(299,184)	-	(299,184)
Net gain/(loss) on revaluation of property, plant and equipment	0	721	721
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	17	(17)	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBs	0	0	0
<b>Total recognised income and expense for 2018-19</b>	(299,167)	704	(298,463)
Net Welsh Government funding	299,972	-	299,972
<b>Balance at 31 March 2019</b>	2,415	39,428	41,843

The notes on pages 8 to 70 form part of these accounts

**Statement of Cash Flows for year ended 31 March 2020**

		2019-20 £'000	2018-19 £'000
<b>Cash Flows from operating activities</b>	Notes		
Net operating cost for the financial year		(324,531)	(299,184)
Movements in Working Capital	27	3,901	17,141
Other cash flow adjustments	28	14,327	(3,998)
Provisions utilised	20	(11,612)	(7,504)
<b>Net cash outflow from operating activities</b>		<b>(317,915)</b>	<b>(293,545)</b>
<b>Cash Flows from investing activities</b>			
Purchase of property, plant and equipment		(3,253)	(5,295)
Proceeds from disposal of property, plant and equipment		0	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
<b>Net cash inflow/(outflow) from investing activities</b>		<b>(3,253)</b>	<b>(5,295)</b>
<b>Net cash inflow/(outflow) before financing</b>		<b>(321,168)</b>	<b>(298,840)</b>
<b>Cash Flows from financing activities</b>			
Welsh Government funding (including capital)		319,391	299,972
Capital receipts surrendered		0	0
Capital grants received		0	0
Capital element of payments in respect of finance leases and on-SoFP		0	0
Cash transferred (to)/ from other NHS bodies		0	0
<b>Net financing</b>		<b>319,391</b>	<b>299,972</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>	17	<b>(1,777)</b>	1,132
<b>Cash and cash equivalents (and bank overdrafts) at 1 April 2019</b>		<b>2,317</b>	1,185
<b>Cash and cash equivalents (and bank overdrafts) at 31 March 2020</b>		<b>540</b>	2,317

The notes on pages 8 to 70 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 (LHB) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2019-20 Manual for Accounts. The accounting policies contained in that manual follow the 2019-20 Financial Reporting Manual (FReM), which applies European Union adopted IFRS and Interpretations in effect for accounting periods commencing on or after 1 January 2019, except for IFRS 16 Leases, which is deferred until 1 April 2021; to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the LHB Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the LHB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the LHB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

#### 1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

#### 1.2. Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

#### 1.3. Income and funding

The main source of funding for the LHBs are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the LHB. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the LHB and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the LHB for the Welsh Government such as funding provided to agencies and non-activity costs incurred by the LHB in its provider role. Income received from LHBs transacting with other LHBs is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FREM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

## 1.4. Employee benefits

### 1.4.1. Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

### 1.4.2. Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated in 2019-20 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, in Wales the additional 6.3% being funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency).

However, NHS Wales' organisations are required to account for **their staff** employer contributions of 20.68% in full and on a gross basis, in the 2019-20 annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Other Note within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

### 1.4.3. NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

### 1.5. Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

### 1.6. Property, plant and equipment

#### 1.6.1. Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

#### 1.6.2. Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use

- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2017-18 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.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

### **1.6.3. Subsequent expenditure**

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated. For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

## **1.7. Intangible assets**

### **1.7.1. Recognition**

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to use the intangible asset
- how the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

## Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

### 1.8. Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales Organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

### 1.9. Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits 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**

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

#### **1.11.1. Powys Teaching Local Health Board as lessee**

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are charged directly to the SoCNE.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

#### **1.11.2. Powys Teaching Local Health Board as lessor**

Amounts due from lessees under finance leases are recorded as receivables at the amount of the NHS Wales organisation net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the NHS Wales organisation's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line 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 on a straight-line basis over the lease term.

### **1.12. Inventories**

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost

and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

### **1.13. Cash and cash equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

### **1.14. Provisions**

Provisions are recognised when the NHS Wales organisation has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Wales organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Wales organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Wales organisation has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

#### **1.14.1. Clinical negligence and personal injury costs**

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in 2019-20. The WRP is hosted by Velindre 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 NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

GMP Service Providers are not direct members of the GMPI FLS, their qualifying liabilities are the subject of an arrangement between them and their relevant LHB, which is a member of the scheme. The qualifying reimbursements to the LHB are not subject to the £25,000 excess.

### **1.15. Financial Instruments**

From 2018-19 IFRS 9 Financial Instruments has applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales' organisations, was to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM recognised the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that included the date of initial application in the opening general fund within Taxpayer's equity.

### **1.16. Financial assets**

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

#### **1.16.1. Financial assets are initially recognised at fair value**

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

#### **1.16.2. Financial assets at fair value through SoCNE**

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

### **1.16.3 Held to maturity investments**

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

### **1.16.4. Available for sale financial assets**

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

### **1.16.5. Loans and receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the NHS Wales organisation assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

### **1.17. Financial liabilities**

Financial liabilities are recognised on the SOFP when the NHS Wales organisation becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

#### **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 NHS Wales organisation not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The NHS Wales organisation accounts for all losses and special payments gross (including assistance from the WRP).

The NHS Wales organisation accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

#### **1.22. Pooled budget**

The NHS Wales organisation has entered into pooled budgets with Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pool budget is hosted by one organisation. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

#### **1.23. Critical Accounting Judgements and key sources of estimation uncertainty**

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

#### **1.24. Key sources of estimation uncertainty**

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these

claims would be recoverable through the Welsh Risk Pool.

Significant estimations are also made for continuing care costs resulting from claims post 1 April 2003. An assessment of likely outcomes, potential liabilities and timings of these claims are made on a case by case basis. Material changes associated with these claims would be adjusted in the period in which they are revised.

Estimates are also made for contracted primary care services. These estimates are based on the latest payment levels. Changes associated with these liabilities are adjusted in the following reporting period.

A formal valuation of Llandrindod Wells War Memorial Hospital was undertaken during the year, with the Valuation Office Agency specifying the following:

The outbreak of the Novel Coronavirus (COVID-19), declared by the World Health Organisation as a “Global Pandemic” on 11 March 2020, has impacted global financial markets. Travel restrictions have been implemented by many countries. Market activity is being impacted in many sectors.

As at the valuation date, we consider that we can attach less weight to previous market evidence for comparison purposes, to inform opinions of value. Indeed, the current response to COVID-19 means that we are faced with an unprecedented set of circumstances on which to base a judgement.

Our valuation is therefore reported on the basis of ‘material valuation uncertainty’ as per VPS 3 and VPGA 10 of the RICS Red Book Global. Consequently, less certainty – and a higher degree of caution – should be attached to our valuation than would normally be the case. Given the unknown future impact that COVID-19 might have on the real estate market, we recommend that you keep the valuation of this property under frequent review.

**1.24.1. Provisions**

The NHS Wales organisation provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the Welsh Risk Pool Services (WRPS) which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Wales organisation, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

**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;

<b>Remote</b>	Probability of Settlement	0 – 5%
	Accounting Treatment	Contingent Liability.
<b>Possible</b>	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision
	Contingent Liability for all other estimated expenditure.	

Probable	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
Certain	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of minus 0.75%.

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 Private Finance Initiative (PFI) transactions

The LHB does not have any Private Finance Initiative Transactions

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The NHS Wales organisation therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the PFI asset, including finance costs; and
- c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

#### 1.25.1. Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

#### 1.25.2. PFI asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the NHS Wales organisation's approach for each relevant class of asset in accordance with the principles of IAS 16.

#### 1.25.2. PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.



An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the SoCNE.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the SoCNE.

### **1.25.3. Lifecycle replacement**

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the NHS Wales organisation's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

### **1.25.4. Assets contributed by the NHS Wales organisation to the operator for use in the scheme**

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the NHS Wales organisation's SoFP.

### **1.25.5. Other assets contributed by the NHS Wales organisation to the operator**

Assets contributed (e.g. cash payments, surplus property) by the NHS Wales organisation to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the NHS Wales organisation, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IAS 17.

On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received by the NHS Wales organisation through the asset being made available to third party users.

### **1.26. Contingencies**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

### **1.27. 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.

### **1.28. 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 Not EU-endorsed.\*

Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 16 Leases is to be effective from 1st April 2021.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

### **1.29. Accounting standards issued that have been adopted early**

During 2019-20 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

### **1.30. Charities**

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the NHS Wales

organisation has established that as it is the corporate trustee of the linked NHS Charity 'Powys Teaching Local Health Board Charitable Fund and other Related Charities', it is considered for accounting standards compliance to have control of the 'Powys Teaching Local Health Board Charitable Fund and other Related Charities' as a subsidiary and therefore is required to consolidate the results of the 'Powys Teaching Local Health Board Charitable Fund and other Related Charities' within the statutory accounts of the NHS Wales organisation.

The determination of control is an accounting standard test of control and there has been no change to the operation of the Charity or its independence in its management of charitable funds.

However, the NHS Wales organisation has with the agreement of the Welsh Government adopted the IAS 27 (10) exemption to consolidate. Welsh Government as the ultimate parent of the Local Health Boards will disclose the Charitable Accounts of Local Health Boards in the Welsh Government Consolidated Accounts. Details of the transactions with the charity are included in the related parties' notes.

## 2. Financial Duties Performance

The National Health Service Finance (Wales) Act 2014 came into effect from 1 April 2014. The Act amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. From 1 April 2014 section 175 of the National Health Service (Wales) Act places two financial duties on Local Health Boards:

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

The first assessment of performance against the 3 year statutory duty under section 175 (1) was at the end of 2016 -17, being the first 3 year period of assessment.

Welsh Health Circular WHC/2016/054 "Statutory and Financial Duties of Local Health Boards and NHS Trusts" clarifies the statutory financial duties of NHS Wales bodies effective from 2016-17.

### 2.1 Revenue Resource Performance

	Annual financial performance			
	2017-18 £'000	2018-19 £'000	2019-20 £'000	Total £'000
<b>Net operating costs for the year</b>	291,900	299,184	324,531	915,615
Less general ophthalmic services expenditure and other non-cash limited expenditure	1,734	1,682	1,855	5,271
Less revenue consequences of bringing PFI schemes onto SoFP	0	0	0	0
Total operating expenses	293,634	300,866	326,386	920,886
Revenue Resource Allocation	293,730	300,931	326,441	921,102
<b>Under /(over) spend against Allocation</b>	96	65	55	216

Powys THB has met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2017-18 to 2019-20.

The Health Board did not receive any repayable brokerage during the year.

### 2.2 Capital Resource Performance

	2017-18	2018-19	2019-20	Total
	£'000	£'000	£'000	£'000
<b>Gross capital expenditure</b>	5,482	5,372	3,373	14,227
Add: Losses on disposal of donated assets	0	0	0	0
Less NBV of property, plant and equipment and intangible assets disposed	(250)	0	0	(250)
Less capital grants received	0	0	0	0
Less donations received	(304)	(276)	(176)	(756)
Charge against Capital Resource Allocation	4,928	5,096	3,197	13,221
Capital Resource Allocation	4,933	5,108	3,200	13,241
<b>(Over) / Underspend against Capital Resource Allocation</b>	5	12	3	20

Powys THB has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2017-18 to 2019-20.

### 2.3 Duty to prepare a 3 year plan

The NHS Wales Planning Framework for the period 2019-20 to 2021-22 issued to LHBS placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government.

The LHB submitted an Integrated Medium Term Plan for the period 2019-20 to 2021-22 in accordance with NHS Wales Planning Framework.

**2019-20  
to  
2021-22**

The Minister for Health and Social Services approval

**Status  
Date**

**Approved  
27/03/2019**

The THB **has** therefore met its statutory duty to have an approved financial plan for the period 2019-20 to 2021-22.

### 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:

	<b>2019-20</b>	2018-19
Total number of non-NHS bills paid	<b>45,593</b>	42,654
Total number of non-NHS bills paid within target	<b>43,965</b>	40,843
Percentage of non-NHS bills paid within target	96.4%	95.8%

**The LHB has met the target.**

### 3. Analysis of gross operating costs

#### 3.1 Expenditure on Primary Healthcare Services

	Cash limited	Non-cash limited	2019-20 Total	2018-19
	£'000	£'000	£'000	£'000
General Medical Services	37,613		37,613	36,020
Pharmaceutical Services	4,574	(2,899)	1,675	1,774
General Dental Services	8,356		8,356	8,157
General Ophthalmic Services	0	1,044	1,044	1,022
Other Primary Health Care expenditure	4,810		4,810	2,626
Prescribed drugs and appliances	19,275		19,275	18,328
<b>Total</b>	<b>74,628</b>	<b>(1,855)</b>	<b>72,773</b>	<b>67,927</b>

The negative non cash limited balance on Pharmaceutical services relate to prescriptions for Powys residents being dispensed in non Powys Pharmacies. The effect of this is a net outflow for Powys THB. The increase in Other Primary Health Care Expenditure relates to an increase of Integrated Care Fund expenditure in 2019/20 of £4.024M (2018/19: £2.393M) 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.

#### 3.2 Expenditure on healthcare from other providers

	2019-20	2018-19
	£'000	£'000
Goods and services from other NHS Wales Health Boards	38,997	36,701
Goods and services from other NHS Wales Trusts	2,947	2,465
Goods and services from Health Education and Improvement Wales (HEIW)	0	0
Goods and services from other non Welsh NHS bodies	61,146	58,721
Goods and services from WHSSC / EASC	37,035	34,256
Local Authorities	1,954	1,593
Voluntary organisations	2,141	1,823
NHS Funded Nursing Care	2,218	2,208
Continuing Care	12,461	11,508
Private providers	379	635
Specific projects funded by the Welsh Government	0	0
Other	(1,592)	(1,743)
<b>Total</b>	<b>157,686</b>	<b>148,167</b>

The 7 Health Boards in Wales have established the Welsh Health Specialist Services Commission (WHSSC) which, through the operational management of Cwm Taf Health Board, secures the provision of highly specialised healthcare for the whole of Wales. These arrangements include funding of services operated through a risk sharing arrangement. The THB payment for the WHSSC commissioning arrangements for the year ended 31st March 2020 is £37.035M.

The increase in Goods and services of other non Welsh NHS bodies results from increased activity and increases in tariffs within English NHS providers. The most significant increases are Shrewsbury and Telford Hospitals NHS Trust £1.518M Wye Valley NHS Trust £0.425M and Gloucestershire Hospitals NHS Foundation Trust £0.208M in comparison to 2018/19 expenditure.

The increase in Continuing Health Care expenditure during 2019/20 has resulted from from an increase in the number of cases being funded for this health need in comparison to 2018/19.

The decrease in Private Providers expenditure during 2019/20 has resulted from a decline in the number of patients placed within Private Providers with more patients being placed within NHS Provider bodies.

The negative balance within the Other line 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

### 3.3 Expenditure on Hospital and Community Health Services

	2019-20 £'000	2018-19 £'000
Directors' costs	1,363	1,419
Staff costs	83,158	76,331
Supplies and services - clinical	4,962	4,585
Supplies and services - general	1,321	1,343
Consultancy Services	448	561
Establishment	2,490	2,639
Transport	1,415	1,288
Premises	5,084	4,940
External Contractors	0	0
Depreciation	3,734	3,327
Amortisation	0	0
Fixed asset impairments and reversals (Property, plant & equipment)	4,135	(87)
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	263	263
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	238	92
Research and Development	0	0
Other operating expenses	770	646
<b>Total</b>	<b>109,381</b>	<b>97,347</b>

### 3.4 Losses, special payments and irrecoverable debts: charges to operating expenses

	2019-20 £'000	2018-19 £'000
<b>Increase/(decrease) in provision for future payments:</b>		
Clinical negligence;		0
Secondary care	1,825	(7,699)
Primary care	0	0
Redress Secondary Care	48	98
Redress Primary Care	0	0
Personal injury	557	452
All other losses and special payments	2	3
Defence legal fees and other administrative costs	(2)	87
Gross increase/(decrease) in provision for future payments	2,430	(7,059)
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	84	43
Less: income received/due from Welsh Risk Pool	(2,276)	7,108
<b>Total</b>	<b>238</b>	<b>92</b>

	2019-20 £	2018-19 £
Permanent injury included within personal injury £:	87,035	1,639

The main increases in staff costs relates to the NHS Pay Award being agreed and implemented during 2019/20 and the full year effect of the increase in Employer pensions costs payable by 6.3% during the year. Full details of the impact of these additional pension costs is provided in detail at note 34.1.

Clinical Redress expenditure including defence fees during the year was £0.066M in respect of 26 cases (2018-19 £0.115M in respect of 20 cases). This relates to the movement on provision for claims currently in progress. These are expected to be fully reimbursed by the Welsh Risk Pool should payments be made in respect of the claims. This provision is included within Note 20 of the accounts.

The Movement on Clinical Negligence, Personal Injury and Defence fees links to Note 20 of the accounts and includes the arising in year amounts on these lines offset by the reversed unused amounts of the opening provision.

#### 4. Miscellaneous Income

	2019-20 £'000	2018-19 £'000
Local Health Boards	2,616	3,195
Welsh Health Specialised Services Committee (WHSSC)/Emergency Ambulance Services Committee (EASC)	0	0
NHS Wales trusts	67	26
Health Education and Improvement Wales (HEIW)	557	325
Foundation Trusts	0	0
Other NHS England bodies	320	415
Other NHS Bodies	0	0
Local authorities	0	0
Welsh Government	5,166	4,904
Welsh Government Hosted bodies	0	0
Non NHS:		
Prescription charge income	0	0
Dental fee income	1,770	1,826
Private patient income	0	0
Overseas patients (non-reciprocal)	0	0
Injury Costs Recovery (ICR) Scheme	63	92
Other income from activities	1,550	1,316
Patient transport services	33	32
Education, training and research	502	448
Charitable and other contributions to expenditure	0	0
Receipt of donated assets	176	276
Receipt of Government granted assets	0	0
Non-patient care income generation schemes	0	0
NHS Wales Shared Services Partnership (NWSSP)	0	0
Deferred income released to revenue	0	0
Contingent rental income from finance leases	0	0
Rental income from operating leases	64	73
Other income:		
Provision of laundry, pathology, payroll services	0	0
Accommodation and catering charges	109	107
Mortuary fees	22	25
Staff payments for use of cars	0	0
Business Unit	0	0
Other	2,313	1,204
<b>Total</b>	<b>15,328</b>	<b>14,264</b>
Other income Includes;		
	0	0
	0	0
	0	0
	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

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 £4.964M from an amount of £4.548M received in 18/19.

The Receipt of donated assets is due to four significant patient related building schemes being funded by League of Friends and the THB Charity. These include the creation of Palliative Care Suite in Bronllys hospital and redevelopment of patient garden areas at Brecon, Welshpool and Ystradgynlais Hospitals. Smaller items of medical equipment have also been purchased by League of Friends and the THB Charity for the use of Service areas within the THB.

The increase in other Income relates mainly to the receipt of monies due to the Health Board in respect of a fraud case relating to prior years of £0.498M.



## 5. Investment Revenue

	2019-20	2018-19
	£000	£000
<b>Rental revenue :</b>		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
<b>Interest revenue :</b>		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
<b>Total</b>	<u>0</u>	<u>0</u>

## 6. Other gains and losses

	2019-20	2018-19
	£000	£000
Gain/(loss) on disposal of property, plant and equipment	0	0
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
<b>Total</b>	<u>0</u>	<u>0</u>

## 7. Finance costs

	2019-20	2018-19
	£000	£000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under PFI contracts		
main finance cost	0	0
contingent finance cost	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
<b>Total interest expense</b>	<u>0</u>	<u>0</u>
Provisions unwinding of discount	19	7
Other finance costs	0	0
<b>Total</b>	<u>19</u>	<u>7</u>

## 8. Operating leases

### LHB as lessee

As at 31st March 2020 the LHB had 52 operating leases agreements in place for the leases of premises, 21 arrangements in respect of equipment and 126 in respect of vehicles, with 7 premises, 4 equipment and 40 vehicle leases having expired in year.

<b>Payments recognised as an expense</b>	<b>2019-20</b>	2018-19
	<b>£000</b>	£000
Minimum lease payments	<b>1,007</b>	924
Contingent rents	<b>0</b>	0
Sub-lease payments	<b>0</b>	0
<b>Total</b>	<b>1,007</b>	924

### **Total future minimum lease payments**

<b>Payable</b>	<b>£000</b>	£000
Not later than one year	<b>959</b>	807
Between one and five years	<b>1,206</b>	957
After 5 years	<b>334</b>	251
<b>Total</b>	<b>2,499</b>	2,015

### LHB as lessor

<b>Rental revenue</b>	<b>£000</b>	£000
Rent	<b>322</b>	424
Contingent rents	<b>0</b>	0
<b>Total revenue rental</b>	<b>322</b>	424

### **Total future minimum lease payments**

<b>Receivable</b>	<b>£000</b>	£000
Not later than one year	<b>322</b>	424
Between one and five years	<b>46</b>	181
After 5 years	<b>136</b>	163
<b>Total</b>	<b>504</b>	768

## 9. Employee benefits and staff numbers

9.1 Employee costs	Permanent Staff	Staff on Inward Secondment	Agency Staff	Other	Total	2018-19
	£000	£000	£000	£000	£000	£000
Salaries and wages	62,017	271	5,451	0	67,739	65,097
Social security costs	5,383	0	0	0	5,383	5,115
Employer contributions to NHS Pension Scheme	11,399	0	0	0	11,399	7,538
Other pension costs	0	0	0	0	0	0
Other employment benefits	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0
<b>Total</b>	<b>78,799</b>	<b>271</b>	<b>5,451</b>	<b>0</b>	<b>84,521</b>	<b>77,750</b>
Charged to capital					202	188
Charged to revenue					84,319	77,562
					<b>84,521</b>	<b>77,750</b>
Net movement in accrued employee benefits (untaken staff leave accrual included above)					0	0

## 9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Other	Total	2018-19
	Number	Number	Number		Number	Number
Administrative, clerical and board members	546	4	4	0	554	529
Medical and dental	37	0	6	0	43	40
Nursing, midwifery registered	541	1	25	0	567	571
Professional, Scientific, and technical staff	59	0	5	0	64	61
Additional Clinical Services	328	0	9	0	337	320
Allied Health Professions	124	0	5	0	129	127
Healthcare Scientists	2	0	0	0	2	3
Estates and Ancillary	162	0	3	0	165	157
Students	0	0	0	0	0	2
<b>Total</b>	<b>1,799</b>	<b>5</b>	<b>57</b>	<b>0</b>	<b>1,861</b>	<b>1,810</b>

## 9.3. Retirements due to ill-health

	2019-20	2018-19
Number	3	5
Estimated additional pension costs £	92,113	341,766

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

## 9.4 Employee benefits

The LHB does not have an employee benefit scheme.

9.5 Reporting of other compensation schemes - exit packages

Exit packages cost band (including any special payment element)	2019-20	2019-20	2019-20	2019-20	2018-19
	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Exit packages cost band (including any special payment element)	2019-20	2019-20	2019-20	2019-20	2018-19
	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£'s	£'s	£'s	£'s	£'s
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

There have been no exit packages within the organisation during 2019/20 and 2018/19

## 9.6 Remuneration Relationship

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

The banded remuneration of the highest-paid director in the LHB in the financial year 2019-20 was £165,000 to £170,000 (2018-19, £160,000 to £165,000). This was 5.61 times (2018-19, 5.75 times) the median remuneration of the workforce, which was £29,763 (2018-19, £28,479).

In 2019-20, 1 (2018-19, 2) employees received remuneration in excess of the highest-paid director. Remuneration for all staff ranged from £17,652 to £169,422 (2018-19, £17,460 to £171,635).

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

## 9.7 Pension costs

### PENSION COSTS

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/nhs-pensions](http://www.nhsbsa.nhs.uk/nhs-pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

#### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

#### b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

**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 £6,136 and £50,000 for the 2019-20 tax year (2018-19 £6,032 and £46,350).

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.

	2019-20	2019-20	2018-19	2018-19
	Number	£000	Number	£000
<b>NHS</b>				
Total bills paid	2,367	149,083	2,448	134,693
Total bills paid within target	1,890	142,439	1,553	124,183
Percentage of bills paid within target	79.8%	95.5%	63.4%	92.2%
<b>Non-NHS</b>				
Total bills paid	45,593	75,892	42,654	68,922
Total bills paid within target	43,965	70,760	40,843	63,368
Percentage of bills paid within target	96.4%	93.2%	95.8%	91.9%
<b>Total</b>				
Total bills paid	47,960	224,975	45,102	203,615
Total bills paid within target	45,855	213,199	42,396	187,551
Percentage of bills paid within target	95.6%	94.8%	94.0%	92.1%

The THB performance at 96.4% has met the administrative target of payment of 95% of the number of non-nhs creditors paid within 30 days.

### 10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2019-20	2018-19
	£	£
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
<b>Total</b>	<b>0</b>	<b>0</b>



11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Cost or valuation at 1 April 2019</b>	14,429	55,014	657	7,591	6,635	545	4,653	0	<b>89,524</b>
Indexation	(141)	912	13	0	0	0	0	0	784
Additions									
- purchased	0	2,117	0	297	435	0	348	0	3,197
- donated	0	6	0	155	15	0	0	0	176
- 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	21	5,280	0	(5,301)	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	177	0	0	0	0	0	0	177
Impairments	0	(4,312)	0	0	0	0	0	0	(4,312)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(87)	(46)	0	0	(133)
<b>At 31 March 2020</b>	<b>14,309</b>	<b>59,194</b>	<b>670</b>	<b>2,742</b>	<b>6,998</b>	<b>499</b>	<b>5,001</b>	<b>0</b>	<b>89,413</b>
<b>Depreciation at 1 April 2019</b>	0	3,934	40	0	4,144	206	2,735	0	<b>11,059</b>
Indexation	0	78	1	0	0	0	0	0	79
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	0	0	0	(87)	(46)	0	0	(133)
Provided during the year	0	2,278	27	0	768	74	587	0	3,734
<b>At 31 March 2020</b>	<b>0</b>	<b>6,290</b>	<b>68</b>	<b>0</b>	<b>4,825</b>	<b>234</b>	<b>3,322</b>	<b>0</b>	<b>14,739</b>
<b>Net book value at 1 April 2019</b>	<b>14,429</b>	<b>51,080</b>	<b>617</b>	<b>7,591</b>	<b>2,491</b>	<b>339</b>	<b>1,918</b>	<b>0</b>	<b>78,465</b>
<b>Net book value at 31 March 2020</b>	<b>14,309</b>	<b>52,904</b>	<b>602</b>	<b>2,742</b>	<b>2,173</b>	<b>265</b>	<b>1,679</b>	<b>0</b>	<b>74,674</b>
<b>Net book value at 31 March 2020 comprises :</b>									
Purchased	14,309	50,058	602	2,731	2,013	265	1,679	0	71,657
Donated	0	2,846	0	11	160	0	0	0	3,017
Government Granted	0	0	0	0	0	0	0	0	0
<b>At 31 March 2020</b>	<b>14,309</b>	<b>52,904</b>	<b>602</b>	<b>2,742</b>	<b>2,173</b>	<b>265</b>	<b>1,679</b>	<b>0</b>	<b>74,674</b>
<b>Asset financing :</b>									
Owned	14,309	52,904	602	2,742	2,173	265	1,679	0	74,674
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
<b>At 31 March 2020</b>	<b>14,309</b>	<b>52,904</b>	<b>602</b>	<b>2,742</b>	<b>2,173</b>	<b>265</b>	<b>1,679</b>	<b>0</b>	<b>74,674</b>

The net book value of land, buildings and dwellings at 31 March 2020 comprises :

	£000
Freehold	67,815
Long Leasehold	0
Short Leasehold	0
	<b>67,815</b>

11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Cost or valuation at 1 April 2018</b>	14,146	53,514	650	5,151	5,846	577	3,827	0	<b>83,711</b>
Indexation	282	449	7	0	0	0	0	0	<b>738</b>
Additions									
- purchased	0	418	0	2,831	838	183	826	0	<b>5,096</b>
- donated	0	147	0	9	120	0	0	0	<b>276</b>
- government granted	0	0	0	0	0	0	0	0	<b>0</b>
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	<b>0</b>
Reclassifications	0	400	0	(400)	0	0	0	0	<b>0</b>
Revaluations	0	0	0	0	0	0	0	0	<b>0</b>
Reversal of impairments	1	86	0	0	0	0	0	0	<b>87</b>
Impairments	0	0	0	0	0	0	0	0	<b>0</b>
Reclassified as held for sale	0	0	0	0	0	0	0	0	<b>0</b>
Disposals	0	0	0	0	(169)	(215)	0	0	<b>(384)</b>
<b>At 31 March 2019</b>	<b>14,429</b>	<b>55,014</b>	<b>657</b>	<b>7,591</b>	<b>6,635</b>	<b>545</b>	<b>4,653</b>	<b>0</b>	<b>89,524</b>
<b>Depreciation at 1 April 2018</b>	0	1,726	13	0	3,702	373	2,285	0	<b>8,099</b>
Indexation	0	17	0	0	0	0	0	0	<b>17</b>
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	<b>0</b>
Reclassifications	0	0	0	0	0	0	0	0	<b>0</b>
Revaluations	0	0	0	0	0	0	0	0	<b>0</b>
Reversal of impairments	0	0	0	0	0	0	0	0	<b>0</b>
Impairments	0	0	0	0	0	0	0	0	<b>0</b>
Reclassified as held for sale	0	0	0	0	0	0	0	0	<b>0</b>
Disposals	0	0	0	0	(169)	(215)	0	0	<b>(384)</b>
Provided during the year	0	2,191	27	0	611	48	450	0	<b>3,327</b>
<b>At 31 March 2019</b>	<b>0</b>	<b>3,934</b>	<b>40</b>	<b>0</b>	<b>4,144</b>	<b>206</b>	<b>2,735</b>	<b>0</b>	<b>11,059</b>
<b>Net book value at 1 April 2018</b>	<b>14,146</b>	<b>51,788</b>	<b>637</b>	<b>5,151</b>	<b>2,144</b>	<b>204</b>	<b>1,542</b>	<b>0</b>	<b>75,612</b>
<b>Net book value at 31 March 2019</b>	<b>14,429</b>	<b>51,080</b>	<b>617</b>	<b>7,591</b>	<b>2,491</b>	<b>339</b>	<b>1,918</b>	<b>0</b>	<b>78,465</b>
<b>Net book value at 31 March 2019 comprises :</b>									
Purchased	14,429	48,188	617	7,582	2,241	339	1,918	0	<b>75,314</b>
Donated	0	2,892	0	9	250	0	0	0	<b>3,151</b>
Government Granted	0	0	0	0	0	0	0	0	<b>0</b>
<b>At 31 March 2019</b>	<b>14,429</b>	<b>51,080</b>	<b>617</b>	<b>7,591</b>	<b>2,491</b>	<b>339</b>	<b>1,918</b>	<b>0</b>	<b>78,465</b>
<b>Asset financing :</b>									
Owned	14,429	51,080	617	7,591	2,491	339	1,918	0	<b>78,465</b>
Held on finance lease	0	0	0	0	0	0	0	0	<b>0</b>
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	<b>0</b>
PFI residual interests	0	0	0	0	0	0	0	0	<b>0</b>
<b>At 31 March 2019</b>	<b>14,429</b>	<b>51,080</b>	<b>617</b>	<b>7,591</b>	<b>2,491</b>	<b>339</b>	<b>1,918</b>	<b>0</b>	<b>78,465</b>

The net book value of land, buildings and dwellings at 31 March 2019 comprises :

	£000
Freehold	66,126
Long Leasehold	0
Short Leasehold	0
	<b>66,126</b>

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the Royal Institute of Chartered Surveyors Valuation Standards, 6th Edition. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

**11. Property, plant and equipment (continued)**

**Disclosures:**

**i) Donated Assets**

Assets donated in the year were purchased from funds donated by the public and charitable organisations and from funds provided by associations linked to specific hospitals.

**ii) Valuations**

Tangible fixed assets are stated at the lower of replacement cost and recoverable amount. Land and buildings are restated to current value using professional valuations carried out by the District Valuers of the Inland Revenue at 5 yearly intervals and in the intervening years by the use of indices provided from the District Valuer via the Welsh Government. The valuations are carried out primarily on the basis of Modern Equivalent Asset cost for specialised operational property and existing use value for non-specialised operational property. For non-operational properties the valuations are carried out at open market value. A formal valuation exercise of Land and Buildings was undertaken during the 2017/18 financial year

**iii) Asset Lives**

Depreciated as follows:

- Land is not depreciated.
- Buildings as determined by the Valuation Office Agency.
- Equipment 5-15 years.

**iv) Compensation**

There has been no compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

**v) Write Downs**

There have not been write downs.

**vi)** The THB 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 no assets held for sale or sold in the period.

**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
<b>Balance brought forward 1 April 2019</b>	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
<b>Balance carried forward 31 March 2020</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Balance brought forward 1 April 2018</b>	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
<b>Balance carried forward 31 March 2019</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**12. Intangible non-current assets  
2019-20**

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at 1 April 2019</b>	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	0	0	0	0	0	0	0
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
<b>Gross cost at 31 March 2020</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Amortisation at 1 April 2019</b>	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
<b>Amortisation at 31 March 2020</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net book value at 1 April 2019</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net book value at 31 March 2020</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>At 31 March 2020</b>							
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
<b>Total at 31 March 2020</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**12. Intangible non-current assets  
2018-19**

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at 1 April 2018</b>	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	0	0	0	0	0	0	0
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
<b>Gross cost at 31 March 2019</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Amortisation at 1 April 2018</b>	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
<b>Amortisation at 31 March 2019</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net book value at 1 April 2018</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net book value at 31 March 2019</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>At 31 March 2019</b>							
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
<b>Total at 31 March 2019</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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### 13 . Impairments

	2019-20		2018-19	
	Property, plant & equipment £000	Intangible assets £000	Property, plant & equipment £000	Intangible assets £000
Impairments arising from :				
Loss or damage from normal operations	0	0	0	0
Abandonment in the course of construction	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0
Unforeseen obsolescence	0	0	0	0
Changes in market price	0	0	0	0
Others (specify)	4,135	0	(87)	0
Reversal of Impairments	0	0	0	0
<b>Total of all impairments</b>	<b>4,135</b>	<b>0</b>	<b>(87)</b>	<b>0</b>
<b>Analysis of impairments charged to reserves in year :</b>				
Charged to the Statement of Comprehensive Net Expenditure	4,135	0	(87)	0
Charged to Revaluation Reserve	0	0	0	0
	<b>4,135</b>	<b>0</b>	<b>(87)</b>	<b>0</b>

Within the healthcare segment of the THB, there is one downward impairment in year totalling £4.312M, charged to the statement of Comprehensive Net Expenditure.

This is as a result of the initial valuation for the bringing into use the hospital reconfiguration scheme phase 2 scheme and upgrade of Renal Unit at Llandrindod Wells Hospital.

There is also a reversal of impairment of £0.177M which has occurred as a result of an increase arising on revaluations due to indexation that reversed an impairment for the same assets previously recognised as impairments in expenditure. In this case it is credited to expenditure to the extent of the decrease previously charged there.

Impairment funding to cover adjustments required is provided to the THB by Welsh Government on an annual basis



## 14.1 Inventories

	<b>31 March</b>	31 March
	<b>2020</b>	2019
	<b>£000</b>	£000
Drugs	<b>89</b>	88
Consumables	<b>44</b>	30
Energy	<b>4</b>	7
Work in progress	<b>0</b>	0
Other	<b>19</b>	25
<b>Total</b>	<b>156</b>	150
Of which held at realisable value	<b>0</b>	0

## 14.2 Inventories recognised in expenses

	<b>31 March</b>	31 March
	<b>2020</b>	2019
	<b>£000</b>	£000
Inventories recognised as an expense in the period	<b>0</b>	0
Write-down of inventories (including losses)	<b>0</b>	0
Reversal of write-downs that reduced the expense	<b>0</b>	0
<b>Total</b>	<b>0</b>	<b>0</b>

Note 14.2 only relates to Health bodies that purchase assets to sell and as such does not apply to the Health Board.

## 15. Trade and other Receivables

		Reclassified
<b>Current</b>	<b>31 March</b>	31 March
	<b>2020</b>	2019
	<b>£000</b>	£000
Welsh Government	1,821	1,910
WHSSC / EASC	231	49
Welsh Health Boards	537	1,888
Welsh NHS Trusts	540	282
Health Education and Improvement Wales (HEIW)	72	157
Non - Welsh Trusts	289	251
Other NHS	0	0
Welsh Risk Pool Claim reimbursement		0
NHS Wales Secondary Health Sector	1,510	1,390
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	171	103
Other	0	0
Local Authorities	788	551
Capital debtors - Tangible	213	364
Capital debtors - Intangible	0	0
Other debtors	2,895	2,424
Provision for irrecoverable debts	(394)	(320)
Pension Prepayments NHS Pensions	0	0
Other prepayments	351	566
Other accrued income	0	0
<b>Sub total</b>	<b>9,024</b>	<b>9,615</b>
<b>Non-current</b>		
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Health Education and Improvement Wales (HEIW)	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
Welsh Risk Pool Claim reimbursement;		0
NHS Wales Secondary Health Sector	14,791	23,322
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital debtors - Tangible	0	0
Capital debtors - Intangible	0	0
Other debtors	0	0
Provision for irrecoverable debts	0	0
Pension Prepayments NHS Pensions	0	0
Other prepayments	0	0
Other accrued income	0	0
<b>Sub total</b>	<b>14,791</b>	<b>23,322</b>
<b>Total</b>	<b>23,815</b>	<b>32,937</b>

**15. Trade and other Receivables (continued)**

	<b>31 March</b>	31 March
<b>Receivables past their due date but not impaired</b>	<b>2020</b>	2019
	<b>£000</b>	£000
By up to three months	<b>619</b>	86
By three to six months	<b>91</b>	472
By more than six months	<b>375</b>	366
	<b>1,085</b>	924

**Expected Credit Losses (ECL) / Provision for impairment of receivables**

Balance at 31 March 2019		(258)
Adjustment for Implementation of IFRS 9		(20)
Balance at 1 April 2019	<b>(320)</b>	(278)
Transfer to other NHS Wales body	<b>0</b>	0
Amount written off during the year	<b>0</b>	0
Amount recovered during the year	<b>36</b>	61
(Increase) / decrease in receivables impaired	<b>(110)</b>	(103)
Bad debts recovered during year	<b>0</b>	0
Balance at 31 March 2020	<b>(394)</b>	(320)

In determining whether a debt is impaired consideration is given to the age of the debt and the results of actions taken to recover the debt, including reference to credit agencies.

**Receivables VAT**

Trade receivables	<b>0</b>	0
Other	<b>0</b>	0
Total	<b>0</b>	0

## 16. Other Financial Assets

	Current		Non-current	
	31 March 2020 £000	31 March 2019 £000	31 March 2020 £000	31 March 2019 £000
<b>Financial assets</b>				
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)	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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 17. Cash and cash equivalents

	2019-20 £000	2018-19 £000
Balance at 1 April 2019	2,317	1,185
Net change in cash and cash equivalent balances	(1,777)	1,132
Balance at 31 March 2020	<b>540</b>	<b>2,317</b>
Made up of:		
Cash held at GBS	406	2,251
Commercial banks	131	62
Cash in hand	3	4
Current Investments	0	0
<b>Cash and cash equivalents as in Statement of Financial Position</b>	<b>540</b>	<b>2,317</b>
Bank overdraft - GBS	0	0
Bank overdraft - Commercial banks	0	0
<b>Cash and cash equivalents as in Statement of Cash Flows</b>	<b>540</b>	<b>2,317</b>

## 18. Trade and other payables

Current	31 March	Reclassified 31 March
	2020	2019
	£000	£000
Welsh Government	0	0
WHSSC / EASC	19	289
Welsh Health Boards	3,013	2,608
Welsh NHS Trusts	370	406
Health Education and Improvement Wales (HEIW)	0	0
Other NHS	2,585	6,179
Taxation and social security payable / refunds	555	548
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	856	778
Non-NHS payables - Revenue	4,313	5,408
Local Authorities	4,289	4,342
Capital payables- Tangible	1,420	1,627
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	1,128	1,087
Non NHS Accruals	16,616	17,163
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
<b>Sub Total</b>	<b>35,164</b>	<b>40,435</b>
<b>Non-current</b>		
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Health Education and Improvement Wales (HEIW)	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
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	0	0
Non NHS Accruals	0	0
Deferred Income :		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
<b>Sub Total</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>35,164</b>	<b>40,435</b>

It is intended 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:	<b>31 March</b>	31 March
	<b>2020</b>	2019
	<b>£000</b>	£000
Between one and two years	0	0
Between two and five years	0	0
In five years or more	0	0
Sub-total	<u>0</u>	<u>0</u>

**19. Other financial liabilities**

Financial liabilities	<b>Current</b>		<b>Non-current</b>	
	<b>31 March</b>	31 March	<b>31 March</b>	31 March
	<b>2020</b>	2019	<b>2020</b>	2019
	<b>£000</b>	£000	<b>£000</b>	£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
<b>Total</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

20. Provisions

Reclassified

	At 1 April 2019	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 2020
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Current</b>									
Clinical negligence:-	0								0
Secondary care	611	0	0	367	8,114	(8,331)	(284)	0	477
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	93	0	0	0	92	(34)	(44)	0	107
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	802	0	0	59	555	(317)	(15)	3	1,087
All other losses and special payments	0	0	0	0	2	(2)	0	0	0
Defence legal fees and other administration	57	0	0	5	82	(26)	(32)		86
Pensions relating to former directors	0			0	0	0	0		0
Pensions relating to other staff	657			812	10	(652)	(190)	15	652
Restructuring	0			0	0	0	0	0	0
Other	226		0	0	120	(166)	(128)		52
<b>Total</b>	<b>2,446</b>	<b>0</b>	<b>0</b>	<b>1,243</b>	<b>8,975</b>	<b>(9,528)</b>	<b>(693)</b>	<b>18</b>	<b>2,461</b>
<b>Non Current</b>									
Clinical negligence:-	0								0
Secondary care	22,824	0	0	(367)	0	(2,025)	(6,005)	0	14,427
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	1,346	0	0	(59)	17	0	0	0	1,304
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	182	0	0	(5)	8	(59)	(60)		66
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	4,793			(812)	901	0	0	0	4,882
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
<b>Total</b>	<b>29,145</b>	<b>0</b>	<b>0</b>	<b>(1,243)</b>	<b>926</b>	<b>(2,084)</b>	<b>(6,065)</b>	<b>0</b>	<b>20,679</b>
<b>TOTAL</b>									
Clinical negligence:-	0								0
Secondary care	23,435	0	0	0	8,114	(10,356)	(6,289)	0	14,904
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	93	0	0	0	92	(34)	(44)	0	107
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	2,148	0	0	0	572	(317)	(15)	3	2,391
All other losses and special payments	0	0	0	0	2	(2)	0	0	0
Defence legal fees and other administration	239	0	0	0	90	(85)	(92)		152
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	5,450			0	911	(652)	(190)	15	5,534
Restructuring	0			0	0	0	0	0	0
Other	226		0	0	120	(166)	(128)		52
<b>Total</b>	<b>31,591</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9,901</b>	<b>(11,612)</b>	<b>(6,758)</b>	<b>18</b>	<b>23,140</b>

Expected timing of cash flows:

	In year to 31 March 2021	Between 1 April 2021 and 31 March 2025	Thereafter	Total
	£000	£000	£000	£000
Clinical negligence:-	0			0
Secondary care	477	14,427	0	14,904
Primary care	0	0	0	0
Redress Secondary care	107	0	0	107
Redress Primary care	0	0	0	0
Personal injury	1,087	586	718	2,391
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	86	66	0	152
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	652	2,380	2,502	5,534
Restructuring	0	0	0	0
Other	52	0	0	52
<b>Total</b>	<b>2,461</b>	<b>17,459</b>	<b>3,220</b>	<b>23,140</b>

The opening balances on this note have been reclassified during the year

The THB estimates that in 2020/21 it will receive £1.511M and in 2021-22 and beyond £14.791M from the Welsh Risk Pool in respect of Losses and Special Payments

£16.095M (2018/19: £24.308M) 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.

Also included within 'other' at 31st March 2020 is £0.051M relating to retrospective continuing health care claims (2018/19 £ 0.226M)

During the year the opening provision has been reclassified to the Redress Secondary Care line and Defence Legal Fees and other administration to provide 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 2020 is £0.127M including defence costs (2018/19: £0.103M) and all payments are expected to be fully reimbursed from the Welsh Risk Pool.

20. Provisions (continued)

	Reclassified		Reclassified	Reclassified	Reclassified	Reclassified	Reclassified	Reclassified	Reclassified
	At 1 April 2018	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 2019
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Current</b>									
Clinical negligence:-	0	0	0	0	0	0	0	0	0
Secondary care	11,236	0	0	8,186	75	(5,891)	(12,995)	0	611
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	98	(5)	0	0	93
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	1,070	0	0	66	431	(487)	(279)	1	802
All other losses and special payments	0	0	0	0	3	(3)	0	0	0
Defence legal fees and other administration	106	0	0	30	75	(145)	(9)		57
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	702			628	2	(657)	(24)	6	657
Restructuring	0			0	0	0	0	0	0
Other	423		0	0	122	(183)	(136)		226
<b>Total</b>	<b>13,537</b>	<b>0</b>	<b>0</b>	<b>8,910</b>	<b>806</b>	<b>(7,371)</b>	<b>(13,443)</b>	<b>7</b>	<b>2,446</b>
<b>Non Current</b>									
Clinical negligence:-	0	0	0	0	0	0	0	0	0
Secondary care	25,899	0	0	(8,186)	5,221	(110)	0	0	22,824
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	1,112	0	0	(66)	300	0	0	0	1,346
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	214	0	0	(30)	21	(23)	0		182
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	5,275			(628)	477	0	(331)	0	4,793
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
<b>Total</b>	<b>32,500</b>	<b>0</b>	<b>0</b>	<b>(8,910)</b>	<b>6,019</b>	<b>(133)</b>	<b>(331)</b>	<b>0</b>	<b>29,145</b>
<b>TOTAL</b>									
Clinical negligence:-	0	0	0	0	0	0	0	0	0
Secondary care	37,135	0	0	0	5,296	(6,001)	(12,995)	0	23,435
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	98	(5)	0	0	93
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	2,182	0	0	0	731	(487)	(279)	1	2,148
All other losses and special payments	0	0	0	0	3	(3)	0	0	0
Defence legal fees and other administration	320	0	0	0	96	(168)	(9)		239
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	5,977			0	479	(657)	(355)	6	5,450
Restructuring	0			0	0	0	0	0	0
Other	423		0	0	122	(183)	(136)		226
<b>Total</b>	<b>46,037</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,825</b>	<b>(7,504)</b>	<b>(13,774)</b>	<b>7</b>	<b>31,591</b>



## 21. Contingencies

### 21.1 Contingent liabilities

	2019-20 £'000	Reclassified 2018-19 £'000
Provisions have not been made in these accounts for the following amounts :		
Legal claims for alleged medical or employer negligence:-		
Secondary care	16,341	900
Primary care	0	0
Redress Secondary care	0	0
Redress Primary care	0	0
Doubtful debts	0	0
Equal Pay costs	0	0
Defence costs	0	0
Continuing Health Care costs	0	0
Other	0	0
Total value of disputed claims	<u>16,341</u>	<u>900</u>
Amounts (recovered) in the event of claims being successful	<b>(16,277)</b>	<b>(630)</b>
<b>Net contingent liability</b>	<b><u>64</u></b>	<b><u>270</u></b>

**Legal Claims for alleged medical or employer negligence:** £0.604M of the £16.341M 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). £15.737M of the £16.341M relates to Powys THB 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 THB by the Welsh Risk Pool.

#### **Pensions tax annual allowance – Scheme Pays arrangements 2019/20**

In accordance with a Ministerial Direction issued on 18 December 2019, the Welsh Government have taken action to support circumstances where pensions tax rules are impacting upon clinical staff who want to work additional hours, and have determined that:

- clinical staff who are members of the NHS Pension Scheme and who, as a result of work undertaken in the 2019-20 tax year, face a tax charge on the growth of their NHS pension benefits, may opt to have this charge paid by the NHS Pension Scheme, with their pension reduced on retirement;
- Powys Teaching Local Health Board will then pay them a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the deduction.

This scheme will be fully funded by the Welsh Government with no net cost to Powys Teaching Local Health Board.

Clinical staff have until 31 July 2021 to opt for this scheme and the ability to make changes up to 31 July 2024.

Using information provided by the Government Actuaries Department and the NHS Business Services Authority, a national 'average discounted value per nomination' (calculated at £3,345) could be used by NHS bodies to estimate a local provision by multiplying it by the number of staff expected to take up the offer.

At the date of approval of these accounts, there was no evidence of take-up of the scheme by our clinical staff in 2019-20 and no information was available to enable a reasonable assessment of future take up to be made. As no reliable estimate can therefore be made to support the creation of a provision at 31 March 2020, the existence of an unquantified contingent liability is instead disclosed.

**21.2 Remote Contingent liabilities**

	<b>2019-20</b>	2018-19
	<b>£'000</b>	£'000
Please disclose the values of the following categories of remote contingent liabilities :		
Guarantees	<b>0</b>	0
Indemnities	<b>0</b>	0
Letters of Comfort	<b>0</b>	0
<b>Total</b>	<b>0</b>	<b>0</b>

There are no remote Contingent Liabilities for 2019/20

**21.3 Contingent assets**

	<b>2019-20</b>	2018-19
	<b>£'000</b>	£'000
	<b>0</b>	0
	<b>0</b>	0
	<b>0</b>	0
<b>Total</b>	<b>0</b>	<b>0</b>

There are no Contingent Assets for 2019/20

**22. Capital commitments**

**Contracted capital commitments at 31 March**

	<b>2019-20</b>	2018-19
	<b>£'000</b>	£'000
Property, plant and equipment	<b>107</b>	877
Intangible assets	<b>0</b>	0
<b>Total</b>	<b>107</b>	<b>877</b>



**24. Finance leases**

**24.1 Finance leases obligations (as lessee)**

The Local Health Board has no finance leases receivable as a lessee.

**Amounts payable under finance leases:**

<b>Land</b>	<b>31 March 2020 £000</b>	31 March 2019 £000
<b>Minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	<u>0</u>	<u>0</u>
	<u>0</u>	<u>0</u>
<b>Present value of minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	<u>0</u>	<u>0</u>
	<u>0</u>	<u>0</u>

24.1 Finance leases obligations (as lessee) continued

Amounts payable under finance leases:

<b>Buildings</b>	<b>31 March 2020 £000</b>	31 March 2019 £000
<b>Minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

**Present value of minimum lease payments**

Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

**Other**

	<b>31 March 2020 £000</b>	31 March 2019 £000
<b>Minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

**Present value of minimum lease payments**

Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

**24.2 Finance leases obligations (as lessor) continued**

The Local Health Board has no finance leases receivable as a lessor.

**Amounts receivable under finance leases:**

	<b>31 March 2020 £000</b>	31 March 2019 £000
<b>Gross Investment in leases</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	<u>0</u>	<u>0</u>
<b>Present value of minimum lease payments</b>		
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	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	<u>0</u>	<u>0</u>

## 25. Private Finance Initiative contracts

### 25.1 PFI schemes off-Statement of Financial Position

The Local Health Board [has no](#) PFI Schemes off-statement of financial position.

Commitments under off-SoFP PFI contracts	Off-SoFP PFI contracts	Off-SoFP PFI contracts
	31 March 2020 £000	31 March 2019 £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	<u>0</u>	<u>0</u>
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

Contract start date:

Contract end date:

The Local Health Board has no Private Finance Initiatives in operation

£000

Contract start date:

Contract end date:

Total obligations for on-Statement of Financial Position PFI contracts due:

	On SoFP PFI Capital element 31 March 2020 £000	On SoFP PFI Imputed interest 31 March 2020 £000	On SoFP PFI Service charges 31 March 2020 £000
Total payments due within one year	0	0	0
Total payments due between 1 and 5 years	0	0	0
Total payments due thereafter	0	0	0
Total future payments in relation to PFI contracts	<u>0</u>	<u>0</u>	<u>0</u>

	On SoFP PFI Capital element 31 March 2019 £000	On SoFP PFI Imputed interest 31 March 2019 £000	On SoFP PFI Service charges 31 March 2019 £000
Total payments due within one year	0	0	0
Total payments due between 1 and 5 years	0	0	0
Total payments due thereafter	0	0	0
Total future payments in relation to PFI contracts	<u>0</u>	<u>0</u>	<u>0</u>

Total present value of obligations for on-SoFP PFI contracts 0

**25.3 Charges to expenditure**

	<b>2019-20</b>	2018-19
	<b>£000</b>	£000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	<b>0</b>	0
Total expense for Off Statement of Financial Position PFI contracts	<b>0</b>	0
The total charged in the year to expenditure in respect of PFI contracts	<b>0</b>	0

The LHB is committed to the following annual charges

	<b>31 March 2020</b>	31 March 2019
	<b>£000</b>	£000
<b>PFI scheme expiry date:</b>		
Not later than one year	<b>0</b>	0
Later than one year, not later than five years	<b>0</b>	0
Later than five years	<b>0</b>	0
<b>Total</b>	<b>0</b>	0

The estimated annual payments in future years will vary from those which the LHB is committed to make during the next year by the impact of movement in the Retail Prices Index.

**25.4 Number of PFI contracts**

	<b>Number of on SoFP PFI contracts</b>	<b>Number of off SoFP PFI contracts</b>
Number of PFI contracts	<b>0</b>	<b>0</b>
Number of PFI contracts which individually have a total commitment > £500m	<b>0</b>	<b>0</b>
<b>PFI Contract</b>		<b>On / Off- statement of financial position</b>
Number of PFI contracts which individually have a total commitment > £500m		<b>0</b>
<b>PFI Contract</b>		On/Off On/Off

**25.5 The LHB has no Public Private Partnerships**



## **26. Financial risk management**

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. The LHB is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The LHB has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the LHB in undertaking its activities.

### **Currency risk**

The LHB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The LHB has no overseas operations. The LHB therefore has low exposure to currency rate fluctuations.

### **Interest rate risk**

LHBs are not permitted to borrow. The LHB therefore has low exposure to interest rate fluctuations

### **Credit risk**

Because the majority of the LHB's funding derives from funds voted by the Welsh Government the LHB has low exposure to credit risk.

### **Liquidity risk**

The LHB is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The LHB is not, therefore, exposed to significant liquidity risks.

**27. Movements in working capital**

	<b>2019-20</b>	2018-19
	<b>£000</b>	£000
(Increase)/decrease in inventories	(6)	(20)
(Increase)/decrease in trade and other receivables - non-current	8,531	2,783
(Increase)/decrease in trade and other receivables - current	591	10,107
Increase/(decrease) in trade and other payables - non-current	0	0
Increase/(decrease) in trade and other payables - current	(5,271)	4,072
<b>Total</b>	<b>3,845</b>	16,942
Adjustment for accrual movements in fixed assets - creditors	207	82
Adjustment for accrual movements in fixed assets - debtors	(151)	117
Other adjustments	0	0
	<b>3,901</b>	17,141

**28. Other cash flow adjustments**

	<b>2019-20</b>	2018-19
	<b>£000</b>	£000
Depreciation	3,734	3,327
Amortisation	0	0
(Gains)/Loss on Disposal	0	0
Impairments and reversals	4,135	(87)
Release of PFI deferred credits	0	0
Donated assets received credited to revenue but non-cash	(176)	(276)
Government Grant assets received credited to revenue but non-cash	0	0
Non-cash movements in provisions	3,161	(6,942)
Other movements	3,473	(20)
<b>Total</b>	<b>14,327</b>	(3,998)

## 29. Events after the Reporting Period

The THB has not experienced any events having a material effect on the accounts, between the date of the statement of the financial position and the date on which these accounts were approved by the Board. The impact of the COVID 19 pandemic is outlined in Note 34.3.

### 30. Related Party Transactions

The Welsh Government is regarded as a related party. During the year the LHB have had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely

Related Party	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	7	326,463	0	1,821
Aneurin Bevan University Health Board	15,744	356	757	174
Betsi Cadwaladr University Health Board	3,515	573	186	91
Cardiff & Vale University Health Board	2,304	162	578	24
Cwm Taf Morgannwg University Health Board	2,555	109	241	96
Hywel Dda University Local Health Board	8,586	411	392	104
Public Health Wales NHS Trust	335	390	115	73
Swansea Bay University Health Board	9,221	1,440	859	48
Velindre University NHS Trust	3,143	667	173	424
Welsh Ambulance Services Trust	1,159	43	82	43
Welsh Health Specialised Services Committee	37,036	134	19	231
Health Education and Improvement Wales (HEIW)	0	564	0	72
Powys County Council	10,929	2,048	4,289	788
PAVO - Powys Association of Voluntary Organisations	1,112	0	0	0
Swansea University	22	0	0	0
	<b>95,668</b>	<b>333,360</b>	<b>7,691</b>	<b>3,989</b>

Powys THB 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
- Continuing Care Case Administration
- Health and Care Research Wales (HCRW)

Powys THB also has material transactions with English NHS Trusts with whom it commissions healthcare including:

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

Powys THB has also received items donated from the Powys THB Charitable Fund, for which the Board is the Corporate Trustee.

A number of the THB's Board members have interests in related parties as follows:

Name	Details	Interests
Councillor Matthew Dorrance	Independent Member	Councillor, Powys County Council
Patricia Buchan	Independent Member	Ex Officio Trustee - Powys Association of Voluntary Organisations
Alison Bulman	Associate Member	Strategic Director of People, Powys County Council
Eifion Williams	Interim Finance Director (to 30th July 2019)	Employee of Abertawe Bro Morgannwg University Health Board Member of Finance Committee at Swansea University
Patsy Roseblade	Interim Director of Primary, Community Care and Mental Health (to 14 April 2019)	Employee of Welsh Ambulance Services NHS Trust

### **31. Third Party assets**

The LHB held £1,840.20 cash at bank and in hand at 31 March 2020 (31 March 2019, £2,530.20) 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 2019-20 or 2018-19.

### 32. Pooled budgets

#### A Funded Nursing Care

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement in accordance with Section 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.

	Funding	Expenditure	Total
	£	£	£
<b>Gross Funding</b>			
Powys County Council	1,064,557		1,064,557
Powys Teaching Health Board	1,118,455		1,118,455
<b>Total Funding</b>	<b>2,183,012</b>		<b>2,183,012</b>
<b>Expenditure</b>			
Monies spent in accordance with Pooled budget arrangement		2,218,369	2,218,369
<b>Total Expenditure</b>		<b>2,218,369</b>	<b>2,218,369</b>
<b>Net under/(over) spend</b>			<b>(35,357)</b>

The above memorandum account is subject to the financial statements of Powys County Council (the Host).

#### B Provision of Community Equipment

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement in respect of lead commissioning from a pooled fund for the provision of community equipment in accordance with Section 33 of the National Health Services Act 2006. Powys County Council is the host partner for the purposes of the Regulations. The purpose of the agreement is to facilitate the provision of a community equipment service and the development of this service in Powys. The service is provided from a pooled fund and is within the THB's and the Council's powers.

	Funding	Expenditure	Total
	£	£	£
<b>Gross Funding</b>			
Powys County Council	521,000		521,000
Powys Teaching Health Board	521,000		521,000
<b>Total Funding</b>	<b>1,042,000</b>		<b>1,042,000</b>
<b>Expenditure</b>			
Monies spent in accordance with Pooled budget arrangement		1,042,000	1,042,000
<b>Total Expenditure</b>		<b>1,042,000</b>	<b>1,042,000</b>
<b>Net under/(over) spend</b>			<b>0</b>
<b>Share of overspend</b>			<b>0</b>

The above memorandum account is subject to the financial statements of Powys County Council (the Host).

#### C Provision of Section 33 Joint Agreement for the provision of IT Services

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement in accordance with Section 33 of the National Health Services Act 2006.

The agreement will not affect the liability of the parties for the exercise of their respective statutory functions and obligations.

Powys County Council is the lead commissioner and the host partner for the purposes of the regulations.

The purpose of the agreement is to facilitate the provision of ICT services within Powys.

	Funding	Net Expenditure	Total
	£	£	£
<b>Gross Funding</b>			
Powys County Council	3,145,450		3,145,450
Powys Teaching Health Board	1,023,777		1,023,777
Shortfall of Powys Teaching Health Board Funding from Reserve	253,013		253,013
<b>Total Funding</b>	<b>4,422,240</b>		<b>4,422,240</b>
<b>Net Expenditure</b>			
Monies spent in accordance with Pooled budget arrangement			
<b>Expenditure</b>		5,243,108	5,243,108
<b>Income</b>		(1,061,972)	(1,061,972)
<b>Total Expenditure</b>			<b>4,181,136</b>
<b>Net under/(over) spend</b>			<b>241,104</b>

The above memorandum account is subject to the financial statements audit of Powys County Council (the Host).

**32. Pooled budgets (Continued)**

**D Provision of Section 33 Joint Agreement for the provision of a Reablement Service**

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement in respect of lead commissioning from a pooled fund for the provision of an effective and sustainable joint reablement service which meets the needs of the Powys communities in accordance with Section 33 of the National Health Services Act 2006. Powys County Council is the host partner for the purposes of the Regulations. This service is provided from a pooled fund and is within the THB's and the Council's powers.

	Funding £	Expenditure £	Total £
<b>Gross Funding</b>			
Powys County Council	413,380		413,380
Powys Teaching Health Board	828,000		828,000
<b>Total Funding</b>	<b>1,241,380</b>		<b>1,241,380</b>
<b>Expenditure</b>			
Monies spent in accordance with Pooled budget arrangement		1,212,205	1,212,205
<b>Total Expenditure</b>		<b>1,212,205</b>	<b>1,212,205</b>
<b>Net under/(over) spend</b>			<b>29,175</b>
The above memorandum account is subject to the financial statements audit of Powys County Council (the Host).			

**E Provision of Section 33 Joint Agreement for the provision of Tier 2/3 Psycho-social Treatment Services**

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement in accordance with Section 33 of the National Health Services Act 2006. Powys County Council is the lead commissioner and the host partner for the purposes of the Regulations. The agreement will not affect the liability of the parties from the exercise of their respective statutory functions and obligations. The purpose of the agreement is to provide a Tier 2 and 3 service provision for drug and alcohol users and their concerned others.

	Funding £	Expenditure £	Total £
<b>Gross Funding</b>			
Powys County Council	669,912		669,912
Powys Teaching Health Board	121,864		121,864
<b>Total Funding</b>	<b>791,776</b>		<b>791,776</b>
<b>Expenditure</b>			
Monies spent in accordance with Joint Arrangement		791,776	791,776
<b>Total Expenditure</b>		<b>791,776</b>	<b>791,776</b>
<b>Net under/(over) spend</b>			<b>0</b>
The above memorandum account is subject to the financial statements audit of Powys County Council (the Host).			

**F Provision of Section 33 Joint Agreement for the provision of Personal Care at Glan Irfon Integrated Health and Social Care Unit, Builth Wells**

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement to enable the use of resources relating to the Inpatient Services at the Glan Irfon Health and Social Centre, Builth Wells. This agreement will not affect the liability of the parties from the exercise of their respective statutory functions and obligations.

Powys County Council is the lead commissioner and the host partner for the purposes of the Regulations.

The purpose of the agreement is to facilitate the provision of person centred care at Glan Irfon, for 12 residents within the short stay shared care reablement unit with in-reach clinical, nursing and reablement support (registered under CSSIW for Residential Care).

	Funding £	Expenditure £	Total £
<b>Gross Funding</b>			
Powys County Council	226,920		226,920
Powys Teaching Health Board	226,920		226,920
<b>Total Funding</b>	<b>453,840</b>		<b>453,840</b>
<b>Expenditure</b>			
Monies spent in accordance with Pooled budget arrangement		453,840	453,840
<b>Total Expenditure</b>		<b>453,840</b>	<b>453,840</b>
<b>Net under/(over) spend</b>			<b>0</b>
The above memorandum account is subject to the financial statements audit of Powys County Council (the Host).			

**32. Pooled budgets (Continued)**

**G Provision of Section 33 for the provision of Services to Carers**

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement to ensure the integrated provision high quality, cost effective services to Carers which meet local health and social care needs, through the establishment of a Pooled fund / non pooled but delegated to funds under Section 33 of the National Health Service Wales Act 2016

	Funding	Expenditure	Total
	£	£	£
<b>Gross Funding</b>			
Powys County Council	236,650		236,650
Powys Teaching Health Board	16,580		16,580
<b>Total Funding</b>	<b>253,230</b>		<b>253,230</b>
<b>Expenditure</b>			
Monies spent in accordance with Pooled budget arrangement		253,230	253,230
<b>Total Expenditure</b>		<b>253,230</b>	<b>253,230</b>
<b>Net under/(over) spend</b>			<b>0</b>
The above memorandum account is subject to the financial statements audit of Powys County Council (the Host).			



### 33. Operating segments

IFRS 8 requires bodies to report information about each of its operating segments.

		Total Total Powys "Health" £'000	Total Residual Clinical Negligence £'000	Total Community Health Councils £'000	Total Continuing Care Case Administration £'000	Total Health and Care Research Wales (HCRW) £'000	Consolidation Adjustments £'000	Total £'000
	<b>Note</b>							
Expenditure on Primary Healthcare Services	3.1	72,773	0	0	0	0	0	72,773
Expenditure on healthcare from other providers	3.2	157,369	0	0	0	317	0	157,686
Expenditure on Hospital and Community Health Services	3.3	99,751	25	4,153	564	4,964	(76)	109,381
		<b>329,893</b>	<b>25</b>	<b>4,153</b>	<b>564</b>	<b>5,281</b>	<b>(76)</b>	<b>339,840</b>
Less: Miscellaneous Income	4	9,559	0	0	564	5,281	(76)	15,328
<b>THB net operating costs before interest and other gains and losses</b>		<b>320,334</b>	<b>25</b>	<b>4,153</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>324,512</b>
Investment Income	8	0	0	0	0	0	0	0
Other (Gains) / Losses	9	0	0	0	0	0	0	0
Finance costs	10	19	0	0	0	0	0	19
<b>THB Net Operating Costs</b>		<b>320,353</b>	<b>25</b>	<b>4,153</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>324,531</b>
Add Non Discretionary Expenditure	3.1	1,855	0	0	0	0	0	1,855
Revenue Resource Limit	2.1	322,263	25	4,153	0	0	0	326,441
<b>Under / (over) spend against Revenue Resource Limit</b>		<b>55</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>55</b>

Note the segment of Continuing Care Case Administration ended at 31st July 2019. This all wales project was ended and any remaining case reviews were transferred back to the Local Health Boards that the claims related to.

**34. Other Information****34.1. 6.3% Staff Employer Pension Contributions - Notional Element**

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2019 to 31 March 2020. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions between April 2019 and February 2020 alongside Health Board/Trust/SHA data for March 2020.

Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

<b>Statement of Comprehensive Net Expenditure for the year ended 31 March 2020</b>		<b>£'000</b>
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Expenditure on Primary Healthcare Services	<b>2019-20</b>	105
Expenditure on Hospital and Community Health Services	<b>2019-20</b>	3368

<b>Statement of Changes in Taxpayers' Equity For the year ended 31 March 2020</b>		
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Net operating cost for the year	<b>Balance at 31 March 2020</b>	3473
Notional Welsh Government Funding	<b>Balance at 31 March 2020</b>	3473

<b>Statement of Cash Flows for year ended 31 March 2020</b>		
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Net operating cost for the financial year	<b>2019-20</b>	3473
Other cash flow adjustments	<b>2019-20</b>	3473

<b>2.1 Revenue Resource Performance</b>		
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Revenue Resource Allocation	<b>2019-20</b>	3473
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**3. Analysis of gross operating costs****3.1 Expenditure on Primary Healthcare Services**

General Dental Services	<b>2019-20</b>	44
Other Primary Health Care expenditure	<b>2019-20</b>	51
Prescribed drugs and appliances	<b>2019-20</b>	10

**3.3 Expenditure on Hospital and Community Health Services**

Directors' costs	<b>2019-20</b>	63
Staff costs	<b>2019-20</b>	3305

**9.1 Employee costs****Permanent Staff**

Employer contributions to NHS Pension Scheme	<b>2019-20</b>	3473
Charged to capital	<b>2019-20</b>	7
Charged to revenue	<b>2019-20</b>	3466

**18. Trade and other payables****Current**

Pensions: staff	<b>Balance at 31 March 2020</b>	0
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**28. Other cash flow adjustments**

Other movements	<b>2019-20</b>	3473
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### 34.2 IFRS 16 Impact

HM Treasury agreed with the Financial Reporting Advisory Board (FRAB), to defer the implementation of IFRS 16 *Leases* until 1 April 2021, because of the circumstances caused by Covid-19. To ease the pressure on NHS Wales Finance Departments the IFRS 16 detailed impact statement has been removed by the Welsh Government Health and Social Services Group, Finance Department.

We expect the introduction of IFRS16 will not have a significant impact and this will be worked through for disclosure in our 2020-21 financial statements.

### 34.3 COVID 19

The need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to the risks. The need to respond and recover from the pandemic will be with the organisation and wider society throughout 2020/21 and beyond. The organisation's Governance Framework will need to consider and respond to this need

The Financial statements for 2019/20 have not been significantly impacted and only minor changes have been required in the preparation of the financial statements in comparison to previous years. These are as follows:

A physical verification of Equipment was not possible in some areas due to resource capacity at operational level to verify asset existence at the end of the financial year. Where physical verification has not been undertaken a cross reference to disposed items documentation has been undertaken by the finance department.

Due to low level of clinical and medical consumables expenditure on an annual basis, formal stock takes are not undertaken by the THB in this area. The increase in spend on clinical and medical consumables in the last 3 weeks of the financial year is not material and the THB has received an allocation from Welsh Government during 2019/20 of £0.173M in recognition of increased costs incurred due to the pandemic of COVID 19.

As the 2020/21 financial year progresses there will be significant additional costs that will be incurred due to the pandemic and the previously prepared Financial Plan completed as part of the Integrated Medium Term Planning process will be regularly updated to reflect any changes required. Any amendments will be clearly documented to Welsh Government and the Board via the THB monthly Financial Reporting process.

**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 (FRoM), 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 FRoM 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