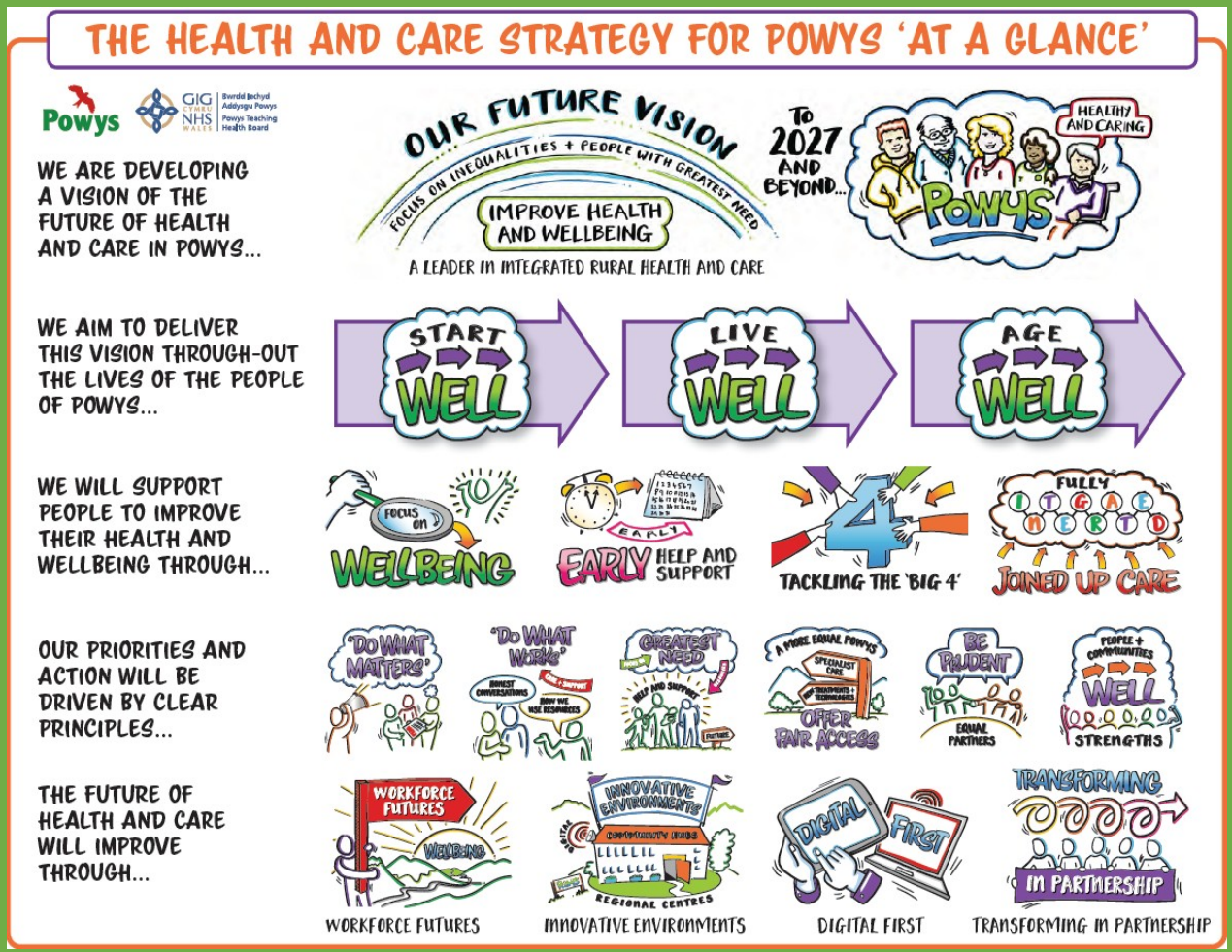
GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Annual Report
2020 - 2021



Foreword – Statement of Chief Executive and Chair

This has been an extraordinary year. The global pandemic has turned all of our lives upside down and made us live and work very differently. This is true of the way in which the development and delivery of health care has taken place.

A focus on urgent and emergency care, including for those with the Covid-19 virus, enabling essential service to continue to operate whilst changing some of them to ensure safety in a Covid environment and establishing new services such as testing and tracing and the vaccination service has been critical.

The achievement of health services and other public, voluntary and third sector services over the last year has been incredible; supported and underpinned by tremendous partnership and strength of community.

This Annual Report is different to previous years as it is set in the context of this extra-ordinary experience for the health board, its partners and the population it serves. It reflects both the significant challenges faced during 2020–21, which continue into 2021–22, but also the wave of innovation that has been seen in response.

Whilst the year has been challenging and staff have faced fatigue and extra-ordinary emotional and physical demands – there has been incredible collaboration, determination and drive seen across all teams. This report showcases the individuals and services that have gone above and beyond to deliver healthcare this year.

This includes the wide range of ways in which services adapted and flexed to meet their patients' needs, through different working patterns, changes to physical environments, new types of equipment and infection control and the use of digital and other means to keep clinics and services open. The report describes how essential healthcare was continued using new and alternative ways of working.

It also includes the hugely successful efforts to deliver entirely new forms of health service – the set-up of Test, Trace and Protect in partnership with Powys County Council and the Covid-19 Vaccination programme. Both of these have been crucial steps forward in reducing both the transmission and the risk of serious disease and death from the virus. We are proud to have performed exceptionally well in delivering these new services this year.

However, it must be acknowledged that services have been disrupted through the pandemic and both staff and patients/service users have needed to be flexible and patient. Whilst the use of digital technology, phone and email access and provision has increased the ability of the health service to support patients; 'face to face' services have had to change to accommodate the safety measures required. This has meant that the numbers of people being seen has been more limited, sometimes leading to longer waiting times and making access to care and support more difficult. Some people may also not have come forward to access advice when they have had worrying symptoms where in 'ordinary' times they would have been less hesitant to seek support.

All of these issues are critical and our approach to mitigate these risks through the year, working closely with partners locally, regionally and nationally, are described in this report. The forward look section also sets out the ongoing planning for our critical priorities moving forward that will have the greatest

positive impact for the people of Powys.

This Report is informed by a thorough reflection of what has been learnt by the health board during the pandemic so far, where there have been areas of positive development and where improvement is needed. It shares the work started in 2020 and continuing through 2021 to fully understand and respond to the impact the pandemic has had on the population of Powys. There are truly enormous needs that are identified globally as a result of the pandemic and this report sets out some of the work we have already begun to understand what that has meant during 2020 and going forward for our own communities.

The year has also brought an incredible amount of innovation and this is the foundation for our recovery from the pandemic and the renewal of our services and transformation programmes. So much has been learned during the year, some of which has been surprising, highly valuable and to be embraced. The health service with partners and specifically with patients/service users/carers/citizens and communities has developed better ways of providing access to high quality healthcare in many cases, providing more rapid support and a focus on people's own homes and lives rather than the constraints of services and buildings, and these are highlighted throughout this report.

The agility and drive shown by the health service and partners has been astonishing but for very many people especially NHS staff the challenges of the last year, and the prospect of the work needed for recovery and renewal, must seem exhausting. Staff across the NHS and no doubt in other partner sectors are tired. Their unstinting work, in extremely difficult circumstances, has led to a greater need than ever before to put wellbeing at the heart of being able to recover and renew. Whilst as Chair and Chief Executive we have taken the opportunity many times to say thank you to staff across local health services, we are also sharing as many notes of appreciation as possible in this report including the 'roll-call' of staff awards through the year.

Whilst some processes such as the requirement for Integrated Medium Term Plans were suspended to respond to the pandemic as a nation, our core Values and Principles, developed by our workforce and stakeholders, resonated stronger than ever.

This report describes how the long-term health and care strategy 'A Healthy, Caring Powys', developed with the people of Powys has remained an important anchor for us this year and stands us in remarkably good stead moving forward.

If you are reading this report, as a staff member or colleague in a partner organisation, a resident, a patient, a carer, a volunteer, a local business or a combination of these, thank you for all you have done and I hope this report captures a glimpse into the incredible efforts you have made for Powys this year.

Professor Vivienne Harpwood (Chair)

Carol Shillabeer (Chief Executive)

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About this Report

This Annual Report covers the period 1 April 2020 to 31 March 2021. All NHS bodies in Wales are required to produce this report and publish this information. Copies of this report and previous year's report are available on the Health Board's website.

The report is made up of three sections:

Section 1 – The Performance Report

This section provides:

- How the Health Board has delivered against the Planning, Delivery and Performance Framework, and how it has adapted in response to the pandemic.
- An overview of the Powys population, and the role of the Health Board in response to the pandemic.
- An analysis of performance for 2020-21 against the key areas of the NHS Outcomes Framework.
- Quality and Patient Experience.
- A forward look to the Draft Annual Plan for 2021/22.

Section 2 – The Accountability Report

This section provides:

- Information on how the organisation is governed – its 'corporate governance'.
- Information on remuneration and staffing.
- The Parliamentary Accountability and Audit Report.

Section 3 – The Financial Statements

This section includes the Audited Annual Accounts.

If you would like this report in another format, please contact:

The Board Secretary, Powys Teaching Health Board, Corporate Headquarters, Glasbury House, Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU.
Or visit our website at https://pthb.nhs.wales/

SECTION ONE: THE PERFORMANCE REPORT

PERFORMANCE REPORT: 2020-21

SIGNED BY: Carol Shillabeer DATE: 10 JUNE 2021

CAROL SHILLABEER

[CHIEF EXECUTIVE]

REQUIREMENTS AND CONTEXT

Requirements for 2020-21

The purpose of the Performance section of this Annual Report as set out in the guidance provided in the NHS Wales 2020-21 Manual for Accounts is to provide information on Powys Teaching Health Board, its main objectives and strategies and the principal risks that it faces.

The requirements are based on the matters required to be dealt with as set out in Chapter 4A of Part 15 of the Companies Act 2006, as adapted in the Financial Reporting Manual and NHS Wales Guidance Manual.

In response to the COVID-19 pandemic, the reporting requirements have been reviewed and streamlined whilst ensuring all regulatory matters are met and the report provides information to reflect the position of the NHS body within the community and provide public accountability. There is no requirement to submit a performance analysis section, sustainability report or a separate Annual Quality Statement for 2020-21. However, information is provided where it is available in the performance overview.

For 2020-21 a Performance Report is required to provide an overview in line with a revised recommended approach set out in the Annex 7 of the NHS Wales guidance, reflecting the need to respond to the COVID-19 pandemic with a clear focus on quality, innovative practice and clinical leadership in the face of the challenges.

The main features of the report flow from the organisation's Planning, Delivery and Performance Framework and demonstrate how the organisation has delivered against that framework and how the organisation adapted during the year to respond to the pandemic.

Powys and its Population

The health board develops its plans based on an assessment of the needs of the Powys population which considers environmental, social and economic issues and the role of the health board in its community.

Powys is one of the most rural counties in the UK. Whilst the county is large, covering approximately 25% of the landmass of Wales, it has only 5% of the population. The county has a strong network of small towns and villages with a high level of community commitment and a strong voluntary sector.

Unemployment is low; however, Powys has a low-income economy with low average earnings and house prices that are high when compared to other areas in Wales. Five areas (Lower Super Output Areas) are among the most deprived 30% in Wales, clustered around the main market towns with higher residential populations.

There are generally good health outcomes in the County and people live longer and spend more years in good health than the national average, eating a healthier diet and being more physically active.

The Powys Public Service Board Well-being Assessment, carried out prior to the pandemic, reported a strong sense of community and satisfaction with life, with 83% reporting that they felt they belonged to their local area, compared to 75% in Wales as a whole. *See Powys Well-being Assessment for further detail and sources* https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis

However, whilst general health is good, there are issues that have informed our long-term strategy prior to the pandemic and there is now the impact of the pandemic itself to be considered.

The population in Powys is older compared to the rest of Wales with 13% of the total population being over 75 years of age and the proportion of older people is growing. It is projected that there will be 26,348 people over the age of 75 by 2043 – an increase of 10,000 over the next 25 years (compared to the baseline of 16,166 in 2018).

The working age adult population is smaller compared to Wales and it is predicted that the number of young people and working age adults will decrease, whilst the number of older people will increase. It is predicted that there will be an 8% decline in the Powys population by 2039.

The most recent population assessment showed that 1 in 5 people still smoke, 1 in 4 children are overweight or obese on entering school and 6 in 10 adults are overweight or obese. Health inequalities amongst people living in the most deprived areas of Powys are significant; a child born in the most deprived area lives approximately 10 years (boys) to 14 years (girls) less than a child born in the least deprived area.

The latest evidence regarding the impact of the COVID-19 pandemic (direct and indirect) on the population shows that the impacts will be felt in societies for many years to come, health inequalities will widen, unless this risk is mitigated, and there is evidence of a complex effect on health behaviour, with both positive and negative impact.

There is emerging evidence that the impact will be particularly significant for those who are living in more remote rural areas, as noted in research from the Nuffield Trust (2020) 'Rural, remote and at risk: why rural health services face a steep climb to recovery from COVID-19'. https://www.nuffieldtrust.org.uk/research/rural-remote-and-at-risk

The evidence also points to the differing effects that have been experienced between population groups, with people who are already disadvantaged experiencing greater impacts both in terms of the disease itself and the wider social and economic issues.

These are changes that have been set in train in the past year but will have impacts for the short and longer future in Powys. Key areas of impact are summarised below and further information is included in the Forward Look section at the end of this report.

Longstanding illness would be expected to increase gradually with increased or prolonged unemployment, which will have implications for

healthcare services. It is projected that this may result in around 900,000 more adults of working-age in the UK developing chronic health conditions.

Based on current unemployment predictions, there is evidence that the percentage of working-age adults with chronic health conditions is projected to increase following the up to the end of 2022/23, with a higher increment for mental health and endocrine/metabolic problems:

- The proportion of working-age adults limited a lot by long-standing illness is projected to increase from 18.1% in 2019/20, to 24.4% in 2022/23. *For Powys, this is 4,719 more adults.*
- The proportion of working-age adults with musculoskeletal problems is projected to increase from 17.1% in 2019/20, to 19.4% in 2022/23. *For Powys, this is 1,723 more adults*.
- The proportion of working-age adults with heart and circulatory problems is projected to increase from 12.8% in 2019/20, to 15.5% in 2022/23. *For Powys, this is 2,023 more adults*.
- The proportion of working-age adults with respiratory problems is projected to increase from 8.2% in 2019/20, to 10.6% in 2022/23. *For Powys, this is 1,797 more adults*.
- The proportion of working-age adults with endocrine and metabolic problems is projected to increase from 7.9% in 2019/20, to 10.9% in 2022/23. *For Powys, this is 2,247 more adults*.
- The proportion of working-age adults with mental health problems is projected to increase from 8.8% in 2019/20, to 11.9% in 2022/23. *For Powys, this is 2,322 more adults.*

Source: Planning Ahead: Evidence Relating to the Impact of the Pandemic (Catherine Woodward, February 2021, Report commissioned by PTHB)

The implications of such additional demands are being modelled but they are likely to be substantial and in addition to the demographic changes in the population noted above, including an increasingly older population.

Various sources refer to a 'syndemic' impact, meaning there is a cumulative effect for those with existing health conditions and a social gradient in how this is experienced. Research points to particular impacts on children and young people and vulnerable groups, and a correlation across inequalities, including ethnicity, gender, age and sexuality.

The report 'Placing health equity at the heart of the COVID-19 sustainable response and recovery' (The Welsh Health Equity Status Report, 2021) set out the wider socio-economic impact in Wales. It sets out major direct and indirect impacts on the population of Wales, ranging from lost income, housing and employment issues, digital exclusion and trauma, which will be exacerbated for those in deprived groups, black and ethnic minority groups and children and young people. It describes a profound shock to the NHS and social care system with major decreases in elective and emergency hospital admission in Wales and impacts on the mental health of staff with an increase in anxiety and depression which will have a longer-term effect on quality of life. The report emphasises the profound interdependence between population and community well-being and a window of opportunity

to accelerate new approaches to healthier, more resilient people, societies and economies.

The Kings Fund have identified insights from disaster recovery work globally. They note that recovery will span 10 to 15 years and will not be linear. A key finding is that recovery should focus on understanding what individuals and communities need to cope with the impacts of a disaster, and be in a better position to withstand the next one. There are four priority areas: Mental Health; Community need; Not leaving anyone behind; Collaboration.

The World Health Organisation have suggested that there will be different stages of impacts on populations following the pandemic and there is evidence emerging continually on population well-being.

This emerging evidence has been an important source of learning and knowledge through the year and continues to inform the health board's Annual Plan for 2021-22. It will be considered in the Population Assessment of Powys which will be taking place in the year ahead.

The Role of The Health Board

The health board has a unique role as both a commissioner and a direct provider of healthcare for the residents of Powys.

The health board budget is around £360 million a year; spent on services that we commission; directly provided services; primary care through contractors including 16 General Practices and Out of Hours services; 22 Dental Practices and 5 health board primary care dental services as well as Community Dental Services located across Powys as part of community services; 23 Pharmacies and 16 Optometrists; and services provided through agreements with the Third Sector.

PTHB directly provides healthcare services through its network of community services and community hospitals, with a range of consultant, nurse and therapy led outpatient sessions, day theatre and diagnostics in community-based facilities.

The Integrated Medium Term Plan (IMTP) for 2019/20 (developed prior to the start of the COVID-19 pandemic) was set in the context of the shared long term Health and Care Strategy for Powys, 'A Healthy Caring Powys' and a set of well-being objectives that were developed through engagement with service users and carers, stakeholders and staff.

A Healthy Caring Powys is shaped around shared well-being objectives:

Core well-being objectives:

- Focus on Well-being
- Early Help and Support
- Joined Up Care
- Tackling the Big Four

- Digital First
- Workforce Futures
- Innovative Environments
- Transforming in Partnership

Enabling objectives:

Whilst the unprecedented situation of the COVID-19 pandemic led to some changes in the planning and delivery framework for 2020-21 (set out in more detail in the following section), the long-term health and care strategy and the well-being objectives noted above continued to provide the foundation for the health board's medium- and long-term view.
The health board has defined the Values that underpin the organisation's structure, processes, people and culture.
These have been developed by people who work in the health board and its stakeholders.

They resonated even more strongly throughout 2020-21 and will be part of the organisational well-being and development for 2021/2022 and beyond.

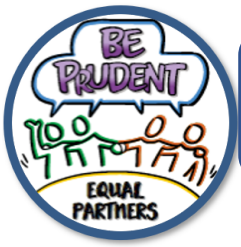
A set of principles were also developed with staff, partners, patients, carers and stakeholders as part of the Health and Care Strategy. These also came to the fore during 2020-21, setting the parameters for the delivery of safe and effective care and the agreement of meaningful priorities going forward.

We will focus on what matters to people. We will work together to plan personalised care and support, focusing on the outcomes that matter

We will focus resources on those with greatest need for help and support, in a way that looks ahead to future generations.

We will provide care and support that is focused on what works based on evidence, evaluation and feedback. We will have honest conversations

We will ensure people have fair access to specialist care and to new treatments and technologies, helping to deliver a more equal Powys and



We will use public resources wisely so that health and care services only do those things that only they can and should do, supporting people to be equal partners and take more

We will work with individuals and communities to use all of their strength in a way that maximises and includes the health and care of everyone, focusing on every stage of

Planning and Delivery Framework 2020-21

Responding to the impact of the COVID-19 pandemic

The Integrated Medium Term Plan (IMTP) for 2019/ 20 was developed prior to the start of the COVID-19 pandemic, however the requirement for Integrated Medium Term Plans was subsequently suspended by Welsh Government in March 2020 due to the COVID-19 pandemic and replaced by a requirement for quarterly planning.

The Quarterly Plans developed and implemented by the health board during 2020 – 2021 were focused on the COVID-19 response and the maintenance of essential healthcare, in line with Welsh Government and UK Government requirements and guidance from the World Health Organisation and clinical bodies in this context.

A Strategic Gold Group, chaired by the Chief Executive was established in March 2020 to manage the response to the COVID-19 pandemic. This included the development of a COVID-19 Clinical Response Model and Support Services Model as core components for the Planning and Delivery Framework in Quarter 1 (April to June 2020).

This was shaped around a 'Five Step' approach supporting individual action to stay home and save lives; self-care and family / community support; the provision of essential primary and community care including the community hospital model and acute and specialist care.

This reflected the unique circumstances of Powys as both a provider and a commissioning organisation and responded to the requirements of the Welsh Government Operating Framework in that context.

This provided the foundation for the Phase 2 Plan in Quarter 2 which focused on delivery in the period July to September 2020. This plan also took a longer view, to the recovery from the pandemic and the progression of the long-term health and care strategy which is shared across partners in Powys. In addition to the newly described priorities for the immediate COVID-19 response, it described the work being re-started on key strategic priorities including the re-shaping of the North Powys Well-being Programme; the response to the opening of The Grange Hospital which became the South Powys Programme and continued partnership working with Powys County Council, the Regional Partnership Board (RPB), the third sector and other health boards and systems in NHS Wales and NHS England.

Quarterly plans throughout 2020 – 2021 were set in the context of the wider impacts potentially being experienced during the pandemic. PTHB framed the delivery of healthcare in this period around the 'Four Harms' set out by Welsh Government in the context of the pandemic:

- Harm from the COVID-19 pandemic itself
- Harm from the reduction in non-COVID-19 activity
- Harm from the risk of an overwhelmed health and social care system
- Harm from the lockdown or wider societal actions

This reflected the dual track approach recommended by the World Health Organisation, based on a 'proceed with caution' principle, remaining ready to provide care needed to prevent, diagnose, isolate and treat COVID-19 (Track 1) and addressing accumulated demand from services that were paused to reduce exposure to and provide care for during outbreak peaks (Track 2).

This was underpinned by delivery principles defined at PTHB Strategic Gold Command:

- The use of agile planning to respond to COVID-19 – this is a more responsive and flexible approach based on 30, 60- and 90-day cycles.
- Robust intelligence including data about COVID-19 cases and infection rates (the 'R value') and early warnings about outbreaks
- A dual track approach - continuous review and assessment to balance the delivery of COVID-19 and Non COVID-19 healthcare.
- A collaborative approach building on regional working across Powys including the Local Resilience Forum, Silver Command structures cross border, Powys Regional Partnership Board and Powys Public Services Board.
- An evidence-based approach, utilising national and international learning, policy and practice and our own 'Learning for the Future' exercise.

The health board planning and delivery framework built on strong partnerships with Powys County Council and other key partners in regional resilience forums across Dyfed Powys, Shropshire Telford and Wrekin and Herefordshire and Worcestershire as well as Welsh Government. The third sector collaborations were also of key importance and for many people across Powys became the first line of response and support, particularly for people isolating or shielding.

This ensured that the existing focus on well-being, the wider determinants of health and a clear emphasis on quality of care were maintained in the health board's approach during a challenging year.

It also enabled a progressive review and re-evaluation of the wider impacts, challenges and opportunities, as part of the planning and delivery cycle.

This was particularly helpful in the development of the Winter Protection Plan which encompassed the Quarter 3 and Quarter 4 period from October 2020 to the end of March 2021. This had a greater focus on recovery, learning from the widespread innovations adopted during the initial response to the pandemic, and how this would contribute to the long-term ambition of 'A Healthy Caring Powys'.

There were examples of acts of kindness throughout the year both from the community to the staff and from the staff themselves.

This year instead of their usual Secret Santa, the Primary Care Department donated their money to fill a trolley for the Llandrindod Wells food bank.

They also had some money left over which has been donated to 'Helping our Homeless Wales' towards a sleep pod for a homeless person.

Local businesses showed their support in many ways. The Primrose Pharmacy in Talgarth helped to promote the SilverCloud offer for people in Powys to support mental wellbeing by including it in their Christmas window.

Donations through the year gave teams a boost, such as the Tesco team in Llandrindod Wells who gave Fruit Hampers to Powys Midwives to recognise their support to Powys families during the year.

Integrated Performance Approach

The way in which performance was measured was also adapted in 2020/2021 in line with changes to the national framework in response to the COVID-19 pandemic.

An integrated approach was maintained with significantly new components to deliver the necessary intelligence and surveillance required by the newly established Strategic Gold Command.
This included a Dashboard of the position on the COVID-19 pandemic and the health and care system response.
The NHS Wales Performance framework was suspended in Quarter one, however PTHB continued to report an overview of the key performance indicators against the National Outcome Framework where available (this is a set of outcome measures which forms part of the NHS Wales Performance Framework).
Delivery against quarterly plans was overseen using an Implementation Plan overseen at Strategic Gold Group. This tracked the key actions in each of the areas of the 'Four Harms' and the delivery of the Five Step model and its key workstreams.

A new element of reporting was introduced to track delivery of essential healthcare across both PTHB provided services and commissioned services and a log of service changes due to the pandemic was maintained throughout 2020/2021 and continues in use into 2021/2022.
This system of reporting and review continued to provide the necessary assurance through to Committees of the Board and the Board on the quality and safety of services, access to care, improvement and delivery against the board's strategic objectives, in a complex and changed operational environment.

PERFORMANCE OVERVIEW

Planning and Delivery of Safe, Effective and Quality Services for COVID-19 Care

Clinical Response Model and Support Services Model

During the first phase of the response to COVID-19 the health board worked at pace to adapt its planning and delivery to life-essential and critical services and produced a Clinical Response Model and Support Services Model as part of the revised plan for Quarter 1. This continued to provide the basis of planning and delivery safe, effective and quality services for COVID-19 care throughout 2020/21. Key achievements included:

- Development and implementation of overarching clinical response model and supporting flow charts for each of the five steps:
  - Supporting individual action to stay home and save lives
  - Self-Care / Family and Community Support
  - Primary Care
  - Community Care and Community Hospital model
  - Acute and Specialised Care

- Development of Support Services Model incorporating:
  - Planning
  - Strategic Commissioning
  - Engagement and Communication
  - Estates
  - Facilities / Support Services
  - Finance
  - Information and Clinical Coding
  - Information Communication Technology (ICT)
  - Workforce
  - Corporate Governance
  - Equipment and Procurement

- The health board participated in system resilience arrangements across Dyfed Powys Local Resilience Forum and civil contingency and system resilience arrangements in Shropshire, Telford and Wrekin; Herefordshire and Worcestershire, and wider NHS Wales.
- Review and refresh of operational and tactical plans was carried out as national guidance and requirements changed including clinical directives and changes in the guidance to support those at risk / shielding / clinically vulnerable.
- Development of plans for surge scenarios utilising the national modelling intelligence and local information. Preparations for the initial phases included consideration of field hospital provision and preliminary preparations; subsequent intelligence and review confirmed surge plans were feasible within PTHB capacity.

National modelling information was provided by Public Health Wales and drew on national and international sources of intelligence and was presented based on a range of potential scenarios.

The modelling of activity for service delivery and the community hospital bed model was continuously tested and refined against the national scenarios and local intelligence.

COVID-19 Prevention and Response Plan

A COVID-19 Prevention and Response Plan was developed in August 2020 which is now regularly reviewed and updated to ensure any changes in national policy with regards to COVID-19 response are implemented. It encompassed:

- Prevention messages and activities for the general population.
- Prevention messages, support and enforcement in high risk settings such as hospitality, manufacturing, hairdressing and food processing
- Prevention & Response related activities in care homes, community hospitals, schools and other closed settings.
- COVID-19 Testing
- COVID-19 Contact Tracing
- COVID-19 Mass Vaccination
- Incident Management

The plan ensured measures were taken in Powys to prevent the spread of the virus through public messaging and through drawing on evidence of areas of high transmission risk. It provided a framework for managing the identification and response to local cases and clusters.

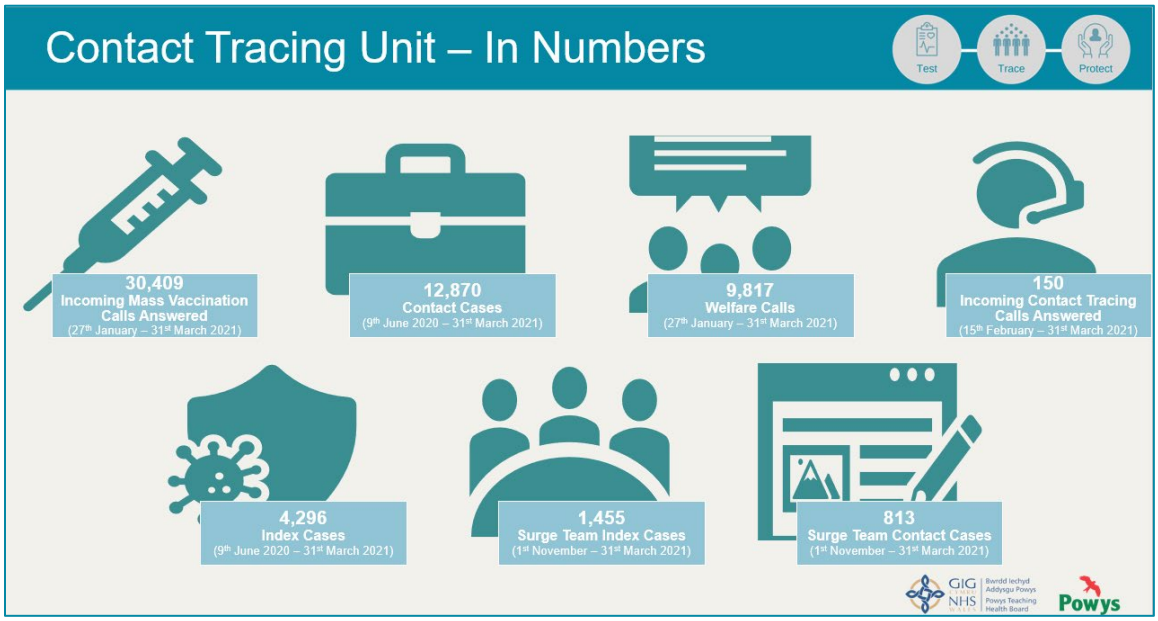
This has included ensuring residents are able to access testing as part of pre-operative procedures in District General Hospitals and community hospitals and local adoption of the additional means of testing as they became available such as the rollout of testing of asymptomatic staff with lateral flow devices and antibody serology testing clinics.

A particular focus was maintained on key settings including schools, care homes, community hospitals, supported living, extra care housing and complex community cases.

Test Trace and Protect

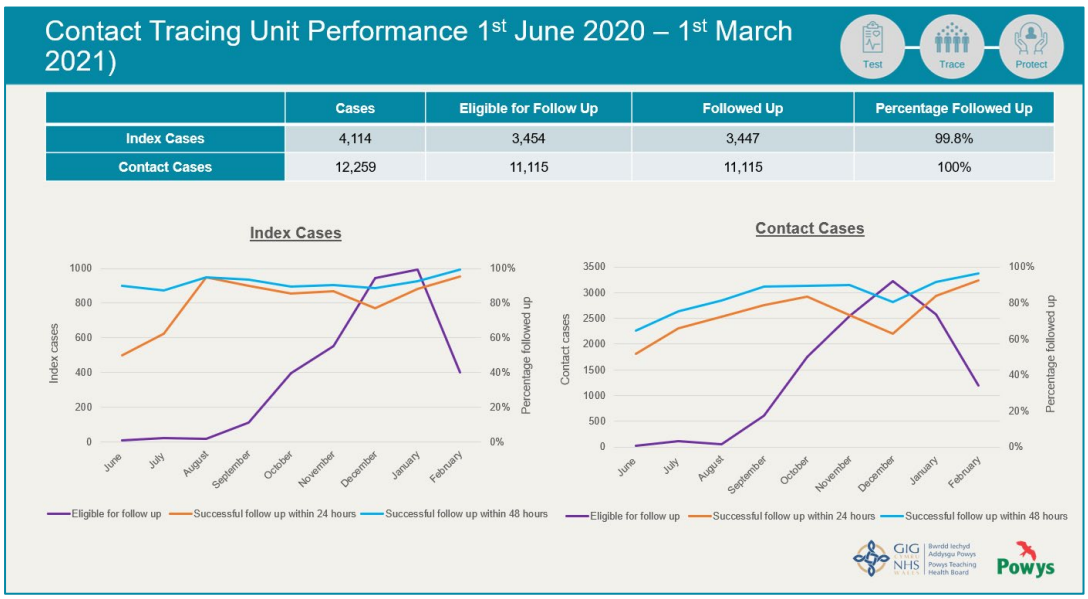
A Test Trace and Protect Programme was developed by PTHB in Partnership with Powys County Council in June 2020 and continues into 2021/2022. The scale of the challenge was significant, with the Service being established in a very short period of time.

The Powys Contact Tracing Unit has consistently been in the top performing teams in Wales even during the Winter peak. The picture below highlights the scale of the service delivered for Powys residents:



'Index cases': a newly identified person with laboratory confirmed COVID-19
'Contact cases': someone in close contact with a confirmed case of COVID-19

At year end, 99.8% of Index Cases and 100% of Contact Cases were followed up:



	Cases	Eligible for Follow Up	Followed Up	Percentage Followed Up
Index Cases	4,114	3,454	3,447	99.8%
Contact Cases	12,259	11,115	11,115	100%

<u>Key achievements in 2020/21</u>**<u>:</u>**

- Partnership established including Strategic Oversight Group, Joint Operational Management Group, Testing and Tracing Workstreams

- Local demand and capacity modelling completed
- Development and implementation of the testing plan and pathway, results notification system and tracking of metrics
- Joint agreement for management of staff and operational policy
- Established COVID-19 testing administration hub & testing workforce
- Implementation of testing policy and eligibility criteria changes
- Transition between military and contractors for Mass Testing Units
- Resource in place with correct skill mix for contact tracing role
- Local Contact Tracing Reporting Dashboard created
- Information Technology hardware and software for testing and contact tracing services in place; installation of infrastructure for Broadband and Powys Network
- Information strengthened with regards to Powys residents testing and deaths related to COVID-19 deaths
- The Powys team were one of the main supports to the national Surge Team for tracing during the winter of 2020
- As of March 31st 2021, the Powys Contact Tracing Unit have assisted the national effort by completing 1455 Index Cases (people who have COVID-19) and 813 Contact Cases (people in contact with those who have reported they have COVID-19)

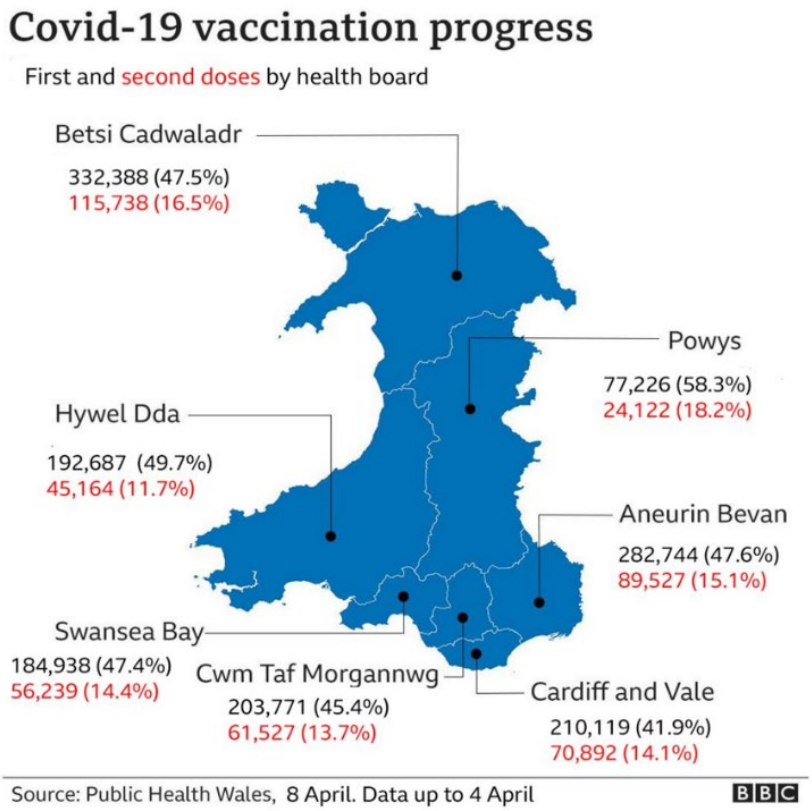
COVID-19 Vaccination Programme

Powys Teaching Health Board set up its COVID-19 vaccination programme at scale and at pace, going live in Mass Vaccination Centres in December 2020. This was possible due to a huge effort across partners and communities in Powys and with the support of the military, the third sector, Powys Association of Voluntary Organisations, Powys County Council, local businesses and the extra-ordinary efforts of staff and volunteers.

The first centre opened at Bronllys in South Powys followed by Newtown, Builth Wells and then all GP practices across the County.

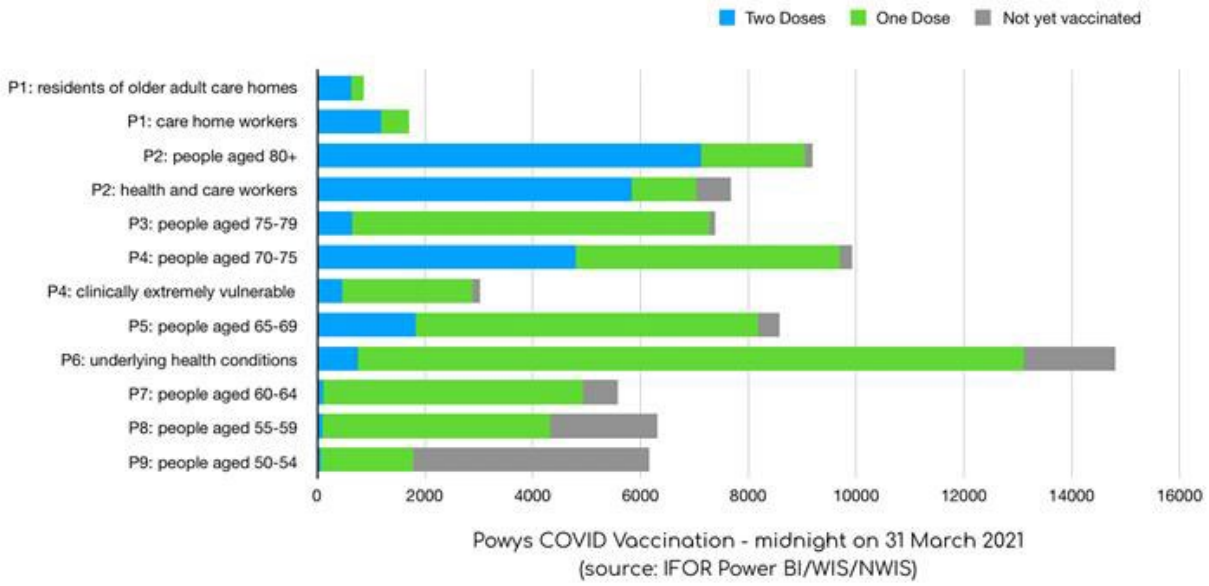
Mobile vaccination for care homes and those who were unable to leave their homes was also put in place, and the first pop up vaccination site was developed in Ystradgynlais.

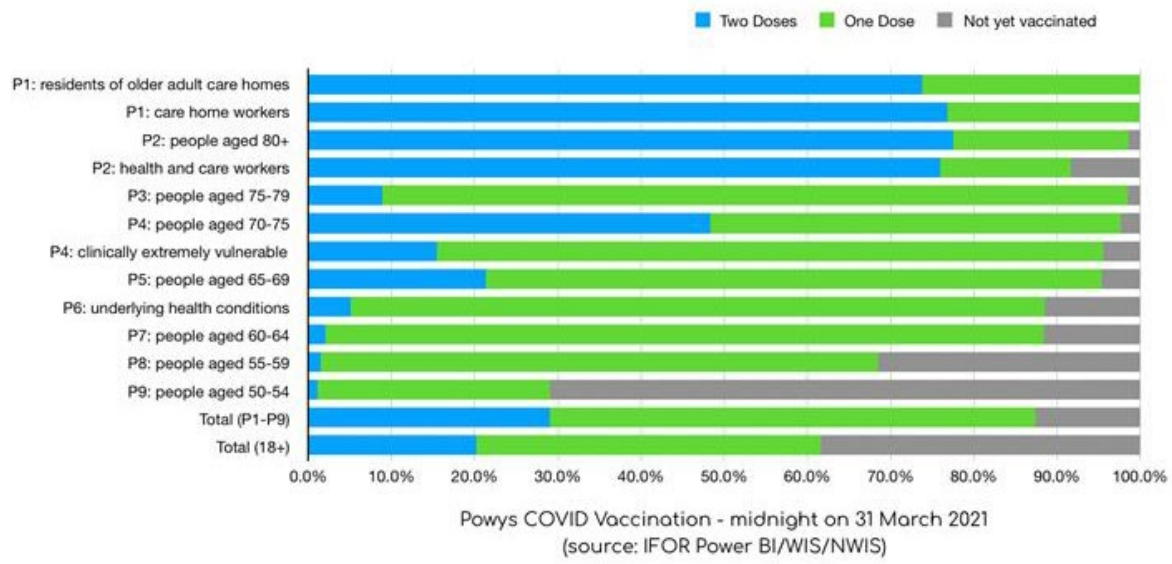
The health board has had consistently good performance in delivery of vaccinations, having the highest rates in Wales and England for first and second doses.



At the end of March 2021, 93% of people in Priority Groups 1-9 received their first dose. This represents 72% of the total adult population.

The breakdown of groups who have received doses at the end of March 2021 is given in the graphs that follow, in numbers and then percentages:





Powys COVID Vaccination - midnight on 31 March 2021
(source: IFOR Power BI/WIS/NWIS)

All residents of care homes for older adults, and all PTHB inpatients have been offered vaccination. Second dose vaccination has been delivered to 78% of care home residents.

Powys has achieved all key Milestones in the NHS Wales COVID-19 Vaccination Programme to date and is on track to deliver the remainder:

Priority Groups 1-4 – by Mid-February: **ACHIEVED**
Priority Groups 5-9 – by Mid-April: **ACHIEVED**
Rest of the adult population – by 31 July: **ON SCHEDULE**

Duke of Cambridge shares a message of thanks to PTHB staff

During the coronavirus pandemic, HRH The Duke of Cambridge has been holding "virtual visits" to the NHS across the country by making telephone calls to NHS staff involved in the COVID-19 response. Chief Pharmacist Jacqui Seaton received a call from Buckingham Palace on Thursday 18 February, and was put through to The Duke for a one-to-one chat. Jacqui says: "He was genuinely interested in staff welfare and wanted to know about staff morale. We talked about the roller coaster of emotions and how everyone supported each other." Jacqui was able to share the progress and challenges in delivering the vaccination programme in a rural area like Powys, and highlight the real team effort. "This was such a privilege and something that will stay with me forever", adds Jacqui, "and The Duke wanted me to make sure I shared his thanks to everyone involved in the vaccination programme in Powys."

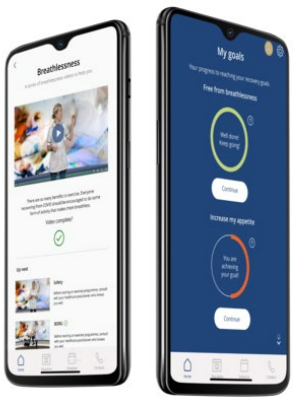
Vaccination Heroes: PAVO Volunteers

There are a huge number of people who have been involved to get us to this point, with a small army of volunteers helping to ensure that those coming for vaccination know where they are going, what they need to do, and generally helping to ensure that the process of vaccinating hundreds of people each day here in Powys is as smooth as it can possibly be. Gail and Gavin are just two of the amazing volunteers, organised by PAVO, "We all want to get through this as quickly as possible so that we can return to normal. The more people that can help make that happen, the better. Everyone is really positive, they are all over the moon that we are at this point." Gavin has been helping ensure people arrive and park in the right place "Everyone has been really friendly, it's been a real pleasure to be able to help".

COVID-19 Recovery and Rehabilitation

The health board has played a key role in developing support for people recovering from COVID-19, focused as close to home as possible, tailored to meet an individual's specific needs. This is being achieved by providing integrated rehabilitation services for longer-term effects such as fatigue, breathlessness, heart, physical or psychological impacts, whether as a result of COVID-19 or other pre-existing conditions.

The Post COVID-19 Syndrome service has been in place since January 2021 supported by the Pain and Fatigue Management Service. In addition to the already established multi-disciplinary team it includes the input of a GP and an Advanced Practitioner to support the care being provided.



The Service have developed a range of resources including a webpage which links to the NHS Wales COVID-19 Recovery App and a module for the Invest in Your Health service dedicated to Managing Breathlessness.

The Health Board has been key to the development of services throughout Wales and has been represented at a number of national groups including the All Wales COVID-19 Recovery Operational Group.

Owen Hughes, Head of Pain and Fatigue Management has presented at a number of conferences and events on the impact of COVID and its recovery including the International Chronic Pain Virtual Summit 2020 in June 2020.

Planning and Delivery of Safe, Effective and Quality Services for Non-COVID-19 Care / Delivery of Essential Services

The first phase of the response to COVID-19 coincided with the beginning of the year of this report (from March 2020). The health board worked at pace to adapt its delivery to ensure life-essential and life-critical services. A plan for Essential services was implemented in line with national requirements and definitions of service prioritisation applied to local provision. A local decision-making approach was implemented with mapping and risk assessment of essential clinical guidance issued by Welsh Government / UK Government and clinical bodies and a tracking system for patient management.

Powys provided **essential services**, maintained in line with national guidance as at the End Year Performance Report in March 2021:

No Powys provider essential service is unavailable or suspended.

Access to primary care services
- General Medical Services
- Community pharmacy services
- Red alert urgent/emergency dental services
- Optometry services
- Community Nursing/Allied Health Professionals services
- 111/OOH (Shropdoc)

Urgent cancer treatments
All available diagnostics and first outpatient appointments.

Life Saving Medical Services
- Stroke Care (Stroke Rehabilitation service) Diabetic Care (specialist nursing team)
- Diabetic Care (Emergency podiatry services)
- Neurological conditions
- Rehabilitation (Community Physiotherapy & Occupational Therapy)

Life-saving or life-impacting paediatric services
- Immunisations and vaccinations
- Screening (Blood Spot / Hearing/ New Born)
- Screening (6-week exam)
- Community Paediatric service for children with additional/ continuous health care needs

Termination of Pregnancy: provided by British Pregnancy Advisory Service (BPAS)

Maternity Services: Community midwifery and obstetric ultrasound

Other infectious conditions (sexual non-sexual): Public Health Wales supported testing; Urgent services for patients

Mental Health, Learning Disability Services and Substance Misuse
- Inpatient Services at varying levels of acuity
- Community MH services
- Substance Misuse services that maintain stability

Renal care-dialysis: Provided by Renal network services

Urgent supply of medications and supplies including those required for ongoing management of chronic diseases/ mental health

Blood and Transplantation Services: provider service testing & transfusion

Palliative Care: community / inpatient care

Diagnostics: diagnostic services for X-Ray, Ultrasound Inc. Obstetric and Cardiac echo, Endoscopy, Phlebotomy and Urodynamic testing

Therapies: essential therapies including, Occupational therapy, Physiotherapy, Dietetics, Podiatry and Speech and language therapy

In addition Mental Health, NHS Learning Disability Services and Substance misuse Crisis Services including perinatal care running as normal operation

Emergency Ambulance Services provided by WAST also reported running as normal operation

Primary and Community Care

Essential healthcare was maintained for directly provided services, using new and alternative ways of working to counteract the reduction in physical space and capacity arising from the COVID-19 infection control measures and to offer virtual / remote service provision where possible.

Access to both primary and community care was changed in the first stage of the response and adapted throughout the year. The previous section describes the Clinical Response Model that was used to frame the delivery of services at this time and communicate changes to patients.

Primary and Community Care was central to the delivery of the Clinical Support Model and services were rapidly adapted to direct resources to ensure life-essential and life-critical care was prioritised.

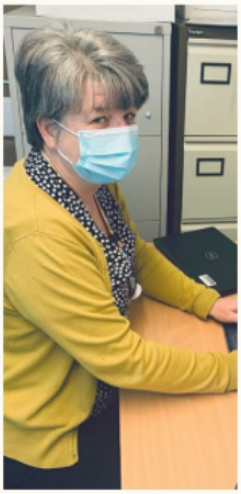
Extensive redeployment was carried out to deliver the Clinical Response Model and implement significant work on quality, safety and infection control measures including provision and use of personal protective equipment (PPE), environmental and estates adaptations for social distancing and prevention of nosocomial spread.

- All primary care contractors adapted their delivery of service and ways of working to maintain access for patients; for example:
  - General Practice remained open throughout the year and introduced a total triage service as the first point of contact for patients. This used technology to support virtual consultations such as Attend Anywhere and Consultant Connect with secondary care to access specialist advice when required. Face to face consultations were offered based on clinical judgement and clinical prioritisation.
  - All General Dental Practices have remained open and have steadily increased the access offer from advice and assessment to undertaking Aerosol Generating Procedures (AGPs), for example tooth extractions and fillings. Patient footfall is reduced however the majority of Powys practices offer emergency appointments to new patients who are unable to access a dentist. The introduction of Attend Anywhere is supporting advice and assessment.
  - Optometry Telephone and video review offered to determine COVID-19 status and level of eye care needed. Prioritisation and scheduling of appointments considered against clinical need and symptoms relative to the risk of sight loss and harm to the patient. More latterly all services are being offered, in line with prioritisation of the management of urgent and essential appointments.
  - Pharmacy had a pivotal role through the year being an essential service and access point for both COVID-19 and non COVID-19 related advice and medication. Latterly, the pharmacy team have also

Dr Rafia Jamil was a finalist in the Welsh Pharmacy Awards 2020 for Management of Diabetes in GP Practice and Community Pharmacy as part of the Powys Mid-Cluster Pharmacy Team.

WELSH PHARMACY AWARDS 2020 FINALIST

- The health board also has a key role in patient flow across a complex network of healthcare systems in both England and Wales and maintained a good response to supporting system flow through a challenging winter period via the delivery of the Winter Protection Plan. This encompassed the home first ethos and ways of working which were particularly important during the pandemic, with a focus on discharge to recover and assess and the virtual hospital model in addition to the community bed base itself.
- Support plans were developed for care homes including testing, primary care and therapy input particularly focused on support for respiratory needs, the management of Section 33 arrangements and implementation of the Commissioning Assurance Framework.
- Estates and equipment were redesigned; improvements included the development and installation of enhanced oxygen supply and ventilation systems in line with the community hospital model.
- Changes to services as both a provider and a commissioner were tracked throughout the year to ensure that any service or pathway changes were logged and arrangements put in place for Powys residents to ensure these were understood and communicated.
- This included regular communication with key stakeholders including briefings with the Community Health Council and local politicians, cabinet members and partner organisations and enhanced information for the public including the patient services contact centre.
- Increased use of social media to support access to healthcare for non COVID-19 health as well as the promotion of COVID-19 related support.



The Patient Services/Contact Centre staff set up and operated a mass vaccination booking line during January 2021.

They answered 1000s of calls and queries from the first week of operation ensuring a successful launch of the vaccination programme.

Patient Services across the health board have worked extremely hard during the pandemic, to assist with public and patient queries and direct people to support.

- Online programmes and video content such as Living Well with Pain and Fatigue; virtual pulmonary rehabilitation and digital arts and craft.
- Innovation across Therapies and Allied Health Professional teams:
  - Delivery of rehabilitation and recovery care and support for those with Long COVID-19 with the development of a specific pathway
  - Redesign of Podiatry service approved August 2020 focused on actively involving users with their own foot care, clinics adapted for COVID-19 restrictions and new booking and records system
  - Pulmonary Rehabilitation Team successfully implemented virtual technology to deliver their service to patients, resulting in successful outcomes and positive patient experience:

    86% of patients who attended the virtual programme felt it enabled them to feel more confident in how they manage their condition and 100% would recommend it to other people.
  - Audiology team implemented a postal service for hearing aid repairs which was well received as a prompt, efficient and caring service and have introduced virtual sessions and adapted clinic environments:

    "Thank you for sending me a new hearing aid! What an amazingly prompt service – it really is much appreciated"
  - Muscular Skeletal Physiotherapy and CMATs (Community Musculoskeletal Assessment and Treatment) Team used Attend Anywhere and telephone calls to provide advice and support to patients and webpage with links to self-management techniques
  - Dietetics used Attend Anywhere and electronic patient records and worked hard to recover their waiting times to normal service levels.
  - Speech and Language Therapy used Attend Anywhere and adapted clinics to see patients who needed face to face support and introduced the Augmentative Alternative Communication service
  - Radiology team ensured a safe environment and worked flexibly to cover the service and recover back to normal business.
  - Pilot of 7 day working and on call system to support rehabilitation
- Reinstatement of delivery for children's well-being including the Child Wales programme, Health Visiting, paediatric and phlebotomy services and wider partnership 'Start Well' programme.

A unique collection of Circus Kits have been developed for Powys Schools following the success of the Bach a Iach Foundation Phase project in north Powys, supported by Welsh Government Transformation Funding. Online practical sessions have been delivered to maintain support.

District General Hospital and Specialised Care

2020/21 was challenging in terms of commissioned services as multiple pathway changes took place in response to the pandemic; capacity across District General Hospital care was reduced with service suspensions for non-essential elective care whilst emergency care for COVID-19 was increased across all hospitals particularly at peak periods.

Participation in cross-border arrangements included system resilience and response structures in Shropshire, Telford and Wrekin and Herefordshire and Worcestershire to ensure needs of Powys residents included in plans and built into the demand modelling of District General Hospital providers.

Long Term Agreement / Service Level Agreements revised in light of the pandemic and civil contingencies; graduated re-introduction of commissioning arrangements including the Commissioning Assurance Framework including the arrangements for maternity assurance – continuing into the Draft Annual Plan for 2021/22.

The Commissioning Assurance Framework (CAF) was suspended during the first COVID-19 peak, but work was undertaken through the year to incrementally restore the approach. A comprehensive assessment was undertaken throughout the year of essential healthcare in commissioned services, and the latest snapshot is provided below.

Key: Service Status	Code
Do not provide or commission this service	0
Essential services unable to be maintained	1
Essential services maintained (in line with guidance)	2
Intermediate services able to be delivered	3
Normal services continuing	4

Essential Service Area	BCUHB	HDUHB	SBUHB	CTMUHB	C&VUHB	ABUHB	Velindre	PHW	SaTH	WVT	RJAH
Primary Care											
Safeguarding Services	3	2	3	2	2	3	0	2	0	4	0
Urgent Eye Care	2	2	3	2	2	2	0	0	2	4	0
Urgent Surgery	2	2	2	1	2	2	0	0	2	2	2
Urgent Cancer Treatments	2	2	2	1	2	2	3	2	2	2	2
Life-saving Medical Services											
Interventional Cardiology	2	2	2	2	2	3	0	0	2	2	0
Acute Coronary Syndromes	2	2	2	2	2	4	0	0	2	2	0
Gastroenterology	2	2	4	2	2	2	0	0	2	2	0
Stroke Care	2	2	3	3	2	3	0	0	2	4	0
Diabetic Care	2	2	3	3	2	3	0	0	2	2	0
Diabetic Care (Diagnosis of new patients)	2	2	3	3	2	3	0	0	2	2	0
Diabetic Care (DKA / hyperosmolar hyperglycaemic state)	2	2	3	3	2	4	0	0	2	2	0
Diabetic Care (Severe hypoglycaemia)	2	2	3	3	2	4	0	0	2	2	0
Diabetic Care (Newly diagnosed patients especially where insulin control is pro	2	2	3	3	2	3	0	0	2	2	0
Diabetic Care (Diabetic Retinopathy and diabetic maculopathy)	0	2	2	3	2	2	0	2	2	2	0
Diabetic Care (Emergency podiatry services)	0	2	3	3	2	2	0	0	2	2	0
Neurological Conditions	2	2	2	2	2	2	0	0	1	2	0
Rehabilitation	2	2	3	4	2	2	0	0	0	2	2
Life-saving or life-impacting paediatric services											
Immunisations & vaccinations	2	2	2	2	4	4	0	2	0	2	0
Screening (Blood spot)	4	2	2	2	4	4	0	2	2	2	0
Screening (Hearing)	4	2	2	2	4	4	0	2	2	2	0
Screening (New born)	4	2	2	2	4	4	0	0	2	2	0
Screening (6-week physical exam)	4	2	2	2	3	4	0	0	2	2	0
Community paediatric services for children	3	2	3	2	3	3	0	0	0	2	0

Essential Service Area	BCUHB	HDUHB	SBUHB	CTMUHB	C&VUHB	ABUHB	Velindre	PHW	SaTH	WVT	RJAH
Termination of pregnancy											
Termination of pregnancy	2	2	3	2	4	3	0	0	0	2	0
Other infectious conditions (sexual / non-sexual)											
Other infectious conditions (sexual / non-sexual)	2	2	4	2	2	3	0	0	2	0	0
Urgent infectious services for patients	2	2	2	2	2	3	0	0	2	0	0
Maternity services											
Maternity services	2	3	4	4	3	3	4	0	2	4	0
Mental Health, NHS Learning Disability Services and Substance misuse											
MH Crisis Services including perinatal care	2	2	2	2	3	4	0	0	0	0	0
MH Inpatient Services	2	2	4	2	3	4	0	0	0	0	0
Community MH services	2	2	2	2	3	2	0	0	0	0	0
Substance Misuse services	4	2	2	2	3	3	0	0	0	0	0
Urgent supply of medications											
Urgent supply of medications	0	2	0	0	0	0	0	0	0	0	0
Blood and Transplantation Services											
Blood & blood components	2	2	4	0	2	0	3	0	0	4	0
Palliative Care											
Palliative Care	3	2	2	3	3	3	3	0	0	4	0

Key areas of focus during 2020 – a short summary is provided in this report and further detail on the ongoing areas of work can be found in the PTHB Annual Plan 2021/22:

South Powys Programme

PTHB established a significant programme of work at pace to prepare for the earlier opening of the Grange University Hospital (GUH) and associated changes at Nevill Hall Hospital in November 2020 by Aneurin Bevan University Health Board. PTHB worked intensively to ensure a safe change in emergency patient flows in line with the South Wales Programme where Prince Charles Hospital was recognised as being of strategic importance for South Powys as a District General Hospital.

Shrewsbury and Telford Hospitals NHS Trust (SaTH)

This continued to be a Board level priority during the COVID-19 response, as the Trust remained in special measures by the Care Quality Commission (CQC) with Section 31 Notices imposing conditions on the regulated activity. Work has been undertaken through the Commissioning Assurance Framework to ensure that the health board is fully informed on key areas and actions for risk management, including Maternity Assurance.

The Trust entered into an Improvement Alliance with the University Hospitals Birmingham NHS Foundation Trust (UHB) and implemented a "Getting to Good" improvement plan with a focus on quality and patient experience, governance and culture. A committee has been established to drive actions arising from the publication in December 2020, of the "*Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust*" (known as the "Ockenden Report"). PTHB is a member of this Committee and the work continues into 2021/22.

Cwm Taf Morgannwg University Health Board (CTMUHB)

CTMUHB's maternity services were placed in special measures following the publication of a review in April 2019 conducted by the Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM).

PTHB has strengthened its monitoring of maternity services through a Maternity Assurance Framework and there has been strengthened liaison about progress. The PTHB Chief Executive and key executives met the chair and members of the Independent Maternity Services Oversight Panel (IMSOP) in January 2021 about the progress being made.

The most recent IMSOP report was published on 25 January 2021 (which is the first report of the Clinical Review Programme and the first of three thematic reports). The Panel has recognised that CTMUHB had been open, transparent and compassionate, also identifying that over the past two years significant improvements have been achieved and progress made against the 70 recommendations of the original RCOG & RCM report.

Specialised Care

The health board worked closely with the Welsh Health Specialised Services Committee (WHSSC) to ensure access to essential specialist services and on the development of the Integrated Commissioning Plan for 2021/22. Specialist services are those provided for people with healthcare needs of a more specialist nature, by providers with expertise in particular conditions and diseases. For more information visit https://whssc.nhs.wales/.

Arrangements for vulnerable groups including the clinically vulnerable and children out of county were also clarified and maintained with robust liaison through system arrangements as noted above.

EU Exit

Extensive preparations and actions were made for the exit from the European Union in line with national planning and requirements.

A comprehensive assessment of risk was carried out throughout 2020 and instructions enacted in specific services in readiness.

This included the maintenance of high average stock keeping and actions to ensure the supply of goods and workforce were maintained in line with national directives.

Contingency plans were continuously reviewed and refined as the exit scenarios were progressed and finalised.

Key Areas of Performance Against NHS Outcomes Framework

Please note that some measures have a significant delay due to data availability or type. The information provided is based on the latest available as at May 2021. The points provided below the table focus on the key variances shown in red in the table.

Quadruple Aim 1: People in Wales have improved health and well-being and better prevention and self-management.

2020/21 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
1	Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	2019/20	49.8%		52.4%	1st	35.3%
2	'6 in 1' vaccine by age 1	95%	Q3 20/21	96.2%	98.5%	95.8%	4th	95.2%
3	2 doses of the MMR vaccine by age 5	95%	Q3 20/21	91.8%	94.4%	91.3%	5th	92.1%
4	Attempted to quit smoking - Cum	5%	Q2 20/21	1.58%		1.44%	6th	1.65%
5	CO-validated as quit at 4 weeks - Cum	40%	Q4 19/20	36.4%	42.3%	37.7%	6th	41.6%
6	Standardised rate of alcohol attributed hospital admissions	4 quarter reduction trend	Q3 20/21	517.8	278.5	348.0	5th	349.6
7	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	Q3 20/21	69.8%	48.6%	71.4%	2nd	64.0%
8a	Flu Vaccines - 65+	75%	2019/20	65.5%		67.1%	6th	69.4%
8b	Flu Vaccines - under 65 in risk groups	55%	2019/20	43.1%		44.3%	3rd	44.1%
8c	Flu Vaccines - Pregnant Women	75%	2019/20	85.7%		93.3%	1st	78.5%
8d	Flu Vaccines - Health Care Workers	60%	2019/20	64.3%		64.3%	3rd	58.7%
9a	Uptake of cancer screening for: bowel	60%	2018/19	56.2%		58.3%	1st	57.3%
9b	Uptake of cancer screening for: breast	70%	2018/19	73.7%		69.1%	7th	72.8%
9c	Uptake of cancer screening for: cervical	80%	2018/19			76.1%	1st	73.2%
10a	MH Part 2 - % residents with CTP <18	90%	Mar-21	100.0%	92.0%	100.0%	3rd*	82.3%
10b	MH Part 2 - % residents with CTP 18+	90%	Mar-21	92.5%	91.0%	91.3%	2nd*	85.5%
11	% People aged 64+ who are estimated to have dementia that are diagnosed by GP	Annual improvement	2019/20	44.7%		42.4%	7th	53.1%

- During 2020/21 there has been robust compliance with the child vaccination measures. Children receiving their '6 in 1' vaccine by age one has continued to exceed the national target, and remain within predicted compliance levels. For children receiving 2 doses of measles mumps and rubella (MMR) vaccine by the age of 5, performance remains a challenge, although reporting higher compliance for two out of the three quarters in 2020/21 when compared to the previous year. This is in the context of challenges presented by the pandemic and redeployment of vaccinators to the COVID-19 Vaccination Programme. There are also low numbers of people counted for these measures which causes the variances to appear disproportionately significant when considered as a percentage of the total group.
- Smoking cessation services data has been limited during the pandemic as pharmacies have been unable to carry out work required for the 'Co-validation' measure. For the information available for 2020/21, recorded uptake for those residents attempting to quit smoking up until the end of September 2021 is lower (1.44%) than at the same period last financial year (1.58%).
- Reviewing the uptake of influenza vaccination in Powys at the end of 2019/20 we can clearly see that increased uptake has occurred on all

measures except healthcare workers, which has remained constant at 64.3%. This is expected to be associated with the national drive and awareness of the COVID-19 related risk and prevention. Where the national target has not been met for +65 years and <65 years at risk we are benchmarked closely to the national average or slightly above. Pregnant women and staff uptake were very good in comparison nationally.

- It should be noted that the cancer screening measures included in the table above are based on historic data available at the time of the report and cannot be regarded as the most up to date position. The data in the table relates to 2018/19 where the health board had a similar uptake to screening as the national picture. However, this position pre-dated the COVID-19 pandemic and there is work being carried out as part of the annual planning process to examine the impact of the pandemic across all specialities and this detail will be included in the PTHB Annual Plan for 2021/2022.
- Of the patients estimated to have dementia over the age of 64, with a GP diagnosis, the number has reduced in Powys to 42.4%. This compares to the national average of (53.1%), Powys Teaching Health Board ranks 7th overall in Wales.

Through intensive, person centred support the Dementia Home Treatment Team have achieved a significant reduction in older adult mental health in-patient admissions and improvements in the quality of life for those living with dementia and their carers. They presented at the Wales International Dementia Conference in February 2021 to share how the team maintained a needs led service through the pandemic, as part of the Dementia Action Plan. With flexible, individualised services to remain in their preferred place of residence with an emphasis on positive risk taking and least restrictive practice.

- The Mental Health Part 2 measure focuses on the Care Treatment Plan (CTP) compliance for health board patients. Monthly performance in the category of adults over the age of 18 has continued to meet the target in January 2021 (92.3%). For the measure relating to those under the age of 18, the health board has met the national target with 95.2% compliance in January. PTHB has an improved position ranking 3rd and 2nd respectively.

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.

2020/21 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
17	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2019/20			56.3%	5th	59.70%
18	Percentage of children regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q2 20/21	62.8%	60.5%	57.9%	6th	63.8%
20	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Mar-21	56.6%	70.1%	57.5%	5th	62.5%
22	MIU % patients who waited <4hr	95%	Mar-21	100.0%	99.8%	100.0%	1st*	74.2%
23	MIU patients who waited +12hrs	0	Mar-21	0	0	0	1st*	4,768
32	Number of diagnostic breaches 8+ weeks	0	Mar-21	22	160	181	1st*	48,136
33	Number of therapy breaches 14+ weeks	0	Mar-21	6	59	30	1st*	4,129
34	RTT patients waiting less than 26 weeks (excluding D&T)	95%	Mar-21	95.9%	66.1%	71.4%	1st**	51.6%
35	RTT patients waiting over 36 weeks (excluding D&T)	0	Mar-21	0	863	690	1st**	217,655
36	Number of patients waiting for a follow-up outpatient appointment	<=5581	Mar-21	7173	6250	6705	1st*	748,769
37	Number of patient follow-up outpatient appointment delayed by over 100%	< 290	Mar-21	293	480	510	1st*	199,704
38	Percentage of ophthalmology R1 patients who are waiting within their clinical target date (+25%)	95%	Mar-21	94.2%	61.1%	64.7%	1st*	43.5%
Local	Percentage of patient pathways without a HRF factor	<= 2.0%	Mar-21	2.7%	0.4%	0.6%		
39	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	Annual Reduction	2019/20	4.45		4.86	5th	4
40	CAMHS % waiting <28 days for OPA	80%	Mar-21	93.5%	71.9%	93.8%		
41a	MH Part 1 - Assessments <28 days <18	80%	Feb-21	93.3%	97.1%	97.3%	2nd	No national compliance figure available
41b	MH Part 1 - Assessments <28 days 18+	80%	Feb-21	87.8%	96.6%	99.1%	1st	
42a	MH Part 1 - Interventions <28 days <18	80%	Feb-21	95.7%	89.3%	96.2%	2nd	
42b	MH Part 1 - Interventions <28 days 18+	80%	Feb-21	56.6%	76.7%	88.5%	5th	
43	Children/Young People neurodevelopmental waits	80%	Mar-21	93.4%	61.4%	66.5%	2nd*	29.7%
44	Adult psychological therapy waiting < 26 weeks	80%	Mar-21	97.9%	95.3%	96.4%	2nd*	60.0%
45a	Number of health board delayed transfer of care for: Mental Health	12m↓	Feb-20	6	< 5	< 5	2nd	63
45b	Number of health board delayed transfer of care for: Non Mental Health	12m↓	Feb-20	29	15	20	1st	20
46a	HCAI - E.coli per 100k pop cum	TBC	Mar-21			3.78	PTHB is not nationally benchmarked for infection rates	
46b	HCAI - S.aureus bacteraemia's (MRSA and MSSA) per 100k pop cum	TBC	Mar-21			0.76		
46c	HCAI - C.difficile per 100k pop cum	TBC	Mar-21			5.29		
47a	HCAI - Klebsiella sp per 100k pop cum	TBC	Mar-21			1.51		
47b	HCAI - Aeruginosa per 100k pop cum	TBC	Mar-21			0.76		
48	Number of potentially preventable hospital acquired thromboses	4 quarter reduction trend	Q2 2020/21	0	0	0	1st	6
* Benchmark provided from previous period (national benchmark outdated)								
**Ranking for RTT nationally includes D&T Specialties								

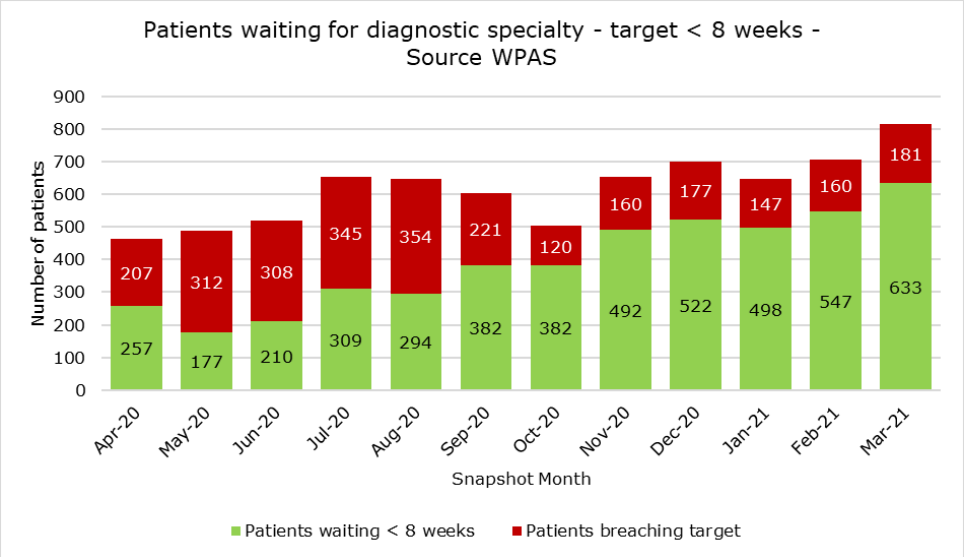
Unscheduled Care

- Minor Injury Unit (MIU) access compliance remains excellent, Powys consistently provides a rapid and comprehensive service via its Minor Injury Units.
- National Delayed Transfers of Care (DTOC) reporting remains suspended, however the health board continues to track performance locally and there is a strong operational focus on managing flow. A weekly capacity snapshot is used and provided to Welsh Government.

- The performance of the Welsh Ambulance Services Trust (WAST) for 8-minute ambulance response time did not meet the target for the majority of the year and performance was 57.2% against 62.5% national average in March 2021, ranking as 5th in Wales. The impact of COVID-19 combined with challenges in rural geography and the impact of increased handover times at Accident and Emergency Units has resulted in a reduction in average performance. Low number variation can also cause fluctuations against the target in Powys.

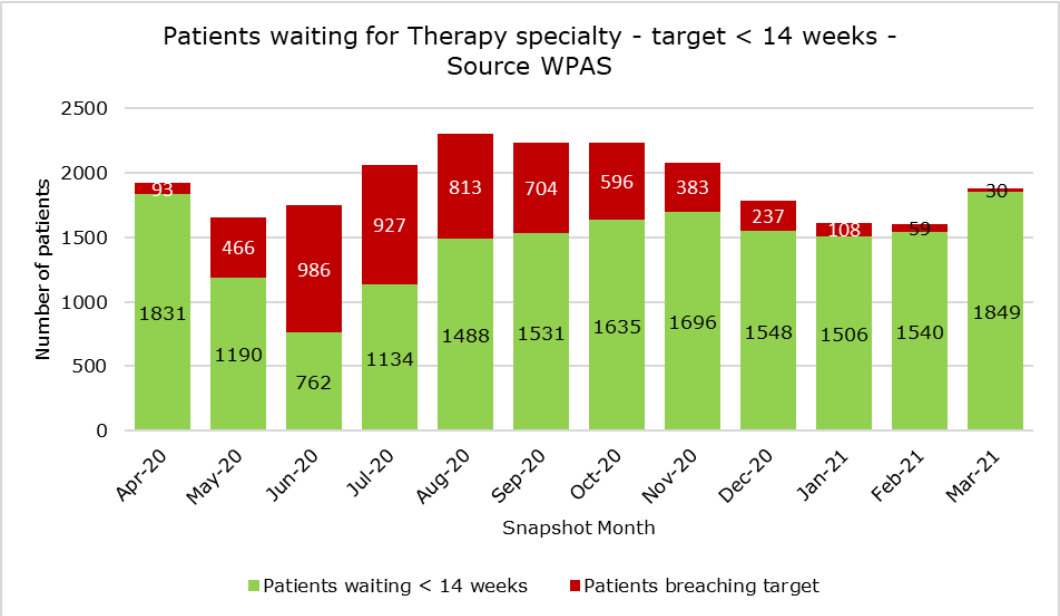
Planned Care

- Planned care was significantly affected by the COVID-19 pandemic and the resulting changes and suspension of services during 2020/21. This is a central focus of the health board's work going forward and further information can be found in the PTHB Annual Plan 2021/22.
- As a provider, the health board experienced these challenges in relation to diagnostics and put in place mechanisms to enable the restoration of diagnostics from the summer period of 2020 which included both immediate remedial action and engagement in longer term programmes of work both locally, regionally and nationally. Immediate actions included the use of risk assessments and clinical prioritisation for those waiting for diagnostics and care.



A Powys project 'Creating a digital solution to enhance clinical effectiveness and improve patient outcomes' has been awarded as 'Highly Commended' at this year's National Bladder & Bowel UK Enuresis Awards. Judges were impressed with the co-production approach for a new mobile-Health App for Children and Young People with Bladder and Bowel issues. This offers patients and their families a digital platform to capture diagnostic data on their smartphones and is then shared in real-time, directly to the clinician's dashboard. In addition to its diagnostic aid, it helps children and young people to recognise their own symptoms and guides them towards self-managing their condition.

- The health board faces ongoing challenges for both the Endoscopy and Radiology (non-obstetric ultrasound) services. These include fragility of in-reach service providers, continued capacity restrictions due to the COVID-19 safety requirements and staffing capacity. There are continued challenges in relation to routine care, although all urgent pathways including cancer suspicions meet best practice guidelines.
- All routine therapies specialties were suspended in line with national requirements during Quarter One (April to June 2020). This resulted in a significant backlog being accrued during the summer months, at peak this amounted to 986 patients waiting 14 weeks or longer.
- To ensure safe care, mechanisms were put in place to deliver therapies services in this challenging context, including risk stratification of referrals, a new podiatry triage system, waiting list validation, use of temporary staffing to boost capacity and use of alternative means of service delivery including digital solutions.
- There were factors which reduced the overall waiting list for therapies, for example a reduction in muscular skeletal (MSK) referrals which are likely to be related to the wider impact of the pandemic for example a decrease in sporting injuries.
- As can be seen in the table below, restoration of services in Therapies has been successful. At the end of March 2021 only 30 patients were waiting longer than the target.

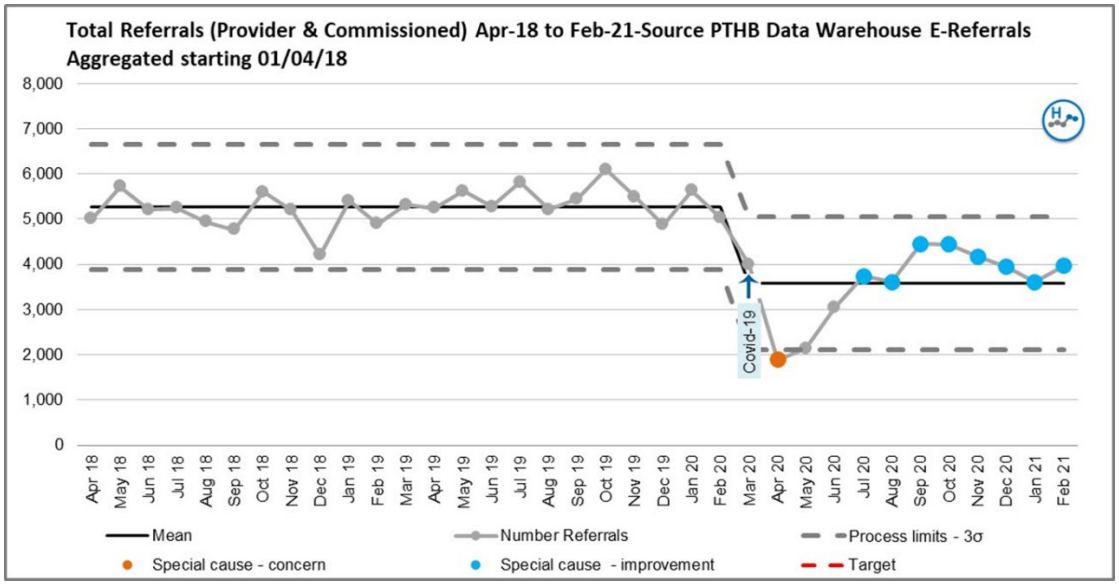


Referral to Treatment

- Powys healthcare pathways are complex, with acute and specialist care carried out by providers in both England and Wales. Acute care is commissioned by the health board for its population and specialist care

is commissioned through collaborative arrangements in Wales and England. (Specialist care / 'specialised services' or 'tertiary services' –is care provided for people with health needs that are specialist in nature, refer to https://whssc.nhs.wales for more detail).

- As an example, 63% of total outpatient activity is carried out within commissioned English provider services, 16% in Welsh commissioned services, and a further 20% in Powys provider services.
- With the COVID-19 pandemic significant challenges were faced by all NHS healthcare providers in the UK. These included reductions and suspension of non-essential services designed to maximise the response to COVID-19 and changes to the way services were accessed across primary care, community services, acute and specialist care.
- There was a significant reduction in referrals to secondary care in the first quarter of the year, April to June 2020. The graph below shows the total referrals for both directly provided and commissioned care. Demand has not returned to pre-COVID-19 averages and poses a risk of latent need which is explored in more detail in the analysis and forward planning in the PTHB Annual Plan 2021/2022.



- The reduction and suspension of services from the first quarter of 2020/21 created a significant back log of people waiting, and these have been unavoidably required to wait longer than normal. A large cohort wait beyond the national best practice targets, for example the 95% target for those under 26 weeks and the target that no patient waits longer than 36 weeks.
- As noted for diagnostics and therapies, to manage and minimise patient harm mechanisms were put in place, including all waiting lists being risk stratified to ensure that the greatest clinical priority patients were treated in the best possible time frame.

- The table below shows performance against the national targets and the improvements made during Q3 & Q4. The end of year position shows patients waiting under 26 weeks at 77.4% and the number of over patients waiting 36 and over weeks reduced to 690.

Table – RTT performance against national targets by month – Source DHCW

Powys Teaching Health Board (excluding D&T) – Source DHCW	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Percentage of patients waiting < 26 weeks for treatment	90.5%	79.8%	71.1%	60.0%	48.6%	43.3%	49.4%	55.8%	58.8%	63.2%	66.1%
Number of patients waiting 36 weeks and over	24	86	239	512	867	1060	1356	1478	1337	1063	863
Total number of patients waiting	**3545**	**3572**	**3622**	**3714**	**3865**	**3910**	**3892**	**3742**	**3747**	**3586**	**3362**

Table – RTT wait bands by specialty March 2021 - Source DHCW

Snapshot Month: Mar-2021	Powys Provider RTT - Waits Open Pathway (exc. D&T)					
Specialty	**0 to 26 Weeks**	**26 to 35 Weeks**	**36 to 52 Weeks**	**53 to 76 Weeks**	**77 to 104 Weeks**	**Grand Total**
100 - GENERAL SURGERY	274	34	4	55	3	370
101 - UROLOGY	90	16	15	5		126
110 - TRAUMA & ORTHOPAEDICS	367	59	47	170	7	650
120 - ENT	316	45	40	17		418
130 - OPHTHALMOLOGY	640	63	14	18		735
140 - ORAL SURGERY	128	27	12	160	12	339
143 - ORTHODONTICS	17	4		27	5	53
191 - PAIN MANAGEMENT	68					68
300 - GENERAL MEDICINE	68	5	2	1		76
320 - CARDIOLOGY	82	10	10	9		111
330 - DERMATOLOGY	21					21
410 - RHEUMATOLOGY	77	8	2	1		88
420 - PAEDIATRICS	11					11
430 - GERIATRIC MEDICINE	47	5	6	38	2	98
502 - GYNAECOLOGY	234	13	2	4	2	255
Grand Total	**2440**	**289**	**154**	**505**	**31**	**3419**

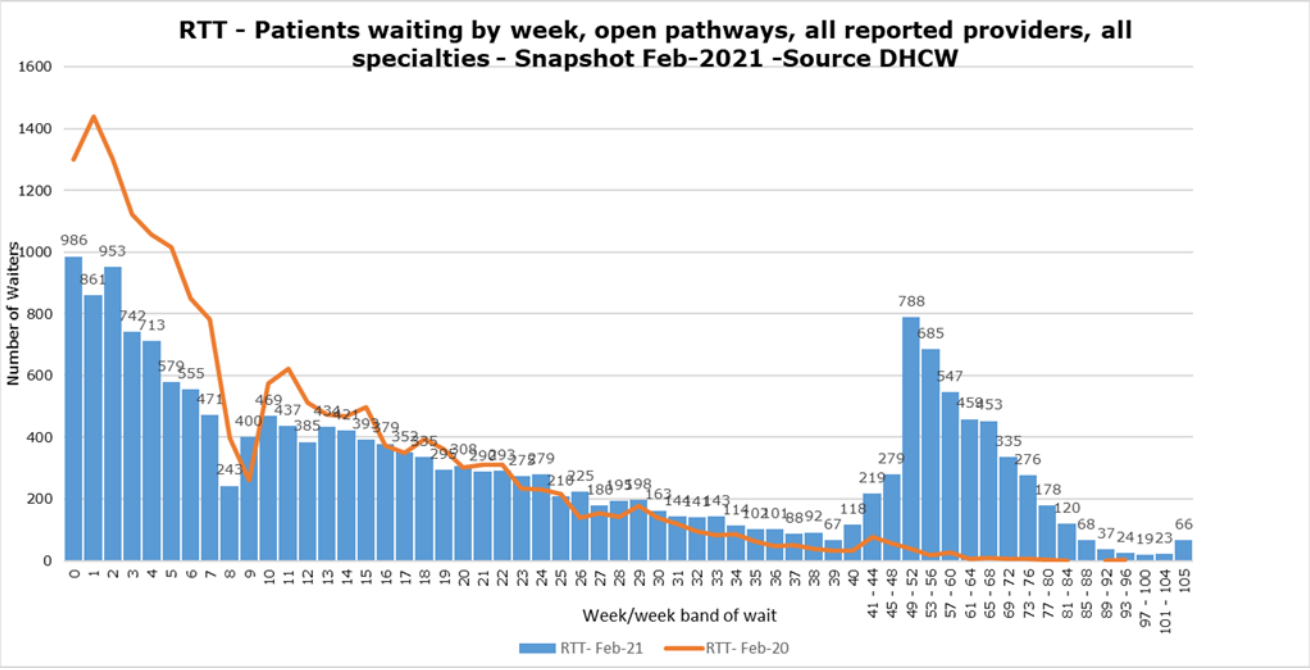
- For Powys residents in commissioned services the referral to treatment position mirrors the local challenge. Acute care providers were required to divert considerable resource to emergency & intensive care during the first and second peaks of the pandemic, this included both physical estate and staffing capacity. As a result, their backlogs are of significant volume and also face the risk of latent demand in 2021/22.
- The table below summarises performance for residents waiting within English and Welsh health care provider services.

Table – RTT waits by commissioned provider – Source DHCW

Commissioned RTT - Waits Open Pathway Snapshot March 2021 (exc. D&T)								
Source DHCW	% < 26 weeks	Patients waiting by band						
Main Welsh Providers		0 to 26 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Grand Total
Aneurin Bevan Local Health Board	56.4%	1055	179	136	379	120	2	1871
Betsi Cadwaladr University Local Health Board	44.0%	224	36	42	143	53	11	509
Cardiff & Vale University Local Health Board	52.8%	191	26	34	82	27	2	362
Cwm Taf Morgannwg University Local Health Board	40.5%	168	44	34	117	45	7	415
Hywel Dda Local Health Board	57.3%	728	143	82	237	76	4	1270
Swansea Bay University Local Health Board	44.8%	721	176	115	403	135	61	1611
Grand Total	51.1%	3087	604	443	1361	456	87	6038

Commissioned RTT - Waits Open Pathway Snapshot February 2021 (exc. D&T)								
Source DHCW	% < 26 weeks	Patients waiting by band						
Main English Provider Groups		0 to 26 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Grand Total
English Other	76.5%	166	11	19	18	3		217
Robert Jones & Agnes Hunt Orthopaedic & District Trust	64.6%	1344	179	225	291	42		2081
Shrewsbury & Telford Hospital NHS Trust	69.9%	1872	245	172	356	32		2677
Wye Valley NHS Trust	65.8%	1748	330	275	256	46	2	2657
Grand Total	67.2%	5130	765	691	921	123	2	7632

- The below graph provides a snapshot of the number of people waiting in time categories across all providers, this is compared to the same position in 2019/20.
- The backlog generated in Quarter One of 2020/21 is clearly visible at 40+ weeks, predominately consisting of routine patients waiting for treatment.



- As a result of the complex restoration work services showed the start of a reduction in long waiters by the end of the year (March 2021), and the Annual Plan for 2021/2022 provides further analysis and detail on the work being taken forward to address these ongoing challenges.

Follow Up (Outpatient)

- Patients waiting for a follow up have also been delayed due to the impact of the pandemic noted above for planned care, as a result of the reduction and suspension of services in 2020/21.
- The health board has therefore been unable to meet the Welsh Government targets during 2020/21, set prior to the pandemic
- The health board has however managed its total patients successfully, with relatively good levels of activity via non-face to face contact, and mechanisms for list validation helping to reduce the total waiters. There are however challenges remaining with ongoing capacity constraints and prioritisation remains key for any patients at risk.
- Although there has been an increase of patients on a Follow Up pathway in March 2021, the trend for the last 12 months is overall improvement and in accordance with national guidelines.

The health board is engaged with the national programmes for various essential services, and working with Welsh Government to scope and adopt transformation plans to modernise the patient pathways.

Eye Care

The delivery of Eye care in Powys has been maintained as an essential service and therefore performance has remained robust during 2020/21, and compares positively to the All Wales position. There is reduced capacity in ophthalmology as a result of the changes due to the pandemic and the impact has continued through to the end of March 2021. However, compliance did improve to 64.7% in March 2021, ranking 1st in Wales.

As a provider of eye care we have maintained excellent health risk factor (HRF) performance ensuring patients are clinically assessed and continued to carry out cataract procedures, leading Wales in this area.

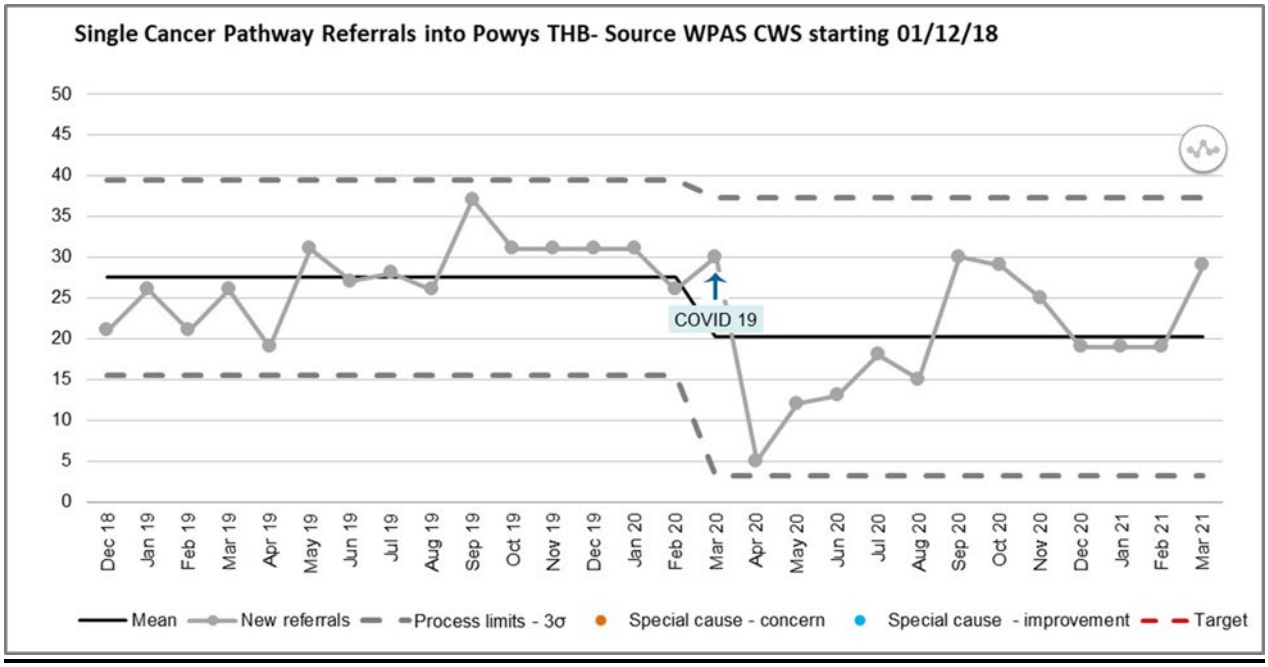
Attend Anywhere (a tool for delivering consultations digitally rather than on healthcare sites) is now in place in Community Optometry and further roll out is underway for Hospital Optometry and the Eye Care Liaison Officer service (delivered with the Royal National Institute for the Blind).

Cancer

The impact of the pandemic continues to significantly challenge cancer services across Wales, this disruption is related to the reduction in capacity for outpatients, diagnostics, surgery and treatment. For Powys residents this affects both directly provided and commissioned services. Significant work both nationally and locally has been undertaken to minimise patient harm.

As a provider of endoscopy diagnostics, the health board has maintained a zero-backlog position. Although PTHB does not carry out acute care treatment we are still responsible for reporting our part of the cancer pathway as agreed with Welsh Government.

The chart below shows the number of single cancer pathway referrals into Powys as a provider and shows a reduction in GP referrals, mirroring the national picture. The mean average remains seven per month below pre-COVID-19 levels. No special causes for concern were reported in Quarter 4.



The performance in relation to commissioned providers is reported by the relevant acute care provider in both England and Wales. Performance in English providers has remained robust with low numbers of breaches. Data for services in Wales was not available at the time of reporting. 'Digital Health and Care Wales' is due to provide the cancer data set for NHS Wales in 2021/22.

The Improving Cancer Journey was launched in Powys and is a partnership programme between Macmillan, Powys County Council and the health board. It aims to develop a sustainable, integrated community model of health and care for people living with cancer in Powys. At the heart of the programme is a holistic needs assessment for those having cancer treatment and their carers, to gain a better understanding and to meet needs. It is being taken forward with the Wales Cancer Network and neighbouring organisations in both England and Wales including the third sector, NHS and local authorities. IMPROVING THE CANCER JOURNEY IN POWYS

Mental Health, Substance Misuse and Neurodevelopment

- Mental Health and Learning Disability Services in Powys were largely maintained and Mental Health performance remained robust in 2020/21. Part 1 measures for assessments have consistently met target. (As have the Part 2 measures noted in previous section).
- Interventions for those under 18 years of age have been compliant against the 80% target, however interventions for those over 18 has fluctuated missing the target in January at 76.7%, improvements are being implemented to address this.
- Primary Mental Health Service referrals increased as expected in line with recorded national levels of stress through the pandemic.
- Referrals across all Mental Health Services increased considerably.
- Inpatient wards have operated effectively throughout the pandemic. Services continued to see patients via face to face meetings where appropriate, supported with telephone and videoconferencing. Psychology and other talking therapies have continued via telephone and in addition, Attend Anywhere has commenced. Letters were circulated to all patients to highlight how services were open as normal with some changes. A set of posters and leaflets were devised using easy to read infographics to underpin messages and share with partners across sectors and social media.
- Mental health services developed a proactive approach to managing concerns, through early contact with people to understand the issues and ensure immediate action is taken and learning shared.
- Throughout February and March 2021, Mental Health Partnership Participation Officers supported 'Self Injury Awareness' sessions with mental health and minor injury unit staff to learn from an expert by experience.
- Improving services for people who misuse substances and experience mental illness continued to be a priority, in partnership with the Area Planning Board.
- Neurodevelopmental waits (children and young people) have improved with 60% compliance following the implementation of a robust improvement plan, better than the All Wales average.

Saundra Lloyd and Catherine Davies from the learning disabilities team worked with partners in Improvement Cymru, Hywel Dda University Health Board and Swansea Bay University Health Board to develop a Primary Care Training Pack. This is a resource for those in primary services supporting people with learning disabilities. "This started out as a training pack for GP practices, but we realised health screening services, dental practices and outpatient departments would also benefit".

Quality and Patient Experience

Quality has been a core principle throughout an extra-ordinary year and central to the efforts to respond to the pandemic.

This Annual Report should be read as a whole to understand the full context and what is meant by 'Quality' in a year that patient experience was inevitably and significantly different.

Quality is integrated throughout the report for example:

- Powys and its Population (pages 8-11) sets out the assessment of need, with an overview of how the pandemic has impacted on people's well-being. This is important context for understanding what quality means for the Powys population and the health board.
- Planning and Delivery Framework (pages 13-15) describes how the health board responded to the pandemic, with revised structures and mechanisms to deliver safe and quality care at an extra-ordinary time
- Planning and Delivery of Safe, Effective and Quality services for COVID-19 Care (pages 17-23) sets out the development of a Clinical Response Model and the provision of care specifically for COVID-19
- Planning and Delivery of Safe, Effective and Quality services for Non COVID-19 Care (pages 24-30) sets out the arrangements made to deliver essential services across primary care, community care, acute and specialised care.
- Key areas of work in 2020 are also summarised in the above section where they are particularly important in relation to quality and patient experience. These include:
    - the South Powys Programme in response to the opening of the Grange University Hospital;
    - assurance work in relation to those providers subject to special measures including Shrewsbury and Telford Hospitals NHS Trust and Cwm Taf Morgannwg University Health Board
    - The development of an internal provider commissioning assurance framework, along with a framework for care homes, in partnership with Powys County Council.
- The implementation of the PTHB Clinical Quality Framework remains a priority and features in the PTHB Annual Plan 2021/22.

The following section provides additional technical data to meet the specific requirements of the Annual Report Guidance for 2020/21.

This includes a summary of patient experience and concerns, complaints, patient safety incidents, serious incidents and claims, including trends, over the last financial year.

For the safety and quality measures relating to infection control, the health board continues to report low levels of incidence.

Incident reporting

An incident is defined as an event that occurs in relation to NHS funded services and care resulting in unexpected or avoidable death, harm or injury to patient, carer, staff or visitor. The health board reported 3623 incidents during 2020 – 2021 across all provided services.

An analysis of the incidents enables themes to be identified and these included patient behaviours which may be abusive, violent, disruptive or self-harming, access, appointments, admission, transfer, discharge arrangements, accidents including falls, care monitoring including pressure ulcers.

A serious incident is defined as an incident that occurred during the provision of NHS funded healthcare. During 2020-21, the health board reported 56 of serious incidents.

The health board strengthened its focus on serious incident management in 2020, to ensure an effective and efficient response, with robust arrangements within each of the service groups, enabling multi-disciplinary review and shared learning. A method known as a 'swarm' model is also being implemented in relation to incidents of in-patient falls and pressure damage, to improve the timeliness and robustness of investigation and learning.

The organisations performance in relation to serious incident management is scrutinised by the Chief Executive Officer weekly and by the Experience Quality and Safety Committee.

Concerns

Informal concerns, often termed 'on the spot' concerns, usually relate to relatively easy to address issues which can be resolved quickly and ideally by the next working day. All concerns, informal and formal, are required to be acknowledged within two working days. Our internal target for the acknowledgement of informal concerns is 100%.

During 2020-2021, the health board received 234 formal complaints, mostly relating to access to services, communication and attitude, as well as care and treatment. The trend has demonstrated improvement in timely management, reaching a 69.4% compliance with the 30-day target, compared with 28.2% compliance in the previous 12 months.

Compliments

The health board receives and records compliments which are received in a number of formats including cards, letters and verbal compliments. A total of 281 compliments were recorded in the year but it should be noted that this will not be the full picture as by their nature they are often informally received. Highlights of achievements are given throughout this report to illustrate some of the areas of feedback and good practice.

Learning and Improvement

'Putting Things Right' is the name given to a process by which Powys residents can raise concerns and know they are being listened to and their concerns are taken seriously. This is underpinned by the principles of 'being open' and is set out in health board policy underpinned by legislation, regulations and standards.

If a patient remains dissatisfied with a response to a concern investigated by the health board, the complainant has the right to raise the matter the Public Services Ombudsman for Wales who determines whether to pursue a full investigation. During the period of April 2020 to 28 February 2021, the health board have received 7 ombudsman enquiries, and responded to 7 of the recommendations made, with a further 7 enquiries notified that are not being investigated.

The health board was issued a Special Report by the Public Service Ombudsman for Wales in October 2020, as a result of poor complaints handling in relation to a complaint raised. The report is available on both the Public Service Ombudsman for Wales and the health board websites. Following on from the report, an independent review was undertaken regarding the ability and capacity to deal with complaints in an effective and timely way, including whether additional training should be undertaken. This is being used to ensure the focus on improvements is real with sustained change and increased compliance.

Opportunities to share lessons and promote wider learning are also taken through a 'Learning from Experience Group', the Patient Experience Steering Group and shared via Powys announcements and the All Wales CoRSEL Learning Update. Root cause analysis training has been used to underpin 'what good looks like' in terms of professional inquiry, investigation and analysis. The focus on learning has increased throughout the year as demonstrated in reports generated for the Experience Quality and Safety Committee and the plan for clinical audit.

PTHB Midwifery Team have partnered with Brecon & District Mind to research the needs of men becoming parents. A study funded with Integrated Care Funding (ICF) looked at how men transition and what changes they encounter and whether they feel their needs are met. The emerging themes have informed the design of support, from inclusion in antenatal education to specific mental health support. Recommendations on 'Becoming Dad' have been shared with providers of maternity and health visiting to promote the involvement of fathers.

Compliance with the Nurse Staffing Levels (Wales) Act 2016

The Nurse Staffing Levels (Wales) Act 2016 places a general duty on all health boards to provide sufficient nurses to care for patients sensitively in all areas they provide or commission.

To oversee this work a new Nurse Staffing Act Group has been formed and this will oversee the implementation of the All Wales approaches, establishment review, quality indicators and assurance of staffing compliance within commissioned services.

Action taken to ensure there are sufficient nurses to care for patients sensitively as required by the Act encompasses:

- Strong, consistent, visible senior nursing leadership via the Professional Head of Nursing and team.
- Regular review of staffing levels using professional judgement, triangulated with nursing metrics, for example, rate of pressure ulcers, falls, medication errors, safeguarding referrals, patient and staff experience, expressed through incident reporting, concerns, staff survey and soft intelligence, for example, morale.
- Effective rostering accommodating the acuity and complexity of patient need, alongside efficient absence management, proactively in relation to annual leave, reactively in relation to sickness and at least daily review of staffing levels.
- Workforce and Organisational Development led programmes of recruitment and workforce efficiency.

Y Bannau Ward at Breconshire War Memorial Hospital took part in the pilot for the digitisation of patient notes as part of the Welsh Nursing Care Record in February 2021. This award winning work is transforming the documentation used by nurses and the learning will be rolled out across our hospitals in Powys.

Safeguarding

Targeted support for safeguarding has also been implemented this year, recognising the increased risk linked the pandemic and the restrictions on family and social life.

This has included the establishment of an operational group and completion of the Safeguarding Maturity Matrix Self-Assessment Tool; updating of safeguarding policies in line with updated All Wales Procedures; training and awareness raising, focus on domestic abuse in referral and workforce processes; online resources for Violence Against Women, Domestic Abuse and Sexual Violence.

Communications and Engagement

The importance of communications during this past year is noted throughout this report, as a fundamental part of the health board's work. The response to COVID-19 had to be rapid and dynamic and efforts to communicate changes in services were integrated at each stage.

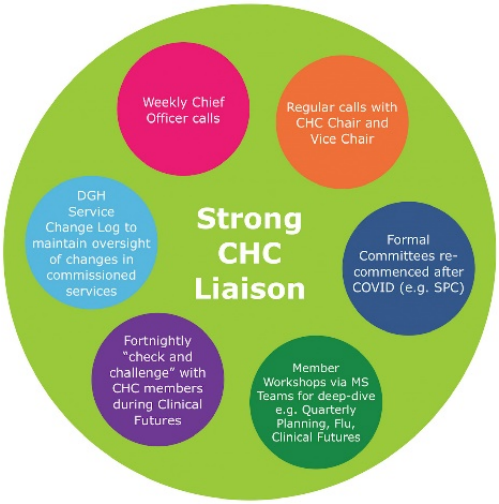
For example, a 'Five Step Approach' was communicated in the initial stage of the pandemic response, to give a clear picture of the Clinical Response Model and how to access services in the first wave of the pandemic.

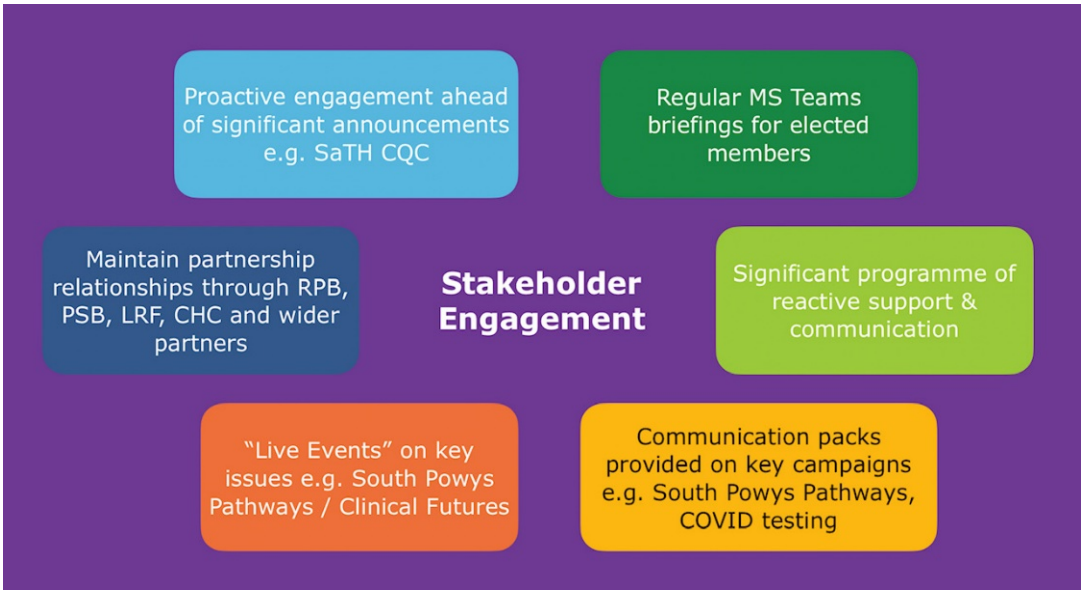
In subsequent stages there was an increasing focus on the encouraging the use of health services, following a decrease in referrals and emerging evidence of population behaviour in using services.

Local and national campaigns were designed to encourage those that needed support to continue to access through the appropriate route – this is detailed further in the previous section as each service engaged with its own users to ensure they understood what had changed and to give assurance of the support still available for essential care.

Engagement with partners and stakeholders was critical and new arrangements were put in place rapidly, to ensure the health board was linked into the healthcare systems across England and Wales, to ensure that the needs of Powys residents were fully considered.

A stronger and more frequent liaison was established with the Community Health Council (CHC) who also adapted quickly and provided crucial feedback and an independent perspective in a fast-changing environment. The CHC carried out key pieces of analysis in relation to patient care and experience across primary and community services nationally and locally – further detail of these can be found both on the CHC website and in the PTHB Annual Plan 2021/22.





Examples of specific mechanisms used during the year include:

- Promotion of key COVID-19 messages and campaigns: Stay Home, Save Live, Social Distancing, Hand Hygiene, Keep Wales Safe.
- COVID-19 vaccination engagement and communication plan
- Test Trace and Protect engagement and communication plan
- Development of online directory of PTHB Essential Services
- Promotion of the all-Wales SilverCloud offer
- Development and delivery of a local programme of engagement and communication for the changes to hospital services in Gwent and the early opening of the Grange (South Powys Project).
- Completion of the health board website migration, ensuring compliance with the Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018.

- Commencing a programme for intranet migration, to deliver a new platform ready for the retirement of intranet Cascade and ensuring compliance with the Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018.
- Support for the national communication plans for winter including Help Us Help You and seasonal flu vaccination.
- Supporting the development and submission of the Programme Business Case for the North Powys Wellbeing programme and new integrated model of health and wellbeing.
- Ongoing engagement in temporary, interim and ongoing service change both for our own provider services and those we commission from neighbouring health boards (e.g. South East Wales vascular services, North Wales nuclear medicine).
- Weekly briefings with the Community Health Council (CHC) have been maintained, with formal committee arrangements including CHC Services Planning Committee now re-established.
- Delivery of "A Healthier Wales" engagement offer and work to maintain and re-establish the PTHB continuous engagement approach with a focus on diversity and inclusion to promote health inequalities.

Equalities and Welsh Language

PTHB delivered a Welsh Language and Equality Annual Work Plan for 2020-2021, building on the Strategic Equality Plan. Key achievements:

- Joint Neurodiversity Network between PTHB and Powys County Council to provide support to staff with various additional learning needs.
- Gender Stakeholder Network to raise awareness of gender identity; investment in specialist trans voice therapy.
- Implementation of the Menopause Policy and Virtual Menopause Cafes
- Links into the Gypsy Roma Traveller Stakeholder Group; Tros Gynnal Plant Cymru Officers and key staff within PCC Housing Department.
- Virtual senior management group to consider Welsh Government's Black and Minority Ethnic (BAME) COVID-19 Socioeconomic Subgroup Report and take actions including BAME staff group links, awareness training for staff, promoting the COVID-19 Risk Assessment Tool, and

recruiting BAME Outreach PAVO (Powys Association of Voluntary Organisations) Volunteers.

- Participation in Online Pride Cymru and LGBT (Lesbian, Gay, Bisexual and Transgender) Cymru events; promotion of 'Coming Out' Day in October 2020.
- Sensory Loss Awareness Month promoted in November 2020; investment in personal amplifiers for patients; same day hearing aid repair and replacements services introduced for inpatients; increase in remote hearing aid adjustment with the assistance of Action on Hearing Loss; ECLO (Eye Care Liaison Officer) services improved to support those with sight loss as a result of the COVID-19 pandemic.
- A 'Leaving No-one Behind' action plan as part of the COVID-19 Vaccination programme to reduce health inequalities.

Significant improvements have also been made to increase our capacity to deliver bilingual services to Welsh speaking service users:

- Bilingual recruitment procedures
- Introduction of departmental Welsh language action plans
- Monitoring and supporting compliance with the standards by service
- Development of a new impact assessment policy and tool
- Welsh language resources for staff; Awareness and Training on the Standards and 'Active Offer'.
- Welsh speakers staff network; work to pair welsh speaking patients with welsh speaking clinicians.
- Leading a bilingual workstream for the Additional Learning Needs
- Sign up to the 'Leading a Bilingual Country' programme

Further information is available in the Annual Monitoring Reports for Equality and Welsh Language available here: https://pthb.nhs.wales/about-us/key-documents/equality-and-welsh-language/

Workforce

Workforce planning, redeployment and recruitment and training was critical to the COVID-19 response and essential healthcare in the first phase of the pandemic and the subsequent establishment of the Test, Trace and Protect and Immunisation programmes.

Collaboration and partnership was central to the successful workforce planning and delivery in 2020-21, with new and increased activity in key areas including a significant programme of volunteering, partnership agreements and trade union engagement. There was close working with Powys County Council, the Military, Mid Wales and West Fire and Rescue Service and staff side representatives.

The NHS Staff Survey 2020 was offered to all staff and the health board had the highest response rate across health boards in Wales of 29% and the highest engagement score. The results were positive overall, with significant improvements in areas such as engagement and motivation, whilst recognising a need for a continued focus on culture, communication, management and team working. The need for time out to reflect, recover and build working relationships was highlighted.

Staff motivation and enthusiasm

- 93% of staff were happy to go the extra mile
- 80% said they were enthusiastic about their role which is a 7% improvement
- 63.3% stated they look forward to going to work
- There has been a decline of 8.1% of those feeling they are able to make changes, from 77% in 2018 to 68.9%
- 59.9% take time out to reflect and learn, a decline of 3.1 % since 2018

Friends and family recommendation

- Respondents were 4.2% less happy with the standard of care if offered to a friend or relative - from 63% in 2018 to 59.9%

Bullying and harassment

- 91.4% of staff stated they had not been bullied, abused or harassed by their line manager, an improvement of 8.4% from 2018
- 90% reported they had not experienced bullying, abuse or harassment by a member of the public
- However only 45.6% of staff believed that the organisation manages bullying, harassment or abuse effectively

Compliance with Statutory and Mandatory Training uptake, personal appraisals and reviews and sickness absence was impacted during the year as a result of the changes due to COVID-19. Work is in place to steadily return to pre COVID-19 performance levels during the first quarters of 2021.

No	Abbreviated Measure Name	Target	Latest	12 mth previous	Previous Period	Current
53	Performance Appraisal (PADR)	85%	**Mar-21**	79%	65%	65%
55	Core Skills Mandatory Training	85%	**Mar-21**	86%	77%	79%
57	R12 Sickness Absence	12mth<	**Mar-21**	4.91%	4.99%	4.93%

An enhanced well-being offer for staff became a key priority in 2020-21, with targeted action in response to the New Ways of Working evaluation, Staff Survey results and staff engagement including Staff Side engagement.

With the development of a dedicated wellbeing staff portal, wellbeing workshops offering dietary advice and stress management were available to staff, as well as increased access to our dedicated Counselling service.

Working in partnership with the Trade Unions and our Charitable Funds Committee, has allowed the creation of Wellbeing hubs at all our sites offering free refreshments and digital display screens, for staff to view organisational news, updates, Powys announcements and messages.

Whilst face to face staff engagement events had to cease, the increased digital capability enabled events such as live briefings from the Chief Executive and a staff Facebook group, in addition to the newsletter, twitter and other virtual ways for staff to share their work and opinions.

Partnership with Trade Unions has also been strong, with collaboration on the well-being initiatives and staff feedback and communication channels. The Local Partnership Forum has provided a formal advisory group ensuring action is considered and taken in response to feedback. This has included health and safety matters and the development of recovery and renewal priorities as part of the organisation's forward planning.

A flagship scheme of the Regional Partnership Board, the Health and Care Academy for Powys was progressed in 2020/21 and will increase local access to education, training and development across the health and social care sector.

Operating as a hub and spoke model, it will offer state of the art practical, academic and digital learning opportunities with an Academy Hub building offering a modern learning environment, expanded apprenticeships and the launch of the Kick Start Scheme.

The model has been developed as a partnership approach with our RPB, Local Authority and third sector partners, and aligns with "A Healthier Wales" and our own Health and Care Strategy "A Healthy Caring Powys".

It will offer programmes for each 'school' area, and a recognisable brand as an exemplar of rural, professional and clinical health and care education.

Apprentice Successes

Shannon and Kristy started on the first intake of Healthcare Support Worker Apprentices in Brecon hospital and both have been successful in securing full-time roles and are working to finish off their qualifications. Callum and Lisa became Business Administration Apprentices in Workforce and Organisational Development. Through the Pandemic both were seconded to help with Test, Trace, Protect stepping up above and beyond their role. Both have now secured roles, Lisa in the administration team, and Callum as a supervisor in Bronllys Mass Vaccination Centre.

"I am really enjoying the apprenticeship programme, everyday I'm learning new skills as well as meeting lots of new people"

"Health & Social Care is a career for life, you can progress and build on your skills through the apprenticeship programme"

Digital

Digital was of huge importance this year, in the context of the pandemic response. In many cases, it enabled essential care to continue to be delivered.

It was not without its challenges but the acceleration of the digital rollout was absolutely fundamental to the work of the health board this year and remains a significant focus.

At a time when services for Powys patients were being reduced or suspended due to COVID-19, digital was central to patient care and support.

Key areas of development included:

There are now 250 consultations being done weekly by Attend Anywhere

2500 consultations took place between June 2020 and December 2020

Of these, 42% were Therapies, 34% Mental Health, 13% Women and Children, 5% Secondary Care, 3% Pain and Fatigue Management, 1% Virtual Wards, 1% Public Health, Community Dentistry < 1%

Attend Anywhere (a tool for online appointments) was implemented with positive feedback from both patient experience and clinical practice.

Whilst not suitable for all contacts, it provided a new means of support for some patients, who reported for example that video calls can help them feel more connected, it can feel less judgemental and more comfortable, as well as much more convenient than travelling to appointments.

There are also challenges to any digital means of delivery and not all patients, users and carers will be as favourable to digital care or as able to access it. There is a clear need to build the infrastructure, capacity and equipment to develop in this area as well as an ongoing need to engage with those using the services to understand their experience and outcomes.

The health board went live with Consultant Connect in May 2020 (a tool for clinicians to connect virtually for advice and support) and this has been highly regarded in the areas where it is established.

It has helped to reduce unscheduled admissions and referrals, enabling patients to have support as early as possible, with more rapid access to specialist advice.

It has helped bridge the gap, which has been widening as a result of the pandemic, between the GP and the consultant pathway for the patient.

Other examples of local digital delivery:

- Rapid expansion of the SilverCloud online Cognitive Behavioural Therapy (CBT) offer for residents and staff to offer self-referral.
- Introduction of a new self-management app (My mHealth) to support people with long term conditions.
- Offering MyDiabetes and MyHeart apps to patients on diabetes and cardiac specialist nurse caseloads to access rehabilitation / exercise / diet programmes in tandem with support from their clinician.
- These apps can be accessed on almost any device that connects to the internet, including smart-phones, laptops, tablets, and TVs.
- The acceleration of online support has shown that some new types of support can offer increased benefits in relation to self-management
- It is providing a helpful tool for self-care, particularly understanding and tracking of symptoms; enabling a more active real time response to help prevent conditions worsening

A wide ranging technical programme of work was necessary to underpin the infrastructure for digital acceleration, including:

- A huge increase in agile working enabling new ways of working to support delivery of healthcare.
- This included the rollout of Office 365 (O365) with user adoption support and training and technical knowledge transfer, and the migration of shared and person drives to drive agile file sharing and directories.
- The working from home strategy was delivered including Bring Your Own Device policy, mail migrations and virtual conferencing platforms
- Clinical information systems were expedited for use including delivery of WCCIS (Welsh Community Care Information System) Release testing and implementation for Welsh Clinical Portal (WCP); Welsh Clinical Communication Gateway (WCCG) and associated hardware; ophthalmology digitalisation programme.

- Progression of partnership work to support connectivity in rural Powys and alignment with the National Digital Health and Care Wales plan.
- Strong partnership between the health board and the County Council underpinned the transformation in Information and Communication Technology. Teams worked together on IT support and call handling for programmes including Test, Trace and Protect and COVID-19 Vaccination.

There is ongoing evaluation to learn from virtual service offers and ensure the benefits and challenges for users, carers and organisations are understood.

Learning from Virtual Consultations
• Not suitable for certain types of appointments; restrictions on clinical examination and interaction; cognition difficulties and other disability considerations
• Low uptake of physical appointments as telephone consultations replace them
• High rates of DNA due to patients having connectivity and technical issues
• Poor audio quality and or screen clarity
• Some clients need face to face appointments due to cognition issues
• A better-quality platform required
• Training needs including software/ recording of details on new system
• Time taken up explaining how the system works to patients
• New types of interface leading to communication difficulties if patients call from holiday/ from bed
• Possible safeguarding issues if clients feel unable to disclose information from home
• Further development of functionality to consider includes the ability to run groups or breakouts and being able to export session as clinical record

Further analysis of the learning, challenges and opportunities in relation to the digital rollout are included in the PTHB Annual Plan 2021/ 22.

Innovative Environments

A huge acceleration in physical environments was required during 2020 to respond to the pandemic. Innovative environments is about both the physical and thinking space and great progress has been made in agile working and environments for care, with services delivered from laptop screens, drive throughs and mobile units.

The Powys Lymphoedema Service worked with Tenovus to provide a mobile clinic, to provide assessment and therapy. This helped ensure continued assessment, which is important to help prevent cellulitis and maintain independence, also reducing hospital admissions. The team have also set up a service online, using Anytime, Anywhere as an alternative to telephone consultations.

Community lymphoedema therapist Portia Wilson also won the Case Report competition at the British Lymphology Society Annual Conference 2020. Her article: "Engaging with patients to make exercise and movement more meaningful: a case report" was published in the British Journal of Community Nursing Chronic Oedema Supplement, October 2020.

Significant milestones were achieved in capital developments as well as estates improvements, ventilation and oxygen supply, signage, markings and wayfinding to support new and safe ways of accessing physical sites.

The **Discretionary Capital** Programme supported IT and equipment purchases and projects to enhance clinical space and improve compliance.

Machynlleth Well-being Project: Full Business Case approved.

Bronllys Health and Care Academy progressed in 2020/21 with first phase anticipated completion in Quarter 1 of 2021/22.

Brecon Car Park: Business Justification Case submitted

North Powys Well-being Programme: Reshaped during 2020 in partnership; Strategic and Outline Business Case scheduled in 2021/22.

Llandrindod Wells Hospital: £11M Programme Business Case for Phase 2 submitted to Welsh Government.

COVID-19 Response: Oxygen supply to wards, mechanical ventilation, shower and change facilities, one-way systems for hot clinics, conversion of spaces and installation and equipment works for testing and vaccination.

PTHB started work on an Innovative Environments Strategic Framework in 2020/21 which considers the momentum and learning from COVID-19, shaping and describing how innovative environments support recovery through a holistic integrated model of care. National work to develop a Primary Care Estates Strategy will also be incorporated.

Sustainability and the Future Generations Act

Whilst a sustainability report is not mandatory for 2020-21 it is a high priority for the health board and information is provided in this section where it was available.

The health board recognises the value of sustainability as a central organising principle within the Welsh Government and public sector bodies in Wales. It also recognises that there is an immediate need to tackle climate change by reducing $CO2_e$ emissions and ensuring measures are implemented to adapt to the changing environment.

The imperative for change was reinforced by the 'climate emergency' declaration by Welsh Government on 29 April 2019.

The main legislative drivers for change within the health board in respect of the environment are:

- The Environment (Wales) Act 2016
- Well-being of Future Generations (Wales) Act 2015

Under the Environment Act two major targets have been set for the public sector which are:

1) Zero Waste to Landfill (target to achieve: 2050)
2) Decarbonisation of the public sector (target to achieve: 2030)

The health board have established an Environment and Sustainability Group (ESG) to provide strategic direction, consistency and transparency in management of environmental issues and implement a structured approach to sustainability. This encompasses:

- Energy and Water
- Waste
- Sustainable Transport
- Buildings and Biodiversity
- Procurement

The group is also working to reduce the health board's impact on the environment and comply with legislation by implementing the Environment Policy and Environment Management Systems (EMS). This delivers against the three key principles of Sustainable Development:

1) Environment
2) Economic
3) Social

The health board has the following sites, footprint and land area:

Aggregated sites include Clinics:	9
Hospital sites:	9
Total Estate Site Footprint	40,108 m²
Total Estate Site Land Area	7525 Hectare

Total full-time equivalent Staff Employed 1979

Delivery Plans

During this reporting year delivery plans have been produced for Sustainable Transport, Communications and Grounds maintenance which take forward the environmental management and sustainable development objectives. Additionally, this is the first year of reporting against the Section 6 Biodiversity Plan and the estates department has developed a Wellbeing of Future Generations delivery plan to embed more sustainable practices as a trial before rolling out to the organisation. The health board has continued to develop its ISO14001 (2015), environmental management system and monitoring.

Decarbonisation

In 2021 NHS Wales Shared Services published a 53-point *NHS Wales Decarbonisation Strategic Delivery Plan 2020-2030* which commits to reducing carbon emissions by 34%. PTHB drafted an Environment and Decarbonisation framework during 2020 which also considers work by Powys Public Service Board and its Powys Decarbonisation Strategy.

Key achievements during 2020-21:

- ISO14001 retention of accreditation.
- Major capital schemes including significant investment into energy efficiency, renewable technologies and biodiversity loss mitigation.
- Reprioritisation of the Environment and Sustainability Group to include all parts of the organisation represented by senior staff
- Staff side environmental group (Green Bees)
- Environment and Decarbonisation Framework development
- Wellbeing of Future Generations act delivery plan and pilot
- Significant contributions to business case writing to ensure step change towards an environmentally sustainable model of care
- Standard specification for products and materials to ensure the best and least environmentally impactfully goods are used
- Continual support for the Public Service Board (PSB) and the active participation for 'A Carbon Positive Powys Strategy' development
- Review of printer/scanner fleet and recommendations to reduce environmental impacts

Further initiatives and actions:

The Environment and Sustainability Group continues to support initiatives to reduce CO_2e emissions, including, an increased diversion of waste from landfill; an improvement in the estate's biodiversity; major capital schemes with significant carbon reduction initiatives and environmental measures throughout projects; the development of procurement procedures; finalise and deliver the Sustainable Transport Strategy; bring systems in line with carbon emission reporting and develop offsetting measures; rollout the Future Generations Delivery Plan approach across further teams.

Commentary on greenhouse gas emissions

Greenhouse Gas (GHG) emissions are one of the sustainability performance indicators that are most requested by stakeholders. The Greenhouse Gas Protocol set the benchmark for reporting GHG and established three categories of emissions (Scope 1, Scope 2 & Scope 3)

Scope 1 Direct GHG, defined as 'emissions from sources that are owned or controlled by the organisation', such as onsite combustion of fossil fuels and mobile combustion through transport

Scope 2 Energy Indirect GHG, defined as 'emissions from the consumption of purchased electricity, steam, or other sources of energy'

Scope 3 are also referred to as Other Indirect GHG, and are defined as 'emissions that are a consequence of the operations of an organisation, but are not directly owned or controlled by the organisation' including employee commuting, business travel, third-party distribution and logistics, production of purchased goods and emissions from the use of sold products

All gas, electric and water figures are taken from actual records and validated through internal systems. Any account not covering a full year at the time of reporting have been given pro-rata, this will be updated and published if the full year figures differ significantly, in line with the Annual Report guidance for this year.

Greenhouse Gas Emissions		**2018-19**	**2019-20**	**2020-21**
Non-Financial Indicators (1,000 tCO2e)	Total Gross Emissions	**4.611**	**4.174**	**4.271**
	Total Net Emissions	4.611	4.174	4.271
	Gross Emissions Scope 1 (direct)	Gas: 2.539 Oil: 0.182	Gas 2.300 Oil 0.200	Gas2.794 Oil0.217
	Gross Emissions Scope 2 & 3 (indirect)	Electric 0.987 Business travel 0.903	Electric 0.932 Business travel 0.742	Electricity 0.797 Business travel 0.463
Related Energy Consumption (million KWh)	Electricity: Non-renewable	3.468	3.653	3.417
	Electricity: Renewable	0.200	0.200	No data
	Gas	13.965	12.509	13.714
	LPG	N/A	N/A	N/A
	Other	Oil 0.669	Oil 0.641	Oil 0.698
Financial Indicators (£million)	**Expenditure** on Energy	Electric 0.527 Gas:0.457 Fuel oil 0.040 Total1.024	Electric 0.690 Gas 0.410 Fuel oil 0.034 Total 1.134	Electric 0.609 Gas 0.330 Fuel oil 0.000 Total 0.000
	CRC License Expenditure (2010 onwards)**	N/A	N/A	N/A
	Expenditure on accredited offsets (e.g. GCOF)**	N/A	N/A	N/A
	Expenditure on official business travel	1.061	1.089	1.089

The health board is migrating electric accounts to a supplier guaranteeing green electricity (REGO certified). Electricity is not reported as zero emissions as the electricity mix supplied to the UK includes renewable electricity so it would be considered double counting if we were to do so.

No carbon offsetting has been undertaken or procured during 2020-21 Powys Teaching Health Board continues to repatriate services back to the organisation, which in the medium to long-term will have an effect on patient numbers and energy demands.

Emissions from transportation include all NHS owned and private vehicles business mileage and does not include private home to work commute. Welsh Ambulance millage figures undertaken on behalf of PTHB have also been included. A significant reduction has been seen for transport as well as gas and electric use, likely to be the result of COVID-19 restrictions.

The UK Governments GHG Conversion Factors for Company Reporting has been used for all CO_2e conversion calculations.

Commentary on waste

Waste		**2018-19**	**2019-20**	**2020-21**
Non-financial indicators (tonnes)	**Total waste**	**371.61**	**374.27**	**No data**
	Landfill	General waste 165.55 Medical 000.00 Total 165.55	General waste 140.83 Medical 022.36 Total 163.19	No data
	Reused / Recycled	General 096.33 Medical 000.00 Total 096.33	General 118.04 Medical 023.79 Total 141.83	No data
	Composted	Food 010.79	Food 011.24	No data
	Incinerated with energy recovery	General 000.00 Medical 098.94 Total 098.94	General 000.00 Medical 034.42 Total 034.42	No data
	Incineration without energy recovery	0.0	0.0	No data
Financial indicators (£million)	Total disposal cost	**£0.132**	**£0.186**	**No data**
	Landfill	General 0.065 Medical 0.000 Total 0.065	General 0.067 Medical 0.022 Total 0.076	No data
	Reused / recycled	General 0.014 Medical 0.000 Total 0.014	General 0.039 Medical 0.013 Total 0.039	No data
	Composted	Food 0.003	Food 0.003	No data
	Incinerated with energy recovery	General 0.000 Medical 0.050 Total 0.050	General 0.000 Medical 0.063 Total 0.063	No data
	Incinerated without energy recovery	N/A	N/A	No data

Commentary on water usage

Water conservation is balanced against water safety.

The figures below are based on pro-rata accounts available at the time of reporting. Additionally, a number of accounts are rateable accounts and not a true reflection of water used.

This year a significant maintenance issue was identified with a third parties' equipment causing wasted water and is in resolution. The result of this and potentially water use for washing hands due to COVID, explains the increase from 2019-20 which is within the expected fluctuations due to environmental and service change.

Finite Resource Consumption			2018-19	2019-20	2020-21
Non-Financial Indicators (000m^3)	Water Consumption (Office Estate)	Supplied	43.410	33.458	41.206
		Sewerage	30.900	25.404	30.756
		Abstracted	N/A	N/A	N/A
		Per FTE	0.025	0.018	0.020
	Water Consumption (Non-Office Estate)	Supplied	Not available	Not available	Not available
		Abstracted	Not available	Not available	Not available
Financial Indicators (£million)	Water Supply Costs (Office Estate)		0.071	0.051	0.066
	Sewerage Supply Costs (Office Estate)		0.064	0.056	0.053
	Water Supply Costs (Non-Office Estate)		N/A	N/A	N/A

Partnership

Powys has a complex set of inter-dependencies across England and Wales which were reflected in its planning and delivery framework during 2020/2021 and continue to be a key consideration in the Draft Annual Plan 2021/22.

The key partnerships and transformation programmes were reviewed in the second half of the year, with a focus on recovery and renewal efforts in the County in the context of the pandemic.

The Powys Regional Partnership Board, Powys Public Services Board and Mid Wales Joint Committee for Health and Care were progressively re-established from the summer and autumn of 2020.

The Powys Regional Partnership Board Priorities continue to be shaped around a life course approach with Cross Cutting Themes and strategic outcomes and include:

- The North Powys Well-being Programme - reshaped against emerging evidence. A Strategic Demand and Capacity analysis is continuing into the first quarter of 2021/22 and will inform the work of the Regional Partnership Board and the health board.
- Workforce Futures and the Powys Health and Care Academy
- Extra Care Development, Brecon
- Start Well – Children's Zone for families with complex needs (Newtown); Children on the Edge of Care, Integrated Autism Service; Emotional health and wellbeing including Missing Middle support; Safer accommodation to support children and young people with complex needs.

- Live Well – Community Connectors; Home support; Dementia Home Treatment; Access Support (Disability Powys).
- Age Well – Befriending; Digital Social Care; Micro Enterprise Development; Enhanced Brokerage; Right sizing care packages; Integrated Commissioning Practice.
- Cross cutting – Carers; Assistive Technology; Social Value Forum; Welsh Language; Workforce; PAVO Engagement; RPB Operations/Development Programme.

PTHB and Powys County Council worked with PAVO (Powys Association of Voluntary Organisations, through the Powys Regional Partnership Board, to establish a Community Sector Emergency Response Team (C-SERT).

- This brought together county organisations that offer volunteer support and emergency response services alongside partners from Powys County Council and Powys Teaching Health Board.
- Through C-SERT, the PAVO Community Connector service coordinated thirteen community support networks across Powys, the recruitment of volunteers to maintain vital services for vulnerable and isolated people, such as prescription delivery; and the provision of information to the voluntary sector, including advice and support on funding and grants during COVID-19.
- This helped to maximise the value of the significant increase in volunteering and community support across Powys, with a new understanding of the role and value of volunteers.
- Work is continuing to build on this collaboration for example trialling the use of 'Anchor Buddies' in the community mental health team in Brecon, with volunteers able to help mental health service users who have expressed anxiety about re-entering social situations.

More frequent liaison was established with the Powys Community Health Council as noted in the previous section on Communications and Engagement.

The Public Services Board also continued the agreed 12 well-being steps in its Well-being Plan 'Towards 2040' with a greater emphasis on three key steps: Digital infrastructure; Decarbonisation; Sustainable environments.

The Mid Wales Joint Committee for Health and Care is a regional approach brings together the Mid Wales Health Boards, in collaboration with cross border organisations in particular in Shropshire/ Telford and Herefordshire/Worcestershire. For 2021/22 the priority areas have been reviewed with advice from the Mid Wales Clinical Advisory Group. These include ophthalmology, urology, cancer, respiratory, dental, rehabilitation, digital, hospital-based care and cross border workforce.

The PTHB programmes for Tackling the Big Four (the four main causes of ill health in Powys) including Breathe Well, Cancer, Circulatory and Mental Health were also progressively reviewed and reintroduced into quarterly

planning and delivery in the latter part of the year and has informed the Draft Annual Plan for 2021/22.

A drive through spirometry service was launched in February 2021, to address a backlog in respiratory diagnosis or review. Powys County Council provided the car park at their headquarters in the centre of the County and the service launched in February 2021. Patients arrive by car and have a full clinical history and spirometry test taken on site. The results are shared back with their GP. The clinics also give an opportunity to train physiologists of the future, with placements providing direct observational and practical skills.

Forward Look 2021/22

Looking forward, the Annual Plan for 2021 – 2022 has been drafted based on a thorough consideration of the learning, reflections and evidence base in relation to the needs of the Powys population and the challenges and opportunities ahead. It was developed following a six step process:

STEP 1: Assess the learning and reflections on the course of the pandemic and how the health board and partnerships responded

STEP 2 Understand the latest evidence on the impact of the pandemic (direct and indirect) for the population, taking account of national and international horizon scanning/ evidence

STEP 3 Assess the position in relation to access to health services, including extended waiting times being experienced by a significant number of patients

STEP 4 Identify critical priorities and outcomes for 2021/22 and potentially beyond

STEP 5 Develop proposals to meet those outcomes, recognising investment may be required

STEP 6 Formulate an Annual Plan for 2021/22

Annual Plans for 2021/22 were required to be submitted in Draft form at the end of March 2021, in recognition of further work to be carried out in the first quarter of 2021/22 to align plans nationally and regionally and to take account of the financial allocations which will be determined by Welsh Government in Quarter 1.

The scale of the challenge in relation to people waiting for diagnostics, treatment and care and the backlog created by service changes in response

to the pandemic is a critical new dimension and will inform all transformation programmes and priorities going forward.

This is a challenge which will not be met by existing approaches or existing resources, it will require radical new solutions, nationally, regionally and locally. The health board has started important work led by Clinical Executives as part of the Annual Plan on renewal priorities. These are informed by the evolving learning and evidence and seek to respond not only to the immediate problems of visibly longer waiting times and backlogs in healthcare, but to understand the experience for people who are waiting for care, in the context of lives which are fundamentally changed now and for the future.

These will be taken forward as part of the recovery from the impacts of the pandemic across society, on the communities and individuals of Powys and on healthcare itself.

The Draft Annual Plan 2021/2022 also provides further detail on the ongoing delivery of COVID-19 care and Non COVID-19 care including essential healthcare – see overleaf for the Draft Plan on a Page.

Annual Plan 2021/2022

Strategic Framework 'Plan on a Page'

Organisational Development

Staff Well-being

Covid Response

Covid Prevention and Response

Test, Trace and Protect

Management of Outbreaks and Incidents and high risk settings

Data and Surveillance

Regional resilience arrangements

Communication

Covid Vaccination Programme

Delivery in line with National modelling and supply in Mass Vaccination Centres, Primary Care and other settings as required

Local Clinical Model, Clinical Delivery and Handling

Booking and Administration

Essential Healthcare

Wellbeing and Prevention

Health Improvement and Promotion; Childhood Immunisation and Flu; Screening; Third Sector

Primary and Community

- Essential Healthcare
- Planned and Routine Care
- Urgent and Emergency Care
- Primary Care & Cluster Plans

Regional DGH and Specialist

- Alignment with Neighbouring / System Plans
- Alignment with NHS Wales and NHS England Recovery Planning and Clinical Frameworks

Renewal

- Renewal of Health and Care Strategy
- Refocused for significant new challenges
- Holistic approach to timely access in planned and elective care
- Scoping to be progressed in Q1 including investment opportunities

Frailty & Community Model

Long Term Conditions & Well-being

Diagnostics, ambulatory & planned care

Advice, Support & Prehabilitation

Children and Young People

Tacling the Big Four

Enablers

Roll Call of Staff Appreciation

All staff have shown incredible dedication this year – this 'roll call' of the Staff Certificates of Appreciation is included to show just some examples of individual and teams – thank you all:

Jo Hughes for her pivotal role in the Health Emergency Coordination Centre

Alex Oakey for excellent support with Office 365, patient stories and technologies

Catherine Arnold for her exemplary team leadership

Sue Cox for her kindness, compassion and support for the team.

Clare Evans for her support to the team during these challenging times.

Rhian Price Evans for her commitment to the safety and support of patients.

Amy Prosser for always going above and beyond for patients.

Claire Powell for her unfailing work to establish the vaccination centres.

Donna Bale for her calm, professional dedication throughout the pandemic.

Fiona Jones for her superb service to clients and staff.

Adrian Osborne for being the voice of the health board in the Stay Well Facebook group

Jane Butler for her selflessness and commitment to patients, families and peers

Kerry Crosfield for support for volunteers and patient experience in our mass vaccination centres

Alwen Lewis for support to families and those with children with challenging behaviours

Lynn Williams for the can-do, upbeat and approachable attitude she brings to a very complex role.

Sue Pearce for being a tireless advocate for patients, leading major improvements in of care

Sue Pardoe Bouchard for support as a clinical supervisor and extra shifts overnight and at weekends

Rachel Carton for kindness and competence to her patients especially through these tough times

Samantha Gibbs for her steadying presence, always going above and beyond for her patients

Anna Marie Price for her great motivational support for all the executive PAs

Kim Lewis for her creative, enthusiastic and can-do approach and a drive-through spirometry service

Vic Deakins for her personal support and being an incredible colleague to work with

Sarah Williams for always going the extra step and for her support for the bereaved

Louise Vavere for being a vital contact point for staff, parents, families, carers, schools and the team

Mandy Mills for her dedication in establishing the mass vaccination centres

Jenny Spreafico for fantastic leadership on the monumental task of competencies for vaccinators

Claire Hughes for tremendous support on the task of signing off competencies for vaccinators

Gaz Davies for excellent support including for the storage of oxygen cylinders

Geraint Davies who says "it's amazing what a small team can achieve under the right leadership"

Anne-Marie Mason for her flexible and willing approach to the apprenticeship programme and the recruitment & training of vaccinators

Treena Davies for her flexible approach during COVID-19 including setting up the wellbeing hubs

Jessica Hughes for her support and leadership to maternity services in Powys

Linda Aldridge for her attitude and proactivity to fight against this virus has been unbelievable

Suzanne Cox Sue goes above and beyond and is making a huge difference

Lucie Dingwall for working with incredible integrity and professionalism within the information team

Claudia O'Shea for recognition for all of her hard work on unscheduled care and her can-do approach

Suzanne Pardoe Bouchard for her valuable senior management to women's and children's service

Zara Abberley for providing responsive and efficient business support to the women's and children's team

Emma Mc Gowan for her approach can do attitude and professionalism

Helen Covington for her dedication, flexibility, behaviours and values

Rachel Bartley-Morris for her commitment and dedication to her role in the midwifery team

Shelly Higgins for making an outstanding contribution to Powys Maternity services

Jane Price, Parkinson's nurse for being so dedicated to her role and also a compassionate colleague

Roll Call of Staff Appreciation

Team Certificates of Appreciation

The **Bronllys Catering Team** for generous servings delivered with warmth, big smiles and sincerity

Ty Illtyd Community Mental Health Team for supporting each other and thinking outside the box

Powys Day Surgery and Endoscopy Team for their flexible approach to redeployment and their hard work to restart safe services

Estates Helpdesk Team (Jane and Bernie) for their calm, polite, smooth and efficient service especially dealing with a significant increase in calls

The **Twymyn Unit team** for their tremendous support for each other and their patients

Our **Wayfinding volunteers** for giving up their own time to provide such wonderful support

The **Quality & Safety IPC Team** for coming together as a new team to support high standards

Owen Hughes, Michelle Price, Jeremy Tuck, John Morgan and Lucie Cornish for coming together to design, implement and run a COVID-recovery service for Powys

Powys Community Dental Service at Park Street Clinic in Newtown for their excellent work to maintain a safe urgent dental service through COVID

The **Contact Centre Team** for their professional and flexible support to the dietetics and podiatry service and additionally to physiotherapy MSK during COVID

Builth Wells District Nursing Team for their resilience and cheerful determination

The **Clinical Education Team** for outstanding efforts on the training programme for vaccination

The **Estates Works Team** for all their efforts and instrumental role in setting up vaccination centres

The **Resourcing Team for Mass Vaccination** for a massive recruitment programme

The **COVID-19 Booking Hub** for their flexibility, commitment and willingness in create a service that deals with thousands of appointments every week

The **Workforce and OD Resource and Training Team** for supporting the development, resourcing and support to mass vaccination delivery models at an unprecedented pace

The **Workforce and OD Health and Wellbeing Team** for health and wellbeing initiatives

The **HCAs from the Parkinson's Clinic** for their commitment and dedication

The Quality and Safety Team for the work on safe, effective and compassionate

The Llandrindod District Nursing Team for their incredible palliative care for complex patients

The Medicines Management Team for outstanding contribution and dedication

The Continuing Health care team for going above and beyond providing support out of hours

The **Powys Sexual Health Team** for being flexible and responsive and embracing the opportunities

The Knighton and Presteigne DN's for commitment and dedication to patients and team members

Long Service Awards

Shirley Ann Whitney, Rachel Jane Price, Stephen Hawker, Rebecca Mary Burns, Melanie Suzanne Dooley, Gaynor Jones, Alison Margeret Lewis, Marion Morris, Enid Mair Stephens, Debra Jones, Joanna Jane Love, Denise Watkins, Virginia Jones, Peter Charles Carver, June Jeanette Harley, Gethin Evans, Julie Diane Richards, Dr David Anian Pal, Helen Margaret Rees- Harris, Elaine Jane Taylor, Sarah Jane Wheeler, Nikki Smith, Debbie Lewis, Lynnette Watkins, Desmond Kitto, Rowena Clegg


Dear NHS
I just Want to say
A massive thank you
for your help and
you are life savers and
life changers I love
you and
You are
amazing

SECTION TWO: THE ACCOUNTABILITY REPORT

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

ACCOUNTABILITY REPORT: 2020-21

SIGNED BY: Carol Shillabeer DATE: 10 JUNE 2021

CAROL SHILLABEER

[CHIEF EXECUTIVE]

INTRODUCTION TO THE ACCOUNTABILITY REPORT

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

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

The requirements of the Companies Act 2006 have been adapted for the public sector context and only need to be followed by entities which are not companies, to the extent that they are incorporated into the Treasury's Government Financial Reporting Manual (FReM) and set out in the 2020-21 Manual for Accounts for NHS Wales, issued by the Welsh Government.

The Accountability Report is required to have three sections:

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

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

The Corporate Governance Report

This section of the Accountability Report provides an overview of the governance arrangements and structures that were in place across Powys Teaching Health Board during 2020-21. 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 Director's Report
- A Statement of Accountable Officer Responsibilities
- The Annual Governance Statement

Remuneration and Staff Report

This report contains information about the remuneration of senior management; fair pay ratios; and, sickness absence rates; and has been compiled by the Directorate of Finance and the Workforce and Organisational Development Directorate.

Parliamentary Accountability and Audit Report

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

PART A: CORPORATE GOVERNANCE REPORT

This section of the Accountability Report provides an overview of the governance arrangements and structures that were in place across Powys Teaching Health Board during 2020-21. 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 DIRECTOR'S REPORT FOR 2020-21

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 2020-21

During 2020-21, the following individuals were voting members of the Board of Powys Teaching Health Board:

Independent Members (IM)		
Vivienne Harpwood	Chair	Full Year
Melanie Davies	Vice-chair	Full Year
Anthony Thomas	IM (Finance)	Full Year
Matthew Dorrance	IM (Local Authority)	Full Year
Owen James	IM (Community)	To 04/09/2020
Trish Buchan	IM (Third Sector)	Full Year
Frances Gerrard	IM (University)	Full Year
Ian Phillips	IM (ICT)	Full Year
Susan Newport	IM (Trade Union Side)	Full Year
Mark Taylor	IM (Capital & Estates)	Full Year
Rhobert Lewis	IM (General)	From 22/02/2021
Executive Directors		
Carol Shillabeer	Chief Executive	Full Year
Julie Rowles	Executive Director of Workforce & OD	Full Year
Pete Hopgood	Executive Director of Finance and IT	Full Year
Hayley Thomas	Executive Director of Planning and Performance	Full Year
Wyn Parry	Executive Medical Director (including Responsible Officer)	To 31/07/2020
Paul Buss	Interim Medical Director (part time 3 days/week)	01/08/2020 - 31/01/2021
Dr Catherine Woodward	Interim Responsible Officer (part-time 2 days/week)	01/08/2020 – 31/03/2021
Kate Wright	Executive Medical Director	15/02/2021
Stuart Bourne	Executive Director of Public Health	Full Year
Alison Davies	Executive Director of Nursing and Midwifery	Full Year
Claire Madsen	Executive Director of Therapies and Health Sciences	Full Year
Jamie Marchant	Executive Director of Primary, Community and Mental Health Service	Full Year

During 2020/21, vacancies in the Board consisted of:

Independent Member	Executive Director
• Independent Member (General) from 01/04/2019 to 22/02/2021 • Independent Member (General) from 05/09/2020 to 31/03/2021	• Executive Medical Director from 01/02/2021 to 14/02/2021 (Assistant Medical Director provided cover during this time)

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 meeting remained quorate and the Board's duties could be discharged.

As of 1 April 2020, the Welsh Government suspension of all Ministerial

Public Appointments which had been introduced on 19 March 2020 as a result of the COVID-19 pandemic was still in place and continued until September 2020. In April 2020 the Health Board had one Independent Member vacancy with a further role becoming vacant on 5 September 2020. Campaigns for both these roles commenced in autumn 2020 with one appointment confirmed in February 2021. The second appointee needed to serve a notice period and would not start until June 2021. During this period of campaign suspension, a further term for the ICT Independent Members and a COVID-19 extension to a second Independent Member (Trade Union) were confirmed, and in spring 2021 arrangements were made to secure second terms of two further Independent Members (University and Estates) ahead of the suspension of activity in the Public Appointments office in the period prior to and immediately after the Senedd elections.

NON-VOTING MEMBERS OF THE BOARD DURING 2020-21

During 2020/21, the following Associate Member, was in post as a non-voting member:

- Alison Bulman, Corporate Director (Children & Adults), Powys County Council – from 01/04/2020 - 18/09/2020.

The following Associate Member positions were vacant on the Board during 2020/21:

- Chair of the Stakeholder Reference Group (Advisory Group of the Board)
  The Stakeholder Reference Group did not meet in 2020/21 and a Chair has not yet been appointed.
- Chair of the Healthcare Professionals' Forum (Advisory Group of the Board).
  The Healthcare Professionals' Forum has yet to be established.
- Corporate Director (Children and Adults) Powys County Council (from 19/09/2020).

Further details in relation to role and composition of the Board can be found at page 76 of the Annual Governance Statement. The Annual Governance Statement also contains further information in respect of the Board and Committee Activity.

AUDIT, RISK AND ASSURANCE COMMITTEE

During 2020-21, the following individuals were members of the Audit, Risk and Assurance Committee:

Independent Members (IM)		
Anthony Thomas	Committee Chair – IM (Finance)	Full Year
Mark Taylor	Committee Vice-Chair – IM (Capital & Estates)	Full Year
Ian Phillips	IM (ICT)	Full Year
Matthew Dorrance	IM (Local Authority)	Full Year
Executive Directors by Attendance Only		
Carol Shillabeer	Chief Executive	Full Year
Pete Hopgood	Executive Director of Finance and IT	Full Year

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.

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 Performance Report section of the Annual Report provides greater detail in relation to the environmental, social and community issues facing the Health Board.

COVID-19, GLOBAL PANDEMIC

COVID-19 was declared a pandemic by the World Health Organisation on 11 March 2020. This subsequently led to NHS organisations, including Powys Teaching Health Board, needing to focus on preparations and plans for responding to the pandemic. Throughout 2020/21, the nature and scale of the response was ever-changing and required an agile response.

During this time, the Board's fundamental role and purpose did not change.

The Board continued to require and receive ongoing assurance, not only on service preparedness and response but also on clinical leadership, engagement and ownership of developing plans on: the health and wellbeing of staff; on proactive, meaningful and effective communication with staff at all levels; and on health and care system preparedness.

The Health Board's governance arrangements during this time are set out further in the Annual Governance Statement.

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 136 of the Annual Governance Statement.

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 **DATE: 10 JUNE 2021**

CAROL SHILLABEER [CHIEF EXECUTIVE]

2. STATEMENT OF ACCOUNTABLE OFFICER RESPONSIBILITIES: 2020-21

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 Board's auditors are unaware. I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that Powys Teaching Health Board's auditors are aware of that information;
- Powys Teaching Health Board's Annual Report and Accounts as a whole is fair, balanced and understandable. I take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

SIGNED BY: Carol Shillabeer **DATE: 10 JUNE 2021**

CAROL SHILLABEER [CHIEF EXECUTIVE]

3. STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS FOR 2020-21

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS FOR 2020-21

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

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

- That we have complied with the above requirements in preparing the 2020-21 accounts; and
- That we are clear of our responsibilities in relation to keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the authority, and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned direction by the Welsh Ministers.

By order of the Board

SIGNED BY: **Professor Vivienne Harpwood** **DATE: 10 JUNE 2021**

PROFESSOR VIVIENNE HARPWOOD [CHAIR]

SIGNED BY: **Carol Shillabeer** **DATE: 10 JUNE 2021**

CAROL SHILLABEER [CHIEF EXECUTIVE]

SIGNED BY: **Pete Hopgood** **DATE: 10 JUNE 2021**

PETE HOPGOOD [EXECUTIVE DIRECTOR OF FINANCE AND ICT]

4. ANNUAL GOVERNANCE STATEMENT

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.

The Board of Powys Teaching Health Board (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 continues to face unprecedented and substantial pressure in planning and responding to COVID-19 itself as well as planning to recover from the impacts of the pandemic. The organisation's response to COVID-19 in 2020/21 forms a key part of the Performance Report section of the Annual Report.

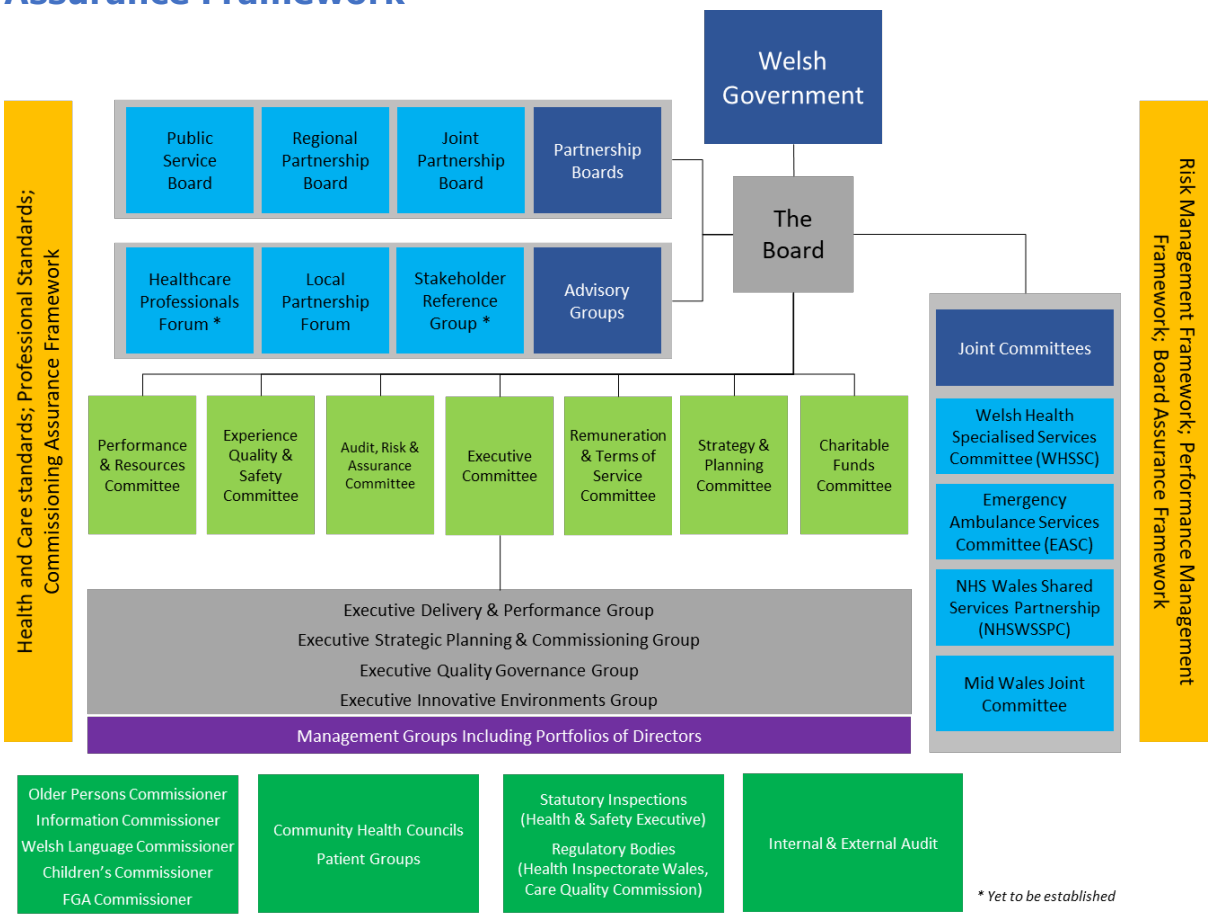
The Board agreed arrangements to ensure that good governance was maintained during the period of the pandemic. These arrangements included standing down some of the Committees in the early part of the period but ensuring the Audit, Risk and Assurance Committee, the Experience, Quality and Safety Committee and the Local Partnership Forum continued to meet. To ensure Independent Members remained fully sighted, COVID-19 Board Briefings were also put in place. Further detail on maintaining good governance during the pandemic is provided in this Annual Governance Statement.

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 strategic priorities.

Figure 1 provides an overview of the governance framework that was in operation during 2020/21:

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



THE BOARD

The Board has been constituted to comply with the Local Health Board (Constitution, Membership and Procedures) (Wales) Regulations 2009. The Board functions as a corporate decision-making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board. Details of those

who sit on the Board are published on the Health Board website. Further information is also provided in the Directors Report at page 75.
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.

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 regularly review their Terms of Reference and Work Plans to support the Board's business. Committees also work together on behalf of the Board to ensure that work is planned cohesively and focusses on matters of greatest risk that would prevent the Health Board from meeting our mission's aims and objectives During 2020/21, the following Committees were established by the Board:

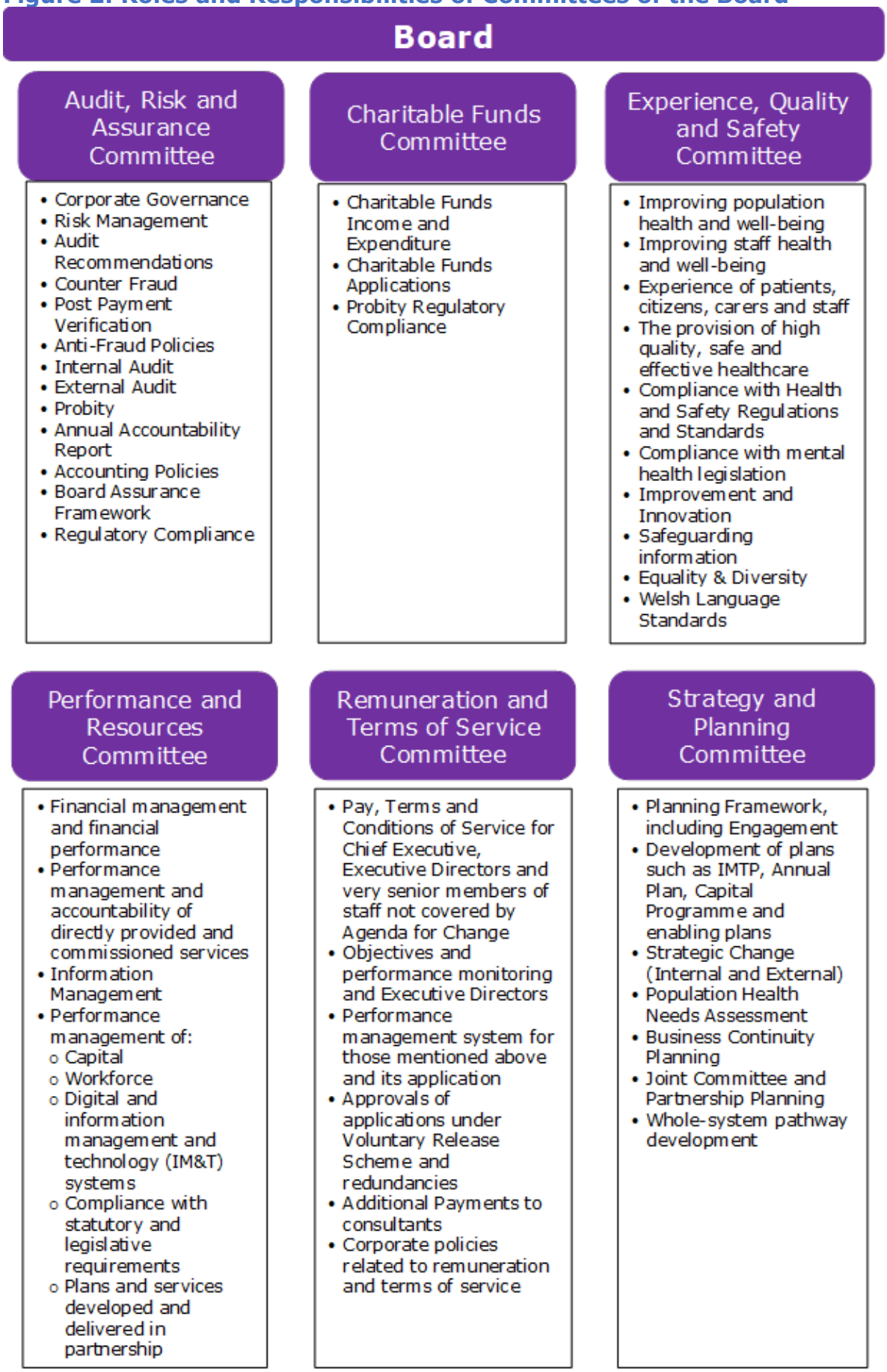
- Audit, Risk and Assurance Committee
- Charitable Funds Committee
- Executive Committee
- Experience, Quality and Safety Committee
- Performance and Resources Committee
- Remuneration and Terms of Service Committee
- Strategy and Planning Committee

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.

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 2: Roles and Responsibilities of Committees of the Board



MAINTAINING GOOD GOVERNANCE

As a result of the pressure placed on NHS bodies in managing the impact of the pandemic during 2020/21, it was necessary to adapt governance arrangements. The Welsh Government therefore agreed with the All-Wales Board Secretaries Group a set of Governance Principles, designed to help focus consideration of governance matters during the pandemic. These are:

- **Public interest and patient safety –** we will always act in the best interests of the population of Wales and will ensure every decision we take sits in this context, taking in to account the national public health emergency that (COVID-19) presents.
- **Staff wellbeing and deployment –** we will protect and support our staff in the best ways we can. We will deploy our knowledge and assets where there are identified greatest needs.
- **Good governance and risk management –** we will maintain the principles of good governance and risk management ensuring decisions and actions are taken in the best interest of the public, our staff and stakeholders ensuring risk and impact is appropriately considered.
- **Delegation and escalation –** any changes to our delegation and escalation frameworks will be made using these principles, will be documented for future record and will be continually reviewed as the situation unfolds. Boards and other governing fora will retain appropriate oversight, acknowledging different arrangements may need to be in place for designated officers, deputies and decisions.
- **Departures –** where it is necessary to depart from existing standards, policies or practices to make rapid but effective decisions – these decisions will be documented appropriately. Departures are likely, but not exclusively, to occur in areas such as standing orders (for example in how the Board operates), Board and executive scheme of delegation, consultations, recruitment, training and procurement, audit and revalidation.
- **One Wales –** we will act in the best interest of all of Wales ensuring where possible resources and partnerships are maximised and consistency is achieved where it is appropriate to do so. We will support our own organisation and the wider NHS to recover as quickly as possible from the national public health emergency that COVID-19 presents returning to business as usual as early as is safe to do so.
- **Communication and transparency** – we will communicate openly and transparently always with the public interest in mind accepting our normal arrangements may need to be adapted, for example Board and Board Committee meetings being held in public.

Throughout 2020/21, given the nature and scale of the response an agile response to governance was required.

During this time, the Board's fundamental role and purpose did not change. The Board continued to require and receive ongoing assurance, not only on service preparedness and response but also on clinical leadership, engagement and ownership of developing plans on: the health and wellbeing of staff; on proactive, meaningful and effective communication with staff at all levels; and on health and care system preparedness.

CONDUCTING BUSINESS WITH OPENNESS AND TRANSPARENCY

It is acknowledged that in these unprecedented times, there are limitations on Boards and Committees being able to physically meet where this is not necessary and can be achieved by other means. In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings and has not therefore been possible to allow the public to attend meetings of our board and committees from March 2020. To ensure business was conducted in as open and transparent manner as possible during this time the following actions were taken: -

- All Board and Committee meeting agenda packs have been published to the Health Board's website in advance of meetings;
- Summary minutes for Board and Committee meetings have been produced and published to the Health Board's website within five days of the meeting;
- The Board's meeting held in July 2020 was recorded and published to the Health Board's website;
- All meetings of the Board have been live streamed since September 2020.

The Board is expediting plans to enable its Committee meetings to be made available to the public via live streaming. In the meantime, meeting agendas during 2020/21 were issued with a statement advising the public that should they wish to observe a virtual meeting of a committee, then they could make **contact the Board Secretary in advance of the meeting in order that the request could be considered on an individual basis. This statement was also available for members of the public on the Health Board's website.**

FREQUENCY OF BOARD AND COMMITTEE MEETINGS

The Board reviewed its governance arrangements at its meetings held 27 May 2020 and 25 November 2020.

In May 2020, the Board reviewed its governance arrangements to reflect the organisation's Phase 2 Response Plan. The Board agreed that, in

accordance with Standing Orders, it would continue to meet formally every two months, as per its usual schedule. In addition, it was agreed that Board Briefing Sessions would be held as a minimum monthly and otherwise as deemed necessary by the Chair and Chief Executive. Board Development would be taken forward in-line with a re-prioritised Board Development Plan, focusing on those aspects which could be achieved through the monthly board briefing sessions and individually, recognising that some aspects will need to be taken forward collectively once social distancing measures are lifted.

The following Committee cycles were adopted:
In line with frequency outlined in Terms of Reference:

- **Experience, Quality & Safety Committee** every 2 months
- **Audit, Risk & Assurance Committee** every 2 months
- **Remuneration & Terms of Service Committee** every 3 months
- **Strategy & Planning Committee** every 3 months
- **Charitable Funds Committee** every 3 months

Frequency amended from that outlined in Terms of Reference:

- **Performance and Resources Committee** every 3 months (amended from meeting every two months as per its Terms of Reference).
- **Executive Committee** meeting as a minimum monthly but otherwise as deemed necessary by the Chief Executive (amended from meeting every two weeks as per its Terms of Reference).

It was agreed that Board and Committee meetings would proceed with a shortened, concise agenda focusing on essential matters and held virtually to ensure compliance with social distancing guidance.

On 25 November 2020, the Board considered an update on maintaining good governance where a continuation of the arrangements for Board was outlined along with a return of Committee meetings to the schedule as set out in their Terms of Reference, with the exception of Executive Committee (to meet at least monthly) and the Remuneration and Terms of Services Committee (to meet as required) - both of which were a deviation from the Terms of Reference of these Committees.

As the pandemic progressed throughout 2020/21 there were a number of changes to the originally agreed committee schedules, as outlined below.

- Audit, Risk and Assurance Committee was deferred from 27 April 2020 to 18 May 2020.
- Charitable Funds Committee on 6 April 2020 was cancelled.
- Charitable Funds Committee on 2 June 2020 was deferred to 1 July 2020.
- Charitable Funds Committee on 17 September 2020 was cancelled.

- Experience, Quality and Safety Committee was deferred from 2 April to 16 April.
- Performance and Resources Committee on 29 April 2020 was cancelled.
- Performance and Resources Committee on 7 September 2020 was deferred to 6 October 2020.
- Performance and Resources Committee on 27 October 2020 was cancelled.
- Performance and Resources Committee on 14 December 2020 was cancelled.
- Strategy and Planning Committee on 23 April 2020 was cancelled.
- Strategy and Planning Committee on 28 January 2021 was postponed to 23 February 2021.

To ensure Board Members remained fully sighted as the pandemic progressed, a series of COVID-19 Board Briefings were established. There were held on the following dates:

- 9 April 2020
- 23 April 2020
- 7 May 2020
- 18 June 2020
- 2 July 2020
- 14 December 2020
- 8 January 2021
- 22 January 2021
- 10 February 2021
- 23 February 2021
- 18 March 2021

Figure 3 below provides an overview of Board and Committee meetings held during 2020-21.

Figure 3: Board and Committee meetings held during 2020-21

Board / Committee	Dates											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Board		27	29	29		30	22	25	21	27		31
Audit Risk and Assurance		18	25	20		08		03		26		09
Charitable Funds				01					03			04
Experience Quality and Safety	16		04	02 & 03			01	06	03		04	
Performance and Resources			30				06		14		22	
Remuneration and Terms of service		20		28						27		
Strategy and Planning				09				06			23	
COVID-19 Board Briefing	09 & 23	07	18	02					14	08 & 22	10 & 23	18

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

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 conduct of the Health Board and define "its ways of working". The Standing Orders in place during 2020-21 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.

During 2020/21, the Board approved temporary changes to Standing Orders in relation to the term of office of Independent Members and the deferral of the Annual General Meeting as a result of the pandemic. There were no amendments required to the Scheme of Delegation and Reservation of Powers.

During 2020/21, the Board's Standing Financial Instructions remained extant and applicable during this time. In addition, an Interim Financial Control Procedure for COVID-19 (approved by the Board's Audit, Risk and Assurance Committee), was established to describe how the financial management responsibilities placed upon the Chief Executive and Director of Finance are discharged and implemented within PTHB, including those services hosted by the Health Board as consequence of COVID-19.

STANDARDS OF BEHAVIOUR

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

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

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

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

ITEMS CONSIDERED BY THE BOARD IN 2020-21

During 2020-2021 the Board held:

- Nine meetings, all virtual, one recorded and uploaded after the event and six livestreamed;
- three Chair's Actions;
- three development sessions;
- eleven COVID-19 Board Briefings.

All meetings of the Board held 2020/21 were appropriately constituted with the required quorum.

COVID-19 Response

In May 2020, the Board approved its Review of the PTHB response to the COVID-19 pandemic. This contained detail of the measures put in place to plan, prepare and activate (where necessary) plans, together with decision-

making arrangements (including at Board and Gold Group) together with assurance arrangements via the Committees and Board briefings. Risk identification was considered including PPE, testing, data, closed settings and the impact on wider organisational objectives.
At the same meeting the Phase 2 Response Plan was approved outlining arrangements in respect of Test, Trace and Protect alongside the four harms; harm from COVID-19; harm from an overwhelmed NHS and social care system: harm from a reduction in non-COVID-19 activity and harm from wider societal actions / lockdown.

Re-prioritised Annual Plan

In May 2020, the Board considered and approved a re-prioritised Annual Plan which had been necessitated as a result of the pandemic.

PTHB Quarter 2 Operational Plan

This plan had been prepared to address the actions required as part of the COVID-19 response and was approved in July 2020.

Winter Protection Plan Q3/4

This outlined arrangements for the second part of the year and followed on from the COVID-19 response plan and the Quarter 2 Operational Plan. This was agreed in November 2020.

COVID-19 Vaccination Plan

Progress on the COVID-19 Vaccination Plan was outlined and the delivery of Phase 2 of the plan was approved.

Strategic Planning 2021/22

Board noted a report on New Ways of Working and approved the draft strategic priorities for 2021/22.

Policies

The following policies were approved:

- Serious Incidents Policy (May 2020)
- Claims Policy (May 2020)

During 2020/21, the Board also considered and approved:

- **PTHB Podiatry Service Engagement Outcome**
  The Board approved changes to the Podiatry Service to strengthen the sustainability of the service.
- **Bro Ddyfi Community Hospital**
  In September 2020, the Board approved the Full Business Case for Bro Ddyfi Community Hospital.
- **Mechanical Ventilation**
  In September 2020, the Board approved (via the ratification of a Chair's Action) funding for the installation of ventilation systems in Brecon, Llandrindod and Welshpool Hospitals.
- **North Powys Well-being Programme**
  The North Powys Well-being Programme had been paused at the start of the pandemic but had restarted with Board approval for the Programme Business Case. Approval would also be required from programme partners including Powys County Council.
- **Llandrindod Wells Memorial Hospital:**
  Board approval was given for the submission of the Phase 2 Programme Business Case.
- **Health and Care Academy**
  The blueprint for a Powys Health and Care Academy with a first physical base at Basil Webb, Bronllys was approved.
- **Radiotherapy Satellite Centre at Nevill Hall Hospital**
  The Outline Business Case for the development of a Radiotherapy Satellite Centre at Nevill Hall was approved.
- **South East Wales Vascular Engagement**
  Proposals for engagement to commence on proposed changes to vascular services in south east Wales was approved.

In addition to the above, the Board:

- Ratified decisions taken at Executive Committee in respect of the Welsh Language Standards Update Report.
- Approved the Strategic Equality Plan 2020-2024.
- Approved the Terms of Reference for the Pharmaceutical Applications Panel.
- Approved the Financial Resource Plan 2020/21.
- Reviewed regularly the Corporate Risk Register.
- Agreed the Audit of Financial Statements and Letter of Representation.
- Approved the Annual Accountability Report 2019/20.
- Approved the Annual Work Plans for Board, Committee and Board Development.
- Received briefings on arrangements in respect of Exiting the European Union.

- Approved the Annual Performance Report (via the ratification of a Chair's action).
- Received the Annual Quality Statement prior to publication on 30th September 2020.
- Noted the Welsh Language Annual Report.
- Received an update on the South Wales Pathways Programme (the early opening of The Grange Hospital).
- Received assurance in respect of arrangements for monitoring the Nurse Staffing Levels (Wales) Act.
- Approved the Winter Unscheduled Care Plan.
- Approved the Charitable Funds Annual Accounts 2019-20.
- Approved the delegation of any decisions relating to the prioritisation of critical activities to the Chair and Chief Executive.
- Approved the draft Discretionary Capital Programme.
- Approved the revised Equality Impact Assessment in association with the requirements of the Socioeconomic Duty.
- Approved the methodology for setting the Funded Nursing Care Rate for 2021/22.
- 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.
- Routinely received reports from the Community Health Council.

ITEMS CONSIDERED BY COMMITTEES OF THE BOARD

During 2020-21, 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, COVID-19 Board Briefing sessions, attending partnership meetings, shadowing and a range of other internal and external

meetings.

An overview of the key areas for the Board committees is set out in **Figure 4** that Follows.

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

Audit, Risk and Assurance Committee	▪ Ratified approval of Single Tender Waivers. ▪ Ratified the COVID-19 Financial Control Procedure. ▪ Received the Internal Audit Annual Report and Opinion 2019-20. ▪ Received Internal and External Audit Reports and tracked implementation of audit recommendations. ▪ Kept under review the Health Board's arrangements for risk management and assurance. ▪ Reviewed and sought assurance on the accuracy of the Annual accounts and Annual accountability statement. ▪ Reviewed and sought assurance on the accuracy of annual reports.
Executive Committee	▪ Took forward actions arising from the Integrated Performance Report and performance managing the delivery of those action plans. ▪ Kept the operational effectiveness of policies and procedures under review. ▪ Scrutinised key reports and strategies prior to their submission to other Committees of the Board and/or the Board to ensure their accuracy and quality. ▪ Provided a strategic view of issues of concern ensuring co-ordination between directorates. ▪ Provided advice to the Committees of the Board and/or the Board on matters related to quality, safety, planning, commissioning, service level agreements and change management initiatives. ▪ Ensured staff are kept up to date on Health Board wide issues. ▪ Acted as the forum in which Directors and senior managers can formally raise concerns and issues for discussion, making decisions on these issues.
Charitable Funds Committee	▪ Scrutinised applications for charitable funds. ▪ Kept an overview of charitable funds income and expenditure.
Experience, Quality and Safety Committee	▪ Scrutinised the Clinical Decision Making in relation to COVID-19 ahead of a decision to be taken by Gold Group. ▪ Scrutinised the Clinical Quality Framework. ▪ Examined the risk assessment for the transmission of COVID-19 in the workplace. ▪ Examined the support provided to care homes during COVID-19.

	▪ Scrutinised and monitored arrangements for mortality reporting. ▪ Approved arrangements for use of PPE for cardiopulmonary resuscitation and nasogastric intubation. ▪ Scrutinised arrangements in relation to the South Powys Pathways Programme. ▪ Received a PSOW Special Interest Report and tracked the response thereto. ▪ Reviewed performance against key patient experience, quality and safety indicators. ▪ Sought assurance in relation to the quality of directly provided services and commissioned services. ▪ Monitored the Health Board's approach to complaints and concerns. ▪ Sought assurance in relation to specific issues, for example, the Shrewsbury and Telford Hospitals NHS Trust. ▪ Oversaw the development of the Annual Quality Statement. ▪ Received reports on matters such as Infection Prevention and Control, Wellbeing at Work, Safeguarding and Health and Safety. ▪ Monitored Welsh Language requirements, equality and diversity; and compliance with mental health legislation. ▪ Monitored the effectiveness of arrangements in place to support Improvement and Innovation. ▪ Considered the safeguarding of information and associated governance arrangements. ▪ Sought assurance on the implementation of Putting Things Right regulations and lessons learnt.
Performance and Resources Committee	▪ Sought assurance regarding financial management and financial performance. ▪ 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. ▪ Sought assurance regarding arrangements for the performance management and accountability of directly provided and commissioned services ▪ Monitored workforce and organisational development frameworks and plans; and the monitoring of key workforce metrics. ▪ Monitored GDPR and Freedom of Information, requirements.

Strategy and Planning Committee	▪ Scrutinised arrangements regarding the South Wales Pathways Programme. ▪ Scrutinised proposals for PTHB Podiatry Services. ▪ Monitored progress on the North Powys Well-being Programme. ▪ Oversaw the development of the Board's Capital Discretionary Programme and Capital Business Cases. ▪ 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. ▪ Considered and kept the following under review: ▪ Any necessary revision of the Health Board's strategies and plans. ▪ Implications for service planning arising from the development of the Health Board's strategies and plans or those of its stakeholders and partners. ▪ Health Board Civil Contingency Plan and Business Continuity Plan.

BOARD DEVELOPMENT

In July 2020, the Board approved its Board Development Plan 2020/21 – 2021/22. The purpose of the Plan outlines the key components of an effective Board, areas for further development as identified through a process of self-assessment and reflection (the Board Review of Effectiveness took place in September 2020) and confirmed the Board Development Plan for delivery throughout 2020/21 and 2021/22.

During the year, the Board took part in a number of development and briefing sessions which covered topics that included the South Powys Programme, Safeguarding, Domestic Violence and Children's Rights, Planning Ahead, the Socioeconomic Duty, Social Care White Paper and Renewal and Recovery, Planning for 2021/22.

The Board held its annual self-assessment and reflection on 27th April 2021, with a specific focus on the effectiveness of its committees. Areas for improvement identified by the Board included:

- The need to ensure strategy development remains a board-level responsibility and so the delegation of this to the Strategy and Planning Committee would be reviewed;
- The need for a strengthened approach to the use of intelligence, data and analysis to support decision making; performance and assurance processes;
- The need to ensure committee workplans were aligned but did not duplicate discussion and effort;

- The need to ensure committee workplans were risk-based with a focus on gaps in assurance and control, balanced with supporting achievement of the Board's strategic priorities;
- Consideration to the potential of bringing committee chairs together to discuss committee effectiveness and good practice throughout the year;
- The culture and practice of meetings would be addressed through the Board Development Plan to support the development of healthy challenge and accountability.

The Board will consider its committee structure in June 2021, to ensure that it remains fit for purpose. The above opportunities for strengthened effectiveness will be considered in any proposed amendments.

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 website.
The Local Partnership Forum (LPF) is well established. Work has continued during 2020-21 to strengthen the Forum's operating arrangements and maximise its role in providing advice to the Board. Between April and June 2020 arrangements were altered with the bi-monthly Local Partnership Forum meetings replaced by monthly briefing sessions. The Local Partnership Forum meetings re-commenced in July 2020 with it agreed to hold Local Partnership Forums and Local Partnership briefings on alternate months.

The Stakeholder Group did not meet during 2020/21 and due to pandemic pressures, the review of the membership of this group did not take place and it remains the intention to review arrangements relating to this group in 2021/22.

The Board does not have in place its Healthcare Professionals Forum. Pandemic pressures have meant that no work was undertaken to constitute this group during 2020/21.
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.
It is the intention to take forward arrangements in respect of the Healthcare Professional's Forum in 2021/22.

JOINT COMMITTEES

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

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

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

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 (PCC) have a series of overarching Section 33 agreements through which the organisations manage joint arrangements for Care Homes, the Community Equipment Service, Glan Irfon, Information Communication Technology (ICT) services, Reablement Services and Substance Misuse. In addition to Section 33 agreements, a Memorandum of Understanding is in place regarding services for Carers and there are a number of key areas where there is integrated working, including: Mental health services, services for people with learning disabilities, older people and children. Section 33 arrangements are overseen by a Joint Partnership Board which is outlined 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 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 2015 which brings together the public bodies in Powys to meet the needs of Powys citizens present and future. The aim of the group is to improve the economic, social, environmental and cultural well-being of Powys. Working in accordance with the five ways of working, the Board has published its Well-being Assessment and Well-being Plan. The Well-being Plan which has been developed through extensive engagement sets out four local objectives for the Powys we want by 2040. The Health Board contributes to achieving these objectives through the delivery of the health and care strategy and the Integrated Medium-Term Plan (IMTP). The PSB has set out its Well-being Plan 12 well-being steps that we will concentrate on during 2018-21 to contribute 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 met during the year scrutinizing progress on steps 11 and 12 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 Well-being, Tackling the Big 4 (Cancer, Cardio-vascular diseases, respiratory diseases and mental health), Early Help and Support and Joined up Care. The Regional Partnership Board is currently overseeing a major integrated project in North Powys providing a new model of care jointly for health and social care and extending to include supported accommodation and primary education.

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.

Mid Wales Joint Committee for Health and Social Care

Following the Welsh Government's formal recognition of mid Wales as a designated planning area, the Mid Wales Healthcare Collaborative transitioned to the Mid Wales Joint Committee for Health and 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 a health and social care' which focuses on health, Wellbeing and prevention of illness. The Mid Wales Joint Committee supports this direction of travel and its Strategic Intent sets out what we will do to ensure there is a joined-up approach to the planning and delivery of health and care services across Mid Wales over the next three years.

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 arrangement of these committees can be found in the Health Board's Standing Orders on the Health Board website.

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 finance and workforce teams have been identified to provide support to the functions, as appropriate.
During 2020-21 we continued to work with Welsh Government to strengthen the governance and accountability arrangements for the functions that we host.

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.

THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

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 2021 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 during 2020-21 to support the

Health Board's response to COVID-19, specifically:

- One meeting of the Board's Strategy and Planning Committee and three meetings of the Board's Performance and Resources Committee were cancelled during 2020-21, with any urgent business being absorbed by the Board;
- A reprioritised approach to the implementation of Audit Recommendations was adopted, to enable focus on high risk areas;
- Three Internal Audit reviews were deferred to 2021/22;
- The Risk and Assurance Group only met once during the year, 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 was continually reviewed and refined through each of the phases of the Health Board's response 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 and feedback received from the Board's Committees, in particular the Audit, Risk and Assurance Committee and the Experience, Quality and Safety Committee.

Executive Committee (Committee of the Board, as per page 88) 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, the Director of Nursing and Midwifery and the 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 sets out the Health Board's processes and mechanisms for the identification, assessment and escalation of risks. It has been developed to create a robust risk management culture across the Health Board by setting out the approach and mechanisms by which the Health Board will:

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

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

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

The Risk Management Framework is available on the Health Board's website.

Risk Management training continued on an ad-hoc basis during 2020 largely due to the impact of COVID-19. This was delivered on the request of service groups and teams. During 2021-22, a risk management training needs analysis will be developed to develop a robust training plan in relation

to risk for the Health Board.

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.

Community Health Council representatives are present at Board meetings where risk is discussed. Where work is delivered in partnership with strategic partners, such as via the Public Services Board and Regional Partnership Board, risk management arrangements are led by the host organisation. These risk management arrangements dovetail with the Health Board's Risk Management Framework to feed respective Directorate Risk Registers and the Corporate Risk Register, where necessary.

Management of Risks During 2020/21

Strategic Risks

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

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

- The risk must represent an issue that has the potential to hinder achievement of one or more of the Health Board's strategic objectives;
- The risk cannot be addressed at directorate level;
- Further control measures are needed to reduce or eliminate the risk;

A considerable input of resource is needed to treat the risk (finance, people, time, etc.).

In light of the COVID-19 pandemic, the Board's approach to risk management during 2020-21 was required to be balanced and proportionate to ensure effective risk management arrangements, whilst ensuring capacity was made available to plan and respond to COVID-19. The approach to releasing capacity and determining priorities (COVID-19 and 'business as usual' related during the year were determined by an assessment of risk).

During 2020-21, the Board continued 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 recognize the impact of COVID-19 on the organisation.

Risks to Responding to COVID-19

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. The Gold Group has been 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.

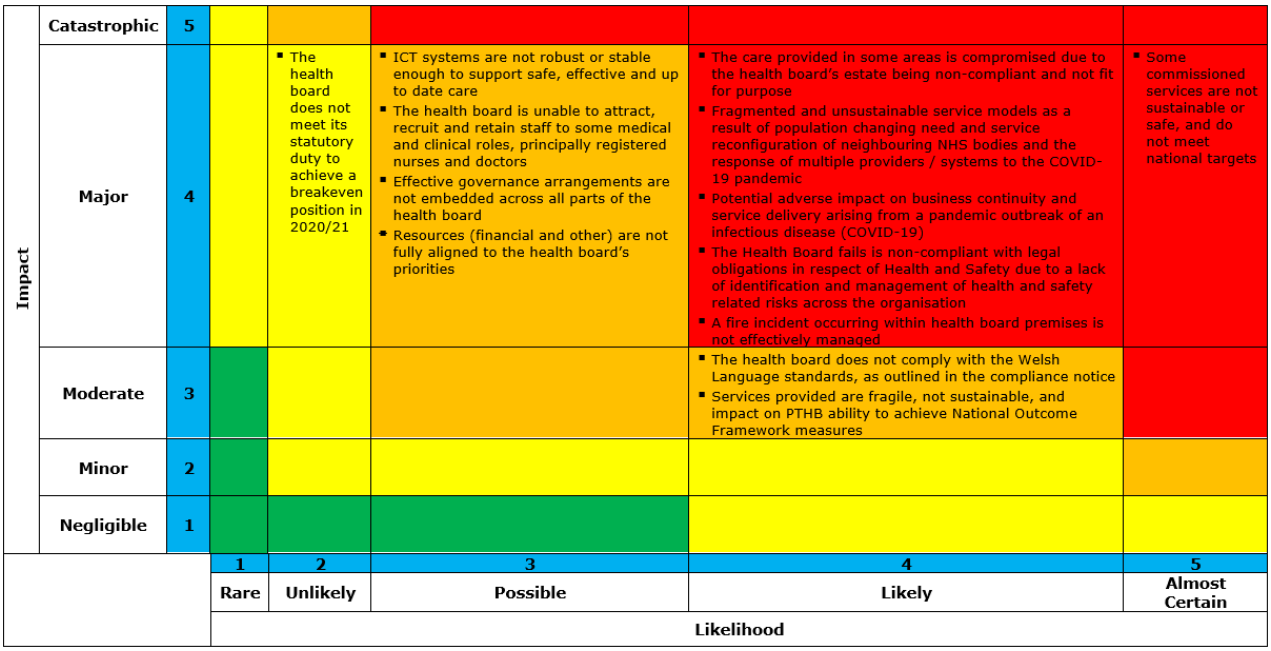
In assessing the Health Board's ability to respond to COVID-19, the Gold Group identified the key risks that required mitigation and monitoring and COVID-19 Risk Register developed. Risks contained within the COVID-19 Risk Register relate solely to the Health Board's arrangements for responding to COVID-19, and do 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 the Directorate Risk Registers).

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

THE HEALTH BOARD'S RISK PROFILE

As can be seen from the Heat Map at Figure 5, at the end of March 2021 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 5: Strategic Risk Heat Map



An overview of the key risks (i.e. those in the red section of the Heat Map) and actions taken to manage the risks are provided in Figure 6.

Figure 6: Key Risks and Controls

RISK DESCRIPTION	CONTROLS IN PLACE, ACTION TAKEN & IMPROVEMENT ACTIONS
The care provided in some areas is compromised due to the Health Board's estate being non-compliant and not fit for purpose	**CONTROLS IN PLACE / ACTION TAKEN:** **ESTATES** ▪ Specialist sub-groups for each compliance discipline. ▪ Risk based improvement plans introduced. ▪ Specialist leads identified. ▪ Estates Compliance Group and Capital Control Group established. ▪ Medical Gases Group; Fire Safety Group; Water Safety Group; Health & Safety Group in place. New Ventilation Safety Group being set up. ▪ Capital Programme developed for compliance and approved. ▪ Capital and Estates set as a specific Organisational Priority in the Health Board's Annual Plan. ▪ Address (on an ongoing basis) maintenance and compliance issues. ▪ Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards. **CAPITAL** ▪ Capital Procedures for project activity. ▪ Routine oversight / meetings with NWSSP Procurement.

	▪ Specialist advice and support from NWSSP Specialist Estates Services. ▪ Audit reviews by NWSSP Audit and Assurance. ▪ Close liaison with Welsh Government, Capital Function. ▪ Reporting routinely to P&R Committee. ▪ Capital Programme developed and approved. ▪ Detailed Strategic, Outline and Full Business Cases defining risk. ▪ Capital and Estates set as a specific Organisational Priority. **ENVIRONMENT** ▪ ISO 14001 routine external audit to retain accreditation. ▪ Environment & Sustainability Group. ▪ NWSSP Specialist Estates Services (Environment) support and oversight. ▪ Welsh Government support and advice to identify and fund decarbonisation project initiatives.
	IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2021-22:
	▪ Implement the Capital Programme and develop the long-term capital programme. ▪ Continue to seek WG Capital pipeline programme funding continuity. ▪ Develop capacity and efficiency of the Estates and Capital function. ▪ Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review delayed due to COVID-19 activity.
Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the COVID-19 pandemic	**CONTROLS IN PLACE / ACTION TAKEN:**
	A number of critical controls remain in place however some have been paused as a result of the COVID-19 Planning / Implementation across NHS Wales and NHS England. These will be progressively restored dependent on the deployment priorities for the planning and commissioning teams and the North Powys Well-Being Programme Team. Critical controls remaining in place: ▪ DPP Briefings with CHC; CHC Services Planning Committee restored from July 2020, Local Committees restored. ▪ Chief Executive and Directors of Planning meetings. ▪ Annual Plan development for 2021/2022 underway and will be submitted to PTHB Board and Welsh Government 30 June 2021, this will be a directional plan reflecting the significant complexity and uncertainty in the planning environment and responding to the Welsh Government requirement for a more fluid and adaptive approach. It will include an appraisal of learning and evidence and a set of critical priorities for 21/22 in the context of continued prevention and response to COVID-19 and essential operational service delivery, as well as longer term planning across the whole system to respond to Powys residents' needs in the light of the impact of the

	pandemic. This is set in the context of partnership work for 'A Healthy Caring Powys', and ministerial priorities / legislation. ▪ Quarterly planning cycle operational throughout 2020 and expected to be continued in 2021 to respond to Welsh Government quarterly planning requirements – this includes a review of neighbouring provider plans post submission. ▪ Winter Protection Plan for Q3/Q4 completed and reflects PTHB Strategic Priorities; operational winter plan also completed in partnership with RPB (Regional Partnership Board); Service Options Framework provided by Welsh Government in use to support operational planning. ▪ North Powys Well-Being Programme - PBC Welsh Government scrutiny grid received and responded to during February 21. Procurement discussions commenced to support Infrastructure and health, care and supported living Strategic Outline Cases. ARCHUS appointed to support with the demand, capacity and financial modelling work. Most acceleration for change project business cases approved and projects have either commenced or are being set up. Work underway on benefits plan to agree indicators and collect baseline data. South Powys Programme Board already in place to implement the respond to the South Wales Programme and the opening of the Grange University Hospital in Spring 21. Scope revised to enable fast-tracking of South Powys pathways by mid November 2020. First phase of programme delivered up to the opening of the Grange University Hospital; second phase of programme underway. ▪ Partnership mechanisms are in place in key areas of work including joint oversight and leadership of Test, Trace and Protect, Care Homes, Unscheduled Care and Winter Preparedness. The RPB and PSB are re-established and have commenced recovery planning. ▪ Powys Consultation Plans and situation reports developed for each live consultation to ensure PTHB responses consider the impact on Powys residents. Controls that will be reconsidered, adapted or resumed when it is safe and appropriate to deploy capacity back into strategic change planning, from COVID-19 planning: ▪ Strategic Change Stocktake process superseded by the processes developed during 2020 as part of the COVID-19 response – this is likely to continue to be necessary for 20/21 with the revised CAF process providing the updates and monitoring on neighbouring service change. ▪ Impact Assessment process in place for detailed analysis of live strategic change programmes. ▪ Participation in external Programme mechanisms as appropriate for key live programmes either as watching brief

	/ receipt of information or as programme participant in the case of NHS Future Fit.
	IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2021-22:
	▪ Provide robust management of and response to the Future Fit Programme in Shrewsbury and Telford Hospital NHS Trust. ▪ Continuous monitoring of impact as Hywel Dda UHB's Transforming Clinical Services Programme is implemented. ▪ Provide robust management of engagement and response to the Hereford and Worcestershire Sustainability and Transformation Plan and Stroke programme. ▪ Provide robust management of engagement and response to the Clinical Futures programme in Aneurin Bevan UHB. ▪ Robustly manage the response and engagement with external service change programmes and developments as they arise during the year. ▪ As a member of the Mid Wales Joint Committee for Health and Care support delivery of the agreed Action Plan. ▪ Key focus for north Powys programme: • Short term integrated model of care and wellbeing: o All acceleration for change projects to have baselines, indicators, milestone and finance plans agreed in April 21. o Business case developed for Ophthalmology WET AMD. Confirm investment in respiratory MDT team. Agree focus and lead for prehab. Undertake Gap analysis on community service, look at new future models and agree implementation plan. o Continue with roll out of Powys together (children's first), Bach A Iach, Repatriation of children looked after. • Work to support longer term integrated model of care and wellbeing: o Launch integrated model of care and wellbeing in late spring. o Undertake demand, capacity and financial modelling to support new model of care – assessing sustainability and affordability. o Undertake detailed service planning work to include service specific plans for RRC/CWH and review and development of pathways to support the business case. o Strategic Outline Cases for Health & Care, Infrastructure, Housing and Community.
Potential adverse impact on business continuity and service delivery arising from a pandemic	**CONTROLS IN PLACE / ACTION TAKEN:**
	▪ Test Trace Protect programme in place: • RT-PCR testing available for the Powys population via the UK online portal. • Contact tracing service operating.

outbreak of an infectious disease (COVID-19)	• Regional response cell in place for escalated cases and clusters. ▪ Joint management and oversight arrangements in place with Powys County Council, including a joint Prevention and Response Group. ▪ Working as part of the wider system in Wales through participation in regional and national planning and response arrangements. ▪ Powys Prevention and Response Plan in place. ▪ Mass vaccination programme started.
	IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2021-22:
	▪ Continued implementation of COVID-19 Prevention and Response measures including: ▪ Test, Trace and Protect ▪ Management of Outbreaks and Incidents and high-risk settings ▪ Data and Surveillance ▪ Regional resilience arrangements ▪ Continued implementation of the COVID-19 Vaccination Programme, including: ▪ Delivery in line with National modelling and supply in Mass Vaccination Centres, Primary Care and other settings as required ▪ Local Clinical Model, Clinical Delivery and Handling ▪ Booking and Administration
The Health Board fails is non-compliant with legal obligations in respect of Health and Safety due to a lack of identification and management of health and safety related risks across the organisation	**CONTROLS IN PLACE / ACTION TAKEN:**
	▪ Health & Safety workshop undertaken. ▪ Health & Safety work risk assessment work program identified. ▪ Delivery of the 'Power Hour' risk assessment sessions ongoing throughout 2021. ▪ Specialised professional Health & Safety Senior Officer support. ▪ Specialist sub-groups set up e.g. fire safety, water safety, medical gases, estates compliance, asbestos, radiation. ▪ Health & Safety Group standing item on risk. ▪ Responding to issues identified by HSE. ▪ Responding to issues identified by Internal Audit. ▪ Risk Management Framework. ▪ Risk Assessment Toolkit & Template. ▪ Health & Safety Policies. ▪ Delivery of the IOSH one-day 'Working Safely' training for Managers. ▪ Framework developed and circulated to services for population for the identification and management of H&S risks.
	IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2021-22:
	▪ Complete a desktop exercise to identify which services undertake a programme of risk assessments.

	▪ Provide focused support and advice to services to enable them to identify and manage their risks. ▪ Continued rollout of IOSH one-day 'Working Safely' training for Managers.
A fire incident occurring within Health Board premises is not effectively managed	**CONTROLS IN PLACE / ACTION TAKEN:**
	▪ Fire Service Inspections – series of inspections documented. ▪ Fire Training – training programme in place. ▪ Compartmentation – surveys are completed for identifying any deficiencies, a continuing programme of remedial works is in place, and improved controls on work activities are in place. ▪ Fire Doors – fire door inspections are on the Estates Planned Preventative Maintenance schedule for in-house staff. ▪ Fire Alarm System – systems have been risk assessed, and a programme for replacement has been agreed. An asset list is maintained, and they are serviced to identify system failings. ▪ Emergency Lighting – lighting is checked as part of Estates Planned Preventative Programme, and there is a replacement programme of works. ▪ Responsible Persons / Fire Drills – fire safety advisors are working with all sites to bring fire drills up to date, and report progress to the Fire Safety Group. ▪ Waste Compounds – risks have been identified, and improvements are being actioned by Support Services.
	IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2021-22:
	▪ Improve documentation and plans for ventilation ductwork and fire dampeners. ▪ Planned programme for replacement of Alarm Systems at high risk of failure. ▪ Agree funding from WG for a full replacement Programme for Fire Doors. Identify suitably robust door sets to meet fire standards and enable anti-ligature measures to be incorporated. ▪ Implement the framework of responsible persons to ensure trained roles are in place to drive fire drill process. ▪ Agree with Support Services and organization-wide an agreed standard operating procedure for waste and recycling storage around all sites. ▪ Review fire training to refocus and address any resilience issues. ▪ Bring all Fire Safety Manuals up to date. ▪ PTHB is looking at training options for Fire Doors to provide formal accreditation to staff. There are several training options based on the work to be undertaken. On completion of the training PTHB staff will receive formal accreditation to undertake PPM checks and minor repairs, and external specialists are used for significant repairs. ▪ Compartmentation works as identified in previous surveys to be implemented.

	▪ Fire Extinguishers – new fire extinguisher maintenance contract currently undergoing quality scoring with the aim of awarding contract by June 2021.
Some commissioned services are not sustainable or safe, and do not meet national targets	**CONTROLS IN PLACE / ACTION TAKEN:** ▪ Implementation of the Strategic Commissioning Framework (for whole system commissioning). ▪ Embedding the Commissioning Assurance Framework (CAF) escalation process. ▪ Executive Committee Strategic Commissioning and Change Group (including consideration of fragile services – currently replaced by the DGH Log mapping pathway changes across multiple providers across England and Wales due to the COVID-19 pandemic). ▪ Regular review at Delivery and Performance Meetings. ▪ Scrutiny by Performance and Resources Committee. ▪ Scrutiny by Experience, Quality and Safety Committee. ▪ Internal Audits. ▪ Contract Quality and Performance Review Meetings for the 15 NHS Providers and key private sector providers. ▪ Individual Patient Funding Request Panel and Policy. ▪ WHSCC Joint Committee and Management Group. ▪ WHSSC ICP agreed within PTHB Annual Plan for 2021/22. ▪ Emergency Ambulances Services Committee. ▪ Shared Services Framework Agreements. ▪ Section 33 Agreements. ▪ Responsible Commissioner Regulations for Vulnerable Children Placed away from Home. ▪ Specific Organisational Delivery Objectives set out in Health Board's Annual Plan for 2021-22. ▪ Participation in the Cross-Border Network Between England and Wales (Statement of Values and Principles between England and Wales). ▪ Commissioning Intentions set out in IMTP (response to the pandemic currently being implemented not commissioning intentions). ▪ NHS LTA and SLA Overview submitted to the Executive Committee (and approval process). ▪ Executive Committee approved LTA and SLA narrative (updated each year). ▪ CEO signed LTAs and SLAs for healthcare. ▪ CAF developed for General Dental Services. ▪ CAF developed for General Medical Services. ▪ Recruitment of Public Health Consultant to help strengthen commissioning intelligence (currently transferred to COVID-19 related duties). ▪ Prior approval policy in place. ▪ [Following the EU exit the EEA policy has ceased to apply]. ▪ INNU policy in place. ▪ Pooled fund manager for Section 33 Residential Care. ▪ SATH Improvement Alliance with UHB in place. ▪ Respiratory and Circulatory Transformation leads in place (but circulatory support was temporarily diverted to help

	manage changes to emergency flows). Temporary cancer post to help ensure appropriate pathways for patients with cancer. ▪ DGH and Specialised Work-stream within PTHB's COVID-19 response plan. ▪ PTHB CEO lead Programme Board involving 3 Health Boards and WAST. ▪ Participation in cross-border command and control structures. ▪ Essential Services Framework implementation underway. ▪ PTHB Children's Home Group in response to the COVID-19 pandemic.
	IMPROVEMENT ACTIONS TO BE TAKEN FORWARD IN 2021-22:
	▪ Embed whole system commissioning through the implementation of the Strategic Commissioning Framework. ▪ Embed and ensure implementation of the Commissioning Assurance Framework. ▪ Implement commissioning intentions for 2021-22. ▪ Robustly manage the performance of all providers of planned care services for the people of Powys through the Commissioning Assurance Framework. ▪ Programme of work to strengthen effective processes to develop and manage condition specific and service plans. ▪ Strengthening of commissioning intelligence in line with IMTP. ▪ Review Patient flows and activity into specialised services to ensure safe and appropriate pathways. ▪ Strengthen the organisation's capacity, capability and governance processes for commissioning – including interface with specialised services. ▪ 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. ▪ Through the Joint Partnership Board, continue to develop opportunities for pooling Third Sector commissioning. ▪ Strengthen the whole system approach to the Big 4.

During 2020-21, 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 changes included:

- A risk that resources (financial and other) are not fully aligned to the Health Board's priorities;
- A risk that the Health Board does not meet its statutory duty to achieve a breakeven position in 2020/21.

During 2020-21, the Board agreed to increase the likelihood of occurrence for a number of risks included in the Corporate Risk Register, due to the

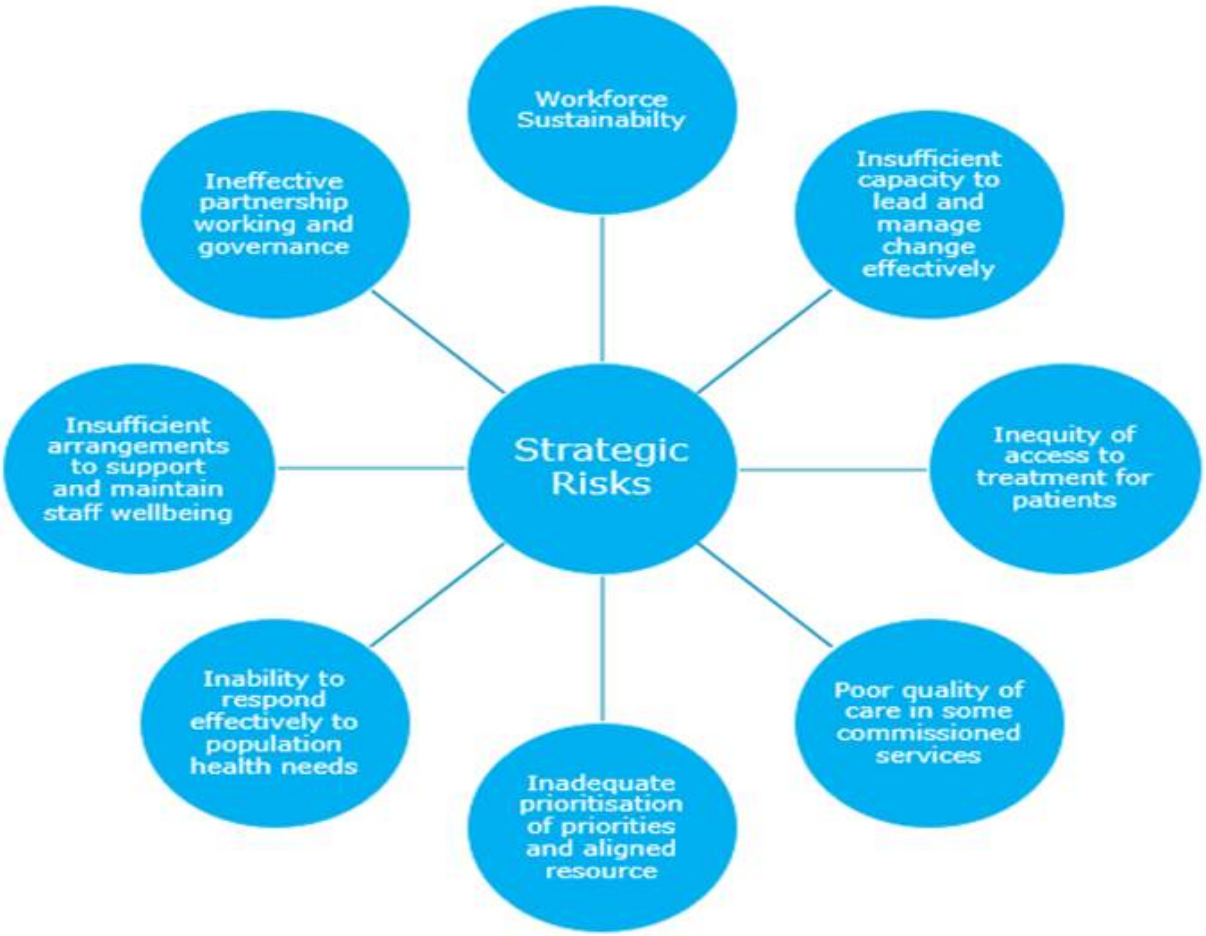
impact of the COVID-19 pandemic:

- A risk that some commissioned services are not sustainable or safe, and do not meet national targets;
- A risk that fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies.

During 2020-21, 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 there is a Service Failure of Out of Hours GMS Care;
- A risk that a UK/EU 'no trade deal' scenario adversely impacts PTHB systems and services, and key sectors within the economy of Powys;
- A risk that South Powys planning and activity assumptions to inform flows/operational response arrangements are not robust, which could result in significant harm to patients.

Following Board approval of the strategic priorities for 2021/22, via the Annual Plan (June 2021) a full review of the Corporate Risk Register will take place to ensure priorities are identified, assessed and mitigating actions established. Emerging risks at this stage include:



RISK APPETITE

The Board's Risk Appetite Statement sets out the Boards strategic approach to risk-taking by defining its risk appetite thresholds. It is a 'live' document that will be regularly revised 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, the Board considered the Health Board's capacity and capability to manage risk.

The Board recognises that risk is inherent in the provision and commissioning of healthcare services, and therefore a defined approach is necessary to articulate risk context, ensuring that the organisation understands and is aware of the risks it is prepared to accept in the pursuit of its aims and objectives.

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

The Risk Appetite Statement confirms that the Board is not open to risks that materially impact on the quality or safety of services that 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 the greatest appetite to pursue innovation and challenge current working practices; and, for financial risk in terms of 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 and have been used as the basis in determining the appetite levels set out in the Statement:

Risk Appetite Level	Risk Maturity	Risk Appetite Description
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	Eager to be innovative and to choose options offering potentially higher rewards despite greater potential risk.
	Mature	Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

The thresholds provided with the Risk Appetite Statement are provided below:

Risk Category	Description
APPETITE FOR RISK: Low (Risk Score 1-6)	
Quality & Safety of Services	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. 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. 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. 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.
Regulation & Compliance	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.
APPETITE FOR RISK: Moderate (Risk Score 8-10)	
Reputation & Public Confidence	We will maintain high standards of conduct, ethics and professionalism at all times, espousing our Values and Behaviours Framework, and will not accept risks or circumstances that could damage the public's confidence in the organisation. Our reputation for integrity and competence should not be compromised with the people of Powys, Partners, Stakeholders and Welsh Government. 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.

Finance	We have been entrusted with public funds and must remain financially viable. We will make the best use of our resources for patients and staff. Risks associated with investment or increased expenditure will only be considered when linked to supporting innovation and strategic change. We will not accept risks that leave us open to fraud or breaches of our Standing Financial Instructions.
APPETITE FOR RISK: High (Risk Score 12-15)	
Innovation & Strategic Change	We wish to maximise opportunities for developing and growing our services by encouraging entrepreneurial activity and by being creative and pro-active in seeking new initiatives, consistent with the strategic direction set out in the Integrated Medium-Term Plan, whilst respecting and abiding by our statutory obligations. We will consider risks associated with innovation, research and development to enable the integration of care, development of new models of care and improvements in clinical practice that could support the delivery of our person and patient centred values and approach. We will only take risks when we have the capacity and capability to manage them, and are confident that there will be no adverse impact on the safety and quality of the services we provide or commission.

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 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 2021-22 we will continue to 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. In addition, the 2020 Audit Wales Structured Assessment identified that the Health Board's risk management system ensured it was well placed to respond to COVID-19-related risks. The review recognised that the Health Board has a maturing system of risk management.

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

Quality governance has been sustained during 2020-2021, albeit in the midst of the impact of the pandemic. There has been greater focus on

quality and safety of the people receiving the services of the Health Board and staff providing them, recognizing the need to ensure their safety and mitigate risk during the COVID-19 pandemic.

The existing quality governance structure has been maintained. The Experience, Quality and Safety Committee continued to receive reports on assurance and escalated risks linked to patient experience, quality and safety. The Quality Governance Group (as a sub-Group of Executive Committee) has maintained its focus on promoting robust governance, management systems and processes; reporting via the Executive Committee to the Experience, Quality and Safety Committee on matters of risk or escalation. The first year of implementing the 'Improving Clinical Quality: Powys Teaching Health Board Framework for Action 2020-2023' has been progressed in most areas and regularly reported upon within the governance structure.

There has been continued focus on implementation of the Putting Things Right policy aiming to further establish clear structures and robust governance processes corporately and within service groups. Organisational learning has developed in the last year, taking account of the need to learn quickly and effectively during the pandemic period, and ensuring the Health Board listen and learn from patient and staff experiences. The newly formed Learning from Experience Group has created the opportunity to discuss and triangulate quality issues, and supports the organisation in expanding learning across all services and nationally. The refresh of the patient experience framework remains a key priority and has focused on understanding current activity to inform the strategic direction, retaining 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.

Health and Care Standards

The extant Health and Care Standards continue to inform the quality of services provided in in-patient settings. The Health and Care Standards are cross referenced as part of Committee reporting, with associated risks and escalation raised. Peer review quality checks across services reflect the Health and Care Standards, albeit a reduced programme during the last year, inform improvement and development in care and treatment supported with refreshed policies and procedures.

Health and Safety

During the COVID-19 pandemic the Health and Safety function has been leading on a detailed programme of work in relation to Social Distancing and the following key areas:

- Social distance signs and information for every building.

- Maximum room occupancy assessments.
- Advice, guidance and support in operational areas when being reconfigured to manage COVID-19 expected demands.
- A new Agile Working policy to support staff being able to work in a more flexible way.

The following areas have focused on Health & Safety improvements during 2020/21:

- A strengthened provision of health and safety training, through the delivery of sessions for Operational Managers, as part of the Management Development Programme and a dedicated development session on corporate manslaughter with the Board;
- a realigned Health and Safety function;
- developing the work programme of the Health and Safety Group and strengthening lines of accountability through to the Board;
- a reviewed and refined manual handling training programme of learning.

A dedicated health, safety and wellbeing session now forms part of the Corporate Induction day for all staff. The Health Board for the first time ever has been awarded IOSH accreditation to deliver formal ISOH training courses. A number have been delivered during the pandemic through virtual classroom sessions and PTHB has received positive feedback from IOSH, following their first quality assurance and verification audit.
A review of all Health and Safety Policies has been completed. Work has begun on supporting services with Risk Assessment identification and development, through an agreed Risk Assessment Framework. A series of Risk Assessment 'Power Hours' have been developed and continue to be delivered monthly to Managers via a Teams session. The risk of PTHB's ability to identify and manage risks, through the risk assessment process remains on the Corporate risk register.
During the year the Health and Safety Executive visited PTHB to review the Organisation's approach to the Management of Hand Arm Vibration (HAVS) and at the end of the year PTHB received two Improvement Notices relating to the management and training of managers and staff who work with vibratory equipment. The Board will continue to oversee implementation of the actions required to respond to these Notices.

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 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 thirty different specialties is appropriate.

2020/21 was particularly challenging in terms of commissioned services as: multiple pathway changes took place in response to the pandemic; non-essential elective services were suspended; access to essential services had to be maintained as well as ensuring access for Powys people with COVID-19 needing treatment in surrounding DGHs; DGH capacity was reduced in order to comply with social distancing requirements; changes to emergency pathways were needed in South Powys as the early opening of the Grange University Hospital was needed in response to the COVID-19 winter; and, preparation had to be made for the EU exit.

PTHB's Commissioning Assurance Framework (CAF) helps to identify and escalate emerging patterns of poor performance and risk in health services used by Powys patients. It considers patient experience, quality, safety, access, activity, financial governance and strategic change. It is a continuous process, considering information from a broad range of sources including "credible soft intelligence".

The usual commissioning arrangements were not in place during 2020/21 due to the pandemic. Neighbouring English regions were working in command and control systems in response to COVID-19, in which PTHB was represented. The CAF was suspended during the first COVID-19 peak, but work was undertaken throughout the year to incrementally restore the approach, although there were significant limitations. It was not possible to score all domains, for example, as "block" financial arrangements did not reflect pre-COVID-19 budgets or Long-Term Agreements. Escalation processes could not operate in the usual way, for example, in relation to elective care delays due to the suspension of services during the pandemic.

Clinical Audit

Under the new scheme for clinical audit a local audit plan was drawn up for 2020/21 that encompassed subjects identified from serious incidents and of new processes introduced by changes to organisational policy or by the introduction of new services. An update report detailing progress against the 2020/21 local clinical audit plan, describing findings from the audit was reported to, and approved by, the October 2020 and the December 2020 meetings of the Experience, Quality and Safety Committee.

The National Clinical Audit plan was severely impacted by the COVID-19

Pandemic. However, Powys THB staff continued to monitor services against the standards set out in the National Epilepsy Audit even though the audit itself was formally suspended for 2020. Other National Audits such as the National Primary Care Diabetes Audit which are conducted by the passive sampling of data from GP surgery computer systems went ahead as usual.

Complaints and Concerns Framework

A continued focus on compliance with the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 has been maintained this last year, Executive led work focusing on improving the structure, governance arrangements and everyday application of the Regulations as seen improved performance in managing concerns. This is extended to the way in which serious incidents are managed, through to investigation, learning and sharing of lessons. Investment in training the latter part of 2020-2021 is building on existing knowledge and experience across the Health Board.

Further detail on complaints and concerns will be published in the Putting Things Right Annual Report for 2020-2021. These and further information on Putting Things Right can be found on the Health Board website.

Mortality Reviews

The COVID-19 pandemic severely impacted the ability to conduct local mortality reviews as face to face meetings were curtailed. To address this issue and to provide a degree of independent scrutiny a senior review panel comprising the Medical Director, Assistant Medical Director and the Head of Nursing reviewed all Powys hospital ward deaths that occurred between March and August 2020. A second review covering the period September 2020 to February 2021 will take place in May 2021.

The pandemic likewise impacted the roll out of the Medical Examiner project. Whilst appointments have been made the project will now not go live before April 2022. The Medical Examiners will use this delay to work in shadow form, determining what infrastructure they need to put in place and working through any issues that arise before there is a need to provide the service live.

Learning from Experience Group

To help triangulate learning from National Clinical Audits and other sources a senior review panel, the Learning from Experience group, comprising all the executive clinical directors and Medicine Management Lead has been formed to review the finding from National Clinical Audits that we do not participate in due to their specialist nature but which provide information on the quality of care in organisations from which we purchase care for our

citizens. Learning from incidents, concerns and mortality reviews is also triangulated and cascaded.

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 7.***

Figure 7: Executive Portfolios

Staff and Staff Engagement

Engaging with staff and Trade Union colleagues throughout this period has been critical to the success of the Health Board's COVID-19 response. During this period of time the Health Board was part of the wider National Staff Survey, which has a good response rate from staff at 29% (compared with an all-Wales response rate of 19%) and also maintained a similar Engagement Index Score to 2018 at 78%, despite a significantly challenging year. Individual question responses showed 93% of staff were happy to go the extra mile at work, 80% of staff are enthusiastic about their role and 91.4% reported that they had not experienced bullying, abuse or harassment from their Line Manager – an improvement of 8% from 2018.

Communication and Engagement

During 2020/21 the Health Board's engagement and communication has continued to be heavily focused on response to the COVID-19 pandemic. This follows the increasing activity in response to the emerging public health emergency during Q4 of 2019/20.

Given the context of COVID-19 there has been minimal formal engagement and consultation activity. A period of formal engagement on the future shape of podiatry services was extended due to the pandemic, extending the closing date from 29 March 2020 to 12 May 2020 to allow more time to respond. Recommendations were approved by the Board in July 2020 without a requirement for formal consultation.

During the year, ongoing engagement had been expected ahead of planned changes to Nevill Hall Hospital due to take place in Q4. However, in the context of COVID-19 Aneurin Bevan University Health Board made the decision to accelerate the opening of the new Grange Hospital – with consequential impact on Nevill Hall – to November 2020. An intense period of stakeholder engagement, communication and marketing activity was therefore put in place to ensure that patients and communities were aware of the accelerated changes.

Ongoing engagement has also continued on the North Powys Wellbeing Programme, supporting the development of the Programme Business Case submission to Welsh Government and the development of the integrated model of care and wellbeing due for launch in Q1 2021/22.

In Q4, formal engagement commenced on proposals to establish a Vascular Network in South East Wales including changes to the provision of vascular surgery services. Engagement ended in April 2021, with recommendations due to be considered by the Health Boards later this year.

In relation to communication activity, COVID-19 required an intense and ongoing focus through the initial response, ongoing prevention and response through Test Trace Protect, and then to the planning and delivery of the largest ever vaccination programme the country has ever seen. A co-ordinated programme of stakeholder engagement and communication has supported the Health Board's response to COVID-19 including the identification and mitigation of key risks. Regular engagement has taken place with key stakeholders such as Community Health Council, County Council, MSs and MPs, staff, public briefing sessions, PAVO and wider partners to help inform the Health Board's plans and to support and encourage everyone to play a part in Keeping Powys Safe.

Against this busy backdrop, the Health Board also launched its new website at www.pthb.nhs.wales and www.biap.gig.cymru to provide a more integrated digital experience that supports compliance with key requirements such as Welsh Language and Accessibility Regulations.

Information Governance

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

During the COVID-19 pandemic, reliance on IG increased as the Health Board's services introduced new technologies to enable them to share information and communicate with patients and staff. Some of these changes have taken place on a national level and IG Managers across Wales have been involved in ensuring the necessary assurances were in place to meet legislative requirements.

Responsibility for IG in the Health Board rests with the Board Secretary, and the Information Governance Manager is the Health Board's nominated Data Protection Officer (DPO) in line with the requirements of the UK General Data Protection Regulation (UK GDPR). The Executive Director of Finance and Information Services acts as the Senior Information Risk Owner (SIRO), and the Medical Director is the nominated Caldicott Guardian. Performance against IG-related legislation is captured and reported to our Performance and Resources Committee.

Performance indicators against IG related legislation include the following:

INFORMATION GOVERNANCE TRAINING

As at 31 March 2021, the Health Board achieved a rate of 80% for the mandatory Information Governance training for 2020-21. This is a drop

from the previous year, however, this will be predominantly due to the pressures of the COVID-19 pandemic.

PERSONAL DATA RELATED INCIDENTS (BREACHES)

A personal data incident is a breach of security leading to the accidental or unlawful destruction, loss, alteration, un-authorised disclosure of, or access to personal data. In line with GDPR requirements, all personal data incidents must be reviewed daily, and any incidents deemed significant must be formally reported to the Information Commissioner's office (ICO) within 72 hours. During 2020/21, four personal data incidents were formally reported to the ICO. These included the Test, Trace and Protect Service; stolen medical record(s); and, mis-use of teams by clinician. 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 received. 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 2000 (FOIA) gives the public right of access to a variety of records and information held by public bodies, and provides commitment to greater openness and transparency in the public sector. During the period 1 April 2020 to 31 March 2021 the Health Board received a total of 328 requests for information, with 267 of these answered with the 20-day timeframe. Two requests for internal review were received and responded to with no further action being taken by the requestor. As a Health Board we are committed to complying with the FOIA by making information readily available via our Publication Scheme which can be found on the Health Board's website:

UK GENERAL DATA PROTECTION REGULATION (GDPR) AND ACCESS TO HEALTH RECORDS ACT (AHRA) 1990

UK GDPR and AHRA give individuals and family members the right to access their own or someone else's personal data. This is commonly referred to as a Subject Access Request (SAR), and the organisation has a statutory timeframe in which to respond. During the period 1 April 2020 to 31 March 2021, the Health Board responded to 422 SARs, with 380 of those responded to within the statutory timeframe.

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). Work has taken place to evaluate the Health Board's position for 2020/21, and the outcome including areas for improvement and compliance was reported to the Performance and Resource Committee in February 2021. The report can be accessed from the Health Board's website.

Work will continue throughout 2021-22 to address the actions required to improve our score for the next submission.

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 organization, and for ensuring that related policies and procedures conform to the latest legislation and standards.

Since the August 2019 Internal Audit Review (No Assurance) of records management and the adoption of the Records Management Improvement Plan, work has continued to address the requirements highlighted within the six recommendations made at the time of the audit. However, the impact of COVID-19, which in turn has added additional demands on key operational staff to address the pressures of the pandemic, has resulted in progress being delayed in some areas. As we move in to 2021/22, it is expected that operational services will be able to support the implementation of those actions required. In addition, a business case for the digitisation of records will be progressed.

The Corporate Governance Code

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

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

The Corporate Governance code is reflected within key policies and procedures. Further, within our system of internal control, there are a range of mechanisms in place that are designed to monitor our compliance with the Code. These include: Self-assessment; Internal and External

Audit; and, Independent Reviews.

The Board 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.

ADDITIONAL MANDATORY DISCLOSURES

Welsh Language

Following the introduction of Welsh Language Standards in May 2019, the Health Board published its first Welsh Language Standards Annual Monitoring Report in September 2020. This report details the extent to which the Health Board has Complied with the Standards and presents information on the key achievements made throughout 2019/2020. A second report will be published in September 2021 detailing the further progress made throughout 2020/2021.
The Health Board has continued to build upon the progress already made and the Welsh Language Service Leads continue to monitor the implementation of the Standards within their service areas. Whereas opportunities to work with clinical teams and patients has been limited due to the restrictions of the pandemic, the Health Board has re-focused its efforts on progressing the operational standards and other more administrative standards. This work has included:

- The successful introduction of new job evaluation and recruitment procedures to ensure that job adverts and job descriptions are published bilingually. There is still more work to be done which will focus on reviewing recruitment training for managers to help them assess the Welsh language skills required for new and vacant posts to help address any gaps in services where there are no Welsh speaking staff available;
- In March 2021, PTHB and PCC worked in partnership with Careers Wales to develop and deliver a Welsh language webinar on career paths and recruitment opportunities within health and social care. The live webinar was successfully delivered to pupils in years 9, 10 and 11 in Welsh medium secondary schools across Powys and Ceredigion;
- A new impact assessment policy and assessment tool has been approved which meets the requirements of the policy making standards;
- In February 2021 PTHB agreed to take part in the 'Leading a Bilingual Country' programme. This 6-month course, endorsed by Welsh Government, aims to provide Executive Leads and Senior Managers with the skills to market the language as a "brand", measure and foster more positive attitudes towards the language, normalise of the

use of Welsh in everyday conversation and integrate the language into the workplace;

- PTHB has been leading a regional bilingual workstream for the implementation of the Additional Learning Needs and Education Tribunal (Wales) Act. This work has involved an analysis of staff skills data, a population needs assessments and the development of regional guidelines on how to ensure that the regional programme meets Welsh Language Requirements.

Equality, Diversity and Human Rights

In September 2020, PTHB published its Equality Annual Report for 2019/2020 which provided details on the progress made to achieve the Health Board overarching Strategic Equality Objectives for 2020-2021. A further annual report for 2020-2021 will be published in due course providing details of further progress made.

Building upon the momentum of the newly developed Strategic Equality Plan (SEP), the Health Board has focused on the Establishment and development of virtual networks and events to support staff, patients and hard-to-reach groups and those who's individual needs may have been exacerbated by the current pandemic. Networking with PCC, PAVO, WG and wider stakeholder groups and organisations has been crucial to maintain and promote health and wellbeing and PTHB has implemented the following actions and initiatives throughout 2020-2021:

- Virtual Menopause Café for staff to coincide with the new All Wales Menopause Policy;
- Joint Neurodiversity Network between PTHB and PCC to provide support to staff with various additional learning needs and learning disabilities such as autism and dyslexia;
- Gender Stakeholder Network which comprises of staff, patients and other key stakeholders. This group has undertaken specific training to help raise awareness of gender identity issues. The Health Board has also invested in specialist training for key members of our Speech and Language Therapy Team who are assisting local GPs who specialise in gender identity by offering trans voice therapy;
- Welsh Government have established a Gypsy Roma Traveller (GRT) Stakeholder Group which has allowed our Service Improvement Manager for Equality to establish links with TGP Cymru Officers and key staff within PCC Housing Department to ensure that the health needs of GRT communities within Powys have been met throughout the pandemic.
- PTHB has established an internal virtual senior management group to look at the implementation of the recommendations of Welsh Government's BAME COVID-19 socioeconomic Subgroup Report. Actions include establishing links with BAME staff groups within

neighbouring Health Boards and Public Health Wales, sourcing available awareness training for staff, promoting the COVID-19 Risk Assessment Tool for staff, and recruiting BAME Outreach PAVO Volunteers.

- PTHB took part in national online Pride Cymru and LGBTQymru events during the summer of 2020. Further promotion of 'Coming Out' Day was also promoted October 2020;
- Sensory Loss Awareness Month was promoted to staff and the public throughout November 2020. Supporting those with sensory loss has been a priority throughout the pandemic and the Health Board has purchased personal amplifiers which patients can use when receiving care and treatment. Same day hearing aid repair and replacements services have been introduced for inpatients along with an increase in remote hearing aid adjustment with the assistance of Action on Hearing Loss. In addition, ECLO services have been amended and improved to support those with sight loss as a result of the COVID19 pandemic;
- Significant work has been undertaken as part of the mass vaccination implementation programme to ensure that the needs of minority, vulnerable and hard-to-reach groups have been considered and any necessary mitigating actions have been put in place. A 'Leaving No-one Behind' sub-group has been established to facilitate the vaccination process for those with specific needs, encourage uptake of the vaccine and to reduce health inequalities for those who may be disadvantaged. An action plan has been developed and guidance has been shared widely with staff in the mass vaccination centres.

Emergency Preparedness and Civil Contingencies - Preparing for a 'no-deal' BREXIT - Planning Arrangements for COVID-19

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 and arrangements;
- have in place arrangements to warm, inform and advise members of the public;
- share information, cooperate and liaise with other local responders.

The Health Board has a series of emergency response plans in place that take full account of the requirements of the Welsh Government's guidance

to NHS Wales and all associated guidance, to ensure that the Health Board is able to respond to a wide range of emergencies.
The main focus of emergency preparedness and response activity during 2020/21 has been in relation to:

- **Responding to the COVID-19 Pandemic**

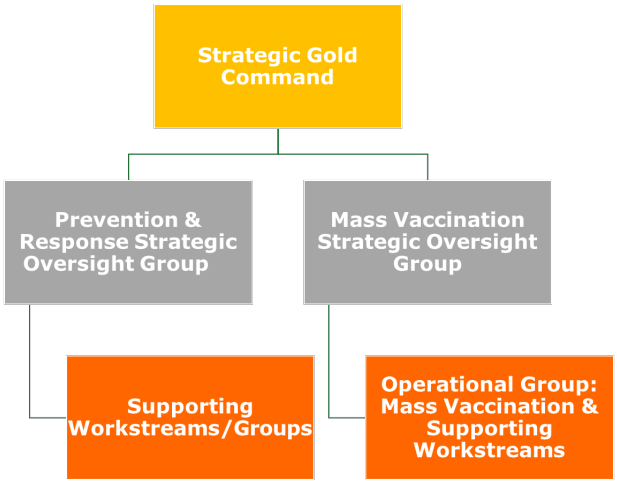
To plan and respond to the COVID-19 pandemic, presented a number of challenges to the organisation. A number of new and emerging risks were identified. Whilst the organisation did have a major incident and business continuity plan in place, as required by the Civil Contingencies Act 2004, the scale and impact of the pandemic has been unprecedented.
As previously highlighted, the PTHB Pandemic Framework helped to shape the Health Board's preparatory COVID-19 response arrangements. The Health Board has continued to maintain internal command and control arrangements centre on a Gold (strategic) level group and a series of tactical and operational delivery groups. The focus of work undertaken through these groups have been of transitional nature, to adapt to the different phases of the Health Boards pandemic response.
Key areas of planning and response have been on:

- Operational Delivery;
- Prevention and Response;
- Mass Vaccination Programme.

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 organisation continues to work closely with a 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 objective.

In respect of COVID-19, the Chief Executive has established the following internal hierarchical structure known as "Command and Control":



Strategic (Gold) Group

The Strategic (Gold) Group, chaired by the Chief Executive, 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.

The Strategic (Gold) Group will:

- Coordinate strategic decision making and effective use of resources throughout the assessment, treatment and recovery phases; ensuring key supporting roles are covered;
- Ensure strategic oversight of the response to COVID-19 for the Health Board as a whole;
- Delegate actions to the Tactical (Silver) Groups to ensure implementation of a plan to deliver the strategic aim and objectives;
- Formulate media handling and public communications strategies, as required and necessary;
- Protect the wellbeing of staff and patients within the Health Board;
- Decide when the pandemic response arrangements should be stood-down and recovery phase implemented.

The Strategic (Gold) Group is constituted by Executive Directors and includes a Military Liaison Officer and the Director of Adult's & Children's, Powys County Council (PCC).

Meetings of the Strategic (Gold) Group have been held once a week and formally recorded with all decisions logged.

- **Preparing for the End of the EU Transition Period**

In August 2020, the Health Board refreshed and renewed its preparedness activities in respect of EU Transition planning.
At a national level, the Health Board continued to be represented at a number of NHS EU Transition planning group which had been established

by Welsh Government, as part of the UK's overall governance arrangements for the EW Transition Period. 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 the negotiations that were underway between the UK and EU.
At a local level, the focus of the Health Board's EU Transition Period 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;
- Long term population health and well-being.

On 24 December 2020, the UK Government and the EU announced that they had agreed a trade deal setting out the terms of their future relationship from 1 January 2021. The Health Board continues to maintain the additional contingency measures that were put into place prior to the end of the Transitional Period until further medium to longer-term guidance for health and social care organisations is published by the Welsh Government.

Ministerial Directions & Welsh Health Circulars

The Welsh Government has previously issued Non-Statutory Instruments and reintroduced Welsh Health Circulars (WHCs) in 2014/15. Details of these and a record of any ministerial directions given is available on the Welsh Government website. A full detail of the WHCs issued to the Health Board in 2020/21 and the Health Board's responding action is included at Appendix 2.

There have been no Ministerial Directions issued in 2020/21. There was one Ministerial Direction issued in December 2019, to address the operational challenges arising as a consequence of pension tax arrangements. Further detail in this regard is included under Contingent Liabilities within the 2020/21 Financial Statements (Note 21.1).

Planning, Delivery and Performance Framework

The Health Board develops its plans based on an assessment of population need which considers environmental, social and community issues. The Integrated Medium-Term Plan (IMTP) for 2019/ 20 (developed prior to the start of the COVID-19 pandemic) was set in the context of the shared long-

term Health and Care Strategy for Powys, 'A Healthy Caring Powys' which itself is informed by the Powys Well-being Assessment.

The requirement for Integrated Medium-Term Plans was subsequently suspended by Welsh Government in March 2020 due to the COVID-19 pandemic and replaced by a requirement for quarterly planning.

The quarterly plans developed and implemented by the Health Board during 2020 - 2021 were focused on the COVID-19 response and the maintenance of essential healthcare, in line with Welsh Government and UK Government requirements and guidance from the World Health Organisation and clinical bodies in this context.

PTHB developed a COVID-19 Clinical Response Model and Support Services Model as core components for the Planning and Delivery Framework in Quarter 1 (April to June 2020). This provided a 'Five Step' model which ensured a robust response to the first phase of the COVID-19 pandemic encompassing individual action to stay home and save lives; self-care and family / community support; primary care; community care and the community hospital model and acute and specialist care.

The provided the foundation for the Phase 2 Plan in Quarter 2 which whilst remaining focused on delivery in the period July to September 2020 also took a longer view, anchoring back to existing long-term health and care strategy which is shared across partners in Powys.

Importantly, the plans throughout 2020 – 2021 were set in the context of the wider harms potentially being experienced during the pandemic. PTHB framed the delivery of healthcare in this period around the 'Four Harms' set out by Welsh Government in the context of the pandemic:

- Harm from COVID-19 itself.
- Harm from the reduction in Non COVID-19 services.
- Harm from an overwhelmed health and acre system.
- Harm from the wider societal impact of the pandemic.

This ensured that the existing focus on environmental, social and community issues in the Health Board's approach continued to provide a foundation for the Health Board's work during a challenging year.

It also enabled a progressive review and re-evaluation of environmental, social and community issues as part of the planning and delivery cycle and this was particularly helpful in the development of the Winter Protection Plan which encompassed the Quarter 3 and Quarter 4 period from October 2020 to the end of March 2021. This has a greater focus on recovery in line with the long-term ambition of 'A Healthy Caring Powys'.

The way in which performance was measured was also adapted in 2020/2021 in line with changes to the national framework in response to

the COVID-19 pandemic. An integrated approach was maintained but with significantly new components to deliver the necessary intelligence and surveillance required by the newly established Strategic Gold command established in the first phase of the pandemic response. This included a Dashboard updated at daily and weekly intervals as appropriate to provide the position on the COVID-19 pandemic and the health and care system response.

Strategic Gold Command also oversaw progress against the Planning and Delivery Framework, through the mechanism of a detailed supporting implementation plan for each quarter. This tracked the key actions in each of the areas of the 'Four Harms' and the delivery of the Five Step model and its key workstreams.

The NHS Wales performance framework was suspended in Quarter one however PTHB continued to report an overview of the key performance indicators to key committees and PTHB Board, where the data was available. A new element of reporting was also introduced to track delivery of essential healthcare across both PTHB provided services and commissioned services and a log of service changes and suspensions due to the pandemic was maintained throughout 2020/2021 and continues in use into 2021/2022.

This refreshed approach in the context of the pandemic ensured that performance reporting and review continued to take place at every level in the organisation including individual, team and Directorate reviews. This system of reporting and review continued to provide the necessary assurance through to Committees of the Board and the Board on the quality and safety of services, access to care, improvement and delivery against the board's strategic objectives, in a complex and changed operational environment.

Looking forward, the Annual Plan for 2021-2022 also shows this progressive evaluation and has been created based on a thorough consideration of the learning, reflections and evidence base in relation to the needs of the Powys population and the challenges and opportunities ahead.

Further detail on performance and progress against plans during 2020 / 2021 and the forward look for 2021/2022 are included in Part 1: Performance Overview.

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.

Due to the pandemic, the process for the 2020-23 integrated plan was paused in spring 2020 and a temporary quarterly planning arrangement put in place for 2020-21.

As a result, the extant planning duty for 2020-21 remains the requirement to submit and have approved a 2019-22 integrated plan, as set out in the NHS Wales Planning Framework 2019-22. The Health Board submitted a 2019-22 integrated plan in accordance with the planning framework.

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.

Sustainability and Carbon Reduction 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.

Review of Effectiveness of System of Internal Control

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

The Board 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.

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 2021/22 to strengthen the reporting of risks to the Board's Committees.
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.

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.

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 2020-21. This was approved by the Audit, Risk and Assurance Committee in March 2020.

The work plan for 2020-21 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.

As part of the quality assurance process, NHS organisations in Wales are required to complete a self-review of their progress in implementing the Standards. From 2021/22 NHS Wales will introduce Government Functional Standards on Counter Fraud to replace NHS Counter Fraud Authority's (NHS CFA) 'NHS Counter Fraud Standards (Wales)'. A self-assessment against the incoming Standards was therefore undertaken in 2020/21. The following areas have been highlighted as requiring improvement as part of the self-assessment process:

- NHS Requirement 3 – Fraud bribery and corruption risk assessment. This has been worked on in 2020/21 in preparation. This is a developing area across NHS Wales and England. Further guidance and assistance from NHS CFA on aligning this work to Government Counter Fraud Profession fraud risk assessment methodology is anticipated in 2021/22 which will subsequently be adopted and implemented within the Health Board.
- NHS Requirement 6 – Outcome based metrics. Introduction of formal KPIs with targets set at beginning of the year will be a new approach and so consistency across NHS Wales will be key for this.
- NHS Requirement 8 – Reporting Identified Loss. A new case management system to be introduced on 1st April 2021 will assist in meeting this new standard. Consistency across NHS Wales in the form of calculation formula has been agreed to identify and report losses.
- NHS Requirement 10 - Undertake detection activity. Whilst work has been completed in this area particularly around analysing and sharing information and intelligence on emerging and existing fraud risks the combination of shift of focus towards dealing with pandemic and a drop in available resource has meant not enough work has been completed to proactively detect fraud in year to achieve a Green rating. The Amber rating represents maintaining a similar rating to that of comparable NHS Standards for the 2020/21 review. The Counter Fraud work plan for 2021/22 contains activity aimed at increasing this rating. A full time return to partners in this area, such as PPV, successful recruitment of a new LCFS and general 'normalisation' of NHS roles will aid in achievement and completion of this planned activity for 2021/22.

Improvement activity for these areas has been included within the 2021/22 Counter Fraud Work Plan. Further detail can be found in the Counter Fraud Annual Report for 2020-21, which was presented to the Audit, Risk and Assurance Committee on 08 June 2021.

Internal Audit

Internal audit provides 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 that has been delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit, Risk and Assurance Committee, and is focused on significant risk areas and local improvement priorities.

The overall opinion by the Head of Internal Audit on governance, risk management and control are functions 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 programme has been impacted by the need to respond to the COVID-19 pandemic with some audits, deferred, cancelled or curtailed 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 Opinion. In forming the Opinion, the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

Head of Internal Audit's Opinion for 2020-21

The Head of Internal Audit Opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control for 2020-21 is set out below:

Reasonable assurance	 + Yellow	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.

Due to the considerable impact of COVID-19 on the Health Board in 2020-21, the internal audit plan has needed to be agile and responsive to ensure that key developing risks are covered. As a result of this approach, and with the support of officers and independent members across the Health Board, the plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit & Risk Assurance Committee. In addition, regular audit progress reports have been submitted to the Audit & Risk Assurance Committee. Although changes have been made to the plan during the year, the Head of Internal Audit has confirmed that they have undertaken sufficient audit work during the year to be able to give an overall opinion in line with the

requirements of the Public Sector Internal Audit Standards.

The Internal Audit Plan for 2020/21 was initially presented to the Audit & Risk Assurance Committee in March 2020, however as a result of the impact of the pandemic a revised version of the plan was prepared, with the final version receiving approval at the Committee in June 2020. This Annual Opinion is therefore primarily based on the delivery of the June 2020 version of the annual plan, including the subsequent updates made to the plan that are reported to the Audit & Risk Assurance Committee at each meeting.

Overall, the Head of Internal Audit was able to provide assurances to the Board that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the areas as set out below:

Substantial Assurance	**Reasonable Assurance**
• Freedom of Information (FoI) follow up. • Access to primary care – GP contract. • Capital Systems.	• Health & Safety follow up. • Generic follow up of 'limited' assurance reports. • Progress against regional plans. • Safeguarding during COVID-19. • Digital solutions. • Winter pressures and flow management. • Grievance policy.
Limited Assurance	**Advisory & Non-Opinion**
• Partnership governance – programmes interface. • Fire safety. • Llandrindod Wells project.	• COVID-19 Governance Review. • Annual Quality Statement. • Mass vaccinations programme. • IM&T control and risk assessment. • Advanced Practice Framework. • Environmental sustainability.
No Assurance	
• N/A	

Limited Assurance Rated Reviews

Fire Safety

The Fire Safety audit, which included a review of the status of previously agreed management actions, received limited assurance. The review identified key control weaknesses around a lack of clarity over the assignment and operation of key fire safety roles and responsibilities and assurance could not be provided that the Health Board would have sufficient, trained support in the event of a fire incident. In addition, fire drills were not being undertaken in accordance with procedures and general best practice.

The following improvement actions were recommended by Internal Audit and accepted by management:

- The Fire Safety Policy should be updated to:

    a. Demonstrate compliance with the current regulations [WHTM 05-01 (2019)].
    b. Reflect the current fire safety management structure within the THB.
- The current fire safety management structure should be formally clarified, documented and approved at an appropriate forum (e.g. Fire Safety Group), ensuring commitment and support from both Executive Team / Board and Operational Managers.
- Individual fire safety roles and responsibilities should be formally documented (e.g. via terms of reference), assigned and accepted, ensuring appropriate management arrangements within localities.
- The fire plans displayed at Llandrindod Wells War Memorial Hospital will be updated to reflect the recent site changes.
- Site staff should receive instruction / training to ensure the local fire management folders are appropriately used and fully completed.
- Sample checks should be made during Fire Safety Adviser site visits to ensure folders are being completed as required.
- Fire Warden and Incident Coordinator roles will be confirmed with immediate effect to ensure there is sufficient coverage in each location in the event of an incident / evacuation.
- Fire Safety Drills:
    a. Site fire drills should be performed on an annual basis (as a minimum).
    b. Non-compliance with planned drills will be reported to the Fire Safety Group.
    c. The fire drill schedule will be enhanced to provide distinction between planned and actual fire drills.

The Audit, Risk and Assurance Committee has considered the management action plan to respond to the weaknesses identified and will monitor progress in line with agreed timescales via the Audit Recommendations Tracker. The latest version of which was reported to the Audit, Risk and Assurance Committee on 29 April 2021.

Partnership Governance – Programmes Interface

The 'partnership governance - programmes interface' review focused on the arrangements in place within the Live Well: Mental Health partnership. Limited assurance was provided with high priority findings raised in relation to the absence of a partnership governance framework, defining the different types of partnership/collaborative working arrangements and the governance arrangements required for each, and the need to strengthen performance monitoring and assurance reporting arrangements.

The following improvement actions were recommended by Internal Audit and accepted by management:

- The health board should consider developing a partnership governance guidance document defining the different types of

partnership/collaborative working arrangements and the governance arrangements required for each. This would assist in identifying the most appropriate arrangement to meet identified needs when seeking to establish a new partnership. The equivalent arrangements in place for Section 33 agreements could be used as a starting point. Partnerships should be supported by a partnership governance framework clearly setting out the objectives and governance arrangements. This should include roles and responsibilities of each partner, performance monitoring and assurance reporting arrangements and escalation processes. A central record of partnerships should be maintained. This should identify the executive lead(s) and assurance reporting arrangements. The record should be referred to when considering establishing a new partnership, to identify whether requirements could be met by an existing partnership in order to avoid potential duplication of effort.

- Responsibilities for delivery and arrangements for monitoring and reporting on implementation of specific actions within the Together for Mental Health delivery plan should be formally documented and mapped to the delivery plan. This will enable the Mental Health Planning & Delivery Partnership Board to maintain oversight of and gain assurance in respect of the delivery of the plan as a whole.
- Terms of reference for the amalgamated MH Officers Group / Performance Subgroup should be documented and reflect the groups responsibility for monitoring performance against the Together for Mental Health delivery plans. The Hearts & Minds: Together for Mental Health delivery plan should be monitored by the MH Officers Group / Performance Subgroup, with clear status updates on the implementation of actions within. Assurance on delivery of the plan should be reported via the MHPDP to the RPB in line with the RPB work plan.
- Membership of the MH Planning & Development Partnership Board should be reviewed to ensure appropriate representation from each partner organisation and the terms of reference updated accordingly.
- Arrangements for reporting assurance to the Health Board on the effectiveness of the Live Well: Mental Health partnership need to be determined.

The Audit, Risk and Assurance Committee has considered the management action plan to respond to the weaknesses identified and will monitor progress in line with agreed timescales via the Audit Recommendations Tracker. The latest version of which was reported to the Audit, Risk and Assurance Committee on 29 April 2021.

Llandrindod Wells Project

The purpose of the Llandrindod Wells Project Review was to assess the delivery of the circa £6.6M multi phased project through to completion. Specific consideration was to be given to the management of key issues

affecting the delivery of the scheme to date, together with arrangements to ensure risks to project delivery are mitigated/managed appropriately and in accordance with defined contractual requirements.

At the time of preparing this Statement, Internal Audit's Report remained in draft status with management considering its response to the findings. Internal Audit's draft findings presented a limited assurance rating and plans to present final findings are planned for the Audit, Risk and Assurance Committee meeting in July 2021.

Improvements identified in the final draft report will be considered by the Committee, alongside management's response. Actions agreed for implementation will be monitored in line with agreed timescales via the Audit Recommendations Tracker. The latest version of which was reported to the Audit, Risk and Assurance Committee on 29 April 2021.

External Audit: Structured Assessment Findings

The Auditor General for Wales is the Health Board's statutory external auditor and the Wales Audit Office undertakes audits on his behalf. Since 1 April 2020 the Auditor General for Wales and the Wales Audit Office are known collectively as Audit Wales.

The 2020 Structured Assessment work was designed in the context of the ongoing response to the pandemic to ensure a suitably pragmatic approach to help the Auditor General discharge his statutory responsibilities whilst minimising the impact on NHS bodies as they continue to respond to the next phase of the COVID-19 pandemic. The key focus of the work was on the corporate arrangements for ensuring that resources are used efficiently, effectively and economically. Auditors also paid attention to progress made to address previous recommendations where these related to important aspects of organisational governance and financial management especially in the current circumstances.

Overall Audit Wales concluded that the Health Board has maintained good governance arrangements during the pandemic. The Board adapted its governance arrangements to maintain openness and transparency, support agile decision-making and ensure effective scrutiny and leadership during the pandemic. The Board is committed to using learning to help shape future arrangements. The Health Board's risk management system ensured it was well placed to respond to COVID-19-related risks. The Health Board is strengthening its quality assurance arrangements, including updating key policies and adapting its commissioning assurance arrangements.

Audit Wales did not make any new recommendations based on the 2020 work, but noted a number of improvement opportunities in respect of

conducting business effectively; systems of assurance; and, managing financial resources.

The Audit Wales Structured Assessment 2020 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 2020-21, 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 2021-22 to ensure implementation of recommendations arising from audit reviews, in particular where a limited assurance rating is applied. Work will continue in 2021-22 to embed risk management and the assurance framework at a corporate level. Implementation of the Board's Annual Governance Programme will see a further strengthening of the Board's effectiveness and the system of internal control in 2021-22.

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 that 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 are 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 that has presented a number of opportunities in addition to the risks. The need to recover from the pandemic will be with the organisation and wider society throughout 2021-22 and beyond. I will ensure our Governance Framework considers and responds to this need.

SIGNED BY: Carol Shillabeer **DATE: 10 JUNE 2021**

CAROL SHILLABEER [CHIEF EXECUTIVE]

Appendix 1: Board and Board Committee Membership and Attendance at Board

Name	Position and Area of Expertise	Board and Board Committee Membership	Attendance 2020-21
Independent Members			
Vivienne Harpwood	Chair	▪ Chair of the Board	8/9
		▪ Chair of the Remuneration and Terms of Service Committee	3/3
Melanie Davies	Vice Chair	▪ Vice Chair of the Board	7/9
		▪ Chair of the Experience, Quality and Safety Committee	7/7
		▪ Vice Chair of the Remuneration and Terms of Service Committee	3/3
		▪ Member of the Performance and Resources Committee	3/3
Ian Phillips	Independent Member [Information Technology]	▪ Member of the Board	9/9
		▪ Vice Chair of the Strategy and Planning Committee	2/2
		▪ Member of the Audit, Risk and Assurance Committee	7/7
		▪ Member of the Performance and Resources Committee	3/3
Trish Buchan	Independent Member [Third Sector]	▪ Member of the Board	9/9
		▪ Chair of the Strategy and Planning Committee	2/2
		▪ Vice Chair of the Experience, Quality and Safety	7/7
		▪ Member of the Charitable Funds Committee	3/3
Matthew Dorrance	Independent Member [Local Authority]	▪ Member of the Board	7/9
		▪ Member of the Audit, Risk and Assurance Committee	3/7
Owen James	Independent Member [Community] Resigned 4 September 2020	▪ Member of the Board	3/3
		▪ Chair of the Charitable Funds Committee	1/1
		▪ Member of the Experience, Quality and Safety Committee	3/3
		▪ Member of the Strategy and Planning Committee	1/1
Tony Thomas	Independent Member [Finance]	▪ Member of the Board	8/9
		▪ Chair of the Audit, Risk and Assurance Committee	7/7
		▪ Vice Chair of the Charitable Funds Committee	2/3
		▪ Member of the Performance and Resources Committee	3/3

		▪ Member of the Remuneration and Terms of Service Committee	4/4
Mark Taylor	Independent Member [Capital and Estates]	▪ Member of the Board	9/9
		▪ Vice Chair of Audit, Risk and Assurance Committee	7/7
		▪ Chair of the Performance and Resources Committee	3/3
		▪ Member of the Charitable Funds Committee	2/3
		▪ Member of the Strategy and Planning Committee	2/2
Susan Newport	Independent Member [Trade Union]	▪ Member of the Board	8/9
		▪ Member of the Experience, Quality and Safety Committee	6/7
		▪ Member of the Remuneration and Terms of Service Committee	3/3
Rhobert Lewis	Independent Member [From 22nd February 2021]	▪ Member of the Board	1/1
Frances Gerrard	Independent Member [University]	▪ Member of the Board	7/9
		▪ Member of the Experience, Quality and Safety Committee	7/7
Executive Officers			
Carol Shillabeer	Chief Executive	▪ Member of the Board	Board Attendance 9/9
		▪ Member of the Emergency Ambulance Services Committee	
		▪ Member of the Joint Partnership Board	
		▪ Member of the Welsh Health Specialist services Committee	
		▪ Member of the Powys Public Service Board	
		▪ Member of the Powys Regional partnership Board	
		▪ Member of the Powys Joint Partnership Board	
		Required attendee at: ▪ Remuneration and Terms of Service Committee ▪ Local Partnership Forum ▪ Experience, Quality and Safety Committee ▪ Performance and Resources Committee	

		Attendee as requested at all Board Committees	
Jamie Marchant	Director of Primary and Community Care, and Mental Health and Deputy Chief Executive [From 1st June 2020 to 30th November 2020	▪ Member of the Board	Board Attendance 8/9
		▪ Member of the Emergency Ambulance Services Committee (in Chief Executive's absence)	
		▪ Member of the Joint Partnership Board (in Chief Executive's absence)	
		▪ Member of the Welsh Health Specialist Services Committee (in Chief Executive's absence)	
		▪ Member of the Powys Public Service Board (in Chief Executive's absence)	
		▪ Member of the Powys Regional Partnership Board (in Chief Executive's absence)	
		▪ Member of the Powys Joint Partnership Board (in Chief Executive's absence)	
		Required Attendee: ▪ Experience Quality and Safety Committee ▪ Performance and Resources Committee	
		Attendee as requested at all Board Committees	
Wyn Parry	Medical Director [To 31st July 2020]	▪ Member of the Board	Board Attendance 3/3
		Required Attendee: ▪ Experience, Quality and Safety Committee	
		Attendee as requested at all Board Committees	
Paul Buss	Medical Director [From 1st August 2020 to 31st January 2021]	▪ Member of the Board	Board Attendance 5/5
		Required Attendee: ▪ Experience, Quality and Safety Committee	
		Attendee as requested at all Board Committees	
Kate Wright	Medical Director [From 15th February 2021]	▪ Member of the Board	Board Attendance 1/1
		Required Attendee: ▪ Experience, Quality and Safety Committee	
		Attendee as requested at all Board Committees	

Claire Madsen	Director of Therapies and Health Sciences	▪ Member of the Board	Board Attendance 9/9
		Required Attendee: ▪ Experience, Quality and Safety Committee ▪ Performance and Resources Committee	
		<u>Attendee as requested at all Board Committees</u>	
Alison Davies	Director of Nursing and Midwifery	▪ Member of the Board	Board Attendance 8/9
		Executive Lead and Required Attendee: ▪ Experience, Quality and Safety Committee	
		Required Attendee: ▪ Strategy and Planning Committee ▪ Charitable Funds Committee	
		<u>Attendee as requested at all Board Committees</u>	
Julie Rowles	Director of Workforce and OD	▪ Member of the Board	Board Attendance 8/9
		Executive Lead and Required Attendee: ▪ Remuneration and Terms of Service	
		Required Attendee: ▪ Experience, Quality and Safety Committee ▪ Performance and Resources Committee ▪ Strategy and Planning Committee ▪ Local Partnership Forum	
		<u>Attendee as requested at all Board Committees</u>	
Hayley Thomas	Director of Planning and Performance and Deputy Chief Executive [From 1st December 2020 to 1st June 2021]	▪ Member of the Board	Board Attendance 9/9
		▪ Member of the Emergency Ambulance Services Committee (in Chief Executive's absence)	
		▪ Member of the Joint Partnership Board (in Chief Executive's absence)	
		▪ Member of the Welsh Health Specialist Services Committee (in Chief Executive's absence) ▪ Member of the Powys Public Service Board (in Chief Executive's absence)	

		▪ Member of the Powys Regional Partnership Board (in Chief Executive's absence)	
		▪ Member of the Powys Joint Partnership Board (in Chief Executive's absence)	
		Executive Lead and Required Attendee: ▪ Strategy and Planning Committee ▪ Performance and Resources Committee	
		<u>Attendee as requested at all Board Committees</u>	
Stuart Bourne	Director of Public Health	▪ Member of the Board	Board Attendance 6/9
		Required Attendee: ▪ Strategy and Planning Committee ▪ Experience, Quality and Safety Committee	
		<u>Attendee as requested at all Board Committees</u>	
Pete Hopgood	Director of Finance and IT	▪ Member of the Board	Board Attendance 8/9
		Executive Lead and Required Attendee: ▪ Performance and Resources Committee ▪ Charitable Funds Committee	
		Required Attendee: ▪ Audit, Risk and Assurance Committee ▪ Strategy and Planning Committee	
		<u>Attendee as requested at all Board Committees</u>	

From 1st August 2020 to 31st March 2021, Dr Catherine Woodward was appointed as Interim Responsible Officer. This role did not require attendance at Board or Committee meetings.

Appendix 2: Welsh Health Circulars 2020-21

Reference	Date Issued	Welsh Health Circulars		Status	Action to demonstrate implementation / response
2020-008	20/04/2020	Guidance for Local Health Boards and NHS Trusts on the reuse of end of life medicines in hospices and care homes	Local Health Boards (LHBs) should put in place arrangements to support the limited reuse of end of life medicines in care homes and hospices, in exceptional circumstance.	Complete	All actions relating to WHC have been completed. Training was provided to all care home staff by a member of the Medicines Management Team and GP practices were made aware of the change in practice. Access to end of life medicines is not an issue at the moment and we are not needing to reuse medicines in this way.
2020-009	21/05/2020	The National Influenza Immunisation Programme 2020-2021	Communication of the key messages for the 2020-21 flu season.	Complete	Information disseminated to Primary Care. Seasonal flu vaccination planning meetings health throughout the 2020/21 flu season.
2020-011	09/07/2020	Temporary Amendments to Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards, NHS Trusts, Welsh Health Specialised Services Committee, Emergency Ambulances	Temporary Amendments to Model Standing Orders, Reservation and Delegation of Powers.	Complete	

		Services Committee and Health Education and Improvement Wales			
2020-012	04/08/2020	Clinical Assessment of COVID-19 in the Community	Clinical Assessment of COVID-19 in the Community.	Complete	Replaced by WHC 024-020, so no action linked to this.
2020-013	14/08/2020	The National Influenza Immunisation Programme 2020-21	Uptake of flu vaccine maximised in the priority groups indicated in the WHC.	Complete	Information disseminated to Primary Care. Seasonal flu vaccination planning meetings health throughout the 2020/21 flu season.
2020-014	29/09/2020	Ear Wax Management	Determine and report on current service provision across Wales. Develop a national integrated pathway for the safe and effective management of ear wax to provide consistent patient outcomes across Wales and ensure: • Equitable access; • Efficient and effective use of NHS resources; cost effective and prudent; • Consistent seamless management across primary, community and secondary • care settings; • Self-management where clinically appropriate, empowering people to better • manage their own care; • Compliance with NICE guidance and Audiology Quality Standards. https://gov.wales/sites/default/files/publications/2019-10/quality-standards-foradults-hearing-services-the-assessment-and-audit-tool.pdf.	Partially Complete	Paper due into executives during June 2021.
2020-015	14/09/2020	Policy on single use and reusable	Organisations must ensure laryngoscopes and such devices (handles and blades) are either: Single use application or decontaminated appropriately	Partially Complete	

		laryngoscopes	between each patient use.		
2020-016	10/12/2020	Procedure for Performance Management, Removal or Suspension of NHS Chairs, Vice-Chairs and Independent Members/Non-Executive Directors, including Associate Members	To bring to the attention of all Board members, with particular reference to the Vice-Chairs, Independent Members, Non-Executive Directors and Associate Members and ensure arrangements in place for appraisal and review of non-officer members performance.	Complete	
2020-018	01/10/2020	Last Person Standing	As part of the GMS Contract for 2019-20, the Welsh Government agreed to provide guidance outlining the expectation on Health Boards to consider support in an LPS case in relation to Third Party Developer (3PD) properties in Wales, where Health Boards have been involved in the development from the outset (as opposed to those premises where any element of ownership has been transferred).	Complete	There is no immediate action bar us being aware. We are currently linking with NHS wales SSP estates on this and one practice who wishes to apply this (we are not inclined). It landed yesterday and SSP are reviewing for us with that case in mind.
2020-019	30/10/2020	Expectations for NHS Health Boards and Trusts to Ensure the Health and Wellbeing of the Workforce During the COVID-19 Pandemic	Promote awareness of the FAQs document amongst staff and managers and ensure the agreed approaches set out in these documents are applied consistently across your organisation. Promote awareness of the COVID-19 Workforce Risk Assessment Tool within your organisation and management structures; Request staff complete the Risk Assessment through ESR if they haven't already; and for staff in the high and very high-risk category, re-iterate the importance of discussions with line management regarding mitigating actions; Monitor and report completion rates as part of the NHS Wales Operating Framework Quarter 3 and 4 returns. Maintain up-to-date local webpages on staff health and wellbeing; and Promote awareness of and encourage access	Complete	Continuous work with staff and staff side colleagues to support staff wellbeing.

			to the national and local resources available amongst staff and managers. Promote awareness of the Life Assurance Scheme amongst staff and managers within your organisation and provide a link to the BSA's Scheme webpage on your organisation's own intranet pages; and Identify and inform eligible beneficiaries of frontline staff should they die in service as a result of being affected by COVID-19.		
2020-022	14/12/2020	NHS Wales Annual Planning Framework 2021-22	All Health Boards and trusts must deliver their plan commitments. Organisations can expect the Welsh Government to monitor, performance manage and hold them to account through a range of meetings and actions throughout the year.	Complete	Annual Plan (Draft) 2021-22 approved by PTHB Board and submitted to Welsh Government on 31 March 2021, as per requirements and in line with NHS Wales Annual Planning Framework 2021-22 and subsequent correspondence. A Schedule of Requirements against the framework was included in the Supporting Information submitted with the Plan document. This sets out how PTHB has responded to each requirement in the NHS Wales Annual Planning Framework, and signposts to the relevant section of the PTHB Draft Annual Plan.
2020-023	22/12/2020	EU Exit – Continuity of Medicine Supply at the End of the Transition Period	To provide NHS bodies in Wales with detail of measures being taken to ensure the continuity of supply of medicines as part of the UK Government's contingency preparations for leaving the European Union (EU).	Complete	This had been disseminated. Transition has passed and normal procurement and stock levels are in place (i.e. no bulk storage above necessary levels).
2020-024	22/12/2020	Clinical Assessment of COVID-19 in the	Key developments in the latest guidance include: • The widespread use of COVID-19 community testing, meaning that primary care clinicians are seeing more patients with proven diagnosis.	Complete	Was sent (duplicate) to OOH and GP practices.

		Community (Updated)	• The ability to segment patients with proven or suspected COVID-19 into three risk categories with separate recommended actions. • The potential to use pulse oximetry to support self-monitoring at home for patients at moderate risk of complications. • The availability of clear thresholds for admission or staying at home with safety-netting advice. • The potential for delivering point of care testing in the community for COVID-19 prior to admission in order to stream patients and reduce the risk of transmission.		
2021-001	14/01/2021	Guidelines for managing patients on the suspected cancer pathway	This document provides guidelines relating to the management of patients on a suspected cancer pathway and the reporting of performance against the cancer target. • Introduces new rules around the management of patients on a suspected cancer pathway. • Sets out the targets for the cancer pathway. • Removes all adjustments and suspensions from a patient pathway. • Allows a patient's pathway to be closed and a new one started after a period of medical or social unavailability of two months or more. • Introduces guidance around the treatment of subsequent skin cancers. • Includes the reporting of patients treated outside of NHS Wales when referred from secondary care in NHS Wales.	Complete	As a provider we are fully compliant with Cancer waiting time rules September 2019, and report in line with nationally agreed requirements. PTHB carries out certain early access OP, diagnostic and palliative cancer care/support dependent on locality and specialty. Powys acute cancer care is carried out in Commissioned Services who adhere to either Welsh Cancer Waiting Time Rules or the English Equivalent.
2021-003	10/03/2021	Senedd Election 2021	The election to the Senedd takes place on 6 May 2021. The purpose of this guidance is to inform staff of the arrangements for handling government business during the pre-election period, so as to avoid being seen or perceived to influence the election campaign in any way, to maintain the impartiality of the Civil Service, and avoid criticism of an inappropriate use of official resources. The response to the coronavirus pandemic provides a unique context in which this guidance should be read.	Complete	
2021-004	19/02/2021	Ordering influenza vaccines for	Health Boards and trusts should order sufficient injectable vaccine for all staff with direct patient contact. The recommended vaccines are:	Complete	WHC circulated within the health board.

		the 2021-2022 season	• Quadrivalent cell culture influenza vaccine (QIVc) • Quadrivalent egg-based influenza vaccine (QIVe) where QIVc is not available • Adjuvanted quadrivalent influenza vaccine (aQIV) for staff aged 65 years and over.		
2021-006	11/03/2021	Senedd Election 2021 - Guidance for NHS Wales	This letter and the accompanying guidance explain the impact that the pre-election period will have on Local Health Boards and Trust activities from the start of the pre-election period which starts on 25 March up to and including polling day on 6 May.	Complete	
2021-007	11/03/2021	The Healthy Child Wales Programme – 25/03/2021 The 6-week post-natal GP physical examination of child contact	The Health Visitor undertakes a separate contact at 8 weeks. A 6-week data collection form must be submitted in addition to the 8-week Health Visitor form.	Complete	Confirmation of communication with GPs. With effect from April 1st 2021, all 16 practices in Powys are undertaking this additional element of the GMS contract, and monitoring of activity is in place.
2021-009	25/03/2021	School Entry Hearing Screening pathway	Health Boards should begin implementation of the new pathway as soon as possible and seek full implementation by April 2022. Welsh Government wish for Health Boards to follow the recommendations below and be able to provide updates at three monthly intervals from April 2021. Health Boards will be aware that there are two cohorts of children that will need "mopping up" due to the COVID-19 pandemic, communication of how this will be managed will follow with the "Standard Operating Procedure" and related documentation.	Partially Complete	Led by the PTHB Head of Audiology, in conjunction with School Nursing service with Powys, this has already progressed some key elements. Expectation of quarterly updates prior to full implementation no later than April 2022.

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.

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 managers 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 AND TERMS OF SERVICE COMMITTEE

Remuneration and terms of service for Executive Directors and the Chief Executive are agreed, and kept under review by the Remuneration and Terms of Service Committee. The Committee also monitors and evaluates the annual performance of the Chief Executive and individual Directors (the latter with the advice of the Chief Executive).
In 2020/21, 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;
- 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 2020-21 financial year, together with comparators are given in Tables below.
The norm is for Executive Directors and Senior Managers salaries to be uplifted in accordance with the Welsh Government identified normal pay inflation percentage. In 2020-21, Executive Directors received a pay inflation uplift, in-line with Welsh Government's Framework.

The Committee also reviews objectives set for Executive Directors and assesses performance against those objectives when considering recommendations in respect of annual pay uplifts.
It should be noted that Executive Directors are not on any form of performance related pay. All contracts are permanent with a three month

notice period. Conditions were set by Welsh Government as part of the NHS Reform Programme of 2009. However, for part of the year there were interim Directors in post; an Interim Medical Director and Interim Director of Nursing.

SALARY AND PENSION DISCLOSURE TABLE: SALARIES AND ALLOWANCES (AUDITED)

	2020 - 21						2019-20					
	Salary	Bonus Payments	Benefits in Kind	Pension Benefits	Single Total Remuneration	Other Remuneration	Salary Restated ******	Bonus Payments	Benefits in Kind	Pension Benefits Restated *****	Single Total remuneration Restated ******	Other Remuneration
Name and title	(bands of £5,000) £000	(bands of £5,000) £000	(to nearest £100) £00	(to nearest £1000) £000	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £5,000) £000	(to nearest £100) £00	(to nearest £1000) £000	(bands of £5,000) £000	(bands of £5,000) £000
Executive directors												
Carol Shillabeer - Chief Executive	170 - 175	0	0	48	215 - 220	0	165 - 170	0	0	43	210 - 215	0
Julie Rowles - Director of Workforce and OD & Support Services **	115 - 120	0	51	0	120 - 125	0	115 - 120	0	59	103	225 - 230	0
Hayley Thomas - Director of Planning and Performance - Deputy Chief Executive (From 1st December 2020) **	115 - 120	0	67	16	140 - 145	0	115 - 120	0	65	73	195 - 200	0
Rhiannon Jones - Director of Nursing and Interim Director of Therapies & Health Science (To 14th July 2019)	0	0	0	0	0	0	35 - 40	0	20	43	80 - 85	0
Eifion Williams - Interim Director of Finance (To 30th July 2019)	0	0	0	0	0	0	30 - 35	0	0	0	30 - 35	0
Stuart Bourne - Director of Public Health	105 -110	0	0	27	130 - 135	0	105 - 110	0	0	15	115 - 120	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	0	5 - 10	0	0	0	5 - 10	0
Wyn Parry - Medical Director (To 31st July 2020)	70 - 75	0	0	0	70 - 75	0	130 - 135	0	0	142	270 - 275	0
Pete Hopgood - Director of Finance and ICT (from 26th May 2020 - Interim 1st July 2019 - 25th May 2020)	110 - 115	0	0	82	190 - 195	0	80 - 85	0	0	131	210 - 215	0
Jamie Marchant - Director of Primary, Community Care and Mental Health Services (From 11th June 2019)- Deputy Chief Executive (From 1st June 2020 to 30th November 2020)*****	120 - 125	0	0	55	175 - 180	0	90 - 95	0	0	13	100 - 105	0
Katrina Rowlands - Interim Director of Nursing (From 15th July 2019 to 19th January 2020)	0	0	0	0	0	0	50 - 55	0	0	133	185 - 190	0
Rani Mallison - Board Secretary*****	90 - 95	0	0	56	145 - 150	0	75 - 80	0	0	106	180 - 185	0
Claire Madsen - Director of Therapies and Health Science (From 7th January 2020)	95 - 100	0	0	148	245 - 250	0	20 - 25	0	0	9	30 - 35	0
Alison Davies - Director of Nursing and Midwifery (From 20th January 2020)	110 - 115	0	0	300	410 - 415	0	15 - 20	0	0	14	30 - 35	0
Paul Buss - Interim Medical Director (From 1st August 2020 to 31st January 2021)***	40 - 45	0	0	0	40 - 45	0	0	0	0	0	0	0
Catherine Woodward - Interim Medical Director (Interim Responsible Officer) (From 1st August 2020 to 31st March 2021)***&****	15 - 20	0	0	0	15 - 20	10 - 15	0	0	0	0	0	0
Kate Wright - Medical Director (From 15th February 2021)	15 - 20	0	0	3	15 - 20	0	0	0	0	0	0	0

SALARY AND PENSION DISCLOSURE TABLE: SALARIES AND ALLOWANCES (AUDITED)

	2020 - 21						2019-20					
	Salary	Bonus Payments	Benefits in Kind	Pension Benefits	Single Total Remuneration	Other Remuneration	Salary Restated ******	Bonus Payments	Benefits in Kind	Pension Benefits Restated *****	Single Total remuneration Restated ******	Other Remuneration
Name and title	(bands of £5,000) £000	(bands of £5,000) £000	(to nearest £100) £00	(to nearest £1000) £000	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £5,000) £000	(to nearest £100) £00	(to nearest £1000) £000	(bands of £5,000) £000	(bands of £5,000) £000
Associate Members												
Alison Bulman, Corporate Director (Children & Adults), Powys County Council (From 1st April 2020 to 18th September 2020)	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
Non-Officer Members												
Professor Vivienne Harpwood - Chair *	40 - 45	0	0	0	40 - 45	0	40 - 45	0	0	0	40 - 45	0
Melanie Davies - Vice Chair	30 - 35	0	0	0	30 - 35	0	30 - 35	0	0	0	30 - 35	0
Matthew Dorrance - Independent Member (Local Authority)	5 - 10	0	0	0	5 - 10	0	5 - 10	0	0	0	5 - 10	0
Patricia Buchan - Independent Member (Third Sector)	5 - 10	0	0	0	5 - 10	0	5 - 10	0	0	0	5 - 10	0
Owen James - Independent Member (Community to 6th September 2020)	0 - 5	0	0	0	0 - 5	0	5 - 10	0	0	0	5 - 10	0
Anthony Thomas - Independent Member (Finance)	5 - 10	0	0	0	5 - 10	0	5 - 10	0	0	0	5 - 10	0
Frances Gerrard - Independent Member (University held post relating to health)	5 - 10	0	0	0	5 - 10	0	5 - 10	0	0	0	5 - 10	0
Ian Phillips - Independent Member (ICT)	5 - 10	0	0	0	5 - 10	0	5 - 10	0	0	0	5 - 10	0
Susan Newport - Independent Member (Trade Union)	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	5 - 10	0	5 - 10	0	0	0	5 - 10	0
Duncan Forbes - Independent Member (Legal - to 7th August 2019)	0	0	0	0	0	0	0 - 5	0	0	0	0 - 5	0
Rhobert Lewis - Independent Member (General from 22nd February 2021)	0 - 5	0	0	0	0 - 5	0	0	0	0	0	0	0

* Please note that Professor Vivienne Harpwood was also Chair for the Welsh Health Specialised Services Committee (WHSSC) until 30th September 2020 and the costs of this role are paid by Powys THB and recharged to Cwm Taf University Health Board. These costs are excluded from the above calculations but Professor Harpwood received a banded salary for the WHSSC role of £10,000 to £15,000 in 2020/21 giving a total banding of £55,000 - £60,000 (In 2019/20 a banded salary for the WHSSC role of £25,000 to £30,000 giving a total banded salary of £65,000 - £70,000)
** Please note that the salary figure for 2019-20 includes arrears of pay relating to 2018-19
*** Please note that Mr Paul Buss and Dr Catherine Woodward are not members of the NHS Pension Scheme
**** Please note that Dr Catherine Woodward also fulfilled the role of Brexit Programme Director concurrently with her role as Interim Medical Director (Interim Responsible Officer) and salary information for this role is shown in the other renumeration column
***** Please note that the salary for Jamie Marchant includes £11,000 sacrificed in relation to a leased car (in 2019-20 the figure was £8,000) and the salary for Rani Mallison includes £1,000 sacrificed in relation to a leased car for 2020/21
****** Please note some of the comparative information has been restated to correct errors

The NHS and social care financial recognition scheme bonus of £735 payment to reward eligible NHS staff has not been included in the NHS Remuneration Report calculations. This bonus payment is not a contractual payment, but a one-off payment to reward eligible staff for their commitment and tireless efforts in the most challenging circumstances.

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 of 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 (AUDITED)

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 2020-21 was £170,000 to £175,000 (2019-20, £165,000 to £170,000). This was 5.71 times (2019-20, 5.61times) the median remuneration of the workforce, which was £30,223 (2019-20, £29,763).

In 2020-21, 3 (2019-20, 1) employees received remuneration in excess of the highest-paid director. Remuneration for all staff ranged from £18,185 to £192,989 (2019-20, £17,652 to £169,422).

	2020-21	**2019-20**
Band of Highest paid Directors' total Remuneration £000	170 – 175	165 – 170
Median total Remuneration £000	30	30
Ratio	5.7	5.6

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 (AUDITED)

Pension Benefits

Name and title	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in pension lump sum at age 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 Mar 2021 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31st Mar 2021 (bands of £5,000) £000	Cash Equivalent transfer value at 31 Mar 2021 £000	Cash Equivalent transfer value at 31 Mar 2020 Restated £000	Real increase in Cash Equivalent transfer value £000	Employer's contribution to stakeholder pension £000
Carol Shillabeer - Chief Executive	2.5 - 5.0	0.0 - 2.5	60 - 65	145 - 150	1,161	1,070	47	0
Julie Rowles - Director of Workforce and OD & Support Services	0 - 2.5	(2.5) - (5.0)	55 - 60	140 - 145	1,213	1,169	7	0
Hayley Thomas - Director of Planning and Performance - Deputy Chief Executive (From 1st December 2020)	0 - 2.5	0.0 - (2.5)	35 - 40	70 - 75	589	552	10	0
Stuart Bourne - Director of Public Health	0 - 2.5	0 - 2.5	35 - 40	70 -75	633	584	25	0
Wyn Parry - Medical Director (To 31th July 2020)*	(2.5) - (5.0)	(7.5) - (10.0)	45 - 50	135 - 140	0	0	0	0
Pete Hopgood - Director of Finance and ICT (from 26th May 2020 - Interim 1st July 2019 - 25th May 2020)	2.5 - 5.0	5.0 - 7.5	40 - 45	90 - 95	731	632	73	0
Jamie Marchant - Director of Primary, Community Care and Mental Health Services (From 11th June 2019)- Deputy Chief Executive (From 1st June 2020 to 30th November 2020)	2.5 - 5.0	2.5 - 5.0	30 - 35	50 - 55	533	463	46	0
Rani Mallison - Board Secretary	2.5 - 5.0	2.5 - 5.0	15 - 20	30 - 35	228	183	30	0
Claire Madsen - Director of Therapies and Health Science (From 7th January 2020)	5.0 - 7.5	20.0 - 22.5	30 - 35	95 - 100	724	549	153	0
Alison Davies - Director of Nursing and Midwifery (From 20th January 2020)	12.5 - 15.0	40.0 - 42.5	45 - 50	140 - 145	1,091	748	315	0
Kate Wright - Medical Director (From 15th February 2021)	0 - 2.5	0.0 - (2.5)	25 - 30	40 - 45	512	473	2	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

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

CASH EQUIVALENT TRANSFER VALUES (CETV)

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

REAL INCREASE IN CETV

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 (AUDITED)

As at 31 March 2021, the total number staff employed by the Health Board stood at **1829.30 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 20/21
Add Prof Scientific and Technical	59.83	71.51
Additional Clinical Services	327.56	344.57
Administrative and Clerical	413.28	442.43
Allied Health Professionals	123.81	132.60
Estates and Ancillary	161.82	164.68
Healthcare Scientists	2.43	3.67
Medical and Dental	36.55	34.54
Nursing and Midwifery Registered	541.80	558.04
Students	0.00	9.15
Grand Total	**1668.09**	**1761.19**

Staff Composition

As at 31 March 2021, staff composition was composed of:

	Female	Male
Directors	8*	5*
Employees	1,928	315

*This reflects changes throughout the year.

The Health Board experienced unprecedented demands in 2020/21 across a number of services, due to impact of COVID-19. Services undertook detailed work to identify and respond to our most challenging areas in staffing, which included developing workforce plans for anticipated demands and temporary redeployment to staff to other roles.

The Health Board continues to experience challenges in recruiting to a number of clinical roles, with Registered Nurse and Medical roles continuing to present a particular challenge. Between April 2020 and February 2021,

the Health Board has continued to see an increase in the number of employed clinical staff. As a result of extensive and ongoing recruitment activity, Registered Nurse vacancy levels within the wards has reduced, with an overall vacancy deficit (excluding absence) of 28% in April 2020, reducing to 18.5% as at March 2021.

Despite this success, the Health Board continues to have a number of vacancies which are currently being covered via Bank or Agency staff, in order to support safe staffing levels. Over the last 12 months, we have continued to increase our Bank Staff capacity, with an increase of 17% in Bank workers since 31 March 2020:

	Headcount by Month	
Staff Group	**2020 / 03**	**2021 / 03**
Add Prof Scientific and Technical	19	17
Additional Clinical Services	164	193
Administrative and Clerical	65	65
Allied Health Professionals	26	23
Estates and Ancillary	97	126
Medical and Dental	9	9
Nursing and Midwifery Registered	101	132
Grand Total	**481**	**565**

Sickness Absence

2020-21 information on sickness absence is provided in the table below:

	2019/2020	2020/21
Days Lost Long Term	22,149.23	24,773.61
Days Lost Short Term	7,534.01	6,897.86
Total Days Lost	**29,683.24**	**31,671.47**
Total Staff Years	**81.32**	**86.77**
Average Working Days Lost	17.98	18.15
Total Staff Employed in Period (Headcount)	2128	2251
Total Staff Employed in Period with no absence (Headcount)	1092	1161
Percentage of Staff with no Sick Leave	**51.32%**	**51.58%**

The increase in staff absence is reflective of the very difficult and challenging period of 2020-21. It also recognises that there was a growth in the number of staff. There was a minimal increase in the % of staff who had no sick leave during this time.

Staff Policies

Powys Teaching Health Board has a range of staff policies in place. The Equality Impact Assessment policy is applied throughout 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.

All staff policies include a requirement to undertake an analysis of the impact of the policy in respect of equality. In conjunction with this approach, the *Sickness Absence Policy* and *Recruitment and Selection Policy* were utilised to ensure fair consideration was given to applications for employment made by a disabled person and for supporting their continued employment.

Tax Assurance for Off-Payroll Appointees

The following table shows all off-payroll engagements as of 31 March 2020, 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 2020-21.

There have been no-off payroll engagements of board members and/or senior officials with significant financial responsibility between 1 April 2020 and 31 March 2021.

Exit Packages and Severance Payments (AUDITED)

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 package
Exit package cost band	Whole numbers only	£'s	Whole numbers only	£'s	Whole numbers only	£'s	Whole numbers only	£'s
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 Agenda for Change Terms and Conditions and NHS Voluntary Early Release Scheme (VERS).
Exit costs in this note are accounted for in full in the year of departure on a cash basis in this note as specified in EPN 380 Annex 13C. Should the Health Board have agreed early retirements, the additional costs would have been met by 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: PARLIAMENTARY ACCOUNTABILITY AND AUDIT REPORT

This report contains a range of disclosures on the regularity of expenditure, fees and charges, compliance with the cost allocation and charging requirements set out in HM Treasury guidance, material remote contingent liabilities, long-term expenditure trends, and the audit certificate and report.

PARLIAMENTARY ACCOUNTABILITY AND AUDIT 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 30) 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 2020-21 is £0.00m and is disclosed in note 21.2 (page 56) of the Health Board's Annual Accounts.

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

Opinion on financial statements

I certify that I have audited the financial statements of Powys Teaching Local Health Board for the year ended 31 March 2021 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Taxpayers' Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

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 2021 and of its net operating costs for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis of opinions

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

Emphasis of Matter

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. My opinion is not modified in respect of this matter.

Conclusions relating to going concern

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

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to

continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

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

Other Information

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

I have nothing to report in this regard.

Report on other requirements

Opinion on other matters

In my opinion, the part of the Remuneration and Staff 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 Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and the Annual Governance Statement has been prepared in accordance with Welsh Ministers' guidance; and
- the information given in the Performance Report and the other unaudited parts of the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the Performance Report and the other unaudited parts of the Accountability Report have 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 Performance Report, the Annual Governance Statement or other unaudited parts of the Accountability Report.

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

- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Remuneration and Staff Report are not in agreement with the accounting records and returns;

- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed; or
- I have not received all the information and explanations I require for my audit.

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 82 and 84, 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.

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

My procedures included the following:

- Enquiring of management and those charged with governance on matters concerned with:
  - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
  - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in relation to management override, which is considered a significant risk at all audited bodies.
- Obtaining an understanding of Powys Teaching Local Health Board's framework of authority as well as other legal and regulatory frameworks that Powys Teaching Local Health Board operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Powys Teaching Local Health Board.

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

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;

- reading minutes of meetings of the Audit, Risk and Assurance Committee and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

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

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

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

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.

Report

Please see my Report on pages 186 to 187.

Adrian Crompton
Auditor General for Wales
15 June 2021

24 Cathedral Road
Cardiff
CF11 9LJ

Report of the Auditor General to the Senedd

Introduction

Under the Public Audit Wales Act 2004, I am responsible for auditing, certifying and reporting on Powys Teaching Local Health Board's financial statements. I am reporting on these financial statements for the year ended 31 March 2021 to draw attention to a key matter for my audit. This relates to the implications of the ministerial direction on senior clinicians' pensions. I have not qualified my 'true and fair' opinion in respect of this matter.

Ministerial direction on senior clinicians' pensions

NHS Pension scheme and pension tax legislation is not devolved to Wales. HM Treasury's changes to the tax arrangements on pension contributions in recent years included the reduction in the Annual Allowance limit from over £200,000 in 2011-12 to £40,000 in 2018-19. As a result, in cases where an individual's pension contributions exceed certain annual and / or lifetime pension contribution allowance limits, then they are taxed at a higher rate on all their contributions, creating a sharp increase in tax liability.

In a Written Statement on 13 November 2019, the Minister for Health and Social Services had noted that NHS Wales bodies were: 'regularly reporting that senior clinical staff are unwilling to take on additional work and sessions due to the potentially punitive tax liability'. In certain circumstances this could lead to additional tax charges in excess of any additional income earned.

On 18 December 2019, the First Minister (mirroring earlier action by the Secretary of State for Health and Social Care for England) issued a Ministerial Direction to the Permanent Secretary to proceed with plans to commit to making payments to clinical staff to restore the value of their pension benefits packages. If NHS clinicians opted to use the 'Scheme Pays' facility to settle annual allowance tax charges arising from their 2019-20 NHS pension savings (i.e. settling the charge by way of reduced annual pension, rather than by making an immediate one-off payment), then their NHS employers would meet the impact of those tax charges on their pension when they retire.

The Ministerial Direction was required because this solution could be viewed by HMRC to constitute tax planning and potentially tax avoidance, hence making the expenditure irregular. Managing Welsh Public Money (which mirrors its English equivalent) specifically states that 'public sector organisations should not engage in…tax evasion, tax avoidance or tax planning'.

A Ministerial Direction does not make regular what would otherwise be irregular, but it does move the accountability for such decisions from the Accounting Officer to the Minister issuing the direction.

The solution applies only to annual allowance tax charges arising from an increase in the benefits accrued in the NHS Pension Scheme during the tax year ended 5 April 2020. For the tax year ended 5 April 2021, the Chancellor increased the thresholds for the tapered annual allowance and, as a result, it is anticipated that the risk to the supply of clinical staff has been mitigated.

The LHB currently has insufficient information to calculate and recognise an estimate of the potential costs of compensating senior clinical staff for pension benefits that they would otherwise have lost, by using the 'Scheme Pays' arrangement. As a result, no expenditure is recognised in the financial statements but as required the LHB has disclosed a contingent liability in note 21 of its financial statements.

All NHS bodies will be held harmless for the impact of the Ministerial Direction, however in my opinion any transactions included in the LHB's financial statements to recognise this liability would be irregular and material by their nature. This is because the payments are contrary to paragraph 5.6.1 of

Managing Public Money and constitute a form of tax planning which will leave the Exchequer as a whole worse off. The Minister's direction alone does not regularise the scheme. Furthermore, the arrangements are novel and contentious and potentially precedent setting.

I have not modified my regularity opinion in this respect this year because as set out above, no expenditure has been recognised in the year ended 31 March 2021. I have however placed an Emphasis of Matter paragraph in my audit report to highlight this issue, and have prepared this report to bring the arrangement to the attention of the Senedd.

Adrian Crompton

Auditor General for Wales

15 June 2021

SECTION THREE: THE FINANCIAL STATEMENTS

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

FINANCIAL STATEMENTS: 2020-21

SIGNED BY: Carol Shillabeer DATE: 10 JUNE 2021

CAROL SHILLABEER

[CHIEF EXECUTIVE]

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).

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 2020-21. 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 2021

	Note	2020-21 £'000	2019-20 £'000 Restated
Expenditure on Primary Healthcare Services	3.1	**72,405**	68,748
Expenditure on healthcare from other providers	3.2	**175,974**	161,711
Expenditure on Hospital and Community Health Services	3.3	**120,723**	109,381
		369,102	339,840
Less: Miscellaneous Income	4	**(12,601)**	(15,328)
LHB net operating costs before interest and other gains and losses		**356,501**	324,512
Investment Revenue	5	**0**	0
Other (Gains) / Losses	6	**0**	0
Finance costs	7	**(30)**	19
Net operating costs for the financial year		**356,471**	**324,531**

See note 2 on page 26 for details of performance against Revenue and Capital allocations.

The notes on pages 8 to 73 form part of these accounts.

Other Comprehensive Net Expenditure

	2020-21 £'000	2019-20 £'000
Net (gain) / loss on revaluation of property, plant and equipment	**(941)**	(705)
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	**(941)**	(705)
Total comprehensive net expenditure for the year	**355,530**	323,826

The notes on pages 8 to 73 form part of these accounts.

Statement of Financial Position as at 31 March 2021

	Notes	31 March 2021 £'000	31 March 2020 £'000
Non-current assets			
Property, plant and equipment	11	**78,394**	74,674
Intangible assets	12	**0**	0
Trade and other receivables	15	**14,403**	14,791
Other financial assets	16	**0**	0
Total non-current assets		**92,797**	89,465
Current assets			
Inventories	14	**159**	156
Trade and other receivables	15	**12,179**	9,024
Other financial assets	16	**0**	0
Cash and cash equivalents	17	**2,627**	540
		14,965	9,720
Non-current assets classified as "Held for Sale"	11	**0**	0
Total current assets		**14,965**	9,720
Total assets		**107,762**	99,185
Current liabilities			
Trade and other payables	18	**(45,831)**	(35,164)
Other financial liabilities	19	**0**	0
Provisions	20	**(3,336)**	(2,461)
Total current liabilities		**(49,167)**	(37,625)
Net current assets/ (liabilities)		**(34,202)**	(27,905)
Non-current liabilities			
Trade and other payables	18	**0**	0
Other financial liabilities	19	**0**	0
Provisions	20	**(20,074)**	(20,679)
Total non-current liabilities		**(20,074)**	(20,679)
Total assets employed		**38,521**	40,881
Financed by :			
Taxpayers' equity			
General Fund		**(2,532)**	768
Revaluation reserve		**41,053**	40,113
Total taxpayers' equity		**38,521**	40,881

The financial statements on pages 2 to 7 were approved by the Board on 10th June 2021 and signed on its behalf by:

Chief Executive and Accountable Officer  Date: 10th June 2021

The notes on pages 8 to 73 form part of these accounts.

Statement of Changes in Taxpayers' Equity
For the year ended 31 March 2021

	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
Changes in taxpayers' equity for 2020-21			
Balance at 1 April 2020	768	40,113	**40,881**
Net operating cost for the year	(356,471)		**(356,471)**
Net gain/(loss) on revaluation of property, plant and equipment	0	941	**941**
Net gain/(loss) on revaluation of intangible assets	0	0	**0**
Net gain/(loss) on revaluation of financial assets	0	0	**0**
Net gain/(loss) on revaluation of assets held for sale	0	0	**0**
Impairments and reversals	0	0	**0**
Other Reserve Movement	0	0	**0**
Transfers between reserves	0	0	**0**
Release of reserves to SoCNE	1	(1)	**0**
Transfers to/from LHBs	0	0	**0**
Total recognised income and expense for 2020-21	(356,470)	940	**(355,530)**
Net Welsh Government funding	349,409		**349,409**
Notional Welsh Government Funding	3,761		**3,761**
Balance at 31 March 2021	(2,532)	41,053	**38,521**
Included in Net Welsh Government Funding:			
Welsh Government Covid 19 Capital Funding	1,990		**1,990**
Welsh Government Covid 19 Revenue Funding	31,368		**31,368**

The notes on pages 8 to 73 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
Changes in taxpayers' equity for 2019-20			
Balance at 1 April 2019	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**
Total recognised income and expense for 2019-20	(324,511)	685	**(323,826)**
Net Welsh Government funding	319,391		**319,391**
Notional Welsh Government Funding	3,473		**3,473**
Balance at 31 March 2020	768	40,113	**40,881**

The notes on pages 8 to 73 form part of these accounts.

Statement of Cash Flows for year ended 31 March 2021

	Notes	2020-21 £'000	2019-20 £'000
Cash Flows from operating activities			
Net operating cost for the financial year		**(356,471)**	(324,531)
Movements in Working Capital	27	**8,238**	3,901
Other cash flow adjustments	28	**7,476**	14,327
Provisions utilised	20	**(1,494)**	(11,612)
Net cash outflow from operating activities		**(342,251)**	(317,915)
Cash Flows from investing activities			
Purchase of property, plant and equipment		**(5,071)**	(3,253)
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
Net cash inflow/(outflow) from investing activities		**(5,071)**	(3,253)
Net cash inflow/(outflow) before financing		**(347,322)**	(321,168)
Cash Flows from financing activities			
Welsh Government funding (including capital)		**349,409**	319,391
Capital receipts surrendered		**0**	0
Capital grants received		**0**	0
Capital element of payments in respect of finance leases and on-SoFP PFI Schemes		**0**	0
Cash transferred (to)/ from other NHS bodies		**0**	0
Net financing		**349,409**	319,391
Net increase/(decrease) in cash and cash equivalents		**2,087**	(1,777)
Cash and cash equivalents (and bank overdrafts) at 1 April 2020		**540**	2,317
Cash and cash equivalents (and bank overdrafts) at 31 March 2021		**2,627**	540

The notes on pages 8 to 73 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 2020-21 Manual for Accounts. The accounting policies contained in that manual follow the 2020-21 Financial Reporting Manual (FReM) in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, except for IFRS 16 Leases, which is deferred until 1 April 2022; to the extent that they are meaningful and appropriate to the NHS in Wales.

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

1.1. Accounting convention

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

1.2. Acquisitions and discontinued operations

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

1.3. Income and funding

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

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

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

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

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

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

Only non-NHS income may be deferred.

1.4. Employee benefits

1.4.1. Short-term employee benefits

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

1.4.2. Retirement benefit costs

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

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

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

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

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

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

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.

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. The NHS Wales Organisation 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. The NHS Wales Organisation 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 both 2020-21 and 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 NHS Wales's organisation. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

1.23. Critical Accounting Judgements and key sources of estimation uncertainty

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

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

1.24. Key sources of estimation uncertainty

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

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

claims would be recoverable through the Welsh Risk Pool.

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

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

1.24.1. Provisions

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

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

1.24.2. Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement;

Remote	Probability of Settlement	0 – 5%
	Accounting Treatment	Contingent Liability.
Possible	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision
	Contingent Liability for all other estimated expenditure.	
Probable	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
Certain	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

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

IFRS 16 Leases is to be effective from 1st April 2022.

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 2020-21 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 Helath Board Charitable Fund and other Related Charities', it is considered for accounting standards compliance to have control of the 'Powys Teaching Local Helath Board Charitable Fund and other Related Charities'as a subsidiary and therefore is required to consolidate the results of the 'Powys Teaching Local Helath 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 'Powys Teaching Local Helath Board Charitable Fund and other Related Charities' or its independence in its management of charitable funds.

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

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 reponsible, 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			
	2018-19	2019-20	2020-21	**Total**
	£'000	£'000	£'000	**£'000**
Net operating costs for the year	299,184	324,531	356,471	**980,186**
Less general ophthalmic services expenditure and other non-cash limited expenditure	1,682	1,855	1,851	**5,388**
Less revenue consequences of bringing PFI schemes onto SoFP	0	0	0	**0**
Total operating expenses	300,866	326,386	358,322	**985,574**
Revenue Resource Allocation	300,931	326,441	358,465	**985,837**
Under /(over) spend against Allocation	65	55	143	**263**

Powys Teaching LHB **has** met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2018-19 to 2020-21.

2.2 Capital Resource Performance

	2018-19	2019-20	2020-21	**Total**
	£'000	£'000	£'000	**£'000**
Gross capital expenditure	5,372	3,373	6,366	**15,111**
Add: Losses on disposal of donated assets	0	0	0	**0**
Less NBV of property, plant and equipment and intangible assets disposed	0	0	0	**0**
Less capital grants received	0	0	0	**0**
Less donations received	(276)	(176)	(13)	**(465)**
Charge against Capital Resource Allocation	5,096	3,197	6,353	**14,646**
Capital Resource Allocation	5,108	3,200	6,380	**14,688**
(Over) / Underspend against Capital Resource Allocation	12	3	27	**42**

Powys Teaching LHB **has** met its financial duty to break-even against its Capital Resource Limit over the 3 years 2018-19 to 2020-21.

2.3 Duty to prepare a 3 year integrated plan

Due to the pandemic, the process for the 2020-23 integrated plan was paused in spring 2020 and a temporary quarterly planning arrangement put in place for 2020-21.

As a result the extant planning duty for 2020-21 remains the requirement to submit and have approved a 2019-22 integrated plan, as set out in the NHS Wales Planning Framework 2019-22.

The LHB submitted a 2019-22 integrated plan in accordance with the planning framework.

The Minister for Health and Social Services extant approval

Status	**Approved**
Date	**27/03/2019**

The LHB **has** therefore met its statutory duty to have an approved financial plan.

2.4 Creditor payment

The LHB is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The LHB has achieved the following results:

	2020-21	2019-20
Total number of non-NHS bills paid	**39,764**	45,593
Total number of non-NHS bills paid within target	**36,993**	43,965
Percentage of non-NHS bills paid within target	93.0%	96.4%

Powys Teaching Health Board **has not** met the target to pay 95% of the number of non-nhs bills within 30 days.

3. Analysis of gross operating costs

3.1 Expenditure on Primary Healthcare Services

	Cash limited £'000	Non-cash limited £'000	2020-21 Total £'000	2019-20 Restated £'000
General Medical Services	38,623		**38,623**	37,613
Pharmaceutical Services	4,848	(2,830)	**2,018**	1,675
General Dental Services	7,782		**7,782**	8,356
General Ophthalmic Services	0	979	**979**	1,044
Other Primary Health Care expenditure	2,661		**2,661**	785
Prescribed drugs and appliances	20,342		**20,342**	19,275
Total	**74,256**	**(1,851)**	**72,405**	68,748

1. General Medical Services expenditure has increaseed to reflect a £0.748M rise in Dispensing Doctor Drug costs, £0.470M new costs for Covid Mass Vaccination programme and £0.200M for Flu Enhanced Service 2. General Medical Services includes £515,348 of salary costs in respect of a Health Board managed GP Practice. 3. 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. 4. Dental Services saw a reduction in expenditure driven by fall in contract payments on non recurrent basis in part linked to Covid and also a reduction in the Community Dental Services costs in year. 5. The increase in Other Primary Health Care expenditure relates to Virtual Ward costs of £0.9M moving from General Medical Services to Other Primary Health Care. 6. Prescribing has increased above basic inflation which is in part linked to Covid and so funded by Welsh Government as per detail in Note 34.2.

3.2 Expenditure on healthcare from other providers

	2020-21 £'000	2019-20 £'000 Restated
Goods and services from other NHS Wales Health Boards	**40,326**	38,997
Goods and services from other NHS Wales Trusts	**3,521**	2,947
Goods and services from Health Education and Improvement Wales (HEIW)	**0**	0
Goods and services from other non Welsh NHS bodies	**63,330**	61,146
Goods and services from WHSSC / EASC	**41,429**	37,035
Local Authorities	**3,729**	1,954
Voluntary organisations	**2,320**	2,141
NHS Funded Nursing Care	**2,373**	2,218
Continuing Care	**15,055**	12,461
Private providers	**337**	379
Specific projects funded by the Welsh Government	**0**	0
Other	**3,554**	2,433
Total	**175,974**	161,711

The 7 Health Boards in Wales have established the Welsh Health Specialised Services Commission (WHSSC) which, through the operational management of Cwm Taf Morgannwg University Health Board, secures the provision of highly specialised healthcare for the whole of Wales. These arrangements include funding of services operated through a risk sharing arrangement. The THB payment for the WHSSC/EASC commissioning arrangements for the year ended 31st March 2021 is £41.429M.

The increase in goods and services from other non Welsh NHS bodies results from increased costs in relation to moving to block payments for contracts with English NHS providers. The most significant increases are Shrewsbury and Telford Hospitals NHS Trust £1.550M and Wye Valley NHS Trust £0.488 in comparison to 2020/21 expenditure. Gloucestershire Hospitals NHS Foundation Trust also increased by £0.296M predominantly linked to drug recharges.

The increase in Local Authorities expenditure during 2020/21 is in relation to payments made to jointly deliver the county effort for the Test, Trace and Protect service for Covid 19 of £1.632M funded by Welsh Government as per Note 34.2.

The increase in Continuing Health Care expenditure during 2020/21 has resulted from an increase in the number of cases and cost per case compared to 2019/20. In addition the THB made payments under the support for Adult Social Care guidance as instructed by Welsh Government and funded as per detail in Note 34.2.

Other Expenditure includes Integrated Care Fund expenditure of £4.065M (2019/20: £4.025M) 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. This expenditure has been reclassified in 2020/21 and a prior year restatement actioned of £4.025M from Note 3.1 Other Primary Health Care Expenditure to Note 3.2 Other. Further details are provided in Note 34.4.

Other Expenditure also includes a negative balance which relates to the write back of liabilities from the Statement of Financial Position that have been assessed as no longer payable, which relate to previous years. The 2020/21 value of write backs is much less than 2019/20.

3.3 Expenditure on Hospital and Community Health Services

	2020-21	2019-20
	£'000	£'000
Directors' costs	**1,486**	1,363
Operational Staff costs	**94,166**	83,158
Single lead employer Staff Trainee Cost	**0**	0
Collaborative Bank Staff Cost	**0**	0
Supplies and services - clinical	**6,287**	4,962
Supplies and services - general	**1,882**	1,321
Consultancy Services	**248**	448
Establishment	**1,826**	2,490
Transport	**1,164**	1,415
Premises	**6,795**	5,084
External Contractors	**0**	0
Depreciation	**3,921**	3,734
Amortisation	**0**	0
Fixed asset impairments and reversals (Property, plant & equipment)	**(334)**	4,135
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	**262**	263
Other auditors' remuneration	**0**	0
Losses, special payments and irrecoverable debts	**20**	238
Research and Development	**0**	0
Other operating expenses	**3,000**	770
Total	**120,723**	109,381

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

	2020-21	2019-20
Increase/(decrease) in provision for future payments:	**£'000**	£'000
Clinical negligence;		
Secondary care	**(15)**	1,825
Primary care	**0**	0
Redress Secondary Care	**14**	48
Redress Primary Care	**0**	0
Personal injury	**1,304**	557
All other losses and special payments	**1**	2
Defence legal fees and other administrative costs	**116**	(2)
Gross increase/(decrease) in provision for future payments	**1,420**	**2,430**
Contribution to Welsh Risk Pool	**0**	0
Premium for other insurance arrangements	**0**	0
Irrecoverable debts	**(78)**	84
Less: income received/due from Welsh Risk Pool	**(1,322)**	(2,276)
Total	**20**	238

	2020-21	2019-20
	£	£
Permanent injury included within personal injury £:	**48,340**	87,035

The main increases in staff costs relates to the final year of the A4C deal, the Staff Bonus Pay Award, the Annual Leave accrual and the effect of the increase in employer pensions costs payable by 6.3% during the year of £3.761M in comparison to 2019/20 (£3.473M). Full details of the impact of these additional pension costs is provided in detail at note 34.1. The THB has also incurred additional staff costs in relation to its response effort to Covid 19 pandemic through agency/bank, enhancements, excess hours and additional staff members employed.

Contained within the staff costs figure for 2020/21 is the cost of the bonus payment to be paid to NHS staff as announced by Welsh Government in March 2021. The value of the estimation of this is £2.421M for hospital services and hosted functions and funding has been received from Welsh Government for this. Also included in staff costs is a provision for untaken Annual Leave by staff members totalling £1.721M due to the impact of Covid 19.

Clinical Redress expenditure including defence fees during the year was £0.027M in respect of 28 cases (2019-20 £0.066M in respect of 26 cases). This relates to the movement on provision for claims currently in progress. These are expected to be fully reimbursed by the Welsh Risk Pool should payments be made in respect of the claims. This provision is included within Note 20 of the accounts.

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

Increase on line Supplies & Services - Clinical relates mainly to the accounting required for items received from NHS Wales Shared Services of £1.607M in relation to personal protective equipment, medical equipment and consumables in respect of the Covid 19 pandemic respose.

The increase in other operating expenses includes general increase of £0.629M linked to Covid, additional spend of £0.770M linked to winter pressures and negative balance which relates to the write back of liabilities from the Statement of Financial Position that have been assessed as no longer payable, which relate to previous years. The 2020/21 value of write backs is £1.050M less than 2019/20.

4. Miscellaneous Income

	2020-21 £'000	2019-20 £'000
Local Health Boards	**2,114**	2,616
Welsh Health Specialised Services Committee (WHSSC)/Emergency Ambulance Services Committee (EASC)	**57**	0
NHS Wales trusts	**67**	67
Health Education and Improvement Wales (HEIW)	**586**	557
Foundation Trusts	**0**	0
Other NHS England bodies	**136**	320
Other NHS Bodies	**0**	0
Local authorities	**0**	0
Welsh Government	**4,306**	5,166
Welsh Government Hosted bodies	**0**	0
Non NHS:		
Prescription charge income	**0**	0
Dental fee income	**466**	1,770
Private patient income	**0**	0
Overseas patients (non-reciprocal)	**0**	0
Injury Costs Recovery (ICR) Scheme	**114**	63
Other income from activities	**1,312**	1,550
Patient transport services	**34**	33
Education, training and research	**480**	502
Charitable and other contributions to expenditure	**0**	0
Receipt of NWSSP Covid centrally purchased assets	**1,607**	0
Receipt of Covid centrally purchased assets from other organisations	**0**	0
Receipt of donated assets	**13**	176
Receipt of Government granted assets	**16**	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	**60**	64
Other income:		
Provision of laundry, pathology, payroll services	**0**	0
Accommodation and catering charges	**91**	109
Mortuary fees	**22**	22
Staff payments for use of cars	**0**	0
Business Unit	**0**	0
Other	**1,120**	2,313
Total	**12,601**	15,328

Welsh Government Covid 19 income included in total above;.	**0**

Disclose any other Covid 19 Income source and amount included in total above with brief description.

Welsh Government miscellaneous income includes funding received on behalf of the hosted function of Health and Care Research Wales within the THB. This has decreased to £3.998M from an amount of £4.964M received in 19/20.

The receipt of donated assets is due to two items of equipment being funded by League of Friends.

The receipt of Government granted assets relates to the receipt of small number of items of equipment being transferred to the THB from the Department of Health and Social Care with a value of £0.016M

The increase in receipt of NWSSP Covid centrally purchased assets relates to the accounting required for items received from NHS Wales Shared Services Partnership of £1.607M in relation to personal protective equipment, medical equipment and consumables in respect of the Covid 19 pandemic response.

The decrease in other income is mainly in respect of the receipt of monies in 2019/20 of £0.498M relating to a fraud case.

Dental Fee Income has reduced in comparison to 2019/20 due to the restricted volumes of patients treated via the General Dental Services contract. The THB was funded by Welsh Government to support this loss of income which is within the £31.4M funding detailed in note 34.2.

5. Investment Revenue

	2020-21	2019-20
	£000	£000
Rental revenue :		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
Interest revenue :		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
Total	0	0

6. Other gains and losses

	2020-21	2019-20
	£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
Total	0	0

7. Finance costs

	2020-21	2019-20
	£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
Total interest expense	0	0
Provisions unwinding of discount	(30)	19
Other finance costs	0	0
Total	(30)	19

8. Operating leases

LHB as lessee

As at 31st March 2021 the LHB had 45 operating leases agreements in place for the leases of premises, 23 arrangement in respect of equipment and 128 in respect of vehicles, with 9 premises, 2 equipment and 23 vehicle leases having expired in year.

Payments recognised as an expense	**2020-21**	2019-20
	£000	£000
Minimum lease payments	**1,030**	1,007
Contingent rents	**0**	0
Sub-lease payments	**0**	0
Total	**1,030**	1,007

Total future minimum lease payments		
Payable	**£000**	£000
Not later than one year	**882**	959
Between one and five years	**1,080**	1,206
After 5 years	**264**	334
Total	**2,226**	2,499

LHB as lessor

Rental revenue	**£000**	£000
Rent	**346**	322
Contingent rents	**0**	0
Total revenue rental	**346**	322

Total future minimum lease payments		
Receivable	**£000**	£000
Not later than one year	**360**	322
Between one and five years	**55**	46
After 5 years	**38**	136
Total	**453**	504

9. Employee benefits and staff numbers

9.1 Employee costs

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2019-20
	£000	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	73,066	289	6,162	0	0	0	**79,517**	67,739
Social security costs	5,841	0	0	0	0	0	**5,841**	5,383
Employer contributions to NHS Pension Scheme	12,345	0	0	0	0	0	**12,345**	11,399
Other pension costs	0	0	0	0	0	0	**0**	0
Other employment benefits	0	0	0	0	0	0	**0**	0
Termination benefits	0	0	0	0	0	0	**0**	0
Total	91,252	289	6,162	0	0	0	**97,703**	84,521

Charged to capital	**278**	202
Charged to revenue	**97,425**	84,319
	97,703	84,521
Net movement in accrued employee benefits (untaken staff leave accrual included above)	0	0
Covid 19 Net movement in accrued employee benefits (untaken staff leave accrual included in above)	1,721	0

9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2019-20
	Number	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	577	4	3	0	0	0	**584**	554
Medical and dental	35	0	9	0	0	0	**44**	43
Nursing, midwifery registered	558	1	19	0	0	0	**578**	567
Professional, Scientific, and technical staff	71	0	5	0	0	0	**76**	64
Additional Clinical Services	345	0	10	0	0	0	**355**	337
Allied Health Professions	133	0	5	0	0	0	**138**	129
Healthcare Scientists	4	0	0	0	0	0	**4**	2
Estates and Ancilliary	165	0	2	0	0	0	**167**	165
Students	9	0	0	0	0	0	**9**	0
Total	**1,897**	**5**	**53**	**0**	**0**	**0**	1,955	1,861

9.3. Retirements due to ill-health

	2020-21	2019-20
Number	2	3
Estimated additional pension costs £	48,654	92,113

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)	2020-21 Number of compulsory redundancies	2020-21 Number of other departures	2020-21 Total number of exit packages	2020-21 Number of departures where special payments have been made	2019-20 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
Total	**0**	**0**	**0**	**0**	0

Exit packages cost band (including any special payment element)	2020-21 Cost of compulsory redundancies	2020-21 Cost of other departures	2020-21 Total cost of exit packages	2020-21 Cost of special element included in exit packages	2019-20 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
Total	**0**	**0**	**0**	**0**	0

Exit costs paid in year of departure	Total paid in year 2020-21	Total paid in year 2019-20
	£'s	£'s
Exit costs paid in year	0	0
Total	**0**	0

There have been no exit packages within the organisation during 2020/21 and 2019/20

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 2020-21 was £170,000 to £175,000 (2019-20, £165,000 to £170,000). This was 5.71 times (2019-20, 5.61 times) the median remuneration of the workforce, which was £30,223 (2019-20, £29,763).

In 2020-21, 3 (2019-20, 1) employees received remuneration in excess of the highest-paid director. Remuneration for all staff ranged from £18,185 to £192,989 (2019-20, £17,652 to £169,422).

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/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 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,000 for the 2020-2021 tax year (2019-2020 £6,136 and £50,000).

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.

	2020-21	**2020-21**	2019-20	2019-20
NHS	**Number**	**£000**	Number	£000
Total bills paid	**2,279**	**153,467**	2,367	149,083
Total bills paid within target	**1,712**	**147,999**	1,890	142,439
Percentage of bills paid within target	**75.1%**	**96.4%**	79.8%	95.5%
Non-NHS				
Total bills paid	**39,764**	**84,810**	45,593	75,892
Total bills paid within target	**36,993**	**82,029**	43,965	70,760
Percentage of bills paid within target	**93.0%**	**96.7%**	96.4%	93.2%
Total				
Total bills paid	**42,043**	**238,277**	47,960	224,975
Total bills paid within target	**38,705**	**230,028**	45,855	213,199
Percentage of bills paid within target	**92.1%**	**96.5%**	95.6%	94.8%

The THB performance at 93% has not met the administrative target of payment 95% of the number of non-nhs creditors paid within 30 days.

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

	2020-21	2019-20
	£	£
Amounts included within finance costs (note 7) from claims made under this legislation	**0**	0
Compensation paid to cover debt recovery costs under this legislation	**0**	0
Total	**0**	0

11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2020	14,309	59,194	670	2,742	6,998	499	5,001	0	89,413
Indexation	(283)	1,390	19	0	0	0	0	0	1,126
Additions									
- purchased	0	3,041	0	2,128	522	0	662	0	6,353
- donated	0	0	0	0	13	0	0	0	13
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	125	0	(125)	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	334	0	0	0	0	0	0	334
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	(125)	(75)	0	0	(200)
At 31 March 2021	14,026	64,084	689	4,745	7,408	424	5,663	0	97,039
Depreciation at 1 April 2020	0	6,290	68	0	4,825	234	3,322	0	14,739
Indexation	0	183	2	0	0	0	0	0	185
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	(125)	(75)	0	0	(200)
Provided during the year	0	2,552	28	0	741	64	536	0	3,921
At 31 March 2021	0	9,025	98	0	5,441	223	3,858	0	18,645
Net book value at 1 April 2020	14,309	52,904	602	2,742	2,173	265	1,679	0	74,674
Net book value at 31 March 2021	14,026	55,059	591	4,745	1,967	201	1,805	0	78,394
Net book value at 31 March 2021 comprises :									
Purchased	14,026	52,255	591	4,745	1,858	201	1,805	0	75,481
Donated	0	2,804	0	0	109	0	0	0	2,913
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2021	14,026	55,059	591	4,745	1,967	201	1,805	0	78,394
Asset financing :									
Owned	14,026	55,059	591	4,745	1,967	201	1,805	0	78,394
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2021	14,026	55,059	591	4,745	1,967	201	1,805	0	78,394

The net book value of land, buildings and dwellings at 31 March 2021 comprises :

	£000
Freehold	69,676
Long Leasehold	0
Short Leasehold	0
	69,676

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account. **0**

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

11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2019	14,429	55,014	657	7,591	6,635	545	4,653	0	**89,524**
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)**
At 31 March 2020	14,309	59,194	670	2,742	6,998	499	5,001	0	**89,413**
Depreciation at 1 April 2019	0	3,934	40	0	4,144	206	2,735	0	**11,059**
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**
At 31 March 2020	0	6,290	68	0	4,825	234	3,322	0	**14,739**
Net book value at 1 April 2019	14,429	51,080	617	7,591	2,491	339	1,918	0	**78,465**
Net book value at 31 March 2020	14,309	52,904	602	2,742	2,173	265	1,679	0	**74,674**
Net book value at 31 March 2020 comprises :									
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**
At 31 March 2020	14,309	52,904	602	2,742	2,173	265	1,679	0	**74,674**
Asset financing :									
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**
At 31 March 2020	14,309	52,904	602	2,742	2,173	265	1,679	0	**74,674**

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

	£000
Freehold	**67,815**
Long Leasehold	**0**
Short Leasehold	**0**
	67,815

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account. **£3,544,025.00**

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation h as been prepared in accordance with the terms of the Royal Institute of Chartered Surveyors Valuation Standards, 6th Edition . LHB s are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms le ngth 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 provided by associations linked to specific hospitals.

ii) Valuations
The LHBs 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.

The LHB is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

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 LHB does not hold any property where the value is materially different from its open market value.

vii) Assets Held for Sale or sold in the period.
There are not assets held for sale or sold in the period.

11. Property, plant and equipment

11.2 Non-current assets held for sale

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance brought forward 1 April 2020	0	0	0	0	0	**0**
Plus assets classified as held for sale in the year	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	**0**
Less assets sold in the year	0	0	0	0	0	**0**
Add reversal of impairment of assets held for sale	0	0	0	0	0	**0**
Less impairment of assets held for sale	0	0	0	0	0	**0**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	**0**
Balance carried forward 31 March 2021	0	0	0	0	0	**0**
Balance brought forward 1 April 2019	0	0	0	0	0	**0**
Plus assets classified as held for sale in the year	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	**0**
Less assets sold in the year	0	0	0	0	0	**0**
Add reversal of impairment of assets held for sale	0	0	0	0	0	**0**
Less impairment of assets held for sale	0	0	0	0	0	**0**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	**0**
Balance carried forward 31 March 2020	0	0	0	0	0	**0**

12. Intangible non-current assets
2020-21

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2020	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	0	0	0	0	0	0	0
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Gross cost at 31 March 2021	0	0	0	0	0	0	0
Amortisation at 1 April 2020	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Amortisation at 31 March 2021	0	0	0	0	0	0	0
Net book value at 1 April 2020	0	0	0	0	0	0	0
Net book value at 31 March 2021	0	0	0	0	0	0	0
At 31 March 2021							
Purchased	0	0	0	0	0	0	0
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2021	0	0	0	0	0	0	0

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
Cost or valuation at 1 April 2019	0	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	**0**
Additions- purchased	0	0	0	0	0	0	**0**
Additions- internally generated	0	0	0	0	0	0	**0**
Additions- donated	0	0	0	0	0	0	**0**
Additions- government granted	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	0	**0**
Transfers	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	**0**
Gross cost at 31 March 2020	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Amortisation at 1 April 2019	0	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	**0**
Impairment	0	0	0	0	0	0	**0**
Provided during the year	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	0	**0**
Transfers	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	**0**
Amortisation at 31 March 2020	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Net book value at 1 April 2019	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Net book value at 31 March 2020	**0**	**0**	**0**	**0**	**0**	**0**	**0**
At 31 March 2020							
Purchased	0	0	0	0	0	0	**0**
Donated	0	0	0	0	0	0	**0**
Government Granted	0	0	0	0	0	0	**0**
Internally generated	0	0	0	0	0	0	**0**
Total at 31 March 2020	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Additional Disclosures re Intangible Assets

The LHB does not hold any Intangible Assets

13 . Impairments

	2020-21 Property, plant & equipment £000	2020-21 Intangible assets £000	2019-20 Property, plant & equipment £000	2019-20 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)	(334)	0	4,135	0
Reversal of Impairments	0	0	0	0
Total of all impairments	(334)	0	4,135	0
Analysis of impairments charged to reserves in year :				
Charged to the Statement of Comprehensive Net Expenditure	(334)	0	4,135	0
Charged to Revaluation Reserve	0	0	0	0
	(334)	0	4,135	0

There is a reversal of impairment of £0.334M 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.

14.1 Inventories

	31 March 2021 £000	31 March 2020 £000
Drugs	89	89
Consumables	52	44
Energy	4	4
Work in progress	0	0
Other	14	19
Total	**159**	156
Of which held at realisable value	0	0

14.2 Inventories recognised in expenses

	31 March 2021 £000	31 March 2020 £000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	**0**	**0**

Covid 19 Disclosure
During the financial year the THB received items of personal protective equipment, medical equipment and consumables from NHS Wales Shared Services Partnership to the value of £1.607M. This is included in Note 3.3 Supplies and Services Clinical.

This disclosure note is included as the transfer of these items will be declared via the inventories note within Velindre NHS Trust Accounts (NHS Wales Shared Services Partnership's host organisation).

15. Trade and other Receivables

Current	**31 March 2021 £000**	31 March 2020 £000
Welsh Government	**3,235**	1,821
WHSSC / EASC	**493**	231
Welsh Health Boards	**212**	537
Welsh NHS Trusts	**441**	540
Health Education and Improvement Wales (HEIW)	**20**	72
Non - Welsh Trusts	**83**	289
Other NHS	**0**	0
2019-20 Scheme Pays - Welsh Government Reimbursement	**0**	0
Welsh Risk Pool Claim reimbursement		
NHS Wales Secondary Health Sector	**2,624**	1,510
NHS Wales Primary Sector FLS Reimbursement	**0**	0
NHS Wales Redress	**195**	171
Other	**0**	0
Local Authorities	**533**	788
Capital debtors - Tangible	**7**	213
Capital debtors - Intangible	**0**	0
Other debtors	**3,945**	2,895
Provision for irrecoverable debts	**(316)**	(394)
Pension Prepayments NHS Pensions	**0**	0
Pension Prepayments NEST	**0**	0
Other prepayments	**707**	351
Other accrued income	**0**	0
Sub total	**12,179**	9,024
Non-current		
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
2019-20 Scheme Pays - Welsh Government Reimbursement	**0**	0
Welsh Risk Pool Claim reimbursement;		
NHS Wales Secondary Health Sector	**14,403**	14,791
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
Pension Prepayments NEST	**0**	0
Other prepayments	**0**	0
Other accrued income	**0**	0
Sub total	**14,403**	14,791
Total	**26,582**	23,815

15. Trade and other Receivables (continued)

Receivables past their due date but not impaired

	31 March 2021 £000	31 March 2020 £000
By up to three months	**90**	619
By three to six months	**43**	91
By more than six months	**220**	375
	353	1,085

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

Balance at 1 April 2020	**(394)**	(320)
Transfer to other NHS Wales body	**0**	0
Amount written off during the year	**0**	0
Amount recovered during the year	**168**	36
(Increase) / decrease in receivables impaired	**(90)**	(110)
Bad debts recovered during year	**0**	0
Balance at 31 March 2021	**(316)**	(394)

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

Receivables VAT

Trade receivables	**0**	0
Other	**0**	0
Total	**0**	0

16. Other Financial Assets

	Current		Non-current	
	31 March 2021 £000	31 March 2020 £000	**31 March 2021 £000**	31 March 2020 £000
Financial assets				
Shares and equity type investments				
Held to maturity investments at amortised costs	**0**	0	**0**	0
At fair value through SOCNE	**0**	0	**0**	0
Available for sale at FV	**0**	0	**0**	0
Deposits	**0**	0	**0**	0
Loans	**0**	0	**0**	0
Derivatives	**0**	0	**0**	0
Other (Specify)				
Held to maturity investments at amortised costs	**0**	0	**0**	0
At fair value through SOCNE	**0**	0	**0**	0
Available for sale at FV	**0**	0	**0**	0
Total	**0**	**0**	**0**	**0**

17. Cash and cash equivalents

	2020-21 £000	2019-20 £000
Balance at 1 April 2020	**540**	2,317
Net change in cash and cash equivalent balances	**2,087**	(1,777)
Balance at 31 March 2021	**2,627**	540
Made up of:		
Cash held at GBS	**2,544**	406
Commercial banks	**79**	131
Cash in hand	**4**	3
Cash and cash equivalents as in Statement of Financial Position	**2,627**	540
Bank overdraft - GBS	**0**	0
Bank overdraft - Commercial banks	**0**	0
Cash and cash equivalents as in Statement of Cash Flows	**2,627**	540

18. Trade and other payables

Current	**31 March 2021**	31 March 2020
	£000	£000
Welsh Government	**0**	0
WHSSC / EASC	**346**	19
Welsh Health Boards	**1,727**	3,013
Welsh NHS Trusts	**669**	370
Health Education and Improvement Wales (HEIW)	**0**	0
Other NHS	**4,126**	2,585
Taxation and social security payable / refunds	**647**	555
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	**963**	856
Non-NHS payables - Revenue	**3,305**	4,313
Local Authorities	**6,902**	4,289
Capital payables- Tangible	**2,496**	1,420
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	**1,261**	1,128
Non NHS Accruals	**22,646**	16,616
Deferred Income:		
Deferred Income brought forward	**0**	0
Deferred Income Additions	**743**	0
Transfer to / from current/non current deferred income	**0**	0
Released to SoCNE	**0**	0
Other creditors	**0**	0
PFI assets –deferred credits	**0**	0
Payments on account	**0**	0
Sub Total	**45,831**	35,164
Non-current		
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
Sub Total	**0**	0
Total	**45,831**	35,164

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:	**31 March 2021 £000**	31 March 2020 £000
Between one and two years	**0**	0
Between two and five years	**0**	0
In five years or more	**0**	0
Sub-total	**0**	0

19. Other financial liabilities

	Current		**Non-current**	
Financial liabilities	**31 March 2021 £000**	31 March 2020 £000	**31 March 2021 £000**	31 March 2020 £000
Financial Guarantees:				
At amortised cost	**0**	0	**0**	0
At fair value through SoCNE	**0**	0	**0**	0
Derivatives at fair value through SoCNE	**0**	0	**0**	0
Other:				
At amortised cost	**0**	0	**0**	0
At fair value through SoCNE	**0**	0	**0**	0
Total	**0**	0	**0**	0

20. Provisions

	At 1 April 2020	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 2021
Current	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-									
Secondary care	477	0	0	168	17	(523)	(32)	0	107
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	107	0	0	0	49	(5)	(35)	0	116
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	1,087	0	0	(37)	1,605	(261)	(92)	(6)	2,296
All other losses and special payments	0	0	0	0	1	(1)	0	0	0
Defence legal fees and other administration	86	0	0	16	88	(52)	(12)		126
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	652			289	622	(621)	(291)	(24)	627
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	52		0	0	49	(31)	(6)		64
Total	2,461	0	0	436	2,431	(1,494)	(468)	(30)	3,336
Non Current									
Clinical negligence:-									
Secondary care	14,427	0	0	(168)	0	0	0	0	14,259
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	1,304	0	0	37	0	0	(209)	0	1,132
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	66	0	0	(16)	40	0	0		90
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	4,882			(289)	0	0	0	0	4,593
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	20,679	0	0	(436)	40	0	(209)	0	20,074
TOTAL									
Clinical negligence:-									
Secondary care	14,904	0	0	0	17	(523)	(32)	0	14,366
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	107	0	0	0	49	(5)	(35)	0	116
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	2,391	0	0	0	1,605	(261)	(301)	(6)	3,428
All other losses and special payments	0	0	0	0	1	(1)	0	0	0
Defence legal fees and other administration	152	0	0	0	128	(52)	(12)		216
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	5,534			0	622	(621)	(291)	(24)	5,220
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	52		0	0	49	(31)	(6)		64
Total	23,140	0	0	0	2,471	(1,494)	(677)	(30)	23,410

Expected timing of cash flows:

	In year to 31 March 2022	Between 1 April 2022 31 March 2026	Thereafter	Total
Clinical negligence:-	£000	£000	£000	£000
Secondary care	107	14,259	0	14,366
Primary care	0	0	0	0
Redress Secondary care	116	0	0	116
Redress Primary care	0	0	0	0
Personal injury	2,296	365	767	3,428
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	126	90	0	216
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	627	2,373	2,220	5,220
2019-20 Scheme Pays - Reimbursement	0	0	0	0
Restructuring	0	0	0	0
Other	64	0	0	64
Total	3,336	17,087	2,987	23,410

The THB estimates that in 2021/22 it will receive £2.566M and in 2022-23 and beyond £14.403M from the Welsh Risk Pool in respect of Losses and Special Payments

£16.803M (2019/20: £16.095M) 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 2021 is £0.064M relating to retrospective continuing health care claims (2019/20 £0.052M).

Included within the Redress Secondary Care line and Defence Legal Fees and Other Administration is a provision for expected payments in respect of redress arrangements under National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. The amount of Provision in relation to this at 31st March 2021 is £0.146M including defence costs (2019/20: £0.127M) and all payments are expected to be fully reimbursed from the Welsh Risk Pool.

20. Provisions (continued)

	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
Current	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Clinical negligence:-									
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	**0**
Pensions relating to other staff	657			812	10	(652)	(190)	15	**652**
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	**0**
Restructuring	0			0	0	0	0	0	**0**
Other	226		0	0	120	(166)	(128)		**52**
Total	**2,446**	**0**	**0**	**1,243**	**8,975**	**(9,528)**	**(693)**	**18**	**2,461**
Non Current									
Clinical negligence:-									
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**
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	**0**
Restructuring	0			0	0	0	0	0	**0**
Other	0		0	0	0	0	0		**0**
Total	**29,145**	**0**	**0**	**(1,243)**	**926**	**(2,084)**	**(6,065)**	**0**	**20,679**
TOTAL									
Clinical negligence:-									
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**
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	**0**
Restructuring	0			0	0	0	0	0	**0**
Other	226		0	0	120	(166)	(128)		**52**
Total	**31,591**	**0**	**0**	**0**	**9,901**	**(11,612)**	**(6,758)**	**18**	**23,140**

21. Contingencies

21.1 Contingent liabilities

	2020-21	2019-20
Provisions have not been made in these accounts for the following amounts :	**£'000**	£'000
Legal claims for alleged medical or employer negligence:-		
Secondary care	**17,205**	16,341
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	**17,205**	16,341
Amounts (recovered) in the event of claims being successful	**(16,971)**	(16,277)
Net contingent liability	**234**	64

Legal Claims for alleged medical or employer negligence: £0.316M of the £17.205M 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). £16.889M of the £17.205M relates to Powys THB cases. Legal advice has establish ed that these claims are not likely to result in payments. In the unlikely event that amounts are payable, all payments over a t hreshold 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 determin ed 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.

Welsh Government, on behalf of Powys Teaching Local Health Board, will pay the members who opt for reimbursement of their pension, a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the deduction.
This scheme will be funded directly by the Welsh Government to the NHS Business Services Authority Pension Division, the administrators on behalf of the Welsh claimants.

Clinical staff have until 31 March 2022 to opt for this scheme and the ability to make changes up to 31 July 2026.
At the date of approval of these accounts, there was insufficient data of take-up of the scheme by the Welsh clinical staff 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 2021, the existence of an unquantified contingent liability is instead disclosed.

21.2 Remote Contingent liabilities

	2020-21 £'000	2019-20 £'000
Please disclose the values of the following categories of remote contingent liabilities :		
Guarantees	**0**	0
Indemnities	**10**	0
Letters of Comfort	**0**	0
Total	**10**	**0**

21.3 Contingent assets

	2020-21 £'000	2019-20 £'000
Please give detail	**0**	0
	0	0
	0	0
Total	**0**	0

22. Capital commitments

Contracted capital commitments at 31 March	2020-21 £'000	2019-20 £'000
Property, plant and equipment	**653**	107
Intangible assets	**0**	0
Total	**653**	107

23. Losses and special payments

Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore this note is prepared on a cash basis.

Gross loss to the Exchequer

Number of cases and associated amounts paid out or written-off during the financial year:

	Amounts paid out during period to 31 March 2021	
	Number	**£**
Clinical negligence	6	239,660
Personal injury	15	233,453
All other losses and special payments	2	536
Total	23	473,649

Analysis of cases which exceed £300,000 and all other cases:

Cases where cumulative amount exceeds £300,000	**Number**	**Case type**	**Amounts paid out in year** £	**Cumulative amount** £
	MN/030/0623/GAK	Clinical Negligence	0	359,128
	MN/030/0644/ALF	Clinical Negligence	51,983	2,207,572
			0	0
			0	0
			0	0
			0	0
			0	0
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			0	0
Sub-total			**51,983**	**2,566,700**
All other cases			421,666	671,135
Total cases			**473,649**	**3,237,835**

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:

Land	**31 March 2021 £000**	31 March 2020 £000
Minimum lease payments		
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Less finance charges allocated to future periods	**0**	0
Minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
Present value of minimum lease payments		
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Present value of minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

24.1 Finance leases obligations (as lessee) continued

Amounts payable under finance leases:

Buildings	**31 March 2021**	31 March 2020
Minimum lease payments	**£000**	£000
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Less finance charges allocated to future periods	**0**	0
Minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
Present value of minimum lease payments		
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Present value of minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

Other	**31 March 2021**	31 March 2020
Minimum lease payments	**£000**	£000
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Less finance charges allocated to future periods	**0**	0
Minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
Present value of minimum lease payments		
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Present value of minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

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:

	31 March 2021	31 March 2020
Gross Investment in leases	**£000**	£000
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Less finance charges allocated to future periods	**0**	0
Minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
Present value of minimum lease payments		
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Less finance charges allocated to future periods	**0**	0
Present value of minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

25. Private Finance Initiative contracts

25.1 PFI schemes off-Statement of Financial Position

The LHB has no PFI Schemes off-statement of financial position.

Commitments under off-SoFP PFI contracts	**Off-SoFP PFI contracts**	Off-SoFP PFI contracts
	31 March 2021	31 March 2020
	£000	£000
Total payments due within one year	**0**	0
Total payments due between 1 and 5 years	**0**	0
Total payments due thereafter	**0**	0
Total future payments in relation to PFI contracts	**0**	0
Total estimated capital value of off-SoFP PFI contracts	**0**	0

25.2 PFI schemes on-Statement of Financial Position

Capital value of scheme included in Fixed Assets Note 11	**£000**
	0
Contract start date:	
Contract end date:	

The LHB has no Private Finance Initiatives in operation.

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

	On SoFP PFI Capital element 31 March 2021	**On SoFP PFI Imputed interest 31 March 2021**	**On SoFP PFI Service charges 31 March 2021**
	£000	**£000**	**£000**
Total payments due within one year	**0**	**0**	**0**
Total payments due between 1 and 5 years	**0**	**0**	**0**
Total payments due thereafter	**0**	**0**	**0**
Total future payments in relation to PFI contracts	**0**	**0**	**0**

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

	31 March 2021
	£000
Total present value of obligations for on-SoFP PFI contracts	**0**

25.3 Charges to expenditure	2020-21	2019-20
	£000	£000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	0	0
Total expense for Off Statement of Financial Position PFI contracts	0	0
The total charged in the year to expenditure in respect of PFI contracts	0	0

The LHB is committed to the following annual charges

PFI scheme expiry date:	31 March 2021 £000	31 March 2020 £000
Not later than one year	0	0
Later than one year, not later than five years	0	0
Later than five years	0	0
Total	0	0

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

25.4 Number of PFI contracts

	Number of on SoFP PFI contracts	Number of off SoFP PFI contracts
Number of PFI contracts	0	0
Number of PFI contracts which individually have a total commitment > £500m	0	0

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

PFI Contract	
	On/Off

25.5 The LHB has no Public Private Partnerships

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

	2020-21 £000	2019-20 £000
(Increase)/decrease in inventories	**(3)**	(6)
(Increase)/decrease in trade and other receivables - non-current	**388**	8,531
(Increase)/decrease in trade and other receivables - current	**(3,155)**	591
Increase/(decrease) in trade and other payables - non-current	**0**	0
Increase/(decrease) in trade and other payables - current	**10,667**	(5,271)
Total	**7,897**	3,845
Adjustment for accrual movements in fixed assets - creditors	**(1,076)**	207
Adjustment for accrual movements in fixed assets - debtors	**(206)**	(151)
Other adjustments	**1,623**	0
	8,238	3,901

28. Other cash flow adjustments

	2020-21 £000	2019-20 £000
Depreciation	**3,921**	3,734
Amortisation	**0**	0
(Gains)/Loss on Disposal	**0**	0
Impairments and reversals	**(334)**	4,135
Release of PFI deferred credits	**0**	0
NWSSP Covid assets issued debited to expenditure but non-cash	**0**	0
Covid assets received credited to revenue but non-cash	**(1,607)**	0
Donated assets received credited to revenue but non-cash	**(13)**	(176)
Government Grant assets received credited to revenue but non-cash	**(16)**	0
Non-cash movements in provisions	**1,764**	3,161
Other movements	**3,761**	3,473
Total	**7,476**	14,327

29. Events after the Reporting Period

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 15th June the date they were certified by the Auditor General for Wales

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, n

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	8	355,654	0	3,235
Aneurin Bevan University Health Board	16,152	247	711	40
Betsi Cadwaladr University Health Board	3,603	481	114	31
Cardiff & Vale University Health Board	2,078	39	489	124
Cwm Taf Morgannwg University Health Board	2,461	15	44	11
Hywel Dda University Local Health Board	8,743	269	200	0
Public Health Wales NHS Trust	363	545	72	139
Swansea Bay University Health Board	9,404	1,265	169	5
Velindre University NHS Trust (inc. WRP)	4,286	764	479	503
Welsh Ambulance Services Trust	1,243	51	118	51
Welsh Health Specialised Services Committee	41,429	71	346	493
Health Education and Improvement Wales (HEIW)	0	605	0	20
Powys County Council	13,998	1,747	6,902	533
PAVO - Powys Association of Voluntary Organisatic	1,068	0	0	0
NHS Confederation	45	0	0	0
Neath Port Talbot College Group	3	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
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	0	0	0	0
	0	0	0	0
	104,884	**361,753**	**9,644**	**5,185**

Powys THB has hosted the following functions on behalf of NHS Wales on which it receives income from the Welsh Government and other l
- Residual Clinical Negligence
- Community Health Councils
- 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
Professor Vivienne Harpwood	Chair	Chair, WHSSC (until Sep
Professor Vivienne Harpwood	Chair	Trustee of NHS Confede
Councillor Matthew Dorrance	Independent Member	Councillor, Powys Count
Councillor Matthew Dorrance	Independent Member	Work at Welsh Parliamer
Patricia Buchan	Independent Member	Ex Officio Trustee - Pow
Dr Kate Wright	Medical Director (From 15th February 2021)	Employee of Aneurin Bev
Ian Phillips	Independent Member	Independent Member, W
Rhobert Lewis	Independent Member	Governer, Corporation B

31. Third Party assets

The LHB held £200.00 cash at bank and in hand at 31 March 2021 (31st March 2020, £1840.20) which relates to monies held by the LHB on behalf of patients. This has been excluded from the Cash and Cash equivalents

None of this cash was held in Patients' Investment Accounts in either 2020-21 or 2019-20.

32. Pooled budgets

A Funded Nursing Care

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement in accordance with Section 33 of the Health Act 1999. The health related function which is subject to these arrangements is the provision of care by a registered nurse in care homes, which is a service provided by the NHS Body under section 2 of the National Health Service Act 1977. In accordance with the Social Care Act 2001 Section 49 care from a registered nurse is funded by the NHS regardless of the setting in which it is delivered. (Circular 12/2003)
The agreement will not affect the liability of the parties for the exercise of their respective statutory functions and obligations. The partnership agreement operates in accordance with the Welsh Government Guidance NHS Funded Nursing Care 2004.

	Funding	Expenditure	Total
	£	£	£
Gross Funding			
Powys County Council	***1,064,557***		***1,064,557***
Powys Teaching Health Board	***1,252,283***		***1,252,283***
Total Funding	***2,316,840***		***2,316,840***
Expenditure			
Monies spent in accordance with			
Pooled budget arrangement		**2,094,902**	**2,094,902**
Total Expenditure		***2,094,902***	***2,094,902***
Net under/(over) spend			***221,938***

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

B Provision of Community Equipment

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

	Funding	Expenditure	Total
	£	£	£
Gross Funding			
Powys County Council	***521,000***		***521,000***
Powys Teaching Health Board	***521,000***		***521,000***
Total Funding	***1,042,000***		***1,042,000***
Expenditure			
Monies spent in accordance with			
Pooled budget arrangement		***1,045,627***	***1,045,627***
Total Expenditure			***1,045,627***
Net under/(over) spend			***(3,627)***
Share of overspend			***(1,814)***

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

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

Powys Teaching Health Board and Powys County Council have entered into a partnership agreement in accordance with Section 33 of the National Health Services Act 2006.
The agreement will not affect the liability of the parties for the exercise of their respective statutory functions and obligations.
Powys County Council is the lead commissioner and the host partner for the purposes of the regulations.
The purpose of the agreement is to facilitate the provision of ICT services within Powys.

	Funding	Net Expenditure	Total
Gross Funding	£	£	£
Powys County Council	***3,145,450***		***3,145,450***
Powys Teaching Health Board	***1,276,790***		***1,276,790***
Total Funding	***4,422,240***		***4,422,240***
Net Expenditure			
Monies spent in accordance with Pooled budget arrangement			
Expenditure		***5,798,279***	***5,798,279***
Income		**(1,521,628)**	***(1,521,628)***
Total Expenditure			***4,276,651***
Net under/(over) spend			***145,589***

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

32. Pooled budgets

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

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

	Funding	Expenditure	Total
	£	£	£
Gross Funding			
Powys County Council	*413,380*		*413,380*
Powys Teaching Health Board	*828,000*		*828,000*
Total Funding	*1,241,380*		*1,241,380*
Expenditure			
Monies spent in accordance with		*1,225,256*	1,225,256
Pooled budget arrangement			
Total Expenditure		*1,225,256*	*1,225,256*
Net under/(over) spend			*16,124*

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

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

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

	Funding	Expenditure	Total
	£	£	£
Gross Funding			
Powys County Council	*672,808*		*672,808*
Powys Teaching Health Board	*121,864*		*121,864*
Total Funding	*794,672*		*794,672*
Expenditure			
Monies spent in accordance with			
Joint Arrangement		794,672	794,672
Total Expenditure		*794,672*	*794,672*
Net under/(over) spend			*0*

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

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

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

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

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

	Funding	Expenditure	Total
	£	£	£
Gross Funding			
Powys County Council	*226,920*		*226,920*
Powys Teaching Health Board	*226,920*		*226,920*
Total Funding	*453,840*		*453,840*
Expenditure			
Monies spent in accordance with			
Pooled budget arrangement		495,134	495,134
Total Expenditure		*495,134*	*495,134*
Net under/(over) spend			*(41,294)*

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

33. Operating segments

IFRS 8 requires bodies to report information about each of its operating segments.

		Total Total Powys "Health" £'000	Total Residual Clinical Negligence £'000	Total Community Health Councils £'000	Total Health and Care Research Wales (HCRW) £'000	Consolidation Adjustments £'000	Total £'000
	Note						
Expenditure on Primary Healthcare Services	3.1	72,405	0	0	0	0	72,405
Expenditure on healthcare from other providers	3.2	175,646	0	0	328	0	175,974
Expenditure on Hospital and Community Health Services	3.3	112,084	25	4,427	4,187	(11)	120,712
		360,135	**25**	**4,427**	**4,515**	**(11)**	**369,091**
Less: Miscellaneous Income	4	8,255	0	0	4,346	(11)	12,590
THB net operating costs before interest and other gains and losses		**351,880**	**25**	**4,427**	**169**	**0**	**356,501**
Investment Income	5	0	0	0	0	0	0
Other (Gains) / Losses	6	0	0	0	0	0	0
Finance costs	7	(29)	0	(1)	0	0	(30)
THB Net Operating Costs		**351,851**	**25**	**4,426**	**169**	**0**	**356,471**
Add Non Discretionary Expenditure	3.1	1,851	0	0	0	0	1,851
Revenue Resource Limit	2.1	353,845	25	4,426	169	0	358,465
Under / (over) spend against Revenue Resource Limit		**143**	**0**	**0**	**0**	**0**	**143**

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 2020 to 31 March 2021. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions between April 2020 and February 2021 alongside Health Board/Trust/SHA data for March 2021.

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:

	2020-21
Statement of Comprehensive Net Expenditure for the year ended 31 March 2021	**£000**
Expenditure on Primary Healthcare Services	**83**
Expenditure on Hospital and Community Health Services	**3,678**
Statement of Changes in Taxpayers' Equity For the year ended 31 March 2021	
Net operating cost for the year	**3,761**
Notional Welsh Government Funding	**3,761**
Statement of Cash Flows for year ended 31 March 2021	
Net operating cost for the financial year	**3,761**
Other cash flow adjustments	**3,761**
2.1 Revenue Resource Performance	
Revenue Resource Allocation	**3,761**
3. Analysis of gross operating costs	
3.1 Expenditure on Primary Healthcare Services	
General Medical Services	**0**
General Dental Services	**47**
Other Primary Healthcare Expenditure	**27**
Prescribed Drugs and Appliance	**9**
3.3 Expenditure on Hospital and Community Health Services	
Directors' costs	**59**
Staff costs	**3,619**
9.1 Employee costs	
Permanent Staff	
Employer contributions to NHS Pension Scheme	**3,761**
Charged to capital	**11**
Charged to revenue	**3,750**
18. Trade and other payables	
Current	
Pensions: staff	**0**
28. Other cash flow adjustments	
Other movements	**3,761**

34. Other Information

34.2. Other (continued)

Welsh Government Covid 19 Funding

	2020-21 £000
Capital	
Capital Funding Field Hospitals	0
Capital Funding Equipment & Works	1990
Capital Funding other (Specify)	0
Welsh Government Covid 19 Capital Funding	**1990**
Revenue	
Sustainability Funding	15500
C-19 Pay Costs Q1 (Future Quarters covered by SF)	709
Field Hospital (Set Up Costs, Decommissioning & Consequential losses)	0
PPE (including All Wales Equipment via NWSSP)	771
TTP- Testing & Sampling - Pay & Non Pay	974
TTP - NHS & LA Tracing - Pay & Non Pay	1668
Vaccination - Extended Flu Programme	85
Vaccination - COVID-19	1040
Bonus Payment	2474
Annual Leave Accrual - Increase due to Covid	2847
Urgent & Emergency Care	1257
Support for Adult Social Care Providers	1339
Hospices	0
Independent Health Sector	0
Mental Health	1290
Other Primary Care	286
Other	1128
Welsh Government Covid 19 Revenue Funding	**31368**

All expenditure incurred on Covid-19, supported by the funding above is included within the Income and Expenditure outlined in Notes 3.1-4.

The LHB also received small items of equipment to the value of £0.016M from the Department of Health and Social Care and this is included with Note 3.2 and Note 4.

34. Other Information

34.3 Implemention of IFRS 16

HM Treasury agreed with the Financial Reporting Advisory Board (FRAB), to defer the implementation of IFRS 16 Leases until 1 April 2022, 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 have a significant impact and this will be worked through for disclosure in our 2021-22 financial statements.

34.4 Prior Period Adjustment

During 2020/21 a reclassification of Expenditure took place between notes 3.1 and 3.2 within the Accounts. This was in relation to Integrated Care Fund expenditure and was undertaken for consistency with reporting of other NHS Wales bodies. This expenditure has been reclassified in 2020/21 and a prior year restatement actioned of £4.025M from Note 3.1 Other Primary Health Care Expenditure to Note 3.2 Other. Details as follows:

2019/20

Note 3.1 Expenditure on Primary Healthcare Services

	Cash Limited	Non-Cash Limited	2019-20	2018-19
	£'000	£'000	£'000	£'000
Other Primary Health Care Expenditure	4810	0	4810	2626

Note 3.2 Expenditure on healthcare from other providers

	2019-20	2018-19
	£'000	£'000
Other	(1592)	(1743)

Restated in 2020/21

Note 3.1 Expenditure on Primary Healthcare Services

	Cash Limited	Non-Cash Limited	2020-21	2019-20
	£'000	£'000	£'000	£'000
Other Primary Health Care Expenditure		0	2661	785

Note 3.2 Expenditure on healthcare from other providers

	2020-21	2019-20
	£'000	£'000
Other	3554	2433

The comparative information in the Statement of Comprehensive Net Expenditure has also been restated to reflect this reclassification

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

LOCAL HEALTH BOARDS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2011 and subsequent financial years in respect of the Local Health Boards (LHB)1, in the form specified in paragraphs [2] to [7] below.

BASIS OF PREPARATION

2. The account of the LHB shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year in which the accounts are being prepared, and has been applied by the Welsh Government and detailed in the NHS Wales LHB Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

FORM AND CONTENT

3. The account of the LHB for the year ended 31 March 2011 and subsequent years shall comprise a statement of comprehensive net expenditure, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied by the Welsh Assembly Government, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2011 and subsequent years, the account of the LHB shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive of the LHB.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst Dated :

1. Please see regulation 3 of the 2009 No.1559 (W.154); NATIONAL HEALTH SERVICE, WALES; The Local Health Boards (Transfer of Staff, Property, Rights and Liabilities) (Wales) Order 2009.