

Audit, Risk & Assurance Committee

Tue 27 September 2022, 10:00 - 12:00

Teams

Agenda

10:00 - 10:00 1. PRELIMINARY MATTERS

0 min

ARA_Agenda_27Sept22.pdf (2 pages)

1.1. Welcome and Apologies

Oral Chair

1.2. Declarations of Interest

Oral Chair

1.3. Minutes from the previous meeting held on 18 July 2022 for approval

Attached Chair

ARA_Item_1.3_Unconfirmed_Minutes_18Jul22_MT.pdf (8 pages)

1.4. Matters arising from previous meeting

Oral Chair

1.5. Committee Action Log

Attached Chair

ARA_Item_1.5_Action Log_18Jul22.pdf (2 pages)

10:00 - 10:00 2. ITEMS FOR APPROVAL/RATIFICATIONS/DECISION

0 min

2.1. Application for Single Tender Waiver

Attached Director of Finance and IT

ARA_Item_2.1_Application for Single Tender Waiver Sep 22.pdf (3 pages)

2.2. Local Public Health Team Transfer

Attached Director of Public Health/Associate Director of Corporate Business

ARA_Item_2.2_LPHT Transfer Approval September 2022 FINAL.pdf (16 pages)

ARA_Item_2.2a_Appendix A Financial principles position- including cover note.pdf (20 pages)

ARA_Item_2.2b_Appendix B Letter from TC to CS 300822.pdf (5 pages)

10:00 - 10:00 3. ITEMS FOR ASSURANCE

0 min

3.1. Internal Audit Progress Report 2022-23

Attached Head of Internal Audit

3.2. Internal Audit Reports: a) IT Infrastructure and Asset Management (Limited Assurance) b) Site Leadership and Coordination (Limited)

Attached *Head of Internal Audit*

ARA_Item_3.2a_pthb 2223 09 IT Infrastructure Final report.pdf (17 pages)

ARA_Item_3.2b_PTHB 2223.24 Site Leadership Co-ordination Final Report_.pdf (14 pages)

3.3. External Audit Progress Report

Attached *External Audit*

ARA_Item_3.3_ARAC Update September 2022 - Audit Wales.pdf (10 pages)

3.4. Audit Recommendation Tracking

Attached *External Audit*

ARA_Item_3.4_Audit Recommendations_Report_September 2022.pdf (11 pages)

ARA_Item_3.4a_Appendix_D_IA 2017-18 and 2019-20 REVISED DEADLINES.pdf (2 pages)

ARA_Item_3.4b_Appendix_E_IA Recommendations that remain OUTSTANDING.pdf (3 pages)

ARA_Item_3.4c_Appendix_F_IA Recommendations COMPLETED since previous report.pdf (1 pages)

ARA_Item_3.4d_Appendix_G_IA Recommendations NOT YET DUE for implementation.pdf (1 pages)

ARA_Item_3.4e_Appendix_H_EA Recommendations that remain OUTSTANDING.pdf (1 pages)

ARA_Item_3.4f_Appendix_I_EA Recommendations COMPLETED since the previous report.pdf (1 pages)

ARA_Item_3.4g_Appendix_J_EA Recommendations NOT YET DUE for implementation.pdf (1 pages)

ARA_Item_3.4h_Appendix_K_LCFS COMPLETED since the previous report.pdf (1 pages)

3.5.

10:00 - 10:00
0 min

4. ITEMS FOR DISCUSSION

4.1. Annual Review of Committee Terms of Reference 2022-23

Attached *Board Secretary*

ARA_Item_4.1_Review of Committee Terms of Reference.pdf (3 pages)

ARA_Item_4.1a_Audit Risk & Assurance Committee_ToR_Sept21_Final.pdf (13 pages)

10:00 - 10:00
0 min

5. OTHER MATTERS

5.1. Review of the Committee Programme of Business

ARA_Item_5.1_Committee Work Programme_2022-23_March 2022 190422.pdf (4 pages)

5.2. Items to be brought to the attention of the Board and other Committees

5.3. Any other urgent business

5.4. Date of next meeting: Tuesday 15 November 2022

Party Stella
21/09/2022 10:21:34

**POWYS TEACHING HEALTH BOARD
AUDIT, RISK & ASSURANCE
COMMITTEE
TUESDAY 27 SEPTEMBER 2022
10:00 – 12:00
VIA MICROSOFT TEAMS**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA

Time	Item	Title	Attached /Oral	Presenter
	1	PRELIMINARY MATTERS		
10:00	1.1	Welcome and Apologies	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes from the Previous Meeting	Attached	Chair
	1.4	Matters Arising from the Previous Meeting held 18 July 2022	Oral	Chair
	1.5	Audit, Risk & Assurance Committee Action Log	Attached	Chair
	2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
10:10	2.1	Application of Single Tender Waiver	Attached	Director of Finance and IT
10:25	2.2	Local Public Health Team Transfer	Attached	Director of Public Health/Associate Director of Corporate Business
	3	ITEMS FOR ASSURANCE		
10:40	3.1	Internal Audit Progress Report 2022-23	Attached	Head of Internal Audit
10:55	3.2	Internal Audit Reports: a) IT Infrastructure and Asset Management (<i>Limited Assurance</i>) b) Site Leadership and Coordination (<i>Advisory</i>)	Attached	Head of Internal Audit
11:10	3.3	External Audit Progress Report	Attached	External Audit

Patrycja Stella
5/10/2022 10:21:34

11:25	3.4	Audit Recommendation Tracking	Attached	Board Secretary
	4	ITEMS FOR DISCUSSION		
11:45	4.1	Annual Review of Committee Terms of Reference 2022-23	Attached	Board Secretary
	5	OTHER MATTERS		
11:50	5.1	Review of Committee Programme of Business	Attached	Board Secretary
	5.2	Items to be Brought to the Attention of the Board and Other Committees	Oral	Chair
11:55	5.3	Any Other Urgent Business	Oral	Chair
12:00	5.4	Date of the Next Meeting: Tuesday 15 November 2022 at 10:00, Microsoft Teams		

Key:

	Governance & Assurance
	Internal & Capital Audit
	External Audit
	Anti-Fraud Culture

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

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

The Board is expediting plans to enable its committee meetings to be made available to the public via live streaming. In the meantime, should you wish to observe a virtual meeting of a committee, please contact the Board Secretary in advance of the meeting in order that your request can be considered on an individual basis (please contact James Quance, Interim Board Secretary, james.quance2@wales.nhs.uk).

In addition, the Board will publish a summary of meetings held on the Health Board's website within ten days of the meeting to promote openness and transparency.

Parry Stella
21/09/2022 10:21:34

AUDIT, RISK & ASSURANCE COMMITTEE

UNCONFIRMED

MINUTES OF THE MEETING HELD ON MONDAY 18 JULY 2022 VIA MICROSOFT TEAMS MEETING

Present:

Tony Thomas
Mark Taylor

Independent Member – Finance (Committee Chair)
Independent Member – Capital and Estates
(Committee Vice-Chair)
Independent Member - General
Independent Member – General

Rhobert Lewis
Ronnie Alexander

In Attendance:

Pete Hopgood
Paula Walters
Ian Virgil
Jayne Gibbon
Melanie Goodman
Bethan Hopkins
Matthew Evans
Kirsty James
Sarah Pritchard

Director of Finance and IT
Associate Director of Corporate Business
Head of Internal Audit
Internal Audit
Internal Audit
External Audit
Head of Local Counter Fraud Service
Local Counter Fraud
Head of Financial services

Committee Support

Stella Parry

Interim Corporate Governance Manager

Apologies

Carol Shillabeer
James Quance

Chief Executive
Board Secretary

Party: Stella
21/09/2022 10:21:34

ARA/22/042	WELCOME AND APOLOGIES <p>The Committee Chair welcomed everyone to the meeting and confirmed that a quorum was present. Apologies for absence were noted as recorded above, it was noted that Paula Walters, Associate Director of Corporate Business was in attendance on behalf of the Board Secretary.</p>																												
ARA/22/043	DECLARATIONS OF INTEREST <p>The Committee Chair INVITED Members to declare any interests in relation to the items on the Committee agenda.</p> <p>None were declared.</p>																												
ARA/22/044	MINUTES OF THE MEETINGS HELD 13 JUNE 2022 <p>The minutes of the meetings held on 13 June 2022 were RECEIVED and AGREED as being a true and accurate record.</p>																												
ARA/22/045	MATTERS ARISING FROM PREVIOUS MEETINGS <p>The following matters arising were discussed:</p> <p>ARA/22/034: It was queried whether the Single Tender Waiver (STW) considered in relation to Brecon Mind (POW2122022) was a further extension to a STW previously considered by the Committee. The Head of Financial Services confirmed that the application for STW was a further extension and reported that a formal procurement process was underway.</p>																												
ARA/22/046	COMMITTEE ACTION LOG <p>The Committee received and NOTED the action log. The following actions were discussed by the Committee:</p> <ul style="list-style-type: none"> ARA/22/034: The Director of Finance and IT suggested that the wording of the action required amendment. It was highlighted that the action was in relation to the development of a 'Register of Contracts' linked to the Single Tender Waiver process. It was AGREED that this would be updated in readiness for the next meeting. 																												
ARA/22/047	APPLICATION OF SINGLE TENDER WAIVER <p>The Director of Finance and IT presented the following application for single tender waiver received during the period of 1 June 2022 and 30 June 2022:</p> <table border="1"> <thead> <tr> <th>Single Tender Reference</th><th>Request to waive QUOTE or TENDER threshold</th><th>Name of Supplier</th><th>Item</th><th>Reason for Waiver</th><th>Date of Approval</th><th>Value £</th><th>Length of Contract</th><th>Prospective/ Retrospective</th><th>Appendix Ref</th></tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>									Single Tender Reference	Request to waive QUOTE or TENDER threshold	Name of Supplier	Item	Reason for Waiver	Date of Approval	Value £	Length of Contract	Prospective/ Retrospective	Appendix Ref										
Single Tender Reference	Request to waive QUOTE or TENDER threshold	Name of Supplier	Item	Reason for Waiver	Date of Approval	Value £	Length of Contract	Prospective/ Retrospective	Appendix Ref																				

	POW2223029*	Tender	Medilogik	Maintenance of Endoscopy Reporting System	Sole Supplier	16/06/2022	£70,536	4 years	Prospective	A1

*Please note due to an administrative error within Procurement the Single Tender Waiver register log for 2022/23 commenced on STW2223029 therefore this is the first Single Tender Waiver for 2022-23 not the 29th

Independent Members sought assurance by asking the following questions:

From a procurement perspective, was there a reason the maintenance costs were not included in the original procurement costs? It was suggested that this would provide a more accurate upfront position of the cost of the contract.

The Director of Finance and IT agreed that this was an area of potential improvement for the health board, and it was agreed that the Head of Financial Services would work with procurement on a potential approach.

Action: Director of Finance and IT.

The Committee RATIFIED the use of Single Tender Waiver in respect of 1 item during the period of 1 June 2022 and 30 June 2022

ARA/22/048

LOSSES AND SPECIAL PAYMENTS ANNUAL REPORT 2021-22

The Head of Financial Services presented the item and highlighted that an interim report had been considered by the Committee on 16 November 2021. It was reported that losses and special payments were items that the Welsh Government would not have contemplated when they passed legislation or agreed funds for the NHS; such payments also included any ex gratia payments made by the health board. By their nature they are items which should be avoidable and should not arise. Therefore, they are subject to special control procedures and are included within a separate note within the health board's annual accounts. It was noted that these payments fell into four key areas:

- Clinical Negligence and Personal Injury;

	No. of payments/Receipts	No. of cases	£
Clinical Negligence /Personal Injury (Payment)	31	9	122,307.05
Total	31	9	122,307.05
Receipts from Welsh Risk Pool	1	1	209,363.40
Total	1	1	209,363.40

- Redress (Putting Things Right);

	No. of payments/receipts	No. of cases	£
Redress Payments	36	14	18,514.13
Total	36	14	18,514.13
Redress Receipts	5	5	40,355.80
Total	5	5	40,355.80

- GP Indemnity; and

	No. of payments/receipts	No. of cases	£
GP Indemnity	5	2	17,324.00
Total	5	2	17,324.00

- Other Special Payments

	No. of payments/receipts	No. of cases	£
Other Special Payments	6	6	38,388.43
Total	6	6	38,388.43

Independent Members sought assurance by asking the following questions:

The report provided did not include any analysis or benchmarking, therefore what assurances could Committee Members take from the report?

The Head of Financial Services noted that the Executive Committee and Patient Experience, Quality and Safety Committee had considered the cases individually and suggested that a paper could be made available for a forthcoming meeting of the Committee which provided a trend analysis of payments over the last few years. **Action: Director of Finance and IT** Benchmarking data from the Welsh Risk Pool would be made available for next Interim Report, due November 2022.

	<p>The Committee NOTED the annual report for 2021/22 for losses and special payments and NOTED that the payments been approved in line with the Scheme of Delegation on losses and special payments within the health board.</p>
ARA/22/049	<p>INTERNAL AUDIT PROGRESS REPORT 2022-23</p> <p>The Head of Internal Audit presented the item which provided an overview of the progress against the 2022-23 Internal Audit Plan to date. It was noted that this was the first report of 2022-23 and the following matters where highlighted for the Committees attention:</p> <ul style="list-style-type: none"> • two Internal Audit Reports had been finalised since the last meeting of the Committee; both were from the 2021-22 Plan and had been rated 'Reasonable Assurance'. These had been included within the Head of Internal Audit Opinion for 2021-22 however were not able to be published in readiness for the 13 June 2022 Committee; • three audits from the 2022-23 plan were at work in progress stage, and 8 were at planning stage; • the plan that was agreed by the Committee in April 2022 included details of the proposed quarters in which each of the identified audits would be undertaken. Following a more detailed review of the availability of Internal Audit resources and discussions with relevant lead contacts, adjustments have since been proposed to the planned timings for the following audits: <ul style="list-style-type: none"> ◦ North Powys Wellbeing Programme – Move from Q1 to Q2 ◦ Review of a service area within the PC&MH Directorate – Move from Q1 to Q2 ◦ Staff Rostering – Move from Q3 to Q2 ◦ Temporary Staffing Department – Move from Q1 to Q3 ◦ Professional Governance Structure – Move from Q4 to Q3 <p>It had also been agreed to add an audit of Site Co-ordination. This audit was deferred from the 2021/22 plan after the 2022/23 plan had been agreed by the Committee and has therefore been added to the current plan.</p> <p>The Committee DISCUSSED and NOTED the update and AGREED the proposed changes to the 2022-23 Internal Audit Plan.</p>
ARA/22/050	<p>INTERNAL AUDIT REPORTS</p> <p><i>a) Risk Management and Assurance (Reasonable Assurance)</i></p> <p>The Committee received the report which sought to evaluate the adequacy of the systems and controls in place within the Health Board in relation to Risk Management and Assurance. It was noted that the report had received 'Reasonable Assurance' with further matters arising concerning the areas for refinement and further development noted within Appendix A of the Report.</p>

	<p><i>b) Breathe Well Programme (Reasonable Assurance)</i></p> <p>The Committee received the report which assessed the adequacy of the systems and controls in place for the 'Breathe Well Programme'. It was noted that the report had received 'Reasonable Assurance' with further matters arising concerning the areas for refinement and further development noted within Appendix A of the Report.</p> <p>The Committee received and NOTED the Internal Audit Reports.</p>
ARA/22/051	<p>EXTERNAL AUDIT PROGRESS REPORT 2022-23</p> <p>External Audit presented the item which provided an update in relation to current and planned audit work, including completed work presented to the Audit Committee (Exhibit 2); work that was currently underway (Exhibit 3); and planned work not yet started or revised (Exhibit 4). An update was also provided in relation to the Auditor General's wider programme of national value-for-money examinations and the work of our Good Practice Exchange (GPX).</p> <p>The Committee DISCUSSED and NOTED the Report.</p>
ARA/22/052	<p>COUNTER FRAUD UPDATE</p> <p>The Head of Local Counter Fraud Services presented the item which provided an update on key areas of work undertaken by the Local Counter Fraud Specialists during 2022/23. An overview was provided of the work undertaken in relation to:</p> <ul style="list-style-type: none"> • Strategic Governance; • Inform and Evolve; • Prevent and Deter; and • Hold to Account <p>Independent Members sought assurance by asking the following questions:</p> <p><i>How was data shared between health boards in Wales and was there separate mechanism for trusts?</i></p> <p>The Head of Local Counter Fraud Services noted that there was an Intelligence Function Unit within the Counter Fraud Authority and a dissemination process within Counter Fraud Services Wales however it was noted that feedback via these mechanisms was less agile than the intelligence shared between the Local Counter Fraud Team which provided services for Powys, Cwm Taf Morgannwg University Health Board and Swansea Bay University Health Board. It was noted that informational sharing protocols were also in place in line with Information Governance legislation.</p> <p><i>Where larger sums of money were found owing to the health board, would these be recovered in a singular payment or via repayment agreement?</i></p> <p>It was reported that case by case assessment were undertaken based on funds available to make repayments. It was confirmed that payment plans</p>

	<p>were utilised should there be insufficient funding to recover funds in a single payment. However, it was noted that to meet the conditions of a conditional caution funds must be repaid within 12 months. The Director of Finance and IT also noted that when the invoice is made the amount is credited in the health board's accounts.</p> <p>The Committee DISCUSSED and NOTED the Report</p>
ARA/22/053	<p>REGISTER OF INTERESTS</p> <p>The Associate Director of Corporate Business presented the item which provided an updated position for the Register of Interests for Independent Members and Executive Directors as of 24 June 2022 and provided an overview of the improvements underway in relation to the mechanisms for recording and reporting declarations of interest.</p> <p>The Committee DISCUSSED and NOTED the Report.</p>
ARA/22/054	<p>ANNUAL GOVERNANCE PROGRAMME REPORTING</p> <p>The Associate Director of Corporate Business presented the item which provided an updated in relation to the progress made against the Annual Governance Programme, it was highlighted that work in relation to Policies Management had gathered momentum as a result of the implementation of SharePoint.</p> <p>The Committee DISCUSSED and NOTED the Report.</p>
ARA/22/055	<p>AUDIT RECOMMENDATION TRACKING</p> <p>The Associate Director of Corporate Business presented the item which provided an update in relation to the implementation of Audit Recommendations, arising from reviews undertaken by Internal Audit, External Audit (Audit Wales) and Local Counter Fraud Services. It was noted that all recommendations arising from 2018/19 had now been implemented and it was highlighted that the next update to the Committee would incorporate final deadlines for those recommendations affected by the COVID-19 pandemic (2017-2020).</p> <p>Committee Members welcomed the report and highlighted the importance of recommendation owners providing updates in advance when deadlines are affected by system pressures. Independent Members sought assurance by asking the following questions:</p> <p><i>When was progress expected in relation to the implementation of recommendations arising from the No Assurance, Records Management Audit?</i></p>

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	<p>The Director of Finance and IT highlighted that the Records Management Improvement Plan, implemented as a result of the audit constituted a large scale piece of work for the health board. Digital investment funding had been used to undertake a scoping exercise and a business case had been developed to address the issues in relation to records management over a number of years, due to the scope of the work involved. It was confirmed that the area remained an area of risk for the health board. However, the work underway was a key area of focus. It was agreed that the Director of Finance and IT would circulate a paper recently discussed by the Delivery and Performance Committee to members post Committee.</p> <p>The Committee DISCUSSED and NOTED the Report.</p>
ARA/22/056	<p>WELSH HEALTH CIRCULAR TRACKING</p> <p>The Associate Director of Corporate Business presented the item which provided an overview of the position relating to the implementation of Welsh Health Circulars (WHCs) as of 31 May 2022.</p> <p>The Committee DISCUSSED and NOTED the Report.</p>
ARA/22/057	<p>COMMITTEE WORK PROGRAMME</p> <p>The Committee received and NOTED the Committee Work Programme.</p>
ARA/22/058	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>There were no items to be brought the attention of the Board and other Committees.</p>
ARA/22/059	<p>ANY OTHER URGENT BUSINESS</p> <p>No other urgent business was declared.</p>
ARA/22/060	<p>DATE OF NEXT MEETING</p> <p>27 September 2022, 10:00 am, Microsoft Teams</p>

Party: Stella
21/09/2022 10:21:34



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Key:

Completed
Not yet due
Due
Overdue

AUDIT, RISK AND ASSURANCE COMMITTEE ACTION LOG
(Following the meeting held 18 July 2022)

Minute	Date	Action	Responsible	Progress	Status
ARA/22/034	13 June 2022	A 'Register of Contracts' linked to the Single Tender Waiver process would be developed.	Director of Finance & IT		
ARA/22/047	18 July 2022	Work would be undertaken alongside procurement to develop an approach to ensure maintenance costs were included in original procurement costs to enable an upfront position of the cost of the contract to be provided.	Director of Finance & IT		
ARA/22/048	18 July 2022	The paper provided to the Executive Committee and Patient Experience, Quality	Director of Finance & IT		

		and Safety Committees which provided a trend analysis of Losses and Special Payments would be shared with Members for information.			
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Parry Stella
21/09/2022 10:21:34

Agenda item: 2.1

Audit, Risk and Assurance Committee		Date of Meeting: 27 th September 2022
Subject :	SINGLE TENDER WAIVERS	
Approved and Presented by:	Director of Finance and IT	
Prepared by:	Head of Financial Services	
Other Committees and meetings considered at:	None	

PURPOSE:

To seek the Audit, Risk and Assurance Committee's RATIFICATION of Single Tender Waiver requests made between 1 July 2022 and 31 August 2022.

RECOMMENDATION(S):

It is recommended that the Audit, Risk and Assurance Committee RATIFIES the use of Single Tender Waiver in respect of 1 item during the period of 1 July 2022 and 31 August 2022 and consider additional information provided regarding the individual single tender document.

Ratification	Discussion	Information
✓		

Party Stella
21/09/2022 10:21:34

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

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

EXECUTIVE SUMMARY:

In-line with the organisation's Standing Orders, there is a requirement for all single tender waiver and extension of contracts to be reported to the Audit Risk and Assurance Committee. Single tender waiver shall only be permitted when a single firm or contractor or a proprietary item or service of a special character is required and as set out in law. Single tender waiver shall only be employed following a formal submission and with the express written authority of the Chief Executive, or designated deputy having taken into consideration due regard of procurement requirements.

DETAILED BACKGROUND AND ASSESSMENT:

The previous report on single tender waiver use was received by the Audit Risk and Assurance Committee at its July 2022 meeting which covered the period from 1 June 2022 and 30 June 2022.

A summary of the use of Single Tender Action from 1 July 2022 and 31 August 2022 is as follows:

Single Tender Reference	Request to waive QUOTE or TENDER threshold	Name of Supplier	Item	Reason for Waiver	Date of Approval	Value £	Length of Contract	Prospective/ Retrospective	Appendix Ref
POW2223030	Quote	Integra (E-quip) Ltd	Asset Management System for Medical Devices	Sole Supplier	13/07/2022	£5,250	1 year	Prospective	A1

Please note due to an administrative error the STW register log for 2022/23 commenced on STW 2223029 therefore this is the 2nd STW for 22-23 not the 30th

Full details including supporting documentation has been shared with Committee members under confidential cover, given the potential for commercially sensitive information to be included.

From 1st January 2019 a Dun and Bradstreet Report is being undertaken by NWSSP Procurement Services to provide a report on financial standing of the proposed supplier including Director details and associated companies. This has been introduced to further strengthen governance of the Single Tender Waiver process. This is referenced in the procurement section of the form and the full report is reviewed by the Head of Financial Services and provided to the Chief Executive with the Single Tender Waiver Form to aid the decision-making process.

NEXT STEPS:

A report on use of Single Tender Waivers will be submitted to each Audit, Risk and Assurance Committee meeting. A nil report will also be reported if applicable.

Party Stella
21/09/2022 10:21:34



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Health Board

Agenda item: 2.2

Audit, Risk and Assurance Committee **Date of Meeting: 27th September**

Subject :	Transfer of Local Public Health Team from Public Health Wales to Local Health Boards and Future Ways of Working
Approved and Presented by:	Mezz Bowley, Interim Director of Public Health
Prepared by:	Mezz Bowley, Interim Director of Public Health Paula Walters, Associate Director of Corporate Business Tim Humberstone and John Filsell, Finance Business Partners Chris Davies and Natasha Price, W&OD Business Partners
Other Committees and meetings considered at:	The Director of Public Health provided a briefing to Executive Committee on 17 th November 2021. Executive Committee, 14 th September 2022.

PURPOSE:

This paper provides an overview of the arrangements that have been put in place to transfer the local public health team function, staff and resources to the health board from Public Health Wales.

It seeks to provide assurance on the planning and implementation of the transfer and sets out the key risks and mitigating actions that have been put in place to manage the risks and limit any adverse impact on the health board.

The paper also requests that the Audit, Risk and Assurance Committee formally ENDORSE the decision made by the Executive Committee on 14th September 2022 to the approve transfer, as requested in a letter to the Chief Executive from Tracey Cooper, Chief Executive Officer, Public Health Wales on 30th August 202 (Appendix B) and for this to be communicated to Public Health Wales, staff and stakeholders.

RECOMMENDATION(S):

The Audit, Risk and Assurance Committee is asked to **DISCUSS** the content of this paper, the progress being made to facilitate the transfer and the issues and risks associated with the transfer and **ENDORSE** the Executive Committee decision to approve the transfer of the local public health team function, staff and assets from Public Health Wales to the health board with effect from 1st October 2022.

Approval/Ratification/Decision ¹	Discussion	Information
✓	✓	✗

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

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

EXECUTIVE SUMMARY:

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

In October 2021 the Director General for Health and Social Services/Chief Executive of NHS Wales wrote to PHW in October 2021 confirming Ministerial support for the proposal to transfer the Local Public Health Teams to Local Health Boards. Following this confirmation, a national Project Team led by Public Health Wales with representation from health board Directors of Public Health and project leads, was established to plan and implement the transfer.

The national Project Team has been working through the detail of the transfer in areas such as finance, people, ICT and the development of a Memorandum of Understanding – Part 1 to focus on the arrangements for public health teams to remain connected to the public health system for professional development and intelligence and Part 2 will articulate how the wider public health system will operate in the future. Part 1 has been development and health boards are requested by PHW to agree to the MoU. Part 2 will be developed by the Public Health Directors Leadership Group post-transfer.

It is proposed that 18 staff (14.83 wte) from the LPHT transfer from PHW to the health board on 30th September 2022. In addition, that £515,461 be transferred from PHW to the health board on a recurrent basis and £280,993 of grant funding be claimed from PHW on an annual basis through a process that is already in place. This funding is ring-fenced.

Currently the LPHT staff and resources are employed by Public Health Wales and work under the direction of the Health Board Director of Public Health. The proposed change will transfer the employment of staff and resources to the Health Board to align governance and accountability. The only change for staff is therefore the employing organisation.

The health board has been asked by Public Health Wales to agree to these terms and the MoU and confirm acceptance by 19th September 2022.

DETAILED BACKGROUND AND ASSESSMENT:

Background

On 17th November 2021 the health board's then Director of Public Health presented a paper to the Executive Committee on the proposed transfer of the local public health teams (LPHTs) from Public Health Wales (PHW) to health boards. The following is a brief overview of the paper:

- In August 2021, the Chief Executive of PHW wrote to the Director General for Health and Social Services/Chief Executive of NHS Wales to seek *'the consideration and consent of the Minister for Health and*

Social Services to transfer Local Public Health Teams from Public Health Wales into health boards’.

- In making this request, PHW took account of the need for the organisation to:
 - Develop and establish their optimum design- *‘Doing only what we [PHW] should (and could) do’.*
 - Continuing their evolution as a National Public Health Institute.
 - Further improving system governance and accountability - noting the then Wales Audit Office (WAO) view that *“...collaborative arrangements for managing local public health resources do not work as effectively as they should do.”²*
 - Support the optimisation of the resources across an integrated public health system – recognising that LPHTs represent a local specialist public health resource that has evolved and increased with varying additional investment from each respective health board.
- The Director General for Health and Social Services/Chief Executive of NHS Wales wrote back to PHW in October 2021 confirming Ministerial support for the proposal subject to the following conditions:

‘Once transferred, resource will be added the Directed Expenditure table within the main Health Board revenue allocation and should be solely used for the funding of local public health teams. This funding will remain within the Directed Expenditure table for at least the next three years. The transfer does not preclude additional investment by Health Boards in their public health teams, building on some of the models already adopted by some’.

‘There is a need for the development of a Memorandum of Understanding (MoU) between Public Health Wales and Health Boards setting out the areas of support and collaboration between the organisations beyond the transfer, providing Health Boards with clarity on the legitimate expectations of ongoing specialist support across the domains of public health. The MoU will ultimately be signed off by the NHS Leadership Group and subject to periodic review’.

LPHT staff received formal notification from PHW of the proposed change on 21st October 2021 and a staff briefing was held on 02nd November 2021. Following this, our Chief Executive joined the then Director of Public Health at a meeting with staff and this was received positively. The original intention had been for the staff to transfer on 01st April 2022 but, due to Winter

² Wales Audit Office. 2017. Public Health Wales NHS Trust – Collaborative Arrangements for Managing Local Public Health Resources. Accessed here: [Audit Wales](#)

pressures and the impact of the Omicron variant of COVID-19, the plan was reviewed and a new transfer date of 30th September 2022 was agreed.

Planning and Implementation of the Transfer

National Arrangements

PHW established a Project Board to plan and deliver the transfer arrangements. The Project Board includes representatives from PHW' senior management, HR, Finance, IT, Estates and Facilities and the Directors of Public Health (DsPH) from each of the Health Boards.

The specific project objectives are to:

- Transfer all Local Public Health Teams (people and budgets) to respective Health Boards by 30th September 2022.
- Undertake the transfer in such a way to ensure:
 - a. effective timely and accurate staff engagement and communications
 - b. business continuity before, during and after the transfer
 - c. full legal and policy compliance, as part of the all-Wales Organisational Change Policy (OCP) including the Transfer of Undertakings (Protection of Employment) (TUPE) Regulations 2006 as amended by the Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014.
- Put in place arrangements for strengthening the public health system (including through a new Memorandum of Understanding) which are focused on ensuring that:
 - a. Local Public Health Teams continue to have the resources, skills, knowledge and professional support required to deliver public health outcomes at a local and regional level; and
 - b. There is clarity between Public Health Wales and Health Boards on ongoing specialist support across the domains of public health, which is mutually available.³

The Project Board agreed the terms of reference and Project Initiation Document (PID) which sets out how the project board operates.

The national project arrangements have six workstreams, each with deliverables and milestones set out in individual workstream plans.

³ a. above is referred to in the Project Board arrangements as the development of MOU Part 1 and b. in known as MOU Part 2.

The workstreams are:

1. **Finance** – confirming the resource envelope to be transferred (total staff and non-staff budgets, liabilities).
2. **People** – confirming all staff to be transferred, undertaking due diligence (provision of all material information on each staff member), all in accordance with the NHS Wales OCP and TUPE Regulations.
3. **Informatics** – gathering requirements from local and central teams, agreeing an informatics transfer strategy, information governance assessment (e.g. data protection and FOI impact), IT switch over, records access and management; access to systems/channels.
4. **Future system working** – mapping current interfaces, working arrangements and business processes between Local Public Health Teams and Public Health Wales directorates, ensuring business continuity before, during and after the transfer, including through a Memorandum of Understanding (MOU).
5. **Facilities and assets** – Identifying and cataloging the assets to be transferred, developing the approach and contributing to the Finance and Assets transfer principles.
6. **Governance** – effective and timely decision-making and the formal acceptance processes of the transfer.

The PID recommended that each health board establishes a local project team to mirror the national project structure with a local plan, aligned to the central plan, led by a dedicated project manager.

Local Arrangements

Earlier this year and in the absence of a Director of Public Health at that time, the Chief Executive asked the Associate Director of Corporate Business to lead and co-ordinate the transfer and to continue to support the new Interim Director of Public Health once they were in post. It has been necessary for this arrangement to continue because the new Interim Director of Public Health is personally affected by the transfer with their substantive role in PHW being transferred to Aneurin Bevan University Health Board's LPHT.

The health board adopted a similar project methodology internally with representatives from the LPHT, Workforce and OD, Finance, IT and Information Governance involved. The ADoCB Chairs the internal project group and has supported the Interim Director of Public Health with planning and implementation. Work has been undertaken in accordance with the timeline provided by the national Project Board plan. In some health boards, staff will be transferring from a PHW building to health board premises at

some point during or after the TUPE transfer. It has not been necessary to engage colleagues from Estates and Facilities as there is no intention to physically transfer the Powys team to a new office location.

Progress to Date

1. Finance

PHW drafted Finance Principles and they were shared with all health board Finance teams before being discussed by the Project Board on 3rd May 2022. The principles are attached at Appendix A.

Implications for PTHB

On 3rd May 2022 PHW sent the health board its initial breakdown of how the Finance Principles would be applied. On 11th May 2022 the health board provided PHW with the following feedback:

- a. the 'Adjusted Budget Level' for the health board did not cover the actual cost of establishment (£10k shortfall). This was covered for all other health boards and we believe in principle, the budget should cover the establishment cost.*
- b. the health board does not support the principle of the vacancy factor. The application of the vacancy factor has worked for PHW team as a whole as there would likely have been vacancies in the national team. However, for PTHB with a stable substantive team, it would mean the health board taking on an additional recurrent £30k overspend.*
- c. the health board is not in a position to mitigate the £40k recurrent proposed overspend (total of a. and b.) across the organisation.*
- d. regarding Programme & Development Funding, staff funded via projects should be employed fixed term in line with the funding. However, some of these staff are substantive and therefore would also potentially put the health board at financial risk.*

PHW collated all comments from health boards and presented them to their Executive Team and we were advised at the Project Board held on 21st June 2022 that PHW proposed to provide PTHB with an additional £11k to cover the shortfall in point a. above. PHW also proposed to reinstate and allocate to health boards, the budget for travel and subsistence that had been removed as part of PHW's cost improvement target (£59k total budget).

However, concern was raised by health boards in the Project Board at the continued application of a 'vacancy factor' and DsPH also requested to see the budget figures back to 2018 which is when the reallocation of funding took place following work undertaken to address WAO report recommendations.

As a result of further discussions between PHW and PTHB project leads and Finance colleagues during the Summer, the following transfer is proposed.

Table 1: Proposed finance transfer from PHW to PTHB.

Powys Finance Funding Tables		
Core Funding Table		
Total Available Budget	459,189	
Additional funding agreed to fund at actual	50,139	
Previously removed travel budget reinstatement	2,435	
Core Budget to be transferred on a recurrent basis	511,763	
Grant Funding Table		
Healthy Schools	110,972	Programme Funding
Healthy Pre-schools	29,850	Programme Funding
Obesity	102,195	Development Funding
Whole School Approach to Mental Health	37,886	Development Funding
Total Grant Allocation - accessed via invoice to PHW	280,903	
Apprentice Levy Table		
Apprentice Levy allocation for Core Funding	2,477	
Apprentice Levy allocation for Grant Funding	1,220	
Budget to be transferred on a recurrent basis	3,697	
Budget to transfer to Health Board on a recurrent basis	515,461	
Budget to be claimed via agreed grant process already in place	280,903	

The proposed financial transfer figures are generally positive but there are some issues and mitigating actions for the Executive Committee to be made aware of and give due consideration. This detail was provided to the project and Finance leads on 21st July 2022 and is recommended for approval by the Executive Committee.

Core funding:

The core staff budgets are based on the staffing establishment (staff in post and vacancies) as at 30th June 2022. It covers funding for eight members (7.2 wte) of staff.

Issue	Mitigating Actions
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Clarity has been sought from PHW on how the 2022/23 pay inflation rise will be accounted for in the transfer. It is envisaged that staff will be paid the increase in September 2022 in the final pay they receive from PHW.	This has been acknowledged by PHW and they in turn have sought clarification from Welsh Government on how the rise will be reflected in the revised core allocation.
The core funding includes the cost of on-call payments to Consultants who participate in the national health protection on-call rota. Clarity has been sought on how many Consultants have agreed to continue to participate in the rota post-transfer. If there is less participation, there is a risk that it could lead to Consultants who remain on the rota taking on additional shifts and this could increase their Intensity Payment banding and lead to increased costs to the health board as a result of our staff supporting the national health protection service.	The SRO in PHW is checking the position regarding individuals' participation but it was felt that the current Intensity Payment banding was sufficient. However, this may need to be reviewed depending on the level of response to the process by Consultants.
Clarity has been sought on the potential impact to the health board of future increments for staff who are transferring.	None of the staff transferring are due to receive an increment in 2022/23 following the transfer. There is one member of staff (0.6WTE) due an increment in two years which will cost the health board approximately £5k.

Grant funding:

PHW currently manages a number of grant programmes on behalf of Welsh Government. There is Programme Grant Funding for Healthy Schools and Healthy Pre-schools and Development Grant Funding for Obesity and Whole School Approach to Mental Health. There are no proposed changes to the management of these grants – the funding and monitoring will continue to be administered by PHW. The funding covers ten members of staff (7.63 wte).

Risks	Mitigating Actions
Programme Grant Funding and agreements for the year have	The funding issues for the current model, which includes input from local

been issued and accepted by PHW and health board Project Board leads. However, there is real concern about the future level of funding for these programmes which have not received inflationary increases.

- Development Grant Funding

has been confirmed until March 2025 and will continue to be administered by PHW. Historically the funding has been paid by PHW in arrears with health boards underwriting the programmes.

- PHW has historically appointed to grant funded posts on a permanent basis. Under the proposals, the health board will receive 10 permanent members with funding only agreed for 2022/23 for Programme Grants and March 2025 for Development Grants.

- Should Programme Grant funding end, the health board would have a risk relating to substantive staff employed of £142k p.a.

- Should Development Grant funding end, the health board will have a risk relating to substantive staff employed of £139k p.a.

- There has been no increases to the grant funded budget allocations in line with inflation. These budgets are being squeezed year on year and there is little room to manoeuvre as there has been no increase in the grant allocations despite year-on-year inflation/increment costs.

authorities, has been strongly articulated to PHW by health board DsPH, project and Finance leads.

There is a national review of these programmes which is looking at the optimum model going forward. PHW, health boards and local authority partners have the opportunity to raise the issue of the model and funding with Welsh Government as part of the review.

Funding for these programmes post 2025 will need to be negotiated by all health boards with Welsh Government.

PHW and health board DsPH have agreed to collectively raise the issue with WG of all grant funded programmes needing to receive fair and sustainable funding.

It is important to note that the transferring of risk relating to staff with permanent contracts and funded by WG grants applies to all health boards

and Powys Teaching Health Board is not an outlier. Directors of Public Health have agreed to pick up with Welsh Government, the issue of future funding arrangements as part of the routine planning cycle.

Apprenticeship Levy:

The proposal provides the health board with its share of the centrally held Apprenticeship Levy for both core and grant funded staff.

The following issues were confirmed by the PHW' SRO in a letter to all health board Project Team members on 7th July 2022:

Travel Costs:

In line with the Trust's cost improvement programme, PHW reduced budgets for the reduction in specific costs including the reduction in travel costs resultant from both the pandemic and also new ways of working. Following concerns raised by health boards around the need for teams to work across geographic areas, PHW agreed to reinstate this to the LPHT budgets. This resulted in a cost to PHW of £50,000.

Microsoft Licences:

As part of the all Wales contract with Microsoft PHW recently agreed to a 5 year deal for its staff. This includes the 174 WTE staff transferring to health boards. PHW will continue to pay these costs over the course of the 5 year contract. Any increase in LPHT staffing will need to be covered by health boards.

Transfer of Overheads:

Some members of the national Project Team requested the transfer of overheads. PHW did not support this request. Due to the size and nature of the transfer the Trust did not consider there to be additional costs to health boards.

2. People

The consultation period for the TUPE transfer commenced on 24 May 2022. TUPE does not specify a minimum length for staff consultations, however an end date of 31 July 2022 was determined. During this period, Public Health Wales actively consulted with staff and trade union representatives worked closely with health boards. Individual meetings were offered to staff to discuss their personal circumstances. In early September, PHW arranged two post-consultation briefing sessions for staff and health board leads to formally close the process and provided an update on the timeline the transfer on 30th September 2022.

The Director of Public Health introduced, in July, fortnightly meetings specifically to engage with staff on the transfer and the practical

arrangements around the moves to health board systems and processes, for example, ESR, expenses systems. The frequency of this meeting has moved to weekly since end of August in the lead up to the official transfer date of 30th September 2022.

LPHT staff have all been booked onto Corporate Induction, managers training and appraisal training.

Implications for PTHB

On 15th June 2022 the staff list for PTHB was issued to our Workforce and OD team and on 18th August 2022, we received the due diligence information for the staff transferring. This confirmed that 18 people (14.83 wte) are on the list to transfer from PHW to the health board. Colleagues in Workforce and OD continue to liaise with PHW on the due diligence information and to date, no issues are being escalated by the Director of Public Health other than those relating to the risk of staff occupying grant funded roles. These have been raised in the Finance section above.

3. Informatics

Currently, LPHT staff receive ICT support from PHW IT Services. Following the transfer, ICT support will be provided by the health board's internal IT Service and our IT leads have been working with PHW IT and LPHT staff on the practical arrangements.

The Project Board agreed general principles for the transfer at its meeting on 21st June 2022. These were agreed as:

- *Business continuity for staff continuing to perform the same roles for a new employer*
- *Compliance with Public Health Wales' (PHW) Information Governance requirements and procedures*
- *Retention of the data required by PHW for the Covid Enquiry*
- *Accommodation of health boards (HB) requirements to support staff post-transfer as well as DHCW Client Services' requirements to transfer them.*

Implications for PTHB

Detailed plans for the transfer have been agreed between the respective IT Service teams and there should be no or limited impact on business operations. This will be monitored closely by the teams during the transfer. The following arrangements have been agreed and are being worked through:

- PHW and health board IT teams have agreed a phased NADEX and file transfer with PTHB's transfer taking place during week commencing 26th September 2022.

- New laptops and mobile devices are being issued to staff and the PHW sim cards will be retained until the health board has a new mobile phone contract in place.
- PHW's Information Governance has agreed to the transfer of NADEX accounts and O365 cloud data to health boards with only minimal necessary changes e.g. removal from PHW-only groups such as HR info updates and addition to required health board groups. Access permissions necessary to perform staff roles will remain in place.
- The transferred users will retain access to their email, Microsoft Teams (channels & chat), OneDrive, existing SharePoint sites and relevant file share data.
- Transferred users will still need to access certain PHW systems and some users will remain part of the PHW Health Protection on-call rota requiring access to the PHW Groupware system.
- Due to the requirements of the UK COVID-19 Inquiry, PHW has Litigation Hold (LH) without a set duration period in place which stores items deleted by users indefinitely in a hidden "Recoverable Items" mailbox folder so relevant data is retained for possible searches.
- PHW has requested that health boards maintain LH without a duration period for transferred users so that all items are held indefinitely until the LH is removed.
- If there are any requests from the UK Inquiry to search the transferred data, PHW will submit these to the health board and an eDiscovery search by the health board should return the required data.
- PHW will notify the health board when the UK Inquiry has completed its work and LH can then be removed.
- PHW will only be able to provide shared folder data for transfer to health boards. The health board will arrange migration to SharePoint Online subsequent to the transfer if required.

4. Future System Working

A single Memorandum of Understanding (MoU) between Public Health Wales and health boards⁴ is being developed to support the transfer of LPHTs to Health Boards in September 2022. The purpose of an MoU is for multiple organisations to commit jointly to achieving shared goals and outcomes. MoUs are neither legally binding documents, nor service level agreements. An effective process will be required to monitor adherence and continually improve the documents and this will be lead through the CMO/PHW/DPH Leadership Group.

MoU Part 1 has been developed to ensure that local teams transferring to Health Boards remain professionally connected to and able to continue to

⁴ It should be noted that the updating of the broader MoU between PHW and Health Boards, covering areas such as microbiology and screening, is out of scope of the LPHT Transfer Project. It is anticipated the MoU documents being produced here will form part of this broader document once updated by PHW corporately.

access specialist resources (e.g. environmental public health) from Public Health Wales and vice versa following the point of transfer. The focus of MoU Part 1 is on continuing workforce development and exchange of knowledge across the specialist public health system.

The document is underpinned by a mutual commitment to ensure business continuity and further strengthen the system and will be overseen by the Public Health Director's Leadership Group (PHDLG) on an ongoing basis.

The document is also wholly separate to the TUPE process for protecting individual staff term and conditions, although it does include a general commitment upon all parties to act in accordance with TUPE both during and after the transfer.

The document is in two parts:

- *Memorandum of Understanding* – which is a standard template issued by NHS Wales Shared Services setting out several general principles, definitions and governance arrangements. Each organisation will sign this section.
- Appendix A - Roles, Responsibilities and Obligations of the Parties. This is the original 'scoping document' which has already been reviewed by the Project Board, and which contains all the detailed commitments.

Structuring the document in this way will allow for Appendix A to be strengthened further by the PHDLG if required without the document having to be re-signed every time.

The document has been developed collaboratively between Public Health Wales, LPHT staff and Executive Directors of Public Health over a period of six months. The document seeks to identify all areas where continuing professional connections are required, focusing on key risks to business continuity arising from the transfer. For each area, the following information is provided:

- the current position – current ways of working, systems and processes
- business continuity objectives
- risks arising from the transfer and mitigations set out
- a recommended set of proposals for addressing the risks.

Work has also started on developing an MoU Part 2, which will be a forward-looking document focused on improving and strengthening the public health system across Wales and is likely to involve additional stakeholders such as Welsh Government and local authorities.

This will be developed through a much lengthier process compared to the MoU Part 1, which will continue to run after the LPHT transfer has taken place.

NEXT STEPS:

On 31st August 2022, Tracey Cooper, Chief Executive of PHW, wrote to Chief Executives seeking confirmation of the final elements that require agreement for the transfer of the LPHT to the health board on 30th September 2022 (Appendix B).

The following action is required:

1. The health board to sign Part 1 of the MOU,
2. NHS Leadership Board to approve Part 1 of the MOU at its meeting in September 2022 (PHW is coordinating this),
3. The health board is asked to formally agree the financial transfer: -
 - Core funding
 - Grant funding – programme grants and development grants
 - Apprenticeship levy
4. Confirmation of the transfer of employment from PHW to the health board.

The Chief Executive has requested formal confirmation of the above by 19th September 2022 in readiness for the transfer at the end of the month. From discussions held at the Project Board, it is understood that most health boards are intending to seek approval of the transfer via their Executive Team governance arrangements.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT

Equality Act 2010, Protected Characteristics:

	No impact	Adverse	Differential	Positive	Statement <i>Please provide supporting narrative for any adverse, differential or</i>
Age	X				
Disability	X				
Gender reassignment	X				

Pregnancy and maternity	X				<i>positive impact that may arise from a decision being taken</i>
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				

Risk Assessment:

	Level of risk identified				Statement The financial risks have been highlighted in the Finance section of this paper.
	None	Low	Moderat	High	
Clinical	X				
Financial			X		
Corporate		X			
Operational	X				
Reputational	X				

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LOCAL PUBLIC HEALTH TEAM TRANSFER PROJECT

Document Title	Financial principles
Workstream	Finance
Date	21/06/2022
Purpose and action required	This report is for approval

Summary

This paper provides an overview of the current position on the financial transfer principles for the Local Public Health Team Project. This follows the receipt of comments from the Project Board on the proposed financial principles, initially shared on 23 March, which have since been considered by the Public Health Wales executive team on 6 June. The paper aims to provide further detail on that feedback and a position to continue collaborative working and provide next steps for transfer.

The comments received were based on the four key elements of the financial transfer to Local Public Health Teams are:

- Core funding
- Programme funding
- Development funding
- External funding

In consideration of the comments received, the Public Health Wales position in response to the comments received to the finance transfer principles is:-

1. Increase Powys Local Public Health Team pay budget by £11k
2. Reinstate travel and subsistence budgets of £59k removed as part of the cost improvement target
3. Transfer all core funding remaining from the total 2022-23 budget at 30/9/22, including all unspent budget over the first six months

1. Introduction

Following on from a set of draft financial principles (Appendix A) which was circulated to the Executive Directors of Public Health for comment on 23 March 2022 a number of comments were received, and both an initial high level summary of the key issues was provided to the Project Board on 3 May as well as a paper (Appendix B) aimed at aligning the comments received to the main elements of the draft principles.

This paper now aims to present a response to that feedback from Public Health Wales following discussion at an executive team meeting held on 6 June.

The intention is for this paper to be discussed and approved at the Project Board on 21 June. If any further discussions are required, these may be held following Project Board up until the 5 July, as a final date for agreeing a position on financial transfers.

2. Finance transfer principles

Public Health Wales has developed a set of transfer principles which it considers to be fair and equitable. Given the comments received and in order to expedite the smooth transition further consideration has been given to these principles with the primary aim to ensure that Local Public Health Team staff are transferred with sufficient budgetary resources to fund all staff being transferred and deliver local public health activity in their organisations. However, it is worth noting that the core budget transferring is well in excess of the costs that have been incurred in most of the teams over the last three financial years. In addition to this, prior to the transfer, Public Health Wales proposes to ensure that any forecast net underspend for the period April to September 2022 is held to transfer with the budgets for the period October to March 2023.

The four key elements of the financial transfer to Local Public Health Teams are:

- Core funding
- Programme funding
- Development funding
- External funding

3. Core funding principles

The majority of queries raised by the Project Board were in relation to core funding as further detailed below.

The core funding principles are that:

- each LPHT core budget to be transferred will be based on the 2018 allocation formula (arising from the WAO Report) agreed by Directors of Public Health.
- current PHW contributions to Director of Public Health salaries will be transferred.

Commented [PW(THBHCS1)]: 1. KR - Has been uplifted each year but not based on establishment
2.SA – missing a table on what the budget was that we agreed in 2018, then what the implication of PHW’s proposals are. The value of the budget in its entirety needs to be transferred.

- there is a historic LPHT vacancy factor managed centrally across all teams which will be pro-rata'd across the core budgets to be transferred. This is in line with PHW's budget setting process and reflects the historic vacancy levels in LPHTs.
- once transferred, core budgets will be added to the Directed Expenditure table within the main Health Board revenue allocation and should be solely used for the funding of local public health teams. This funding will remain within the Directed Expenditure table for at least the next three years

Commented [PW(THBHCS2)]: AJ has heard disagreement on this.

In addition and for context, the following table shows that there has been a significant underspend collectively across the teams.

LPH Team	2022/23 Mth 2	2021/22	2020/21	2019/20
LHB Cwm Taf Team	-3,254	-118,381	-4,129	-8,671
LHB AB Team	-37,892	-106,199	208,827	-99,308
LHB-BC Team	-23,760	-184,630	266,723	-80,087
LHB-C&V Team	10,299	-76,939	10,247	32,640
LHB - Swansea Bay	-69,428	-521,458	-71,715	-37,191
LHB Hywel Dda Team	21,805	-59,018	21,138	-31,187
LHB Powys Team	12,064	4,912	34,052	-229
Total	-90,166	1,061,714	485,957	224,033

Please note: the underspends showing above for month 2 22/23 are after the Vacancy Factor has been apportioned across the teams and applied to the month 2 pay position

Upon receipt and consideration of the comment received from the Project Board, Public Health Wales has made some adjustment to the core funding principles position as summarised below:

- Funding of total establishment – a modest adjustment to the Powys Teaching Health Board budget required.
- Funding current non-staff budgets – a proposal to reinstate travel and subsistence budgets.

The position on some key principles remain as previous as summarised below:

- Funding of total establishment – the vacancy factor will not be revised as per principles. Please see underspend table above for reference

- Treatment of overheads - no overhead costs are being released on transfer, therefore no budget is being released to enable any transfer of overheads.

These adjustments and positions are further detailed below.

3.1. Funding of total establishment

One of the principles recommended was that the budget transferring would meet the cost of the agreed establishment. On review of this it was apparent that there would need to be a modest adjustment to Powys Teaching Health Board budget of £11k. This would then deliver on the principle that all Health Boards would afford the core current staffing establishment before the application of the vacancy factor.

The vacancy factor was also an issue that was raised. The vacancy factor is per Public Health Wales budget setting principles, and the Local Public Health Team Division has operated with a vacancy factor (negative budget target against their pay budget) for a number of years. This is currently held and managed centrally by the teams but on transfer it would need to be allocated to each individual health board. This has been allocated and pro-rata'd against total core pay budgets as per the table below:

	Vacancy Factor £
AB	- 74,050
BC	- 86,886
CTM	- 65,023
C&V	- 74,956
HD	- 55,444
P	- 29,560
SB	- 58,108
Total	- 444,028

If the Local Public Health Teams were to remain within Public Health Wales, a vacancy factor would still be applied to their budgets. From a Public Health Wales perspective, over the last few years actual pay expenditure has demonstrated that each team has been able to absorb the current level of vacancy factor. Therefore PHW's position remains that a vacancy factor will be applied to each LPHT's core pay budget for 2022/23.

3.2. Cost improvement target

In 2021/22 as part of the Public Health Wales financial plan and budget setting principles a cost improvement target was levied. For the Local Public Health Teams collectively this equated to less than 1%. It was agreed as part of the budget setting principles that Travel and Subsistence and IT non-pay budgets were

Commented [PW(THBHC53)]: AF has talked to dep DOFs no detail but are sighted on this. Grants – agree that these have not been uplifted by WG and the discussion will need to continue with HBs and this is what PHW would be doing as part of IMTP discussions.

Vacancy factor – not a new principle. The vacancy factor was around in 2018/19 and it was agreed to hold it centrally and managed. Now looking to reallocate the budget – thorny issue.

Overheads – would need to demonstrate that we are releasing costs. PHW aren't doing this and the exec team in PHW were adamant about this but can look at licensing issue. Will work with DCHW and HB colleagues

Commented [PW(THBHC54R3)]: SA – the budget set is core establishment and vacancy factor added – is this right?

KR – challenging the setting of the salaries on bottom point of the scale rather than mid point. This means teams taking on risk – should be about transferring the agreed budget.

removed recurrently from all Public Health Wales budgets. As a result of the pandemic, the normal cost improvement process was suspended. Instead, savings were applied across all PHW Directorates by:

- 1) Reducing travel and subsistence budgets, recognizing changes to ways of working arising from the pandemic
 - 2) Removing all IT budgets given that all IT costs are now funded from capital.
- The impact of this by Local Public Health Team is detailed in the table below:

Local Public Health Team	Travel	IT	%
AB	1,298	1936	0.23
BC	17,735	673	1.04
CTM	5,662	3072	0.76
C&V	8,332	3848	1.15
HD	18,831	992	2.06
P	2,435	1313	0.80
SB	4,545	2854	0.67
Total	58,838	14,688	0.93

The request from a number of Project Board members is that this cost improvement budget is reinstated to cover increasing travel and subsistence costs. Under normal circumstances cost improvement budgets that have been removed would not be reinstated and if the travel and subsistence costs were found to be increasing then other savings would have to be made to cover these additional costs. However, a further review of travel and subsistence budgets has identified that the proposed reduction is not sustainable for a number of teams, particularly those in rural areas such as Betsi Cadwaladr and Hywel Dda regions. Therefore it is proposed to reinstate the travel and subsistence budget at the levels included in the table above.

The IT budget will not be reinstated since the IT kit is provided from capital discretionary budgets. Specific arrangements for transferring IT equipment will vary per Health Board, and therefore there is unlikely to be an immediate capital requirement for new IT equipment in each Local Public Health Team. At the point of transfer, each Health Board will assume responsibility for meeting the IT needs of Local Public Health Team staff, which should be achieved comfortably from within each Health Board's capital allocation.

3.3. Treatment of overheads

Public Health Wales' position on overheads remains that direct staff costs for items such as training, office equipment and travel and subsistence will transfer as part of core funding. However, given the relatively small size of each Local Public Health Team relatively to each Health Board, the impact upon each Health Board in terms of meeting indirect costs such as HR and Finance will be negligible. Therefore, PHW has determined there is no case for transferring such overheads.

4. Public Health Wales position on remaining elements

With regards to programme funding, some comments have been received regarding the transfer of grant funding to the health boards. Similarly a query was raised around the provision of development funding for which Public Health Wales will remain directly accountable to the Welsh Government. The Public Health Wales position for both these elements remains that:

'2. Such staff will continue to be funded by PHW through existing arrangements'

Further context for this approach for programme funding includes consideration that:

1. Programmes are in the midst of a review
2. There is a need for parity between LPHTs, the health boards and the local authorities.

In addition, a continuing role for Public Health Wales funding these staff would mean that any underspend can be quickly repurposed on a national basis for posts to be funded.

Finally, it should be noted that a decision has been made to provide continued access for LPHT staff to Public Health Wales' 'high cost' learning and development pot on an ongoing basis.

5. Summary

In summary the Public Health Wales position in response to the comments received to the finance transfer principles is:-

1. Increase Powys Local Public Health Team pay budget by £11k
2. Reinstate travel and subsistence budgets of £59k removed as part of the cost improvement target
3. Transfer all core funding remaining from the total 2022-23 budget at 30/9/22, including all unspent budget over the first six months

Commented [PW(THBHCS5):

6. Recommendations

The Project Board is asked to consider the position provided on these key areas and to approve the principles for financial transfer within the project.

Appendix 2: Draft Financial Principles Supporting the Transfer of Funding to Health Boards (LPHT Transfer Project March 2022)

1. Background

- In recent years, the position of Local Public Health Teams (LPHTs) has been subject to review. In 2017, a Wales Audit Office report found that the management arrangements for LPHTs needed improving.
- Last year, Welsh Government, Public Health Wales (PHW) and Directors of Public Health decided jointly that LPHT staff employed by Public Health Wales transfer to the seven Local Health Boards. The proposed date for the transfer is now 30th September 2022.
- This is purely an employment transfer to support Health Boards in delivering an existing statutory responsibility for the health and well-being of their local populations. No new functions are being transferred.
- Overall it is hoped these changes will:
 - enable Local Health Boards and, specifically, local Directors of Public Health to have full control of local public health resources, so they can be optimally deployed in improving regional and local public health outcomes
 - clarify strategic and operational accountability for local public health delivery as part of strengthening the wider public health system.
- There is now a need for PHW and LHBs to agree a single set of principles to cover the transfer of all financial resources to support the employment transfer.

2. Approach

1. The Finance workstream within the LPHT transfer project has completed the following activities:
 - Current LPHT core budgets have been reconciled to the original budget allocations agreed in 2018 by the Directors of Public Health, based on the Resource Allocation Formula.
 - All Whole Time Equivalent staff employed by PHW and currently based in LPHTs have been identified
 - All staff in post have been costed (based on actual costs). All vacancies have been costed at bottom of scale in line with PHW budget setting principles.
 - A vacancy factor has been applied to the proposed allocation to each local team in line with PHW budget setting principles.
2. A set of proposed principles and modelling are being shared today (10/03/22) with Health Board Finance colleagues for initial discussion and to enable time for local consideration. PHW finance leads will then meet with Health Board finance colleagues individually to talk through application of the principles.
3. The principles and proposed allocations will then be shared with the LPHT Project Board in late April, which includes all Directors of Public Health.
4. After further discussion and refinement, the LPHT Transfer Project Board will be asked to sign off the principles and proposed allocation. Each Health Board may also need to sign off.
5. By the end of May, it is anticipated that final sign-off will have been completed. They will then be applied to the transfer.

3. General resource transfer principles

1. All PHW staff based in a Local Public Health Team on the date of transfer will transfer to a Local Health Board.
2. Each staff member transferring will have identified funding relating to direct staff costs (salary, pension, NI).
3. There will be a single set of principles governing all financial transfers from PHW to Health Boards.
4. There will be four elements to the resource transfer to LPHTs, which are detailed overleaf:
 - a) Core funding
 - b) Programme funding
 - c) Development funding
 - d) External funding

4. Current funding for LPHTs

Local Public Health Teams are currently funded in the following ways:

LPHT funding	2021/22 budget	What is funded?	Source
Core funding (1)	£8,408,655	Staff (137.65 WTE) and non-staff costs for core LPHT activity Funding to LHBs for six Director of Public Health salaries	PHW's Health and Well-Being Directorate budget
Programme funding	£1,232,865	Staff (19.19 WTE) and non-staff costs in LPHTs and local authorities for <ul style="list-style-type: none"> • Healthy Schools • Healthy Pre-Schools • Obesity 	PHW's Health Improvement Division budget (within HWB Directorate)
Development funding	£1,426,349	Staff and non-staff costs in LPHTs for developing new Welsh Government programmes: <ul style="list-style-type: none"> • Healthy Weight: Healthy Wales system working (8.6WTE - 11 staff in four LPHTs) • Children and Families (0.5 WTE in one LPHT) • Whole School Approach to Mental Well-Being (a number of seconded in staff) 	Welsh Government grant funding to PHW, then distributed to LPHTs via PHW's Health Improvement Division
External income	£440,348	Staff and non-staff costs in LPHTs for specific projects funded by income	Mainly Health Boards

(1) Current LPHT core budgets are based on the Resource Allocation Formula, agreed by Directors of Public Health in 2018.

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5. Core funding

This is funding clearly allocated to LPHTs within PHW's budget. It is proposed that:

1. Each LPHT's core budget to be transferred will be based on the 2018 allocation formula (arising from the Wales Audit Office Report) agreed by Directors of Public Health.
2. Current PHW contributions to Director of Public Health salaries will be transferred.
3. There is a historic Local Public Health Team vacancy factor, that is managed centrally across all teams will now be pro-rata'd across the core budgets to be transferred. This is in line with PHW's budget setting process and reflects the historic vacancy levels in LPHTs.
4. Once transferred, core budgets will be added the Directed Expenditure table within the main Health Board revenue allocation and should be solely used for the funding of local public health teams. This funding will remain within the Directed Expenditure table for at least the next three years (1)

(1) Letter from NHS Wales Chief Executive to PHW Chief Executive, 18th October 2021

6. Programme funding

LPHTs and some local authorities are currently grant funded by PHW to deliver three long-standing health improvement programmes - Healthy Schools, Healthy Pre-Schools and Obesity. This funding is used for staff (both permanent and fixed term) and non-staff costs.

It is proposed that:

1. PHW-employed staff in LPHTs funded through PHW programme funding will transfer to Health Boards
2. Such staff will continue to be funded by PHW through existing grant arrangements
3. Each of these programmes is currently under review, and it is likely that the operation of these, including funding, will be locally devolved during 2023-24.

The rationale for this approach is that 1) programmes are in the midst of a review; and 2) the need for parity between LPHTs/ Health Boards and local authorities.

7. Development funding

LPHTs currently receive funding for programme development allocated by PHW (Health Improvement Division). The programmes are Healthy Weight: Healthy Wales system development, Children & Families and Whole School Approach to Mental Well-Being (WSAMWB).

- For Healthy Weight: Healthy Wales, PHW currently employs 11 staff in four LPHTs, whilst Cardiff and Vale LHB receives a grant to directly employ staff.
- For Children & Families, PHW currently employs 1 member of Staff, the remainder of the grant is given over the 3 HB's in a pilot project.
- For WSAMWB, PHW currently funds a number of secondments into LPHTs. It is expected that Welsh Government will shortly extend funding for this beyond March 22, which may result in substantive recruitment within LPHTs.

It is proposed that:

1. PHW employed staff in LPHTs funded through development funding will transfer to Health Boards
2. Such staff will continue to be funded through existing grant arrangements

The rationale for these proposals is that PHW will remain directly accountable to Welsh Government for the use of this development funding.

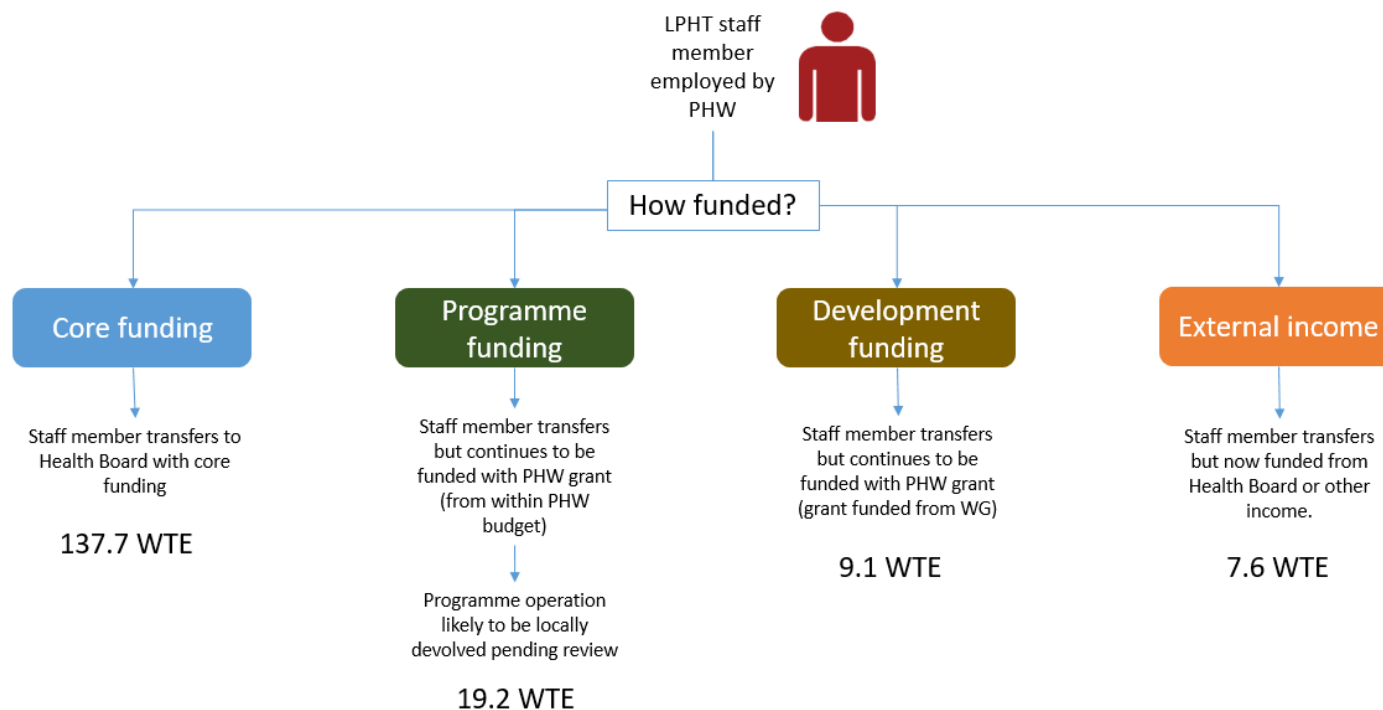
8. External income

Three LPHTs currently receive income, mostly from Health Boards, for running specific projects. In total, there are 8 WTE staff funded from income, with non-staff costs also funded.

It is proposed that:

1. PHW employed staff in LPHTs funded from income will transfer to Health Boards
2. Such staff will continue to be funded from existing income arrangements.

9. Applying financial transfer principles to a LPHT staff member



10. Financial transfer principles in summary

- PHW core funding for LPHTs will transfer based on the existing agreed funding formula, with a vacancy factor applied. This covers most staff.
- PHW contributions to DsPH salaries will transfer.
- PHW will continue to grant fund LPHT staff funded through:
 - programme funding (Healthy Schools and Pre-Schools)
 - development funding (HW:HW, Children & Families, Whole School Approach)

APPENDIX B

Document Title	(Draft) Financial Principles – Comments from Executive Directors of Public Health
Workstream	Finance
Date	17 May 2022
Purpose and Action required	To circulate the comments received on the draft financial principles circulated on 23 March 2022 and to update the Project Board on progress and the ongoing process for reaching a collective position.

1. Introduction

On 23 March 2022 a set of draft financial principles was circulated to the Executive Directors of Public Health for comment – the draft principles are attached for information at *Appendix A*. From the comments received, an initial high level summary of the key issues was provided to the Project Board on 3 May. To achieve the aim of reaching consensus on the principles, the next steps were set out in terms of: further analysis of the comments; consideration of the proposed response by the PHW executive team; and circulation of the PHW response in advance of the next Project Board (which is scheduled for 21 June 2022). On 3 May the Project Board asked for sight of all responses by Health Board and these are provided at *Appendix B*. To assist, this paper has aligned the comments received to the main elements of the draft principles, namely:

- Approach and method adopted in developing the principles
- Core funding
- Programme funding
- Development funding
- External Income

Not every comment received has been included in this paper – some specific points of clarification or context will be covered either in the PHW response or through individual discussions with Health Boards.

2. Approach

The approach taken by the Finance Workstream has been to reconcile the original budget allocations agreed in 2018 based on the Resource Allocation Formula. Alongside this, all WTE staff employed by PHW (and based in Local Public Health Teams) were identified, costed and a vacancy factor applied. The draft principles were socialised in the first instance with finance leads in Health Boards for onward discussion with Executive Directors of Public Health. To clarify the handling of budgets, the draft principles were broken down into four elements: core, programme, development and external funding.

Comments on the Approach and General Principles

Concerns were expressed about the need to meet the cost of the staff establishment in full going forward; the rationale for costing vacancies at the bottom of the scale; and the need

to increase non pay costs which are likely to rise on transfer, such as IT licensing, travel. Several responses referenced the need for a pro-rata allocation of the corporate support services. In addition, the point was made that all staff should have access to funded training for professional development. Access to this funding could be through a PHW managed approach or the funding being split proportionally to Health Boards. These important points will form part of PHW's consideration of the financial principles which is scheduled for 6 June 2022. This will be alongside points raised on the four elements, set out below.

3. Core Funding

The draft financial principles propose that:

- each LPHT core budget to be transferred will be based on the 2018 allocation formula (arising from the WAO Report) agreed by Directors of Public Health.
- current PHW contributions to Director of Public Health salaries will be transferred.
- there is a historic LPHT vacancy factor managed centrally across all teams which will be pro-rata'd across the core budgets to be transferred. This is in line with PHW's budget setting process and reflects the historic vacancy levels in LPHTs.
- once transferred, core budgets will be added to the Directed Expenditure table within the main Health Board revenue allocation and should be solely used for the funding of local public health teams. This funding will remain within the Directed Expenditure table for at least the next three years

Comments

It was suggested that a key principle should be that Health Boards should not be liable to additional costs to support core staff as a result of the transfer.

Concerns were raised about the vacancy factor: whether it would be supported in principle by Health Boards and also its impact on individual Health Boards.

Several responses referenced the need to return to reconciled original budget allocations with the reinstatement of 2021/22 non pay funding

4. Programme Funding

The draft financial principles set out that LPHTs and some local authorities are grant funded by PHW to deliver three long-standing health improvement programmes - Healthy Schools, Healthy Pre-Schools and Obesity. This funding is used for staff (both permanent and fixed term) and non-staff costs. It is proposed that:

- PHW-employed staff in LPHTs funded through PHW programme funding will transfer to Health Boards
- such staff will continue to be funded by PHW through existing grant arrangements
- each of these programmes is currently under review, and it is likely that the operation of these, including funding, will be locally devolved during 2023-24.

The rationale is that programmes are in the midst of a review; and the need for parity between LPHTs / Health Boards and local authorities.

In the main, comments focussed on concerns that there is currently no uplift for grant funded posts which needed to be remedied before transfer. Clarity on any cost pressures associated with these posts was needed and also needed to be confirmed with Health Boards.

One respondent wanted the budget for the Healthy Schools programme to be transferred.

5. Development Funding

LPHTs currently receive funding for programme development allocated by PHW, namely: Healthy Weight: Healthy Wales system development, Children and Families, the Whole School Approach to Mental Well-Being (WSAMWB), namely that for:

- Healthy Weight: Healthy Wales, PHW employs 11 staff in four LPHTs, whilst Cardiff and Vale LHB receives a grant to directly employ staff.
- Children & Families, PHW employs 1 member of Staff, the remainder of the grant is given to 3 HBs in a pilot project; and for
- WSAMWB, PHW funds a number of secondments into LPHTs. It is expected that Welsh Government will shortly extend funding for this beyond March 22, which may result in substantive recruitment within LPHTs.

It is proposed that:

1. PHW employed staff in LPHTs funded through development funding will transfer to Health Boards
2. Such staff will continue to be funded through existing grant arrangements

The rationale for these proposals is that PHW will remain directly accountable to Welsh Government for the use of this development funding.

In terms of comments received, one respondent requested the transfer of funding for healthy Weight / Healthy Wales and WSAMWB.

A further comment was that while staff funded via development projects should be employed on contracts aligned to the funding, in practice some were substantive posts which could potentially become a risk for the health Board. It was suggested that consideration be given to underwriting these aspects of the transfer.

6. External Funding

Three LPHTs currently receive income, mostly from Health Boards, for running specific projects. In total, there are 8 WTE staff funded from income, with non-staff costs also funded. It is proposed that:

1. PHW employed staff in LPHTs funded from income will transfer to Health Boards
2. Such staff will continue to be funded from existing income arrangements.

A comment was received that work was underway to align the contracted staff with this funding

7. Next Steps

The comments from Executive Directors of Public Health have been captured and are being considered by the Finance Workstream. In light of this summary paper, if Executive Directors of Public Health wish to make further points, it would be helpful receive these as soon as possible as the timetable going forward is:

Task	Deadline
<ul style="list-style-type: none">Analysis of comments from health Boards and PHW response developed and discussed within PHW	25 May
<ul style="list-style-type: none">Quality assurance of PHW response and submission to Business Executive Meeting to meet deadline	1 June
<ul style="list-style-type: none">Business Executive Discussion	6 June
<ul style="list-style-type: none">PHW response to Executive Directors of Public Health	6-8 June
<ul style="list-style-type: none">Further discussions and responses from Executive Directors of Public Health and discussion at LPHT Transfer Project Board	8-21 June
<ul style="list-style-type: none">Further consideration at PHW Business Executive Team	5 July
<ul style="list-style-type: none">Position reached on financial transfers – communications to Executive Directors of Public Health and Health Boards	5-7 July

8. Conclusion

The LPHT Transfer Project is grateful for the responses to the draft financial principles. Work is underway to provide a response from PHW after the executive team meeting on 6 June. While it had been the aim to reach agreement on the financial principles by the end of May, this was ambitious and the timetable set out in paragraph 7 is a revised plan aims to secure consensus by mid July. Confirmation by each Health Board would then be sought during July.

9. Recommendation

The Project Board is asked to note the comments received on the draft financial principles and also the revised timeline.



GIG
CYMRU
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Iechyd Cyhoeddus
Cymru
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Carol Shillabeer, Chief Executive
Powys Teaching Health Board

Ref:TC.LS.300822.PT

30 August 2022

Dear Carol,

**Transfer of Local Public Health Teams From
Public Health Wales to Health Boards**

Following my letter of the 9 June 2022, I am now writing to you to seek your confirmation of the final elements requiring your agreement for the transfer of employment of our Public Health Wales staff who work in the seven Local Public Health Teams (LPHT) to their respective Health Board, to take place. The transfer remains expected to be completed on the 30 September 2022.

I would like to take this opportunity to again thank you and your teams for the tremendous amount of work and ongoing collaboration that has gone into the LPHT transfer project – particularly your Director of Public Health who has been excellent as a member of the Project Board.

As you are aware, the Local Public Health Teams transfer project is part of a proposal, supported by the Minister for Health and Social Services, to respond to the system-wide challenges we face around the long-term impact on population health and to subsequently support Health Boards, and the wider system, to tackle these. This is a strong and positive example of demonstrating our collective commitment to whole-system working between nine organisations, including the Welsh Government, in a fair and proportionate way. Now, more than ever, there is a shared aim to develop a strong, more integrated specialist public health system to protect and transform the health and well-being of the people of Wales.

We are now on the home stretch for the transfer and the final items now requiring your agreement are as follows:

1. Signing the Memorandum of Understanding (MoU) Part 1

As you know, the MoU Part 1 document has been developed to ensure that local teams transferring to Health Boards remain professionally connected to, and supported by, Public Health Wales as appropriate, following the point of transfer. The focus of MoU Part 1 is on continuing workforce development and exchange of knowledge across the specialist public health system. The document is underpinned by a mutual commitment to ensure business continuity and further strengthen the system, and will be overseen by the Public Health Director's Leadership Group (PHDLG) on an ongoing basis. The document is not a legally binding agreement. The document is also wholly separate to the TUPE process for protecting individual staff terms and conditions, although it does include a general commitment upon all parties to act in accordance with TUPE both during and after the transfer.

With thanks to your teams, working in collaboration with your Executive Directors of Public Health, staff representatives and affected staff themselves, the MoU Part 1 was formally approved by the Project Board on the 23 August 2022. The next step is for Public Health Wales, and each Health Board, to formally sign this document through your own respective governance arrangements. As Public Health Wales will do, please complete this request **by the 19 September 2022**, in advance of the agreed transfer date of the 30 September 2022.

The document will also need to be approved by the NHS Wales Leadership Board in September and arrangements for this are being confirmed with Welsh Government officials.

The MOU Part 1 document is available as an attachment to this letter to complete the above action (Appendix 1).

2. Financial Transfer Agreements

Over the course of the last few weeks, a significant amount of work has been undertaken by our respective teams pertaining to the financial aspect of the transfer. I would like to again, thank your teams for their ongoing contribution in ensuring that there is a fair and transparent transfer.

The financial transfer is broken down in relation to a number of elements. These are described below, together with corresponding funding tables for your Health Board in Appendix 2.

2.1 Core funding

Further to Andrew Jones's (our Senior Responsible Officer for the transfer) letter to each Health Board on the 7 July 2022, and Project Board agreement, core staff budgets have been set using a set of principles and are based on the staffing establishment (staff in post and vacancies) as of the 30 June 2022. This detail was provided to each Health Board on the 21 July 2022. Following local discussion, the final proposed core budget for your Local Public Health Team is shown in Appendix 2.

We are awaiting official confirmation and details from the Welsh Government in relation to the latest pay inflation. A final revised core funding allocation will therefore be confirmed to reflect this and any other amendments arising, such as payments for participation in the health protection on-call rota.

2.2 Grant funding

We currently manage a number of grant programmes on behalf of the Welsh Government. These fall into two groups a) Programme Grant Funding, for example, the Welsh Network of Healthy School Schemes and b) Development Grant funding. There is no change to the current management of these grants and the respective grant budgets for your LPHT are set out in the tables in Appendix 2

Programme Grants

Grant funding and agreements for the year have already been issued and accepted. There are ongoing strategic discussions about these longstanding grant programmes (for example, Healthy Schools) and the level of funding arising from the current funding model. This already forms part of a national review of these programmes (also involving our partners in Local Authorities) to consider the optimum model going forward. It will be essential, reinforced by this process, for us and each of the seven Health Boards, to continue to work in collaboration with the Welsh Government to review this as part of the next steps.

Development Grants

We are in receipt of grant funding from the Welsh Government, particularly through the Healthy Weight Healthy Wales funding stream. This funding is confirmed until March 2025. Future management of these grants will be discussed as part of any continuation funding discussions with the Welsh Government.

Grant funding payment will continue to flow through Public Health Wales and grant management will continue in line with established practices for both categories of grant. As such, at the end of Quarter 2 claim period (mid-November), we will confirm the remaining level of grant for the year. Health

Boards will then submit claims for the remaining two quarters in line with the grant agreements.

2.3 Apprenticeship Levy

We will see a reduction in the Apprenticeship Levy costs which we have acknowledged will be passed across to Health Boards as part of this transfer. The financial transfer amount is shown in Appendix 2.

3. Confirmation of the Transfer of Employment

This transfer of employment of Public Health Wales staff in Local Public Health Teams to the seven Health Boards is due to take place under the Transfer of Undertakings (Protection of Employment) (TUPE) Regulations 2006 as amended by the Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014, which protects the employments rights of staff.

The staff formal consultation process, comprising individual one-to-one meetings as well as group sessions with each Health Board, ran from the 24 May 2022 through to the 31 July 2022 and has therefore now concluded. This was then followed by a meeting with Trade Union Leads on the 17 August 2022 and subsequently, two Consultation closure meetings with affected staff on the 24 and 25 August.

Finally, I hope this letter is helpful in updating you on the progress of the transfer and I would appreciate if you can please confirm that you are now:

1. Content to sign the Memorandum of Understanding.
2. Content with the financial aspects of the transfer.
3. In agreement that the transfer of employment will take place on the 30 September 2022 and are therefore accepting the Local Public Health Team staff into your organisations, as their new employer from 1 October 2022.

I would appreciate your confirmation of these points **by the 19 September** so that we can continue to collectively prepare for and meet the transfer date of the 30 September and move to a more effective, integrated specialist public health system for Wales.

Please do not hesitate to contact me if you have any questions and many thanks again to you, your Director of Public Health and your wider colleagues for all of their contributions to this process to date.

With best wishes,



Tracey Cooper
Chief Executive

Copy:

Mererid Bowley, Executive Director of Public Health;
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance;

Neil Lewis, Director of People and Organisational Development, PHW;
Andrew Jones, Deputy National Director for Health Protection and Screening Services, Project Senior Responsible Officer, PHW

Rydym yn croesawu gohebiaeth yn Gymraeg. Byddwn yn ateb yn Gymraeg heb oedi.

We welcome correspondence in Welsh. We will respond in Welsh without delay.

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21/09/2022 10:21:34

Powys Teaching Health Board

Internal Audit Progress Report

Audit, Risk & Assurance Committee
September 2022

NWSSP Audit and Assurance Services



Partneriaeth
Cydwasaethau
Cydwasaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board



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Appendix A	Assignment Status Schedule
Appendix B	Report Response Times
Appendix C	Key Performance Indicators
Appendix D	Assurance Ratings

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21/09/2022 10:21:34

1. Introduction

This progress report provides the Audit, Risk & Assurance Committee with the current position regarding the work to be undertaken by the Audit & Assurance Service as part of the delivery of the approved 2022/23 Internal Audit plan.



The report includes details of the progress made to date against individual assignments, outcomes and findings from the reviews, along with details regarding the delivery of the plan and any required updates.

The plan for 2022/23 was agreed by the Audit, Risk & Assurance Committee in April 2022 and is delivered as part of the arrangements established for the NHS Wales Shared Service Partnership - Audit and Assurance Services.

2. Outcomes from Completed Audit Reviews

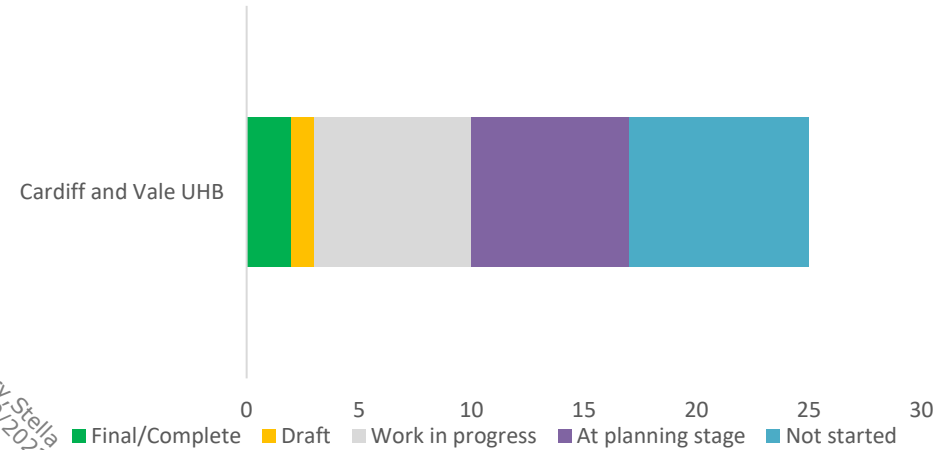
Two assignments from the 2022/23 plan have been finalised since the previous meeting of the committee and are highlighted in the table below along with the allocated assurance ratings.

The full versions of the reports are included in the committee’s papers as separate items.

FINALISED AUDIT REPORTS	ASSURANCE RATING	
IT Infrastructure and Asset Management	Limited	
Site Leadership and Coordination	Advisory	

3. Delivery of the 2022/23 Internal Audit Plan

There are a total of 25 reviews included within the 2022/23 Internal Audit Plan (including the additional audit detailed under section 4 below), and overall progress at this early stage of the year is summarised below.



From the illustration above it can be seen that two audits have been finalised since the Committee met last, with a further one at the draft report stage.

In addition, there are seven audits that are currently work in progress with a further seven at the planning stage.

Full details of the current year's audit plan along with progress with delivery and commentary against individual assignments regarding their status is included at Appendix A.

Appendix B highlights the times for responding to Internal Audit reports.

Appendix C shows the current level of performance against the Audit & Assurance Key Performance Indicators.

4. Changes to the 2022/23 Plan

- **Addition of Control of Contractors: Follow-up**

A detailed follow-up audit has been added to the plan, for the previously limited assurance report on Control of Contractors.

5. Engagement

During the current reporting period, the Audit & Assurance team have observed Board and Sub Committees and held meetings as follows:

Board / Sub Committees

- Board – 27 July
- Annual General Meeting – 27 July

Health Board Meetings

- Hayley Thomas, Director of PC&MH – 13 July
- Sarah Powell, Assistant Director of Workforce & OD – 12 July
- Claire Roche, Director of Nursing & Midwifery – 29 July
- Mererid Bowley, Director of Public Health – 23 August
- Jamie Marchant, Director of Environment – 25 August
- Stephen Powell, Director of Planning – 1 September

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ASSIGNMENT STATUS SCHEDULE

Planned output.	Ref No	Exec Director Lead	Plnd Qtr	Adj Qtr	Current Status	Assurance Rating	Planned / Actual Committee
Site Leadership and Coordination (Deferred from 21/22)	24	Environment	2		Final	Advisory	September
IT Infrastructure and Asset Management	9	Finance, Information & IT	1		Final	Limited	September
<i>Control of Contractors: Follow-up</i>	<i>25</i>	<i>Environment</i>	<i>1</i>		<i>Draft</i>	<i>Substantial</i>	<i>September</i>
Welsh Language Standards	13	Therapies & Health Science	1		Work in Progress		November
Security Services	20	Environment	1		Work in Progress		November
Staff Rostering	02	Workforce & OD	3	2	Work in Progress		November
North Powys Wellbeing Programme (Deferred from 21/22)	16	Planning & Performance	1	2	Work in Progress		November
<i>Decarbonisation</i>	<i>22</i>	<i>Environment</i>	<i>2</i>		<i>Work in Progress</i>		<i>November</i>
Cancer Services (Deferred from 21/22)	11	Medical / Planning & Performance	2		Work in Progress		November
Workforce Futures Framework (Deferred from 21/22)	4	Workforce & OD	3		Work in Progress		November
Charitable Funds	8	Finance, Information & IT	2		Planning		January
Looked After Children with Mental Ill Health (Deferred from 21/22)	5	Nursing & Midwifery / PC&MH	2		Planning		January

Planned output.	Ref No	Exec Director Lead	Plnd Qtr	Adj Qtr	Current Status	Assurance Rating	Planned / Actual Committee
Women & Children's Services Review	18	PC&MH	1	2	Planning		January
Covid 19 Incident Management	19	Public Health	2		Planning		January
Temporary Staffing Department	3	Workforce & OD	1	3	Planning		January
Professional Governance Structure	14	Therapies & Health Science	4	3			January
Performance Management & Reporting (Deferred from 21/22)	15	Planning & Performance	3		Planning		January
Directorate Quality & Safety Governance Arrangements	6	Nursing & Midwifery / PC&MH	3				March
Cyber Security	10	Finance, Information & IT	3		Planning		March
Planned Care / Recovery of backlog Services	17	Planning & Performance	3				March
<i>Machynlleth Project</i>	<i>21</i>	<i>Environment</i>	<i>3</i>				<i>March</i>
Savings Plans / Efficiency Framework	7	Finance, Information & IT	4				March
Follow-up Action Tracker	23	Board Secretary	4				March
Board Assurance Framework / Risk Management	1	Board Secretary	4				April
SLAs for In-reach Medical Staff	12	Medical	4				April

REPORT RESPONSE TIMES

Audit	Rating	Status	Draft issued date	Responses & exec sign off required	Responses & Exec sign off received	Final issued	R/A/G Rating
Site Leadership and Coordination	Advisory	Final	18/08/22	09/09/22	25/08/22	25/08/22	G
IT Infrastructure and Asset Management	Limited	Final	25/08/22	16/09/22	13/09/22	14/09/22	G






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KEY PERFORMANCE INDICATORS

Indicator Reported to Audit Committee	Status	Actual	Target	Red	Amber	Green
Operational Audit Plan agreed for 2022/23	G	March 2022	By 30 June	Not agreed	Draft plan	Final plan
Report turnaround: time from fieldwork completion to draft reporting [10 working days]	G	100% 3 from 3	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time taken for management response to draft report [15 working days]	G	100% 2 from 2	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time from management response to issue of final report [10 working days]	G	100% 2 from 2	80%	v>20%	10%<v<20%	v<10%

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Assurance Ratings

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

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Site Leadership and Coordination Final Internal Audit Report (Advisory)

August 2022

Powys Teaching Health Board



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Health Board



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Review reference:	PTHB-2223-24
Report status:	Final
Fieldwork commencement:	6 th June 2022
Fieldwork completion:	2 nd August 2022
Debrief meeting:	25 th August 2022
Draft report issued:	18 th August 2022
Management response received:	25 th August 2022
Final report issued:	25 th August 2022
Auditors:	Jayne Gibbon, Audit Manager Ian Virgill, Head of Internal Audit
Executive sign-off:	Jamie Marchant, Director of Environment
Distribution:	Jamie Marchant, Director of Environment
Committee:	Audit Risk & Assurance Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

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

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

Executive Summary

Purpose

The overall objective of the advisory review was to assess the effectiveness of operational site leadership and coordination arrangements within the Health Board.

Overview


The Health Board has approved an appropriate site coordination and leadership model which is being effectively implemented to date, supported by robust governance arrangements.

This is an advisory review to support management rather than an assurance report we therefore offer no assurance rating.

In contrast to internal audit recommendations which address the design and operation of the control environment we propose opportunities that the Director/Health Board may wish to take forward. The opportunities outlined in this report (see Appendix A), if taken forward will enable the Director/Health Board to further enhance the arrangements for site coordination.

Report Classification

Assurance not applicable



Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate.

These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Advisory Audit Objectives

Our review sought to ascertain and evaluate:

- 1

The site leadership and coordination processes that have been developed, and the level to which they have been implemented and are operating effectively;
- 2

The identification of site coordinators and the development and delivery of their roles;
- 3

The governance arrangements in place for site leadership and coordination, including the development and operation of appropriate groups and the arrangements for oversight, reporting and escalation to relevant groups/committees as required; and
- 4

The arrangements for monitoring and reporting compliance with Health & Safety and Fire Safety policies and procedures, and other relevant regulations.

Opportunities		Audit Objective
1	Identification of Site Coordinators	2
2	Local Site Coordinator Meetings	2
3	Main Site Coordinator Forum Action Log	3
4	Attendance at Site Coordination Forum	3

1. Introduction

- 1.1 The advisory review of 'Site Leadership and Coordination' was completed in line with the Powys Teaching Health Board's (the 'health board') 22/23 Internal Audit Plan.
- 1.2 The Health Board should have appropriate site leadership and coordination arrangements in place across all its owned / managed sites, to ensure that they operate in accordance with relevant policies and procedures including Health and Safety policies (including Fire) and all associated regulations and guidance, and any statutory or mandatory requirements of the Welsh Government.
- 1.3 The arrangements should ensure that effective communication mechanisms are in place on matters relevant to site coordination within or across sites through the use of formal site coordinators.
- 1.4 Powys Teaching Health Board operates a wide range of clinical services across Powys. Whilst a large portion of services are provided in estate owned or operated by PTHB, clinical teams also operate from other estate which is maintained and operated by other bodies including Powys County Council and independent contractors (notably general practice).
- 1.5 The Director of Environment (through their previous role as the Director of Primary, Community & Mental Health) was tasked to develop the approach to site leadership and coordination across Powys, recognising this had not been reviewed or articulated clearly for some time and notably since the cessation of the historical "locality" model.
- 1.6 The Director of Environment is the lead for this review.
- 1.7 The risks considered in the review were:
 - a. Non-compliance with relevant procedures, policies or regulations;
 - b. The Health Board is exposed to reputational damage and disruption of services provided to patients; and
 - c. Ineffective governance arrangements due to lack of appropriate structures and reporting lines.

2. Detailed Audit Findings

Objective 1: The site leadership and coordination processes have been developed, and the level to which they have been implemented and are operating effectively.

- 2.1 The Site Coordination and Leadership Model was submitted and approved at the Executive Board meeting held on 14th July 2021.
- 2.2 The model approved identified the need for site coordinators for all sites that make up the Health Board in order that any site matters can be noted and escalated accordingly.

- 2.3 As part of the model, site coordination forum meetings would take place. Initially the meetings were set up on a geographical basis (North Powys and Mid & South Powys). However, after a few meetings had taken place it was noted that the same individuals were attending both meetings so it was agreed that they would revert to one 'whole' health board meeting held bi-monthly.
- 2.4 Our audit confirmed that meetings are taking place and further details of their operation are provided below in objective 3.

Conclusion:

- 2.5 There is a site coordination and leadership model in place that has been approved and is being implemented.

Objective 2: The identification of site coordinators and the development and delivery of their roles.

- 2.6 As at June 2022 site coordinators had been identified for all major sites apart from Machynlleth Hospital. A site coordinator had initially been identified but due to a change in circumstances that role is now unidentified. **(Opportunity 1)**
- 2.7 Discussions were held with a sample of site coordinators to confirm their understanding of the requirements of the role and also note any observations that they had on the role.
- 2.8 With regards to the role, the sampled site coordinators explained that it was initially taken on to address issues around fire safety for their respective sites but that it had 'morphed' into a different role. Therefore, a more structured understanding of the current expectations of the role would be welcome. **(Opportunity 1)**
- 2.9 Each site coordinator holds their own local site coordination forum and where applicable minutes and action logs are maintained. Feedback from the local meetings have been encouraging and engagement from the departments involved in the meetings has been good. The site coordinators also provide feedback to the local attendees on issues from the main site coordination forum. The meeting will also be used to discuss local site issues, where possible these will be resolved in the meeting, or will be noted for escalation to the main forum via the site highlight report.
- 2.10 With regards to the site coordinators in place, it was noted that separate site coordinators have been identified for individual mental health units, even if they are based on a 'main' hospital site. Whilst the reason for separate mental health site coordinators is acknowledged there is currently no 'link in' with the site coordinator for the main site. **(Opportunity 2)**
- 2.11 It was noted that some site coordinators have admin support in place as a part of their substantive post, which has assisted them in undertaking the site coordinator role. The absence of admin support for other coordinators could potentially impact on their ability to undertake the role.

- 2.12 A further concern raised is that there are no 'deputy' site coordinators identified in case the main site coordinator experiences an extended period of absence.
(Opportunity 1)

Conclusion:

- 2.13 There are site coordinators in place for all but one site. From discussions that had taken place with a sample of site coordinators, it was identified that clarity is still required around the expectation of the role. Also, where sites have multiple site coordinators consideration needs to be given to having shared local site meetings.

Objective 3: The governance arrangements in place for site leadership and coordination including the development and operation of appropriate groups and the arrangements for oversight, reporting and escalation to relevant groups/committees as required.

- 2.14 As identified in the Site Coordination and Leadership Model, the site coordination forum is the main meeting for the coordination of site issues that require review and escalation.
- 2.15 There are Terms of Reference in place for the Forum which were initially approved by the Executive Board in July 2021. The Terms of Reference were subsequently revised and updated in February 2022 and approved by the Site Coordination Forum meeting.
- 2.16 The Terms of Reference include the following key areas:
- a. Purpose of the Group
 - b. Reports to be received at the meeting.
 - c. Accountability of the Group
 - d. Membership of the Group
 - e. Meeting frequency & Quoracy
- 2.17 A review of the minutes and action logs of the meetings that took place in February 2022 and April 2022 found them to be very comprehensive. It was noted that for items detailed in the action log there are a mixture of actions assigned to individual site coordinators and to all site coordinators. We did however note that the update field of the action log is not always completed ahead of the meeting with only a verbal update being provided at the meeting. **(Opportunity 3)**
- 2.18 As part of the audit we observed the June 2022 meeting. As noted in 2.17 the action log reviewed at the beginning of the meeting had not been updated to reflect the progress of actions agreed at previous meetings.
- 2.19 We noted that the meeting was well structured and chaired. It was also noted that whilst some site coordinators were unable to attend the meeting a highlight report had been provided for consideration at the meeting.
- 2.20 We also reviewed the attendance for the April 2022 and June 2022 meetings and noted that 3 of the site coordinators (Ystradgynlais, Welshpool, Fan Gorau) had

not attended either meeting although highlight had reports had been provided for both meetings for 2 of the sites (Ystragynlais, Fan Gorau). With regards to the Welshpool site no report was submitted for the April meeting. **(Opportunity 4)**

- 2.21 As per the Terms of Reference, the group is accountable to the Executive Board and will provide updates on an exception basis. Where required, updates will also be provided to other PTHB forums such as Health & Safety and Fire Safety Groups. As the Director of Environment chairs the latter two groups as well as the Site Coordination Forum key issues and updates can be communicated.

Conclusion:

- 2.22 Our review of the governance arrangements in place found that they are appropriate although improvements are required in some areas acknowledging that the forum and site coordination model is still in its early days of implementation.

Objective 4: The arrangements for monitoring and reporting compliance with Health & Safety and Fire Safety policies and procedures, and other relevant regulations.

- 2.23 There are a number of forums in place within the Health Board that will have responsibility for specific policies e.g. Health & Safety Group. However in accordance with the Terms of Reference of the Site Coordination Forum *'it is the forum for the coordination of Fire Safety and Health & Safety Matters'*. At the same time it can be used to communicate updates to relevant changes to relevant policies and regulations through the site coordinators and the additional 'local' site coordinator meetings that take place.
- 2.24 A review of the agenda for the Site Coordination Forum meeting held on the 7th February 2022 noted that agenda item 2.2 was *'a review of HB policies for fire, health & safety and security with specific reference to site coordination'*. (to discuss details of the report and the implications for the role of site coordinators).
- 2.25 The minutes of the meeting noted in 2.17 recorded the expectations of the site coordinators' role with regards to the policies.

Conclusion:

- 2.26 We can confirm that the site coordination forum has received updates regarding relevant policies and where actions have been required by site coordinators these have been highlighted and noted.

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Appendix A: Opportunities for improvement

Finding 1: Identification/Role of Site Coordinators		Impact
<p>As part of the fieldwork we were provided with a list of identified site coordinators. It was noted at the time of the audit that a site coordinator had not been identified for the Machynlleth Hospital. At the current time a major capital project is being undertaken on the site which could affect services still being provided at the site. The absence of a site coordinator could mean that issues are being noted but not escalated. We do note that management are aware of this matter.</p> <p>As part of discussions with a sample of site coordinators concern was raised that no deputy site coordinators have been identified. Should the main site coordinator be absent for an extended period of time this could be an issue.</p> <p>From discussions with the site coordinators it was also noted that a more structured understanding of the expectations of their role would be welcome. One area of concern noted was with regards to the presence of contractors working on the site and what if any was the responsibility of the site coordinator.</p>		Ineffective governance arrangements due to lack of structures and reporting lines
Opportunity 1		Priority
1.1	An appropriate site coordinator for the Machynlleth Hospital should be identified as soon as possible.	N/A = Advisory Review
1.2	Management may want to consider the identification of deputy site coordinators noting that the role would only be required should the 'lead' site coordinator have an extended period of absence e.g. long term sickness, maternity leave.	
1.3	Management should consider discussing the role of the site coordinators at the next Site Coordination Forum to ascertain how they feel the role is working, noting any concerns they have. From this meeting site coordinators should be clear on what is expected of them.	

Agreed Management Action		Target Date	Responsible Officer
1.1	This was a temporary gap due to change in personnel in senior roles. Following recruitment to these roles a site coordinator has been identified and confirmed	COMPLETED	Director of Environment
1.2	<p>In line with the formation of the model, it is the expectation that the coordinators are drawn from the service groups within the Director of Primary Care, Community and Mental Health portfolio. Due to the number of sites identified from senior managers within these groups it would not be possible to have formal deputies.</p> <p>It will be agreed that relevant Assistant Directors must flag up to the Director of Environment at the earliest opportunity any long term absence to consider the need for a temporary replacement.</p>	To be completed at next Forum meeting on 12th September	Director of Environment
1.3	It is the view of the Director that there is clarity on this role however this observation (as part of this report) will be discussed with Coordinators at the next meeting. A specific meeting to discuss this is not necessary	To be completed at next Forum meeting on 12th September	Director of Environment

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Finding 2: Local Site Coordinator Meetings		Impact	
As part of the model, site coordinators have been identified for all mental health units/bases even if they are on a main hospital site. A requirement of the role of site coordinators is to organise a 'local' site coordinator forum that all heads of services can attend. These meetings then help to inform the site highlight reports. From meeting with a number of site coordinators it was acknowledged that where there are additional site coordinators on 'site' for example mental health, they are not currently being invited to the 'local' site coordinator meeting.		Lack of awareness of ongoing issues at main hospital site	
Opportunity 2		Priority	
2.1	Where sites have multiple site coordinators consideration should be given to holding a joint 'local' site coordination meeting where all departments based at the main hospital site can attend.	N/A Advisory Review	
Agreed Management Action		Target Date	Responsible Officer
2.1	This scenario exists on three sites only (namely Brecon, Welshpool and Newtown). This opportunity will be discussed with the relevant site coordinators at the next meeting on 12 th September to consider if there is a need or merit.	To be completed at next Forum meeting on 12th September	Director of Environment

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Finding 3: Main Site Coordination Forum Action Log			Impact
When reviewing the meeting records of the main site coordination forum it was noted that whilst the action log was presented and considered at the meeting it was not updated to note any progress made on actions agreed at previous meetings.			Incomplete audit trail.
Opportunity 3			Priority
3.1	<p>Prior to each meeting of the site coordination forum management should consider circulating the action log to all members requesting them to provide an update on any progress made for any actions that they have been assigned.</p> <p>The meeting admin support should then coordinate the updates provided and update the action log.</p>	N/A – Advisory Review	
Agreed Management Action		Target Date	Responsible Officer
3.1	The first meetings have been supported by various admin support. This task is now undertaken by the PA to Director of Environment. It is agreed that the process above should be standard practice	Ongoing	Director of Environment (through admin support)






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Finding 4: Attendance at Main Site Coordination Forum		Impact	
<p>A review of attendance at two of the site coordination forum meetings that took place in April and June 2022 noted that there was no representation for the Ystradgynlais, Welshpool or Fan Forau sites. However, it was noted that whilst the site coordinators were unable to attend, site highlight reports for the Ystradgynlais and Fan Forau sites were submitted for the meetings. With regards to Welshpool a site highlight report was only submitted for the June meeting.</p> <p>It was also noted that three other site coordinators failed to attend one of the meetings but did not submit a site highlight report.</p>		Issues are not escalated in a timely manner	
Opportunity 4		Priority	
4.1	Management should remind all site coordinators that if they are unable to attend the site coordination forum the site highlight report must be submitted for consideration/noting at the meeting.	N/A – Advisory Review	
Agreed Management Action		Target Date	Responsible Officer
4.1	<p>This will continually be reminded to the Coordinators. It is the clear expectation of the Director that coordinators hold local site meetings in advance of the Coordination Forum meeting (every 2 months) and provide written reports at the meeting.</p> <p>If Coordinators cannot attend the Forum they must provide written reports.</p>	Ongoing	Site Coordinators

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.



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Audit, Risk and Assurance Committee Update – **Powys Teaching Health Board**

Date issued: September 2022

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This document has been prepared for the internal use of Powys Teaching Health Board as part of work performed/to be performed in accordance with statutory functions.

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Audit, Risk & Assurance Committee Update

About this document

- 1 This document provides the Audit Committee with an update on current and planned Audit Wales work. Accounts and performance audit work are considered, and information is also provided on the Auditor General's wider programme of national value-for-money examinations and the work of our Good Practice Exchange (GPX).

Accounts audit update

- 2 **Exhibit 1** summarises the status of our key accounts audit work to be reported during 2021-22.

Exhibit 1 – Accounts audit work

Area of work	Current status
Audit of the 2021-22 Accountability Report and Financial Statements	Our work is complete and the ISA260 report was presented to ARAC on 13 th June 2022.
Audit of the 2021-22 Charitable Funds Account	Audit planning due to start autumn of 2022 – exact timetable to be discussed with management in due course.

Performance audit update

- 3 The following tables set out the performance audit work included in our current and previous Audit Plans, summarising:
- completed work presented to the Audit Committee (**Exhibit 2**);
 - work that is currently underway (**Exhibit 3**); and
 - planned work not yet started or revised (**Exhibit 4**).

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Exhibit 2 – Work completed

Area of work	Considered by Audit Committee
<u>Structured Assessment (Phase 2)</u> <u>– Corporate Governance and</u> <u>Financial Management</u> <u>Arrangements</u>	January 2022
<u>Review of Quality Governance</u> <u>Arrangements</u>	November 2021
<u>Structured Assessment (Phase 1)</u> <u>Report – Operational Planning</u> <u>Arrangements</u>	July 2021

Exhibit 3 – Work currently underway

Topic and relevant Executive Lead	Focus of the work	Current status and Audit Committee consideration
Orthopaedic services – follow up Executive Lead – Medical Director	This review will examine the progress made in response to our 2015 recommendations. The findings from this work will inform the recovery planning discussions that are starting to take place locally and help identify where there are opportunities to do things differently as the service looks to tackle the significant elective backlog challenges.	Date of publication realigned with anticipated publication date of national planned care work November 2022
Renewal Programme Executive Lead – Director of Planning & Performance	This local work will examine the arrangements put in place to deliver the Health Board's renewal programme.	Report in internal clearance November 2022

Topic and relevant Executive Lead	Focus of the work	Current status and Audit Committee consideration
<p>Review of Unscheduled Care</p> <p>Executive Lead – Medical Director</p>	<p>This work will examine different aspects of the unscheduled care system and will include analysis of national data sets to present a high-level picture of how the unscheduled care system is currently working. The work will include an examination of the actions being taken by NHS bodies, local government, and Regional Partnership Boards to secure timely and safe discharge of patients from hospital to help improve patient flow. We also plan to review progress being made in managing unscheduled care demand by helping patients access services which are most appropriate for their unscheduled care needs.</p>	<p><u>Blog and data tool</u> published in April 2022. Project brief setting out detailed work issued in August 2022.</p> <p>Fieldwork underway</p>
<p>Structured Assessment</p> <p>Executive Lead - Interim Board Secretary</p>	<p>This work will continue to form the basis of the work we do to examine the existence of proper arrangements for the efficient, effective, and economical use of resources. The 2022 work will review the corporate arrangements in place at the Health Board in relation to:</p> <ul style="list-style-type: none"> • Governance and leadership; • Financial management; • Strategic planning; and • Use of resources (such as digital resources, estates, and other physical assets). 	<p>Fieldwork underway</p> <p>November 2022</p>

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Exhibit 4 – Planned work not yet started or revised

Topic and relevant Executive Lead	Focus of the work	Current status and Audit Committee consideration
Workforce Planning	This review will assess the workforce risks that NHS bodies are experiencing currently and are likely to experience in the future. It will examine how local and national workforce planning activities are being taken forward to manage those risks and address short-, medium- and longer-term workforce needs.	Review currently being scoped TBC
Local Work 2022	The precise focus of this work is still to be determined.	TBC

Good Practice events and products

- 4 In addition to the audit work set out above, we continue to seek opportunities for finding and sharing good practice from all-Wales audit work through our forward planning, programme design and good practice research.
- 5 Details of future events are available on the [GPX website](#). Events include sharing a range of perspectives on the impact the pandemic has had on public services in Wales two years on from the start of the pandemic.

NHS-related national studies and related products

- 6 The Audit Committee may also be interested in the Auditor General's wider programme of national value for money studies, some of which focus on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure.
- 7 **Exhibit 5** provides information on the NHS-related or relevant national studies published since our last Committee Update. It also includes all-Wales summaries of work undertaken locally in the NHS.

Exhibit 5 – NHS-related or relevant studies and all-Wales summary reports

Title	Publication Date
<u>Public Sector Readiness for Net Zero Carbon by 2030</u>	July 2022
<u>The Welsh Community Care Information System update</u>	July 2022
<u>NHS Wales Finances Data Tool - up to March 2022</u>	August 2022
<u>Public Sector Readiness for Net Zero Carbon by 2030: Evidence Report</u>	August 2022

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

AGENDA ITEM: 3.4

AUDIT, RISK AND ASSURANCE COMMITTEE		DATE OF MEETING: 27 SEPTEMBER 2022
Subject:	IMPLEMENTATION OF AUDIT RECOMMENDATIONS	
Approved and Presented by:	Interim Board Secretary	
Prepared by:	Interim Corporate Governance Manager	
Other Committees and meetings considered at:	Executive Committee, 14 th September 2022	

PURPOSE:

The purpose of this paper is to provide the Audit, Risk and Assurance Committee with an overview of the current position relating to the implementation of Audit Recommendations, arising from reviews undertaken by Internal Audit, External Audit (Audit Wales) and Local Counter Fraud Services.

RECOMMENDATION(S):

The Audit, Risk and Assurance Committee is asked to NOTE and DISCUSS the current position of outstanding audit recommendations and APPROVE the proposed revised deadlines requested within Appendix D.

Approval/Ratification/Decision	Discussion	Information
	✓	✓

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

Strategic Objectives:	1. Provide Early Help and Support	
	2. Tackle the Big Four	
	3. Enable Joined up Care	

	4. Develop Workforce Futures	
	5. Promote Innovative Environments	
	6. Put Digital First	
	7. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

BACKGROUND AND ASSESSMENT:

As a result of the Health Board's response to the COVID-19 pandemic, capacity to implement audit recommendations across services was inevitably previously reduced. To ensure a balance between managing capacity pressures and challenges presented by the COVID-19 pandemic and managing the 'business as usual' issues and risks, services previously reprioritised their outstanding audit recommendations according to the level of risk associated with delayed implementation, and in line with delivery of the Quarter 3 & Quarter 4 Winter Plan.

INTERNAL AUDIT

The summaries below provide an assessment of current outstanding recommendations. The reporting periods 2017/18, 2018/19 and 2019/20 are summarised by the re-assessed COVID-19 priority level (priority 1, priority 2 and priority 3). The COVID-19 priority levels have the following agreed timescales for implementation, with the exception of where the original agreed deadline exceeds these timescales: -

Priority 1	31 st March 2021
Priority 2	30 th September 2021
Priority 3	31 st December 2021

The reporting period 2020/21 and 2021/22 is summarised by Internal Audit priority level (high, medium and low). This approach will be taken for all new audit recommendations received going forward.

As of July 2022, the revised deadlines implemented as a result of the COVID-19 priority levels referenced above had lapsed. Therefore, in August 2022 Executive Owners were provided an opportunity to review any outstanding recommendations from 2017/18, and 2019/20 and re-consider where appropriate, achievable final deadlines for implementation that could be monitored against. All recommendations from 2018/19 are complete.

An overview of the outstanding recommendations and those with revised deadlines proposed is provided in the table below. The detail of the recommendations with proposed revised deadlines is attached to this report in **Appendix D**. The proposed deadlines are recorded in Column "O" (Proposed Revised Deadline August 2022) which is highlighted in yellow within the appendix.

2017/18			
Report Title	Executive Owner	Total Deadlines Overdue	Revised Deadlines Requested
171817 Policies Management	Board Secretary	5	5

2019/20			
Report Title	Executive Owner	Total Deadlines Overdue	Revised Deadlines Requested
192006 Records Management	Director of Finance and IT	2	2
192012 Hosted Functions – Governance Arrangements (Advisory)	Board Secretary	1	1
192014 Care Homes Governance	Multiple Directors	3	0
192016 Organisational Development Strategic Framework	Director of Workforce and OD	1	0
192022 Outpatients Planned Activity	Director of Planning and Performance	3	0
192023 Estates Assurance Follow Up	Director of Environment	1	1
192026 Risk Management and Board Assurance	Board Secretary	1	1
192027 Welsh Language Standards Implementation	Director of Therapies and Health Sciences	1	0

The overall summary position in respect of **overdue** internal audit recommendations is: -

Overdue Internal Audit Recommendations							
Covid-19 Prioritisation	2017/18	2018/19	2019/20	Internal Audit Priority	2020/21	2021/22	TOTAL OUTSTANDING Number
	Number				Number		
Priority 1	0	0	5	High	2	4	11
Priority 2	4	0	7	Medium	4	11	26
Priority 3	1	0	1	Low	1	4	7
Not Yet Prioritised	0	0	0				0
TOTAL	5	0	13		7	19	44

Detail of re-prioritised internal audit recommendations can be found appended to this report as follows: -

Appendix E – Internal Audit Recommendations that remain OUTSTANDING

Appendix F – Internal Audit Recommendations COMPLETED since the previous report

Appendix G – Internal Audit Recommendations NOT YET DUE for implementation

EXTERNAL AUDIT

The overall summary position in respect of **overdue** external audit recommendations is: -

	Overdue External Audit Recommendations				
	2018/19	2019/20	2020/21	2021/22	TOTAL OUTSTANDING
	Number	Number	Number	Number	Number
Priority 1	0	0	0	0	0
Priority 2	2	0	1	2	5
Priority 3	1	0	0	0	1
Not Yet Prioritised	0	0	1	0	1
TOTAL	3	0	2	2	7

Detail of re-prioritised external audit recommendations can be found appended to this report as follows: -

Appendix H – External Audit Recommendations that remain OUTSTANDING

Appendix I – External Audit Recommendations COMPLETED since the previous report

Appendix J – External Audit Recommendations NOT YET DUE for implementation

LOCAL COUNTER FRAUD SERVICES

Since the previous report to the committee (July 2022) all Local Counter Fraud Services recommendations have been completed.

Detail of the completed local counter fraud recommendations can be found appended to this report as follows: -

Appendix K – Local Counter Fraud Audit Recommendations COMPLETED since the previous report.

NEXT STEPS:

Progress against outstanding audit recommendations will continue to be monitored by the Executive Committee and Audit, Risk and Assurance Committee.

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2017/18 Internal Audits

Ref	Audit Title	Assurance Rating	Audit Recs Made			Audit Recs Implemented			Audit Recs Overdue (agreed timescale)			Audit Recs Re-prioritised			All Audit Recs Implemented
			H	M	L	H	M	L	H	M	L	1	2	3	
171801	Commissioning - Embedding the Commissioning Assurance Framework	Reasonable	0	2	1	0	2	1							✓
171802	Clinical Audit Programme Follow-Up	Limited	1	2	2	1	2	2							✓
171803	Estates Assurance Follow Up	Reasonable	0	5	1	0	5	1							✓
171804	Safe Water Management (including Legionella)	Limited	1	6	0	1	6	0							✓
171806	Risk Management	Limited	2	1	0	2	1	0							✓
171807	Procurement of Consultant and Agency Staff	Limited	5	1	0	5	1	0							✓
171808	Engagement with Primary Care Providers	Limited	1	4	0	1	4	0							✓
171809	Public Health - Influenza Immunisations	Reasonable	1	2	0	1	2	0							✓
171810	Public Health - Smoking Cessation for Pregnant Women	Reasonable	0	3	1	0	3	1							✓
171811	Information Commissioner's Office Recommendations Report Follow-Up	Reasonable	2	4	1	2	4	1							✓
171812	Medicines Management – Patient Group Directions (PGDs)	Limited	7	1	0	7	1	0							✓
171813	Llandrindod Wells Redevelopment	Reasonable	0	11	1	0	11	1							✓
171814	Workforce Planning	Reasonable	1	1	0	1	1	0							✓
171815	Review of the Health and Care Strategy – Programme Management	Reasonable	1	3	1	1	3	1							✓
171816	Integrated Medium Term Plan – Monitoring and Reporting of Performance	Reasonable	0	1	3	0	1	3							✓
171817	Policies Management	Reasonable	0	4	1	0	0	1	0	4	1	0	5	0	✗
171818	Information Governance General Data Protection Regulation (GDPR)	Reasonable	0	3	3	0	3	3							✓
171819	Electronic Staff Record System	Reasonable	0	3	1	0	3	1							✓
171820	Banking & Cash Management	Reasonable	0	1	4	0	1	4							✓
171821	Budgetary Control and Financial Savings	Reasonable	1	2	2	1	2	2							✓
171822	Disaster Recovery Arrangements	Reasonable	0	2	3	0	2	3							✓
171823	Financial Planning	Reasonable	0	3	1	0	3	1							✓
171824	General Ledger	Substantial	0	0	1	0	0	1							✓
171825	IT Governance and Resilience Follow-Up	Reasonable	0	2	1	0	2	1							✓
171826	Localities Operational Management follow-up (Incorporating Patients' Property & Money Follow-Up and Declarations of Interest)	Limited	2	7	1	2	7	1							✓
171827	Medicines Management – Prescribing of Branded Generic Drugs	Reasonable	1	2	1	1	2	1							✓
171828	Personal Appraisal Development Reviews (PADRs)	Reasonable	1	1	0	1	1	0							✓
171829	Records Management Follow-Up	Reasonable	1	4	2	1	4	2							✓
TOTAL			28	81	32	26	77	32	0	4	1	0	5	0	

2018/19 Internal Audits

Ref	Audit Title	Assurance Rating	Audit Recs Made			Audit Recs Implemented			Audit Recs Overdue (agreed timescale)			Audit Recs Re-prioritised			All Audit Recs Implemented
			H	M	L	H	M	L	H	M	L	1	2	3	
181901	IMTP – Joint Planning Framework	Reasonable	0	1	1	0	1	1							✓
181902	Dental Services: Monitoring of the General Dental Services Contract	Limited	2	2	0	2	2	0							✓
181903	ICT Infrastructure	Reasonable	0	1	2	0	1	2							✓
181904	Podiatry Service	No Assurance	7	1	3	7	1	3							✓
181905	Recruitment and Retention	Reasonable	1	2	0	1	2	0							✓
181906	Environmental Sustainability Reporting	Reasonable	0	1	0	0	1	0							✓
181907	Commissioning – Primary Care (Advisory)	Not Rated	2	2	0	2	2	0							✓
181908	Asbestos Management	Reasonable	0	4	4	0	4	4							✓
181909	Occupational Therapy Service	Reasonable	0	6	0	0	6	0							✓
181910	Health and Safety	Limited	1	6	1	1	6	1							✓
181911	Section 33 - Governance Arrangements	Limited	2	1	1	2	1	1							✓
181912	Annual Quality Statement	Substantial	0	1	0	0	1	0							✓
181913	Departmental Review - Catering	Limited	3	3	1	3	3	1							✓
181914	Capital Systems	Reasonable	0	6	1	0	6	1							✓
181915	Temporary Staffing Unit	Reasonable	0	4	1	0	4	1							✓
181916	Cyber-Security Follow-up of Stratia Report	Reasonable	0	2	2	0	2	2							✓
181917	Putting Things Right – Lessons Learned (Midwifery)	Reasonable	0	1	3	0	1	3							✓
181918	Single Tender Waivers	Reasonable	0	3	0	0	3	0							✓
181919	Business Continuity Planning	Reasonable	1	2	2	1	2	2							✓
181920	Information Governance: General Data Protection Regulation (GDPR) - Compliance	Reasonable	0	1	2	0	1	2							✓
181921	Risk Management	Limited	2	1	0	2	1	0							✓
181922	Procurement of Consultant and Agency Staff Follow Up	Reasonable	0	3	1	0	3	1							✓
181923	Medicines Management (Patient Group Directions) Follow-Up Review	Limited	3	3	0	3	3	0							✓
181924	Estates Assurance Follow Up	Reasonable	0	6	4	0	6	4							✓
181925	Capital Assurance Follow Up	Reasonable	0	5	1	0	5	1							✓
181926	Welsh Risk Pool Claims Management	Substantial	0	0	1	0	0	1							✓
181927	Engagement with Primary Care Providers Follow-up	Limited	1	2	1	1	2	1							✓
TOTAL			25	70	32	25	70	32							

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2019/20 Internal Audits

Ref	Audit Title	Assurance Rating	Audit Recs Made			Audit Recs Implemented			Audit Recs Overdue (agreed timescale)			Audit Recs Re-prioritised				All Audit Recs Implemented
			H	M	L	H	M	L	H	M	L	1	2	3	Not Yet Prioritised	
192001	Deprivation of Liberty Safeguards	Limited	2	1	0	2	1	0								✓
192002	Environmental Sustainability Reporting	Not Rated	0	2	1	0	2	1								✓
192003	Assurance on Implementation of Audit Recommendations	Reasonable	1	1	0	1	1	0								✓
192004	Financial Planning and Budgetary Control - Commissioning	Reasonable	0	2	3	0	2	3								✓
192005	Disciplinary Processes – Case Management	Reasonable	0	2	3	0	2	3								✓
192006	Records Management	No Assurance	6	0	0	4	0	0	2	0	0	0	2	0	0	✗
192007	Freedom of Information (FoI)	Limited	1	2	3	1	2	3								✓
192008	Staff Wellbeing (Stress Management)	Reasonable	0	3	0	0	3	0								✓
192009	Safeguarding – Employment Arrangements and Allegations	Reasonable	0	4	2	0	4	2								✓
192010	111 Service	Reasonable	2	3	0	2	3	0								✓
192011	Catering Services Follow-up	Reasonable	0	3	2	0	3	2								✓
192012	Hosted Functions – Governance Arrangements (Advisory)	Not Rated	2	3	1	1	3	1	1	0	0	0	0	1	0	✗
192013	Podiatry Service Follow-up	Limited	1	5	4	1	5	4								✓
192014	Care Homes Governance	Limited	1	2	3	0	0	3	1	2	0	0	3	0	0	✗
192015	Primary Care Clusters	Reasonable	1	3	1	1	3	1								✓
192016	Organisational Development Strategic Framework	Reasonable	0	2	0	0	1	0	0	1	0	0	0	0	0	✓
192017	Dental Services: Monitoring of the GDS Contract Follow-up	Reasonable	0	0	2	0	0	2								✓
192018	IT Service Management	Reasonable	0	2	1	0	2	1								✓
192019	Machynlleth Hospital Primary & Community Care Project	Reasonable	1	4	1	1	4	1								✓
192020	Welsh Risk Pool Claims Management	Substantial	0	0	1	0	0	1								✓
192021	Capital Assurance Follow Up	Substantial	0	1	0	0	1	0								✓
192022	Outpatients Planned Activity	Reasonable	1	3	0	0	1	0	1	2	0	0	0	0	0	✗
192023	Estates Assurance Follow Up	Reasonable	0	1	2	0	1	1	0	0	1	0	0	1	0	✗
192024	Financial Safeguarding (Estates)	Reasonable	0	5	1	0	5	1								✓
192025	Financial Safeguarding (Support Services)	Reasonable	0	3	0	0	3	0								✓
192026	Risk Management and Board Assurance	Limited	2	3	0	2	2	0	0	1	0	0	1	0	0	✗
192027	Welsh Language Standards Implementation	Limited	2	1	0	2	0	0	0	1	0	0	0	0	0	✗
192028	Section 33 Governance Arrangements Follow Up	Reasonable	0	2	1	0	2	1								✓
TOTAL			23	63	32	18	56	31	5	7	1	0	6	2	0	

2020/21 Internal Audits

Ref	Audit Title	Assurance Rating	Audit Recs Made			Audit Recs Implemented			Audit Recs Overdue (agreed timescale)			All Audit Recs Implemented
			H	M	L	H	M	L	H	M	L	
202101	Environmental Sustainability Reporting	Not Rated	0	1	0	0	1	0				✓
202102	Estates Assurance – Fire Safety	Limited	2	5	0	2	5	0				✓
202103	Health and Safety Follow-up	Reasonable	0	3	2	0	3	2				✓
202104	Annual Quality Statement	Not Rated	0	1	0	0	1	0				✓
202105	Advanced Practice Framework	Not Rated										✓
202106	Capital Systems	Substantial	0	0	4	0	0	4				✓
202107	GP Access Standards	Substantial	0	0	1	0	0	1				✓
202108	Partnership Governance – Programmes Interface	Limited	3	1	1	1	1	1	2	0	0	✗
202109	IM&T Control and Risk Assessment	Not Rated	0	0	14	0	0	14				✓
202110	Freedom of Information Follow Up	Substantial										✓
202111	Progress against Regional Plans (South Powys Pathways Programme, Phase 1)	Reasonable	0	2	0	0	0	0	0	2	0	✗
202112	Grievance Process	Reasonable	0	1	0	0	1	0				✓
202113	Safeguarding during COVID-19	Reasonable	0	1	1	0	1	1				✓
202114	Implementation of digital solutions	Reasonable	0	3	0	0	3	0				✓
202115	Winter pressures and flow management	Reasonable	0	3	1	0	1	0	0	2	1	✗
202116	Llandrindod Wells Project	Limited	0	5	1	0	5	1				✓
202117	Covid-19 Mass Vaccination Programme	Not Rated										✓
TOTAL			5	26	25	3	22	24	2	4	1	

2021/22 Internal Audits

Ref	Audit Title	Assurance Rating	Audit Recs Made			Audit Recs Implemented			Audit Recs Overdue (agreed timescale)			Audit Recs Not Yet Due			All Audit Recs Implemented
			H	M	L	H	M	L	H	M	L	H	M	L	
212201	Access to Systems	Reasonable	1	1	1	1	1	1							✓
212202	Control of Contractors	Limited	4	2	1	4	2	1							✓
212203	Medical Equipment and Devices	Reasonable	3	3	1	0	0	0	1	3	1	2	0	0	×
212204	Midwifery – Safeguarding Supervision	Reasonable	0	2	0	0	1	1	0	1	0	0	0	0	×
212205	COVID Recovery and Rehabilitation Service	Substantial	0	1	0	0	1	0							✓
212206	Theatres Utilisation	Reasonable	2	2	1	0	1	0	2	1	1	0	1	0	×
212207	Dementia Services Home Treatment Teams	Reasonable	1	4	1	0	1	1	0	2	0	1	1	0	×
212208	Waste Management	Reasonable	0	5	0	0	3	0	0	2	0	0	0	0	×
212209	Job Matching and Evaluation Process	Reasonable	0	2	1	0	0	0	0	2	0	0	0	1	×
212210	Mortality Review	Reasonable	0	5	1	0	4	0	0	0	0	0	1	1	×
212211	Machynlleth Hospital Reconfiguration Project	Reasonable	1	5	1	1	5	1							✓
212212	Network and Information Systems (NIS) Directive	Reasonable	0	3	1	0	3	1	0	0	0	0	0	0	✓
212213	Budgetary Control	Substantial	0	1	0	0	1	0	0	0	0	0	0	0	✓
212214	Occupational Health Service	Limited	1	0	0	0	0	0	1	0	0	0	0	0	
212218	Recommendation Tracking Process & Follow Up Review	Substantial	0	0	2	0	0	0	0	0	2	0	0	0	
TOTAL			13	36	11	6	23	6	4	11	4	3	3	2	

2018/19 External Audits									
Ref	Audit Title	Audit Recs Made	Audit Recs Implemented	Audit Recs Overdue (agreed timescale)	Audit Recs Revised Re-prioritised			All Audit Recs Implemented	
					1	2	3		
181951	Structured Assessment 2018	12	9	3	0	2	1	x	
181952	Clinical coding follow-up review	4	4					✓	
181953	Audit of Financial Statements Report	4	4					✓	
TOTAL		20	17	3	0	2	1		
2019/20 External Audits									
Ref	Audit Title	Audit Recs Made	Audit Recs Implemented	Audit Recs Overdue (agreed timescale)	Audit Recs Revised Re-prioritised			All Audit Recs Implemented	
					1	2	3		
192051	Structured Assessment 2019	3	3					✓	
TOTAL		3	3	0	0	0	0		
2020/21 External Audits									
Ref	Audit Title	Audit Recs Made	Audit Recs Implemented	Audit Recs Overdue (agreed timescale)	Audit Recs Revised Re-prioritised				All Audit Recs Implemented
					1	2	3	Not Yet Prioritised	
202151	Effectiveness of Counter-Fraud Arrangements	3	3						✓
202152	Structured Assessment 2020	11	7	2	0	2	0	0	x
202153	Audit of Accounts	6	6						✓
TOTAL		20	16	2	0	2	0	0	
2021/22 External Audits									
	Audit Title	Audit Recs Made	Audit Recs Implemented	Audit Recs Overdue (agreed timescale)	Audit Recs Revised Re-prioritised				All Audit Recs Implemented
					1	2	3	Not Yet Prioritised	
212251	Structured Assessment 2021 (Phase One)	0							✓
212252	Structured Assessment 2021	3	1	2	0	2	0	0	x

212253	Audit of Accounts Report - Charitable Funds and Other Related Charities	3	2	0	0	0	0	0	1	x
TOTAL		6	3	2	0	2	0	0	1	

APPENDIX C

Local Counter Fraud Services Pro-Active Exercises

Ref	Audit Title	Audit Recs Made	Audit Recs Implemented	Audit Recs Overdue (agreed timescale)	Audit Recs Not Yet Due	All Audit Recs implemented
202181	Pre-Employment Checks	3	3			✓
212281	Overpayments	3	3	0	0	✓
TOTAL		6	6	0	0	

PTHB Ref. No.	Report Title	Assurance Rating	Director	Responsible Officer	Ref / Priority	Recommendation	Management Response	Agreed Deadline	Revised Deadline	Due	COVID-19 Priority Level	Status	If closed and not complete, please provide	Proposed Revised Deadline August 2022	Progress being made to implement recommendation	Barriers to implementation including any interdependencies	How is the risk identified being mitigated pending implementation?	When will implementation be achieved?	If action is complete, can evidence be provided upon	No. of months past agreed deadline	No. of months past Revised deadline	Reporting Date	Date Added to Tracker
171817	Policies Management	Reasonable	Board Secretary		R1	The Consultation Feedback Record should be completed each time a policy is created or reviewed and submitted to the Corporate Governance Department. The record should clearly document what engagement and consultation has taken place and how feedback received has been incorporated into the policy. The recommended consultation period of a minimum of 14 days should be applied to ensure that consultation with relevant stakeholder groups has been conducted thoroughly and that comments have been incorporated into the policy.	The Policy for the Management of Policies, Procedures and other Written Control Documents is currently being reviewed and the above requirements will be fully reflected and reinforced in the revised documents.	May-18	Dec-21	Overdue	2	Partially complete		Mar-23	Review and implementation of arrangements for the development, review, approval and publication of policies delegated by the Board has been built into the Annual Governance Programme and is being picked up at greater pace by the corporate governance team and clinical policies with clinical directors.	Competing priorities in the corporate governance team and organisational capacity to review policies.	Support on policy development is being provided to the organisation as and when required	Sep-22		46	3	Jul-22	Feb-19
171817	Policies Management	Reasonable	Board Secretary		R2	All policies should be forwarded to the Corporate Governance Department so that a quality review can be carried out and confirmation given of the appropriate approval route. All policies should be accompanied by the submission approval form confirming that spelling, grammar and content checks have been carried out.	The Policy for the Management of Policies, Procedures and other Written Control Documents is currently being reviewed and the above requirements will be fully reflected and reinforced in the revised documents. As set out in recommendation 4 below, the ability to upload policies onto the intranet will be restricted to members of the Corporate Governance Department.	May-18	Dec-21	Overdue	2	Partially complete		Mar-23	Review and implementation of arrangements for the development, review, approval and publication of policies delegated by the Board has been built into the Annual Governance Programme and is being picked up at greater pace by the corporate governance team and clinical policies with clinical directors.	Competing priorities in the corporate governance team and organisational capacity to review policies.	Support on policy development is being provided to the organisation as and when required	Sep-22		46	3	Jul-22	Feb-19
171817	Policies Management	Reasonable	Board Secretary		R3	In accordance with the procedure the submission and approval form should be completed for all documents, both reviewed / updated and new, and forwarded with the policy to the Corporate Governance Department.	The Policy for the Management of Policies, Procedures and other Written Control Documents is currently being reviewed and the above requirements will be fully reflected and reinforced in the revised documents. Going forward policies submitted to the Corporate Governance Department without the submission and approval form will be returned to the relevant Executive Director.	May-18	Dec-21	Overdue	2	Partially complete		Mar-23	Review and implementation of arrangements for the development, review, approval and publication of policies delegated by the Board has been built into the Annual Governance Programme and is being picked up at greater pace by the corporate governance team and clinical policies with clinical directors.	Competing priorities in the corporate governance team and organisational capacity to review policies.	Support on policy development is being provided to the organisation as and when required	Sep-22		46	3	Jul-22	Feb-19
171817	Policies Management	Reasonable	Board Secretary		R4	Policies should be issued within 5 days of being approved in line with Policy and a record of the date that policies are placed on the intranet should be retained. The ability to upload policies onto the intranet should be restricted to members of the Corporate Governance Department. The Policy and Procedures Index should be published on the intranet at regular intervals and consideration given to widening the scope of this document to include policies which are due for review.	Steps have been taken to address points 4a and 4c. The Policy and Procedures Index has been published and awareness raised through a Powys Announcement. Access rights to upload policies on to the Intranet (point 4b) are being reviewed and will be updated by the end of April 2018.	Apr-18	Dec-21	Overdue	2	Partially complete		Mar-23	Review and implementation of arrangements for the development, review, approval and publication of policies delegated by the Board has been built into the Annual Governance Programme and is being picked up at greater pace by the corporate governance team and clinical policies with clinical directors.	Competing priorities in the corporate governance team and organisational capacity to review policies.	Support on policy development is being provided to the organisation as and when required	Sep-22		47	3	Jul-22	Feb-19
171817	Policies Management	Reasonable	Board Secretary		R5	Findings from this report should be considered and incorporated as appropriate before the policy is finalised. Where processes are no longer required or have been replaced these should be removed.	The Policy for the Management of Policies, Procedures and other Written Control Documents is currently being reviewed, the requirements set out in this report will be fully reflected in the revised documents.	May-18	Dec-21	Overdue	2	Partially complete		Mar-23	Review and implementation of arrangements for the development, review, approval and publication of policies delegated by the Board has been built into the Annual Governance Programme	Competing priorities in the corporate governance team and organisational capacity to review policies.	Support on policy development is being provided to the organisation as and when required	Sep-22		46	3	Jul-22	Feb-19

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PTHB Ref. No.	Report Title	Assurance Rating	Director	Responsible Officer	Ref / Priority	Recommendation	Management Response	Agreed Deadline	Revised Deadline	Due	COVID-19 Priority Level	Status	If closed and not complete, please provide justification	Proposed Revised Deadline	Progress being made to implement recommendation				If action is complete, can evidence be provided upon request?	No. of months past agreed deadline	No. of months past Revised deadline	Reporting Date	Date Added to Tracker
															Progress of work underway	Barriers to implementation including any interdependencies	How is the risk identified being mitigated pending implementation?	When will implementation be achieved?					
171817	Policies Management	Reasonable	Board Secretary		R1	The Consultation Feedback Record should be completed each time a policy is created or reviewed and submitted to the Corporate Governance Department. The record should clearly document what engagement and consultation has taken place and how feedback received has been incorporated into the policy.	The Policy for the Management of Policies, Procedures and other Written Control Documents is currently being reviewed and the above requirements will be fully reflected and reinforced in the revised documents.	May-18	Dec-21	Overdue	2	Partially complete		Mar-23	Review and implementation of arrangements for the development, review, approval and publication of policies delegated by the Board has been built into the Annual Governance Programme and is being picked up at greater pace by the corporate governance team and clinical policies with clinical directors.	Competing priorities in the corporate governance team and organisational capacity to review policies.	Support on policy development is being provided to the organisation as and when required	Sep-22	46	3	Jul-22	Feb-19	
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171817	Policies Management	Reasonable	Board Secretary		R5	Findings from this report should be considered and incorporated as appropriate before the policy is finalised. Where processes are no longer required or have been replaced these should be removed.	The Policy for the Management of Policies, Procedures and other Written Control Documents is currently being reviewed, the requirements set out in this report will be fully reflected in the revised documents.	May-18	Dec-21	Overdue	2	Partially complete		Mar-23	Review and implementation of arrangements for the development, review, approval and publication of policies delegated by the Board has been built into the Annual Governance Programme	Competing priorities in the corporate governance team and organisational capacity to review policies.	Support on policy development is being provided to the organisation as and when required	Sep-22	46	3	Jul-22	Feb-19	
192006	Records Management	No Assurance	Director of Finance, Information and IT		R4	The health board should identify all storage sites and areas for records and risk assess each site accordingly, for matters of security, protection, age, access and responsibility. Following on from above, the health board should ensure that the security of records is maintained and that the points raised in this report are addressed, where weaknesses are identified.	The Audit, Risk & Assurance Committee has approved an Improvement Plan to ensure compliance with legislative and regulatory requirements in respect of records management. This internal audit recommendation will be achieved by the implementation of the following actions from the Improvement Plan: • Explore and secure suitable storage spaces (on-site or off-site) for the storage of active records. • Explore and secure suitable storage spaces (on-site or off-site) for the storage of archived records.	Apr-22	Apr-22	Overdue	2	Partially complete		01/12/2022	A Service Improvement Manager has been appointed from 1 February 2020 to address the requirements of the RM Improvement Plan. Detailed actions and lead officers have been identified. Options for on and off-site storage continue to be explored.	COVID-19 If Funding is not approved at IBG in August 2022.	A Records Management Project Risk Register has been developed. Risks has been identified as part of the case and will form part of the project plan which will be in place between 31/12/22	Business Cases for digitisation of active (April 21) and archive (April 22) records to be developed request extension to 31/12/22	25	3	Jul-22	14/11/2019	
192006	Records Management	No Assurance	Director of Finance, Information and IT		R5	Whilst recognising that capital expenditure is required to address this risk, a plan should be compiled for identifying adequate facilities for the storage of records throughout the health board.	The Audit, Risk & Assurance Committee has approved an Improvement Plan to ensure compliance with legislative and regulatory requirements in respect of records management. This internal audit recommendation will be achieved by the implementation of the following actions from the Improvement Plan: • Explore and secure suitable storage spaces (on-site or off-site) for the storage of active records. • Explore and secure suitable storage spaces (on-site or off-site) for the storage of archived records.	Apr-22	Apr-22	Overdue	2	Partially complete		31/12/2022	A Service Improvement Manager has been appointed from 1 February 2020 to address the requirements of the Records Management Improvement Plan. Detailed actions and lead officers have been identified. Process has been implemented through the Property and Accommodation Group that all service requests to store records go via this group for approval.	COVID-19 If Funding is not approved at IBG in August 2022.	A Records Management Project Risk Register has been developed. Risks has been identified as part of the case and	Business Cases for digitisation of active (April 21) and archive (April 22) records to be developed	25	3	Jul-22	14/11/2019	
192012	Hosted Functions – Governance Arrangements (Advisory)	Not Rated	Board Secretary	Board Secretary	R2	(a) That the health board obtains a copy of the original Hosting Agreement for CHC and continues to work with Welsh Government and the CHC to agree an accountability framework for the current arrangement. (b) The health board clarifies the accountability framework and governance systems for HRCW. (c) The health board ensures that the Welsh Government	(a), (b) and (c) Discussions continue with Welsh Government regarding the ongoing development of a Hosting Agreement for CHC. The timeline for this work will be dependent upon tripartite agreement. Once complete, this work will be used to inform arrangements for other hosted arrangements, including HCRW.	Apr-20		Overdue	3	Partially complete		Mar-23	Initial discussions have taken place with Welsh Government and CHCs with a view to develop a finalised hosting agreement which was complete; however this work was then superseded by the intended transfer to the Citizens Voice Body in 2022. Renewed discussions are taking place in line with organisational governance to review the current position in relation to Health Care Research Wales and advice on hosting agreement is being sought from NWSSP Legal and Risk Services. Both aspects will be overseen by the Audit, Risk and Assurance	Obtaining tri-partite agreement	CHC - Interim Board Secretary supporting the governance workstream of the CVB. HCRW - Quarterly meetings have been put in place between	CVB by 1 April 2023, HCRW uncertain due to tri-partite nature of any agreements.	27	27	Jul-22		
192014	Care Homes Governance	Limited	Director of Nursing & Midwifery	Director of Planning & Performance Director of Finance and IT & Director of Primary, Community	R2	2.1 The health board should agree a common contract and specification for CHC care home contracts not covered by the All Wales Framework Agreement. This is an action set out within the S33 agreement for delivery by PTHB & PCC. 2.2 The health board should review its Scheme of Delegation for CHC packages (Section 12) to ensure that CHC	2.1 A common contract and specification for CHC care home contracts not covered by the All Wales Framework Agreement to be developed, as set out within the S33 agreement for delivery by PTHB & PCC. 2.2 There is currently a national review being undertaken for Wales of Health Board Scheme of Delegation and Reservation of Powers lead by a small Task & Finish Group chaired by Welsh Government. The outcome of this Task & Finish Group may require a larger review for the health board. The work is planned to be 3-6 months long and commenced in early November 2019. Once the recommendations and/or revised Scheme of Delegation is	Dec-20	Sep-21	Overdue	2	Partially complete			2.2 We have reviewed the scheme of delegation within PTHB Schemes of Delegation work and the revised SDRs have been issued to Health Board in draft. These will then need to be finalised and taken through the Board for ratification and once agreed a check will need to be undertaken to ensure all areas of the HB are in line with these updated overarching procedures. With regard to the process for approving CHC packages revised documentation has	Delay in Lead Clinician for the complex care project to commence. Delay in CHC Framework starting	Completed local review of scheme of delegation in December 20221 as apt of the D2RA pathway	19	10	Jul-22			
192014	Care Homes Governance	Limited	Director of Nursing & Midwifery	Director of Nursing & Director of Planning & Performance	R3	Out-of-county care homes monitoring 3.1 The health board should consider strengthening its out-of-county care home governance/monitoring arrangements. For example, guidance could be provided to CCNs on the wider governance considerations required in the form of a checklist and incorporated into the current individual review forms. The arrangements should mirror the joint monitoring process	3.1 Update the current checklist used for Joint Monitoring Visits for use when reviewing 'Out of County' patients to capture wider governance arrangements and patient experience. 3.2 Update SOP to incorporate the process. 3.3 Minutes following JIMP to be shared at the CCSG. 3.4 CHC SOP to be updated to make reference to the joint monitoring process under the S33 agreement. 3.5 As above	Apr-20	Jul-21	Overdue	2	Partially complete			3.1 Yes this will form part of out of county reviews. A form has been developed but it has not been used as of yet. To support this action, it needs agreement from all services (MH LD and adult) as a way forward. 3.2 It has not been updated in the CHC SOP but it needs it's own SOP to support our governance arrangements. Al, I have looked at this, this week and I'm trying to put time aside to complete. 3.3 This action can be closed	COVID19 has restricted Monitoring visits	Monitoring is not completed jointly with PCC but will be undertaken when there is a review within that care home. Revised oversight process	27	12	Jul-22			
192014	Care Homes Governance	Limited	Director of Nursing & Midwifery	Director of Nursing / Director of Primary, Community and Mental Health Services	R4	4.1 The CHC SOP should be updated to reflect: • the care homes S33 agreement, pooled fund and joint care homes monitoring process; • the national reviews (UK and Welsh Government) of the National Framework and CHC/FNC working practices; • the process within both Adult and MH&LD CHC, aligning the process where appropriate; and	4.1 CHC SOP to be updated to reflect recommendations. 4.2 Demand and Capacity review to be undertaken to ensure reviews are undertaken within required timeframes.	Mar-20	Apr-21	Overdue	2	Partially complete			Awaiting All Wales refresh and continuing to work with LA colleagues to reach a position of an agreed policy and SOP. Policy and SOP for endorsement as interim in May 2021, with early review date. Complex Care Value Based Healthcare Transformation Programme of work commencing October 2021. This will include review of the SOP, new national framework for CHC, joint working across adults, mental health and learning	LA have requested to review the SOP and have contested some areas of the SOP 4.2 COVID19 has impacted on the way in which reviews are undertaken. Care home	We have started to utilise the practice within the new SOP 4.2. Support of bank staff to complete reviews	28	15	Jul-22			
192016	Organisational Development Strategic Framework	Reasonable	Director of Workforce & OD and Support Services	Assistant Director of Organisational Development	R1	We recommend that action plan entries are developed to carry a greater level of detail to facilitate the monitoring of achievement of priority delivery. This should include detailed actions, by whom they will be delivered, target timescales and where each priority status is to be reported and monitored.	The Executive Directors will develop detailed objectives and actions that will enable the achievement of each of the key priority deliverables within the Organisational Development Framework. For each action there will be action owners or leads along with defined timescales which will ensure the ability to monitor and evaluate progress against each action.	Mar-20	Sep-20	Overdue	3	Partially complete			This work has been paused due to the COVID pandemic and current winter pressures. – However a number of the OD priorities have been included in other plans; such as the wellbeing plan- leadership and team development. JUNE 2022: The ODF was refreshed in 2021 when we were in the midst of the pandemic response. As we come out of the pandemic our focus is on how the organisation and our staff can recover and how we use this opportunity for renewal and transformation of our core services. In parallel to this we have		This will be reviewed as part of the reintroduction of BAU	end of Qtr 2	28	22	Jul-22		
192022	Outpatients Planned Activity	Reasonable	Director of Planning and Performance		R1	Create and implement an overarching document that outlines the range of outpatient services and pathways provided by the health board, including the locations where they are delivered. Create and implement a process flow diagram that explains the outpatient referral process, ensuring Patient Services staff are fully aware of the procedures to be followed.	Implementation will inevitably be dependant upon the health board's position in relation to COVID-19. An indicative implementation date of 31 March 2021 has therefore been included. PTHB Elective Care patient pathways are managed in accordance with national waiting times standards and good practice is followed to ensure that patients are treated promptly, efficiently and consistently. A Patient Access Policy within the health board will be developed that details roles and responsibilities and sets out the general principles and rules for managing patients through their elective care pathway. WG are currently reviewing national waiting times standards (RTT) in light of COVID19 19 and the impact of new	Mar-21	Mar-22	Overdue	3	Partially complete			This work has been delayed due to covid but also now needs to be considered in line with national guidance on pathways and the Powys renewal priorities. This will take until end of the year.			Sep-22	16	4	Jul-22	Sep-20	
192022	Outpatients Planned Activity	Reasonable	Director of Planning and Performance	Assistant Director Performance and Commissioning	R3	The health board should review the mechanisms that it has in place to provide assurance that Powys residents commissioned to other providers in order to demonstrate that patients are treated fairly and equitably, and to ensure these are articulated in the CAF Escalation Report. This should include reference to anomalies that might be caused	The CAF report sets out the RTT position for Powys patients in each of the different providers attended (due to geography) even though the waiting times are different. The waiting time differences are recorded in the public domain. Audit recommends showing that Powys patients are being treated the same as the other patients in those health boards and NHS Trusts by showing the overall performance of those organisations. However, this would not offer assurance as a small number of Powys patients attend some of the specialities provided in a provider. The Powys	Mar-21	Mar-22	Overdue	3	Partially complete				COVID-19 delays		Jul-22	16	4	Jul-22	Sep-20	
192022	Outpatients Planned Activity	Reasonable	Director of Planning and Performance	Assistant Director Performance and Commissioning	R4	Continue to work with the commissioned health boards and trusts in Wales and England to enhance the reporting of commissioning services data to include Powys outpatient follow-up appointments waiting times and to discuss exceptions with them.	Implementation will inevitably be dependant upon the health board's position in relation to COVID-19. An indicative implementation date of 31 March 2021 has therefore been included.	Mar-21	Jan-22	Overdue	3	Partially complete			As reported to EQS and P&R committees the CAF has been partially reinstated. Work is underway to ensure information about follow-up. Further information is now being reported by acute hospital sites for follow up performance including those overdue. Information will be included in the next D&P Committee Report		Follow-up is discussed in CQPRMs.	Jan-22	16	6	Jul-22	Sep-20	
192026	Risk Management and Board Assurance	Limited	Board Secretary	Board Secretary / Head of Risk & Assurance	R5	a. The Board should explore ways to strengthen the Board Assurance Framework as a live and robust assurance tool for its corporate objectives by: • relevant Committees and groups regularly review controls and assurances to assess their effectiveness and identify any gaps; and,	Agreed	Mar-21	Mar-22	Overdue	2	Partially complete		Mar-23	High level work has been initiated to outline the framework and principles.	COVID-19	Agendas for all meetings continue to be scrutinised in order to ensure that the Board is receiving appropriate assurance.		May-22	12	4	Jul-22	Sep-20
192027	Welsh Language Standards Implementation	Limited	Director of Therapies and Health Sciences	Welsh Language Service Improvement Manager	R3	The health board should continue raising awareness of the Standards, including through: • the roll out of awareness sessions, keeping records of attendance; • increasing the frequency and content of internal	The health board will continue to offer Welsh Language Awareness sessions to staff across all directorates and will record attendance going forward. The health board will explore options for adding this training to ESR in order to record staff training. Opportunities to deliver this training session virtually will be explored in order to reach as many staff as possible across the health board. In addition, the health board will look to increase opportunities to raise awareness of the Standards to all staff	Mar-21	Mar-22	Overdue	3	Partially complete			Work is ongoing. Covid-19 has disrupted implementation, particularly around staff training and developing a communication strategy. Virtual WL Awareness Sessions continue to be offered to staff which has been added to ESR in order to record staff training. A detailed WL Standards guidance document has been developed and promoted to all staff. WL	Lack of resources to fully implement the WL Standards. Additional funding requirements for translation costs.	Regular monitoring and reporting via the Executive Lead for WL. Additional resources requirement assessment	implementation will be ongoing	16	4	Jul-22	Sep-20	

202108	Partnership Governance – Programmes Interface	Limited	Board Secretary		R1	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 24	The Board has previously recognised the need for a Partnership Governance Framework. Development was delayed due to COVID-19. This will be taken forward in 2021/22 as part of the Annual Governance Programme.	Sep-21	Mar-22	Overdue	Partially complete			Overview of partnership governance arrangements presented to board at Strategic Planning Session as an interim position.	Lack of organisational capacity and within the corporate governance team	The Board's main partnership arrangements are reported to each Board meeting	By March 2023		10	4	Jul-22	
202108	Partnership Governance – Programmes Interface	Limited	Board Secretary		R5	Arrangements for reporting assurance to the Health Board on the effectiveness of the Live Well: Mental Health partnership need to be determined.	Reporting arrangements will be reviewed and clarified through the Partnership Governance Framework development and ongoing implementation. This reporting mechanism will also need to reflect existing reporting arrangements to Welsh Government and the RPB in order to reduce duplication.	Sep-21	Mar-22	Overdue	Partially complete			Overview of partnership governance arrangements presented to board at Strategic Planning Session as an interim position.	Lack of organisational capacity and within the corporate governance team	The Board's main partnership arrangements are reported to each Board meeting	By March 2023		10	4	Jul-22	
202111	Progress against Regional Plans (South Powys Pathways Programme, Phase 1)	Reasonable	Director of Planning and Performance	Assistant Director, Transformation	R1	We concur with management and recommend that early clinical involvement in the second phase of the SPP programme is given a high priority to ensure that all clinical constraints and opportunities are taken into consideration in the development of the strategic changes to Maternity services.	As confirmed by Internal Audit the South Powys Programme Board had already identified this issue through its "Lessons Learned" process for Phase 1. As stated there was clinical membership of the Programme Board and workstreams – although the context was particularly challenging due to COVID 19. Thus, this recommendation is accepted. Clinical membership has been built into the Programme Board and Programme Workstream for Phase 2. However, frontline engagement via midwives is also built into the implementation plan. In addition, the readiness assessment will also cover frontline engagement.	Nov-21		Overdue	Partially complete			Meetings continue to include clinical representation from a frontline, management and Director level across organisations. The focus of Phase 2 has been Maternity and Neonatal with a clinically led workstream established. This approach has been embedded in the programme and will continue. The readiness assessment continues to be updated during the workstream meetings. As reported to the Board on 24th November 2021 it is not yet possible to recommend to the Board the timing of the strategic pathway change as further		Workstream in place involving clinicians from ABUHB, CTMUHB and PTHB chaired by the DONM, monitoring existing pathways and assurance.	This cannot be implemented until the Board has agreed the timing of the strategic pathway change. It is not possible to set a revised deadline until the timing of the	8	8	Jul-22		
202111	Progress against Regional Plans (South Powys Pathways Programme, Phase 1)	Reasonable	Director of Planning and Performance	Assistant Director, Transformation	R2	We concur with management and recommend the development of a documented framework that the health board can use in future collaborative change programmes to assist in the management of the programme and to ensure the use of a consistent and controlled approach.	This recommendation is accepted and a collaborative change programme framework will be developed and considered through the PTHB Executive Group for Strategic Planning and Commissioning.	Sep-21	Mar-22	Overdue	Partially complete			Standard PIDs have been agreed for the 9 Renewal Programmes including key stages in collaborative change such as identification of stakeholders, engagement and communication, consultation and formal written notice. This will be summarised in a Change Programme Framework and submitted to the RSPB (Executive Committee)	Delayed due to prioritisation of Renewal Portfolio due to pandemic	Individual programme PIDs have set out the stages required.	01/03/2022, however there will be implications for other health boards. This is timetable to coincide with the change	10	4	Jul-22		
202115	Winter pressures and flow management	Reasonable	Director of Planning and Performance	Senior Manager Unscheduled Care	R2	2.1 The health board should ensure the update to discharge policies and procedures is undertaken promptly upon confirmation from Welsh Government. 2.2 The health board should engage relevant staff in the update to ensure the documents are easily understandable (using flow charts and diagrams where appropriate). 3.1 As part of formalising the PCFU business cycles (see MA1), the health board should consider the key performance metrics for patient flow performance (including delayed transfers of care) to be used for reporting at each level within the health board and how frequently these should be reported.	2.1 Agree – cannot action until further consultation. Recent engagement with DU has suggested DTOC will return by end of year. If this is the case policies and procedures will need recommencing & revision if required. 2.2 Flow charts & diagrams of discharge requirements circulated to staff, placed in shared access folders and discussed in team meeting. Will be a standard agenda for assurance of understanding & interpretation by staff. 2.3 The update of any policies will be in line with Welsh Government direction on DTOC and discharge planning, so we are working within national guidelines.	Mar-22		Overdue	Partially complete			Still awaiting direction from WG, which is expected November 2021. Ongoing work with the delivery unit in regards to newly revised DTOC system which is anticipated for release by November. Will implement guidelines & establish pathways as required. Policies will be updated when guidelines released to be in line with national requirements.			01/09/2022	Yes via meeting minutes & action logs	4	4	Jul-22	
202115	Winter pressures and flow management	Reasonable	Director of Planning and Performance	Senior Manager Unscheduled Care	R3	3.1 As part of formalising the PCFU business cycles (see MA1), the health board should consider the key performance metrics for patient flow performance (including delayed transfers of care) to be used for reporting at each level within the health board and how frequently these should be reported.	3.1 KPI's and pathways are in situ but "paused" whilst DTOC reporting was stepped down. When recommenced a review of pathways will be held to ensure they are in line with any revised guidelines. KPI's for delays & repatriation times will be developed once the technology supports this – incoming with electronic flow system. 3.2 The HB will focus on national guidelines for step down & step up beds as a mechanism to support the identification and development of metrics - currently working with Hywel Dda University Health Board & the NHS	May-22		Overdue	Partially complete			Still awaiting direction from WG, which is expected November 2021. Still awaiting direction from WG, which is expected November 2021. Ongoing work with the delivery unit in regards to newly revised DTOC system which is anticipated for release by November. Will implement guidelines & establish pathways as required. Will ensure KPI's are in line with national requirements when released.			02/09/2022		2	2	Jul-22	
202115	Winter pressures and flow management	Reasonable	Director of Planning and Performance	Senior Manager Unscheduled Care	R5	Given the impact of the Covid-19 pandemic and the ongoing development of patient flow initiatives, the health board should consider undertaking a formal demand and capacity review for staff resource for patient flow.	Seven-day working was stood up during the pandemic where a demand & capacity review was completed for weekend working. As a result, the HB established no demand for seven day working but has a plan to flip if required to seven days. Outside of this flow is managed & workload of CTC's is manageable There is sufficient evidence to support this (i.e. staff within working hours, flow adequate & ability to flex within teams).	Jul-22		Overdue	No progress							0	0	Jul-22		
212203	Medical Equipment and Devices	Reasonable	Director of Therapies and Health Sciences	Medical Device & POCT Manager	R2	Management should consider alternative methods of populating the e-Qiip system in addition to the current process of requesting information from ward or departmental	e-Qiip implementation timeframes have been extended to December 2021, from September 2021. Action has been taken in the form of escalation to ensure services engage in the implementation, which is essential to meet the desired outcome. Challenges in terms of capacity are being met but additional resource options are being	Dec-21		Overdue	Partially complete			Implementation continues. Data from Avenys reports is also being utilised and from September this will become more automated in the form of imports from Avenys data being imported directly into e-Qiip. This will impact in terms of	Resource within Medical Devices Team.		It is intended that from October 2022, it will be appropriate to	7	7	Jul-22		
212203	Medical Equipment and Devices	Reasonable	Director of Therapies and Health Sciences	Governance Leads	R3	All staff should be reminded of the requirement to ensure indemnity forms signed by the patient are completed for all items loaned to patients.	All patients will be asked to complete indemnity forms when receiving equipment from the health board. Continuous assurance will be obtained through service governance leads in the form of self-audits. Governance leads will provide assurance to the Medical Devices Group through "At a Glance Reports."	Nov-21	Feb-22	Overdue	Partially complete			Some audits have been undertaken. To be revisited with Governance Leads (gap in CSG governance lead support due to vacancy). Meeting in place with DOTH/ADOTH and Heads of Service to emphasise that these have to be	Limited resources to undertake audits to gain assurance that all	Regular monitoring and reporting into Medical Devices Group.	Review of compliance to be undertaken in conjunction with	8	5	Jul-22		
212203	Medical Equipment and Devices	Reasonable	Director of Therapies and Health Sciences	Ward Manager – Graham Davies Ward / Governance Lead /	R4	1. Management at the Llanelloes Hospital should be asked to review their storage areas within the Graham Davies Ward at Llanelloes Hospital with a view to providing a single, secure	1. Storage will be reviewed at Graham Davies Ward and all options explored. Feedback back on this review will be provided through Medical Device Group "At A Glance Report." 2. A Storage Audit Tool has been in use and was developed with input from Internal Audit following the previous	Mar-22		Overdue	Partially complete			CSM has requested urgent engagement with Estates to address this. Update awaited.	Delay due to CSM absence.	Risk is being managed locally by CSM and Ward Manager.	Update awaited from Estates.	4	4	Jul-22		
212203	Medical Equipment and Devices	Reasonable	Director of Therapies and Health Sciences	Head of Clinical Education / Medical Device & POCT	R5	1. The Local Responsible Officers at each ward / department should ensure that all training received by staff in respect of medical devices and equipment is recorded in ESR.	1. Management is committed to making improvements in the recording of medical device and POCT training, for both new devices and refresher. A small group has been set up to progress medical devices and POCT training which includes robust record keeping via ESR. An initial meeting of the group is scheduled for 8th November, this	Mar-22		Overdue	Partially complete			Training matrix has been developed and will be shared with Governance Leads and MD&POCT Group members.	Resource within Medical Devices Team.	Implementation of new devices on a health board basis incorporate	Assurance on devices already in use will take some time to obtain	4	4	Jul-22		
212203	Medical Equipment and Devices	Reasonable	Director of Therapies and Health Sciences	Medical Device & POCT Manager	R6	The Health Board should introduce suitable monitoring arrangements for all contracts associated with the provision and maintenance of medical devices and equipment. This	Management will ensure contract meetings are resuracted and KPI's developed and monitored as per contractual arrangements, although capacity does limit this area. The renewal of the main maintenance contract (due 1st April 2022) provides an opportunity to significantly strengthen this area.	Apr-22		Overdue	No progress			Contract monitoring meetings continue with some providers.	Resource prevents progress in this area.	Contract monitoring meetings held for some providers.	Without any additional support it is difficult to understand how the	3	3	Jul-22		
212204	Midwifery – Safeguarding Supervision	Substantial	Director of Nursing & Midwifery	Head of Midwifery and Sexual Health / Named Midwife for Safeguarding	R1	1. Management should ensure that staff are reminded of their responsibility to attend a Safeguarding Supervision Session every three months. 2. Management should also ensure that the Work Plan drawn	1a. Head of Midwifery to highlight to all Midwives at all Powys Midwifery meeting on their responsibility to attend Safeguarding Supervision every three months 1b. Head of Midwifery will be reviewing compliance through weekly Bronze meetings with Band 7 Midwives 1c. Requirements to attend Safeguarding supervision and available dates for Q3 are highlighted through the	Dec-21		Overdue	Partially complete			Ongoing highlighting to midwives at a range of forums re compliance with safeguarding supervision. Lead midwife for safeguarding to commence in post 29/08; workplan to include support for supervision	Issues regarding release of staff due to staff shortages/clinical demand	request that team leads allocate protected time for staff to attend which is rostered, preventing clinical work to be	Expected improvement in compliance by end of Q3; Monitored via Safeguarding Strategic Group and added re	7	7	Jul-22		
212206	Theatres Utilisation	Reasonable	Director of Planning and Performance	Medical Director	R1	Further work should be undertaken to take forward the consideration regarding appointment of a part time Clinical Director for Endoscopy and Theatres to improve the oversight and discussion of clinical issues. Further work should be undertaken to take forward the consideration regarding	To explore opportunities for a Clinical Director role for Planned Care (including Endoscopy and Theatres)	Mar-22		Overdue	Partially complete			Options being considered and job description drafted			30/09/2022		4	4	Jul-22	Jan-22
212206	Theatres Utilisation	Reasonable	Director of Planning and Performance	Assistant Director of Community Services Group	R2	Progress on delivering the Theatres and Endoscopy Recovery Plan should be appropriately controlled and monitored to ensure that the 2021/22 Renewal Priorities are achieved.	Further work should be undertaken to take forward the consideration regarding repatriation and staffing of Theatre and Endoscopy services by the Health Board.	Mar-22		Overdue	Partially complete			currently being scoped. Will need additional finance to resolve or diversion of funds allocated to Health Boards' back to afford delivery	Currently waiting for NHS Wales DU to assemble patient lists to enable selection from other HB waiting lists		30/09/2022		4	4	Jul-22	Jan-22
212206	Theatres Utilisation	Reasonable	Director of Planning and Performance	Assistant Director Community services	R3	The Service Level Agreements for the in-reach staff should be reviewed and updated as soon as possible. The assumptions and calculations within management information should be reviewed and updated as soon as possible. Agreed Management Action 3	To review service level agreement with in reach providers, this is challenging due to current seasonal pressures focus and all providers re-aligning/transforming services and implanting recovery plans. Management reports will be aligned with updated SLAs as part of 2022/23 service planning.	Mar-22		Overdue	Partially complete			All SLAs to be by the end of Sept as part of managing the overall financial position of the HB			30/09/2022		4	4	Jul-22	Jan-22
212206	Theatres Utilisation	Reasonable	Director of Planning and Performance	Planned Care Manager	R5	The Health Board should develop a protocol which describes the administrative processes which are in place regarding theatre utilisation.	Terms of Reference for Theatre Planning Meeting will be formalised and admin processes for list planning added to the SOP.	Jan-22		Overdue	Partially complete			Terms of Reference are now in place. Utilisation picked up as part of GIRFT review. Operational theatre report to be revamped in line with GIRFT expectations			Sep-22		6	6	Jul-22	Jan-22
212207	Dementia Services- Home Treatment Teams	Reasonable	Director Primary, Community Care and Mental Health	Operations Manager, Mental Health Services	R2	The draft policy should be updated to ensure it captures the operating environment of both teams and is approved by an appropriate forum/committee. Consideration should be given to producing standard operating procedures within both teams that should clarify the process for the operational	The draft policy will be finalised by April 2022, and until additional funds are available to operate the South Team on a 7 – day basis we will require two flow charts demonstration patient flow and the method of referral. The SOP requires finalisation and until full expansion of the service will require two sections, relating to North and South Powys. This will include an update on WCCIS forms to be utilised, however, it should be noted that this work is conducted on an all-Wales basis and all agencies using WCCIS are required to agree to the same forms and processes.	Apr-22		Overdue	Partially complete			Strong progress has been made on the SOP, and updating WCCIS forms is underway. However, these need to be agreed at a national level before they are implemented.	Authorisation of new forms at a national level.	Paper forms are currently in use.	TBC - as working to national WCCIS team deadlines.	3	3	Jul-22	Jan-22	
212207	Dementia Services- Home Treatment Teams	Reasonable	Director Primary, Community Care and Mental Health	Business Manager, Mental Health	R4	Management must ensure that the Performance measures are subject to appropriate independent review prior to submission. Good practice in data collection should be shared between the teams.	This process will be reviewed to ensure that Performance Measures are independently and rigorously tested prior to submission. The MHLB business manager will facilitate the sharing of good practice within data collection, including a common method to capturing and processing information.	Mar-22		Overdue	Partially complete			Significant work has been completed in relation to this action, in terms of data cleansing. From April 23, New National MH outcomes measurements will be implemented across Wales, and the MH team are working towards this implementation.	Developments are required to WCCIS on a national level to capture this data.		Mar-23		3	3	Jul-22	Jan-22
212208	Waste Management	Reasonable	Director of Environment	Service Improvement Manager	R1	The Waste Process document review should be concluded as scheduled, with consideration given to the Policy guidance set out in WITM 07-01, and with enhanced detail regarding governance structure and training arrangements. The THB should ensure the Waste Process document, following review and update, is approved at the relevant	Agreed. The core document is already in place and is currently out for consultation with Waste Group members. Agreed. The updated document will be signed off as a Policy at Executive Committee.	May-22	Oct-22	Overdue	Partially complete			Some further changes to the document are required. The document will then go through the process that will close with consideration by the Board.	Obtaining an agenda slot at the relevant workforce Policy Review Group followed by an Executive Team meeting prior to consideration of	An extant PTHB waste policy exists that can be used as a reference. WITM 07-01 is followed as best practice guidance	Nov-22		2	2	Jul-22	Apr-22
212208	Waste Management	Reasonable	Director of Environment	Service Improvement Manager	R3	A training needs assessment should be prepared, identifying for each relevant staff group the level and frequency of training required and how this is to be delivered. Management should consider the option of developing an online training module, in conjunction with relevant parties.	Agreed. We will liaise with Workforce & Organisational Development to obtain advice on how best to take this forward, noting some training is also delivered by other departments and sits within their training records. A PTHB wide training needs analysis is a significant project which will take several months to complete. Agreed. We will liaise with other NHS Wales parties, and Stericycle to discuss how best this can be taken forward.	Jun-22		Overdue	Partially complete			A meeting has been held with workforce & Environment & Sustainability colleagues to scope out the required changes to the BCUHB online training package colleagues.	Director of Environment has advised to focus on securing a formal general waste and recycling contract and to then seek advice and	Clinical waste training is available via our Contractor Stericycle. General waste & recycling info and posters etc are currently	Oct-22		1	0	Jul-22	Apr-22
212209	Job Matching and Evaluation Process	Reasonable	Director of Workforce and Organisational Development	Senior Workforce Business Partner - Resourcing, Executive Director Workforce and OD and Deputy Director of	R2	Management should consider undertaking an evaluation that would determine the numbers and type of staff (management and staff side) required to deliver an effective job matching service. Representatives for all directorates need to be trained in job	A further evaluation of the number of required job matchers will be undertaken by the Job Evaluation team. A formal request to the Executive Team to release staff from each Directorate to participate in job matching training will be undertaken, to ensure that panels consist of a cross section of staff from across Directorates and where	Jun-22		Overdue	No progress			JUNE 2022: An evaluation of the level of activity and required number of trained job matchers has been undertaken and shared with the Deputy Director of Workforce & OD and is awaiting formal agreement of the recommendations put forward. This includes identification of additional resource needed from directorates to support job matching activity as well as recommendations in	The Workforce & OD team have identified the required resource based on an evaluation, however, this requires the support and release	Current capacity is being provided via the current IE matchers, of which over half are from within the WOD directorate.	end of Qtr 2 / beginning of Q3	1	1	Jul-22	Apr-22	
212209	Job Matching and Evaluation Process	Reasonable	Director of Workforce and Organisational Development	Senior Workforce Business Partner - Resourcing	R3	Membership of the job matching panels should be representative of the Health Board and be as independent as possible. Staff should be reminded of the importance in sending the	Membership of the job matching panels should be representative of the health board's Directorates. Wherever possible, panels will have representatives from outside the Directorate for the role being evaluated, other than on rare occasions where this is not possible and would cause an unreasonable delay providing an outcome. Oversight and monitoring will be reviewed to ensure that outcomes are provided within reasonable and agreed timeframes	Jun-22		Overdue	No progress			For JUNE 2022 the evaluation undertaken as part of recommendation 2 included a recommendations to source resource from directorates across the organisation and therefore, subject to approval of the recommendations and subsequent actions as agreed this action will be complete.		This is being undertaken	end of Qtr 2 / beginning of Q3	1	1	Jul-22	Apr-22	
212214	Occupational Health Services	Limited	Director of Workforce and Organisational Development	Assistant Director of OD	R1	Management need to ensure that both the Occupational Health Policy and Needlestick & Body Fluid Contamination Injuries Policy are updated and approved in a timely manner.	The Policy for Needlestick and Body Fluid Contamination will be reviewed and presented for Executive approval. The Occupational Health Policy will be reviewed and presented for Executive approval in Quarter 2 2022	Jun-22		Overdue	Partially complete			Policy for Needle stick and BF reviewed and approved at execs on 13th July. Generic OH policy currently being reviewed	Capacity within the OH team has meant this has only partly been achieved		Generic OH policy review	Exec meeting	1		Jul-22	Aug-22
212218	Recommendation Tracking Process & Follow Up Review	Substantial	Board Secretary	Head of Corporate Governance Manager	R1	Going forward, management should work with the Committee members to consider ways in which the level of scrutiny and challenge, particularly around overdue recommendations, can be increased. This could include requiring the relevant Executive leads to attend the Committee to provide further assurance around	The Board Secretary will work with Committee members to encourage and increase the level of scrutiny and challenge in relation to audit recommendations, particularly those overdue. A review of long-standing overdue recommendations is being undertaken and where considered appropriate Executive Leads will be invited to the relevant Committee to provide further assurance around progress and plans in place. As an example, an update on Records Management is to be reported to the next meeting of the Delivery of Performance Committee.	Jul-22		Overdue	No progress							0		Jul-22	Aug-22	

212218	Recommendation Tracking Process & Follow Up Review	Substantial	Board Secretary	Head of Corporate Governance Manager	R2	Noting that the identified instance has been corrected, management should ensure that sufficient checks are undertaken on the Report and appendices so that all future recommendations are accurately recorded.	Checks are undertaken as part of the reporting cycle, but we note this oversight and will ensure that sufficient checks are undertaken to avoid future instances.	Ongoing		Overdue		No progress							#VALUE!		Jul-22	Aug-22	
192023	Estates Assurance Follow Up	Reasonable	Director of Environment	Asbestos Manager	AM2	A detailed review of the Asbestos Management Plan should be completed.		Jan-21	Mar-22	Overdue	3	Partially complete		31/10/2022	Policy now updated and approved with Asbestos Management Plan to be agreed in August Asbestos Management Group	COVID-19 delays	Operational management remains robust. Rationalisation and clarity of documentation will reduce paperwork and introduce site specific	Aug-22		18	4	Jul-22	Sep-20

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PTHB Ref. No.	Report Title	Assurance Rating	Director	Responsible Officer	Ref / Priority	Recommendation	Management Response	Agreed Deadline	Revised Deadline	Due	COVID-19 Priority Level	Status	If closed and not complete, please provide	Proposed Revised Deadline	Progress of work underway	Progress being made to implement recommendation				If action is complete, can evidence be provided upon	No. of months past agreed deadline	No. of months past Revised deadline	Reporting Date	Date Added to Tracker
																Barriers to implementation including any interdependencies	How is the risk identified being mitigated pending implementation?	When will implementation be achieved?						
202109	IM&T Control and Risk Assessment	Not Rated	Director of Finance, Information and IT	Assistant Director Digital Transformation & Informatics	R2	Consideration should be given to providing reports identifying risks that are not scored to escalation level due to low likelihood, however contain a severe worst case scenario. In doing so, this shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are	The Directorate maintains a local risk register (that captures lower level risks as referenced) and this is held within the department and reported up via the risk process for the Health Board. The current register will be reviewed and consideration given to how worst case scenario identification and potential impact can be included as needed.	Oct-21		Complete		Complete									9	9	Jul-22	
202109	IM&T Control and Risk Assessment	Not Rated	Director of Finance, Information and IT	Assistant Director Digital Transformation & Informatics	R3	The organisation should consider assigning the responsibility of CCIO.	There is a Clinical Informatics Lead Nurse who is part of the Informatics team. The potential for a CCIO role will be reviewed and an options paper prepared for the Executive Committee to consider how best to establish within current establishments.	Oct-21		Complete		Complete									9	9	Jul-22	
202109	IM&T Control and Risk Assessment	Not Rated	Director of Finance, Information and IT	Assistant Director Digital Transformation & Informatics	R10	A suite of cyber security KPIs should be developed in order to show the status of cyber security and the progress of the team in managing issues.	Appropriate KPI's are included as part of the work to review the current S33 and is ongoing to ensure that appropriate.	Dec-21		Complete		Complete			KPI's for Cyber are in progress and some are reporting daily and weekly. There is still work to do with S33 ICT performance KPIs and	Awaiting Recruitment of ITService Delivery Manager	Automated reports already in place and reviewed by Cyber Security compliance manager	Request extension to Sept 22 to ensure the KPI are part of S33 monthly reporting as well as local PTHB reporting		5	5	Jul-22		
212201	Access to Systems	Reasonable	Director of Finance, Information and IT	Digital Project Manager	R2	Staff should be reminded to provide accurate information for staff who move roles. Consideration should be given to replacing the paper forms with electronic and removing the free text option to ensure that moves are properly reported.	We are working on using Power Automate and E-Forms. There is a change to be made within DHCW which has been logged for the use of power automate, once the change is made we will look to introduce a process which provides more specific information in more appropriate timeframe.	Mar-22		Complete		Complete			There is a starters/leavers/.mover s process and associate policy being developed. There is work to do to ensure Devices are returned, this was			Request this be closed as this is progressed and in place but being progressed nationally to implement national policy across NHS Wales	4	4	Jul-22			
212205	COVID Recovery and Rehabilitation Service	Substantial	Director of Therapies and Health Sciences	Head of Pain & Fatigue Management	R1	1.1 Management need to ensure that the budgets are reviewed and the £100k is appropriately utilised in support of long covid services.	1.1 The Long-Term Conditions Indicative Financial Plan will continue to be reviewed as part of the weekly meeting held between the service and the DOTH. This information will be shared with the Finance Business Partner to monitor spend against the budget.	Ongoing		Complete		Complete			The Powys Living Well Service budget is reviewed monthly with colleagues from the Health Boards Finance	The only barriers to implementation are the issues with regards to short term revenue funding being spent	These issues were raised with Welsh Government as part of the application for funding for 22/23. A	The issue noted as part of the original audit has been rectified and all relevant actions are now in place	#VALUE!	#VALUE!	Jul-22	Jan-22		
212207	Dementia Services-Home Treatment Teams	Reasonable	Director Primary, Community Care and Mental Health	Business Manager, Mental Health Services	R6	Consideration should be given to providing the Mental Health SMT information on the performance of the Dementia Home treatment team.	DHTT performance will be included in the SMT performance reporting on at least a quarterly basis.	Apr-22		Complete		Complete								3	3	Jul-22	Jan-22	
212208	Waste Management	Reasonable	Director of Environment	Assistant Director Support Services	R4	The THB should ensure compliance with SO/SFI and National Procurement Regulations at the award of all future waste management contracts i.e. participation in National Framework arrangements and the application of formal tender	NWSSP Procurement Services confirmed on 17/1/22 that Powys County Council is precluded from joining the ESPO framework process which is currently the chosen All Wales procurement route. As this decision excludes our long-term partner from the tendering process Support Services are providing an options appraisal paper to enable the	Aug-22	N/A	Complete		Complete			Contract for a 5 + 3 contract for general waste and recycling has now been awarded to the incumbent provider	No issues forseen with o	Single Tender Waiver is in place until 1st September covering the existing provider PCC	Sep-22	#NUM!	0	Jul-22	Apr-22		
212211	Machynlleth Hospital Reconfiguration Project	Reasonable	Director of Environment	Project Director, in liaison with Corporate Governance	R3	Future Assurance. Management should ensure that contracts are: • Dated where space is provided within the template; • In place prior to works / duties commencing; and	agreed	Ongoing		Complete		Closed			future assurance item	availability of senior signatories	future assurance item	Aug-22	#VALUE!	#VALUE!	Jul-22	Jun-22		
212214	Occupational Health Service	Limited	Director of Workforce and Organisational Development	Assistant Director of OD	R2	Management need to ensure that the positions are advertised as soon as possible to enable the service to reach full establishment. Management need to ensure that if the roles are not recruited to that they have considered other arrangements for the	The post of OH Service Improvement Manager has been advertised and appointment to the role is underway.Advertise the post of OH Consultant Nurse/Practitioner.Alternative options for delivery will be reviewed, including development roles, secondment and Agency should we be unsuccessful recruiting to the OH Consultant Nurse/Practitioner	Jul-22		Complete		Complete			OH Service improvement mgr recruited and in post. OH Consulatan nurse post due to give live on				0		Jul-22	Aug-22		
212215	Concerns Tracking and Monitoring Assurance	Substantial	Director of Nursing & Midwifery	Assitant Director of Quality and Safety	R2	Management should ensure that appropriate steps are undertaken to clear the last remaining incident as soon as possible.	This Concern has been closed	Feb-22		Complete		Closed								5		Jul-22	Aug-22	

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PTHB Ref.	Report Title	Assurance	Director	Responsible	Ref /	Recommendation	Management Response	Agreed	Revised	Due	COVID-19	Status	If closed and	Proposed	Progress being made to implement recommendation				If action is	No. of	No. of	Reporting	Date Added to
212206	Theatres Utilisation	Reasonable	Director of Planning and Performance	Assistant Director of Community services	R4	The actions put in place should continue to be monitored to ensure that they mitigate the risk of failing to achieve access targets including Referral to Treatment and National Endoscopy Programme Joint Advisory Group Training Site re-accreditation.	Plans in place monitored via Delivery & Performance Committee and Diagnostics, Ambulatory Care & Planned Care Board Programme, PTHB Integrated Performance Report.	Ongoing		Not yet due		Partially complete			Additional reporting in place and PTHB continues to review compliance against JAG standards					#VALUE!	#VALUE!	Jul-22	Jan-22

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PTHB Ref. No.	Report Title		Director	Responsible Officer	Ref.	Recommendation	Management Response	Agreed Deadline	Revised Deadline	Due	COVID-19 Priority Level	Status	If closed and not complete, please provide justification	Progress being made to implement recommendation				If action is complete, can	No. of months past agreed	No. of months past revised deadline	Reporting Date	Date Added to Tracker	
212252	Structured Assessment 2021		Board Secretary		R1	The Health Board is experiencing a period of significant change within its independent members cohort. Independent members must be appropriately supported to meet their responsibilities through the provision of an adequate induction programme and ongoing development so they can effectively scrutinise the information presented to them. To supplement the national induction programme, the Health Board should develop a local induction training programme as soon as possible to help new independent members ease quickly into their role.	Review and strengthen the induction arrangements for Independent Members to improve early understanding of corporate business. To include: •Background information on establishment of the health board •Good governance and structure of Committees •Board Assurance Framework •Cycle of meetings and Terms of Reference •Roles and responsibilities •Declarations of Interest and Standards of Behaviour •Strategic Plans •Role of Charity Trustees •Means of accessing further information on the Health Board	Mar-22		Overdue	2	Partially complete		Work is nearing completion following consultation with IMs of the material to be made available through induction and an ongoing IM library of important reference materials.		Induction meetings with the Board Secretary, Executive Directors and other senior staff cover the items listed in the management response and independent members have ongoing support available in respect of any areas where training or awareness needs are identified	30-Sep-22		4	4		Jul-22	
212252	Structured Assessment 2022		Board Secretary		R2	The Health Board does not currently have any associate Board members to assist it in carrying out its functions. Previously the Corporate Director (Children and Adults) from Powys County Council was as associate Board member but has not attended. The Health Board should work with Powys County Council to identify a suitable replacement as soon as possible.	Review and strengthen the induction Interim Board Secretary will engage with Powys County Council's Monitoring Officer to identify a replacement Associate Director.	Mar-22		Overdue	2	Partially complete		Broader assessment of the needs of the Board being undertaken in order to identify where associate members will add the most value. Corporate Director (Children and Adults) appointment delayed pending appointment within Powys Council.		Regular liaison is undertaken with the County Council and more formally through JPB and RPB.	31-Dec-22		4	4		Jul-22	

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														Progress of work underway	Barriers to implementation including any interdependencies	How is the risk identified being mitigated pending implementation?	When will implementation be achieved?					
202152	Structured Assessment 2020		Director of Nursing & Midwifery		43	The Health Board has a process for responding to national Patient Safety Alerts and Notices. A review of the system for implementation is underway and will be revised as necessary.	•Improvements to be taken forward in-line with the Clinical Quality Framework Implementation Plan, approved by Experience, Quality & Safety Committee.	Mar-22		Complete		Complete	Corporate Governance Team leading this work currently ensuring that there is a clear process in place for managing alerts. All outstanding alerts have been actioned with the aim of all being closed by the end of June 22. Update August 2022, 2 PSN remain outstanding with closure anticipated by end August 22, there is a robust process in place monitor compliance and track actions.	PSN's are monitored through DU Datix system, robust process in place to manage and ensure compliance.					4	4		Jul-22

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														Progress of work underway	Barriers to implementation including any interdependencies	How is the risk identified being mitigated pending implementation?	When will implementation be achieved?					
212253	Audit of Accounts Report - Charitable Funds and Other Related Charities		Director of Finance, Information and IT		R1	We have recommended to the Charity that a more suitable financial system (ie using an accruals basis) be used in future years to reduce the risk of material misstatements of this nature going forward. The Charity have informed us that they are already in the process of moving to the same financial system as the Health Board, and that the new system will be in place for the preparation of the 2021-22 financial statements.	For the 2021-22 Charity Accounts, the Oracle financials ledger system will be used. This will be further expanded to include ordering and electronic payments to be implemented during the 2022-23 financial year.	Sep-22		Not yet due		Partially complete		Work is progressing as planned	This work is being prioritised for completion.	Governance and control maintained during system implementation	Anticipated end September as planned		#NUM!	#NUM!		Jun-22
																					Jul-22	

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PTHB Ref. No.	Report Title		Director	Responsible Officer	Ref / Priority	Recommendation	Agreed Deadline	Revised Deadline	Due	COVID-19 Priority Level	Status	If closed and not complete, please provide justification	Progress being made to implement recommendation				If action is complete, can evidence be provided upon request?	No. of months past agreed deadline	No. of months past revised deadline	Reporting Date	Date Added to Tracker
													Progress of work underway	Barriers to implementation including any interdependencies	How is the risk identified being mitigated pending implementation?	When will implementation be achieved?					
212281	Overpayments		Director of Finance, Information and IT		R1	The most common reason for overpayments was down to when a manager or supervisor submits a form when a change or termination takes place. There was a very vast time difference across the cases, ranging from a couple of weeks in advance, to 9 weeks after termination. When an online ESR form is completed it is tasked to an “approver” in the chain of command. If that approver doesn’t action it within one week, it automatically escalates to the next in the chain of command and so on. This takes place all the way up to the Chief	Mar-22		Complete		Complete						yes via WOD communications	4	4	Jul-22	
212281	Overpayments		Director of Finance, Information and IT		R2	The debtors procedure policy states that after 3 months the matter should be referred to a debt collection agency to assist with recovery, however in a number of the cases reviewed, it took longer than 3 months for action to be instigated when the debtor had notified PTHB of an error. For existing employees consideration should be given to revision of the policy to recover overpaid amounts automatically over the same time frame as overpayment initially occurred this is in line with the approach taken in other NHS Wales Health Boards and ensures	Mar-22		Complete		Complete						Yes	4	4	Jul-22	
212281	Overpayments		Director of Finance, Information and IT		R3	The Counter Fraud Team should be referred cases where there is potential for fraud or theft to have occurred. Previously issued guidance by the CFS Wales Team outlines that case of overpayment of salary where that overpayment has occurred for 3 months or more should be referred to their financial investigators for consideration without contact to the individual. This should be used a referral point to the Counter Fraud Team to allow that onward referral and protect the integrity of potential cases.	Mar-22		Complete		Complete						Yes	4	4	Jul-22	

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Agenda item: 4.1

Audit, Risk and Assurance Committee		Date of Meeting: 27 September 2022
Subject :	Audit, Risk and Assurance Committee Terms of Reference	
Approved and Presented by:	James Quance, Interim Board Secretary	
Prepared by:	James Quance, Interim Board Secretary	
Other Committees and meetings considered at:		

PURPOSE:

The purpose of this paper is to provide opportunity for the Committee to consider its Terms of Reference in order to ensure that they remain fit for purpose.

RECOMMENDATION(S):

The Committee is asked to relay any suggested amendments via the Chair by 7th October 2022.

Approval/Ratification/Decision¹	Discussion	Information
	✓	

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

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

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

EXECUTIVE SUMMARY:

Under the Standing Orders of the Health Board, Board Committees are required to review their Terms of Reference on an annual basis and these are attached as Appendix 1 for that purpose.

Any suggested changes will need to be brought to the attention of the Interim Board Secretary. If there are no suggested amendments the Committee is able to note that the review has been undertaken.

NEXT STEPS:

The Committee is asked relay any suggested amendments via the Chair by 7th October 2022.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	X			
Disability	X			
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			
Religion/ Belief	X			
Sex	X			
Sexual Orientation	X			
Marriage and civil partnership	X			
Welsh Language	X			
Statement <i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical				
Financial				
Corporate				
Operational				
Reputational				
Statement <i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i>				

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Audit, Risk and Assurance Committee

Terms of Reference & Operating Arrangements

September 2021

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1. INTRODUCTION

- 1.1 Section 2 of Powys Teaching Health Board's (referred to in this document as 'PTHB' or the 'health board') Standing Orders provides that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the THB 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. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.
- 1.2 The Board has established a committee to be known as the **Audit, Risk and Assurance** (referred to throughout this document as 'the Committee'). The Committee has been established in order to enable the scrutiny and review of matters related to audit, financial accounting, assurance and risk management, to a level of depth and detail not possible in Board meetings.
- 1.3 The detailed Terms of Reference and operating arrangements approved by the Board for this Committee are detailed below.

2. PURPOSE

- 2.1 The purpose of the Committee is to support the Board and Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report by:
- independently monitoring, reviewing and reporting to the Board on the processes of governance, risk management and internal control in accordance with the standards of good governance determined for the NHS in Wales;
 - advising the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further;
 - Maintaining an appropriate financial focus demonstrated through robust financial reporting and maintenance of sound systems of internal control; and
 - Working with the other committees of the Board to provide assurance that governance and risk managements

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arrangements are adequate and part of an embedded Board Assurance Framework that is 'fit for purpose'.

3. DELEGATED POWERS AND AUTHORITY

3.1 The Audit, Risk and Assurance Committee will advise the Board and Accountable Officer on:

- the design, operation and effectiveness of strategic processes for risk management, internal control and corporate governance across the whole of the organisations activities;
- the Annual Accountability Report, which includes the Annual Governance Statement;
- the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors;
- the planned activity and results of internal and external audit;
- adequacy of management response to issues identified by audit activity, including external audit's management letter;
- assurances relating to the management of risk and corporate governance requirements for the organisation;
- systems for financial reporting to the Board (including those of budgetary control);
- proposals for tendering for the purchase of audit and non-audit services from contractors who provide audit services; and
- anti-fraud policies, whistle-blowing processes, and arrangements for special investigations.

The Audit, Risk and Assurance Committee will also periodically review its own effectiveness and report the results of that review to the Board.

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3.2 The Committee's workplan will include:

- a report summarising any significant changes to the organisation's strategic risks and a copy of the strategic/corporate Risk Register;
- a progress report from the Head of Internal Audit summarising:
 - ✓ work performed (and a comparison with work planned);
 - ✓ key issues emerging from the work of internal audit;
 - ✓ management response to audit recommendations;
 - ✓ changes to the agreed internal audit plan; and
 - ✓ any resourcing issues affecting the delivery of the objectives of internal audit;
- a progress report (written/verbal) from the External Audit representative summarising work done and emerging findings (this may include, where relevant to the organisation, aspects of the wider work carried out by the Wales Audit Office, for example, Value for Money reports and good practice findings);
- management assurance reports;
- reports (where appropriate) on action taken within the Board's Scheme of Delegation as regards:
 - use of single tender waivers;
 - extensions of contracts;
 - writing off of losses; or
 - the making of special payments;
- A report summarising progress in the implementation of audit recommendations, together with a copy of the Audit Recommendations Tracker;

and when appropriate the Committee will be provided with:

- proposals for the terms of reference of internal audit / the internal audit charter;
- the internal audit strategy;
- the Head of Internal Audit's Annual Opinion and Report;
- quality assurance reports on the internal audit function;

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- the draft accounts of the organisation;
- the draft Annual Accountability Report which includes the Annual Governance Statement;
- a report on any changes to accounting policies;
- external Audit's management letter;
- a report on any proposals to tender for audit functions;
- a report on co-operation between internal and external audit;
- the organisation's Risk Management strategy;
- periodic reporting on Post Payment Verification Audits, and arrangements for managing declarations of interest and gifts and hospitality; and
- annual review of the Board's Standing Orders and Standing Financial Instructions, monitoring compliance and reporting any proposed changes to the Board for consideration and approval.

3.3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

3.4 The Committee's programme of work will also be designed to provide assurance that:

- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;
- there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in

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Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;

- there is an effective clinical audit and quality improvement function that meets the standards set for the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Experience, Quality & Safety Committee;
- there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's committees;
- the work carried out by key sources of external assurance, in particular, but not limited to the health board's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity;
- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply; and
- the results of audit and assurance work specific to the health boards, and the implications of the findings of wider audit and assurance activity relevant to the HB's operations, are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations governance arrangements.

Authority

3.5 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the health board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and

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- any other committee, subcommittee or group set up by the Board to assist it in the delivery of its functions.
- 3.6 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Access

- 3.7 The Head of Internal Audit and the Engagement Partner/Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the Audit Committee.
- 3.8 The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.
- 3.9 The Chair of Audit Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

- 3.10 The Committee may, subject to the approval of the LHB Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

4. MEMBERSHIP

Members

- 4.1 Membership will comprise a minimum of four (4) members, comprising:

Chair	Independent Member of the Board
Vice Chair	Independent Member of the Board
Members	Independent Member of the Board x 3

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

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Attendees

4.2 In attendance: The following members of the Executive Team will be regular attendees:

- The Accountable Officer
- Director of Finance and IT
- Board Secretary

Other attendees will be:

- Head of Internal Audit
- Local Counter Fraud Specialist
- Representative of the Auditor General/External Audit

4.3 By invitation: The Committee Chair may extend invitations to attend committee meetings to the following:

- other Executive Directors; and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The secretariat for the Committee will be provided by the Office of the Board Secretary.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of PTHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of PTHB.

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Support to Committee Members

- 4.8 The Board Secretary, on behalf of the Committee Chair, shall:
- 4.9 The Board Secretary, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least three members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members notify the Committee Chair or Committee Secretariat that they are unable to attend a meeting, and there is a danger that the Committee will not be quorate, the Chair can invite another independent member to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings. However, meetings shall be held no less than quarterly and in line with the health board's annual plan of Board Business. However, additional meetings will be called, in agreement with the Chair of the Committee, if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.4 Section 3.1 of PTHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings

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- and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
- through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.5 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for the audit and assurance. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

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6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business;
- sharing of appropriate information; and
- appropriate escalation of concerns.

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

6.3 The Committee shall embed the health board's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of PTHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the health board.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g. Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g. where the committee's assurance role relates to a joint or shared responsibility.

7.3 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.

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- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

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APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in PTHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum
 - Issue of Committee papers
- 8.2 The Board and Board Committee Handbook provides detailed guidance on the conduct of the Committees business.

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AUDIT, RISK & ASSURANCE COMMITTEE PROGRAMME OF BUSINESS 2022-23

The purpose of the Audit, Risk and Assurance Committee is to support the Board and Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.

This Annual Programme of Business has been developed with due regard to guidance set out in HM Treasury's Audit and Risk Assurance Committee Handbook (March 2016), to enable the Audit, Risk and Assurance Committee to: -

- fulfil its Terms of Reference as agreed by the Board;
- seek assurance and provide scrutiny on behalf of the Board, in relation to the delivery of the key elements of the health boards internal and external audit, counter fraud and PPV arrangements (second and third lines of defence);
- seek assurance that governance, risk and assurance arrangements are in place and working well;
- seek assurance in relation to the preparation and audit of the Annual Accounts;
- ensure compliance with key statutory, national and best practice audit and assurance requirements and reporting arrangements.

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MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-2023						
		26 April	06 June	18 July	27 Sept	15 Nov	31 Jan	21 March
Governance & Assurance:								
Approach to 2022-23 Annual Accounts	DF&IT							✓
Annual Accountability Report 2021-22	BS	✓	✓					
Annual Accounts 2021-22, including Letter of Representation	DF&IT	✓	✓					
Annual Governance Programme Reporting	BS	✓		✓		✓		✓
Application of Single Tender Waiver	DF&IT	✓	✓	✓	✓	✓	✓	✓
Audit Recommendation Tracking	BS	✓		✓	✓	✓	✓	✓
Losses and Special Payments Annual Report 2021-22	DF&IT		✓					
Losses and Special Payments Update report	DF&IT			✓			✓	
Policies Delegated from the Board for Review and Approval	BS/ DF&IT	As and when identified						
Register of Interests	BS			✓				
Review of Standing Orders	BS	✓						
Internal & Capital Audit:								
Head of Internal Audit Opinion 2021-22	HoIA	✓						
Internal Audit Progress Report 2022-23	HoIA	✓	✓	✓	✓	✓	✓	✓
Internal Audit Review Reports	HoIA	In line with Internal Audit Plan 2022-23						
Internal Audit Plan 2023-24	HoIA							✓
External Audit:								
External Audit Annual Report 2022	EA						✓	
External Audit of Financial Statements 2021-22	EA		✓					
External Audit Plan 2022	EA							✓
External Audit Progress Report 2022-23	EA	✓	✓	✓	✓	✓	✓	✓
External Audit Review Reports	EA	In line with External Audit Plan 2022-23						

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-2023						
		26 April	06 June	18 July	27 Sept	15 Nov	31 Jan	21 March
External Audit Structured Assessment	EA					✓		
Anti-Fraud Culture:								
Bribery Policy	HoLCF			✓				
Counter Fraud Annual Report 2021-22	HoLCF	✓						
Counter Fraud Update	HoLCF			✓			✓	
Counter Fraud Workplan 2023-24	HoLCF							✓
Post Payment Verification Annual Report 2021-22	PPVO		✓					
Post Payment Verification Workplan 2023-24	PPVO							✓
Committee Requirements as set out in Standing Orders								
Annual Review of Committee Terms of Reference 2021-22	BS				✓			
Development of Committee Annual Programme of Business	BS	✓						
Review of Committee Programme of Business	BS		✓	✓	✓	✓	✓	✓
Annual Self-assessment of Committee effectiveness 2022-23	BS						✓	
Committee Annual Report 2022-23	BS							✓
Audit, Risk and Assurance Committee Members to meet Independently with:								
External Audit Team						✓		
Internal Audit Team					✓			✓
Local Counter Fraud Team				✓			✓	

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-2023						
		26 April	06 June	18 July	27 Sept	15 Nov	31 Jan	21 March
Post Payment Verification Team			✓					

KEY:

BS: Board Secretary
DF&IT: Director of Finance and IT
HoIA: Head of Internal Audit
HoLCF: Head of Local Counter Fraud
EAO: External Audit Officer
PPVO: Post Payment Verification Officer

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