

Audit, Risk & Assurance Committee

Tue 09 March 2021, 10:00 - 11:30

Teams Meeting

Agenda

10:00 - 10:00 1. PRELIMINARY MATTERS

0 min

 ARA_Agenda_09March21.pdf (2 pages)

1.1. Welcome and Apologies

1.2. Declarations of Interest

1.3. Minutes from the previous meeting held on for approval

 ARA_Item_1.3_Minutes_26 January 2021.pdf (13 pages)

1.4. Matters arising from previous meeting

1.5. Committee Action Log

 ARA_Item_1.5_Action Log_9 March 2021.pdf (2 pages)


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

0 min

2.1. Application of Single Tender Waivers

 ARA_Item_2.1_Application for Single Tender Waiver March 2021.pdf (38 pages)

2.2. Approach to 2020-21 Annual Accounts

 ARA_Item_2.2_Approach to 20-21 Annual Accounts ARA 09MAR21.pdf (14 pages)

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

0 min

3.1. Audit Recommendation Tracking

 ARA_Item_3.1_Implementation_of_Audit Recommendations.pdf (10 pages)

 ARA_Item_3.1a_Audit_Recs_Appendix C.pdf (1 pages)

 ARA_Item_3.1b_Audit_Recs_Appendix D.pdf (1 pages)

 ARA_Item_3.1c_Audit_Recs_Appendix E.pdf (3 pages)

 ARA_Item_3.1d_Audit_Recs_Appendix F.pdf (2 pages)

 ARA_Item_3.1e_Audit_Recs_Appendix G.pdf (2 pages)

 ARA_Item_3.1f_Audit_Recs_Appendix H.pdf (1 pages)

 ARA_Item_3.1g_Audit_Recs_Appendix I.pdf (1 pages)

 ARA_Item_3.1h_Audit_Recs_Appendix J.pdf (1 pages)

 ARA_Item_3.1i_Audit_Recs_Appendix K.pdf (1 pages)

3.2. Internal Audit Progress Update

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ARA_Item_3.2_PTHB Audit & Assurance Progress Report.pdf (11 pages)

3.3. Internal Audit Reports, 2020-21:a) IMT Control and Risk Assessment (Not Rated)

ARA_Item_3.3a_IMT Control and Risk Assessment.pdf (36 pages)

3.4. Internal Audit Plan 2021-22

ARA_Item_3.4_PTHB 2021.22 Internal Audit Plan.pdf (36 pages)

3.5. External Audit Plan 2021

ARA_Item_3.5_Audit Wales update March 2021.pdf (10 pages)

3.6. External Audit Update

ARA_Item_3.6_2021_External_Audit_Plan_Final.pdf (16 pages)

3.7. Counter Fraud Workplan 2021-22

ARA_Item_3.7_Committee Report Counter Fraud Work Plan.pdf (2 pages)

ARA_Item_3.7a_Powys THB Counter Fraud Work Plan 2021-22.pdf (13 pages)

10:00 - 10:00 **4. ITEMS FOR INFORMATION**
0 min

10:00 - 10:00 **5. OTHER MATTERS**
0 min

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

5.2. Any other urgent business

5.3. Date of next meeting: 29 April 2021



AGENDA

Item	Title	Attached /Oral	Presenter
1	PRELIMINARY MATTERS		
1.1	Welcome and Apologies	Oral	Chair
1.2	Declarations of Interest	Oral	All
1.3	Minutes from the Previous Meeting, held 26 January 2021	Attached	Chair
1.4	Matters Arising from the Previous Meeting, held 26 January 2021	Oral	Chair
1.5	Committee Action Log	Attached	Chair
2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
2.1	Application of Single Tender Waivers	Attached	Director of Finance & IT
2.2	Approach to 2020-21 Annual Accounts	Attached	Director of Finance & IT
3	ITEMS FOR DISCUSSION		
3.1	Audit Recommendation Tracking	Attached	Board Secretary
3.2	Internal Audit Progress Update	Attached	Head of Internal Audit
3.3	Internal Audit Reports, 2020-21: a) IMT Control and Risk Assessment (Not Rated)	Attached	Head of Internal Audit
3.4	Internal Audit Plan 2021-22		
3.5	External Audit Update	Attached	External Audit
3.6	External Audit Plan 2021	Attached	External Audit
3.7	Counter Fraud Workplan 2021-22	Attached	Head of Local Counter Fraud

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4	ITEMS FOR INFORMATION		
	<i>There are no items for inclusion in this section</i>		
5	OTHER MATTERS		
5.1	Items to be Brought to the Attention of the Board and Other Committees	Oral	Chair
5.2	Any Other Urgent Business	Oral	Chair
5.3	Date of the Next Meeting: 29 April 2021		

Key:

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

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AUDIT, RISK & ASSURANCE COMMITTEE

UNCONFIRMED

MINUTES OF THE MEETING HELD ON TUESDAY 26 JANUARY 2021 VIA MICROSOFT TEAMS MEETING

Present:

Tony Thomas	Independent Member – Finance (Committee Chair)
Mark Taylor	Independent Member – Capital and Estates
Ian Phillips	Independent Member – ICT

In Attendance:

Carol Shillabeer	Chief Executive
Rani Mallison	Board Secretary
Sarah Pritchard	Head of Financial Services
Helen Higgs	Head of Internal Audit
Melanie Goodman	Internal Audit
Alison Butler	Audit Wales
Dave Thomas	Audit Wales
Emma Rees	Internal Audit
Kirsty James	Local Counter Fraud Officer
Matthew Evans	Head of Local Counter Fraud Services
Sam Moss	Assistant Director of Finance
Sophie Corbett	Internal Audit

Committee Support

Caroline Evans	Head of Risk and Assurance
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Apologies

Pete Hopgood	Director of Finance, Information and IT
Osian Lloyd	Internal Audit
Felicity Quance	Internal Audit
Elaine Matthews	External Audit (Audit Wales)
Matthew Dorrance	Independent Member – Local Authority
Mel Davies	Vice Chair
Jacqui Wilding	CHC

ARA/20/89	<p>WELCOME AND APOLOGIES</p> <p>The Committee Chair welcomed everyone to the meeting and confirmed that a quorum was present. Apologies for absence were noted as recorded above.</p>
ARA/20/90	<p>DECLARATIONS OF INTERESTS</p> <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/20/91	<p>MINUTES FROM THE PREVIOUS MEETING FOR RATIFICATION</p> <p>The minutes of the meeting held on 3 November 2020 were RECEIVED and AGREED as being a true and accurate record.</p>
ARA/20/92	<p>MATTERS ARISING FROM PREVIOUS MEETINGS</p> <p>There were no matters arising from the previous meeting.</p>
ARA/20/93	<p>COMMITTEE ACTION LOG</p> <p>The Committee received the action log and the following updates were provided.</p> <p>ARA/19/68: Executive Committee has approved a training programme for Investigating Officers with a core pool of officers established. The Committee AGREED that this action is to be closed.</p> <p>ARA/19/115e (The management response in respect of the timeliness of signing of contract documentation will be picked up with the Director of Planning & Performance): It is proposed that this action is closed from the action tracker. Agenda item 3.4a provides the Committee with substantial assurance on capital systems. Any future issues would be addressed in individual audit reviews. The Committee AGREED that this action is to be closed.</p> <p>ARA/19/115e (The management response in respect of the timeliness of signing of contract documentation will be picked up with the Director of Planning & Performance): This action has been identified as priority level 3 for implementation and will continue to be tracked via the audit recommendations process.</p> <p>ARA/20/59: A Losses and Special Payments Report is scheduled on the agenda under item 3.3. The Committee AGREED that this action is to be closed.</p> <p>ARA/20/64: To be arranged for March 2021.</p>

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ARA/20/82: Action transferred to the Experience, Quality & Safety Committee Action Log, as requested by ARA Committee (November 2020).

ARA/20/94

APPLICATION OF SINGLE TENDER WAIVERS (STWs)

Sarah Pritchard presented the previously circulated paper which sets out the 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.

Sarah Pritchard advised that there were two STW requests made between 1 October 2020 and 31 December 2020 and signed by the Chief Executive, 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
POW20210 10	Quote	Anne Phillimore	Independent Investigation services	Time critical response required to Ombudsman requirement	04/11/2020	£6,600	To complete 1 assignment	Prospective	A1
POW20210 09	Tender	Oswestry Limited Liability Partnership	Healthcare service delivered on Health Board Premises	No NHS Provision available and clinical need	02/12/2020	£40,500	12 months	Prospective	A2

Mark Taylor identified that the paperwork is not complete at section 2, page 12 of the report. Sarah Pritchard stated that she will follow that up to ensure completedness.

The Committee RATIFIED the approval of the STW.

ARA/20/95

COVID-19 DECISION MAKING & FINANCIAL GOVERNANCE

Sam Moss presented the previously circulated paper which outlines the changes to the operational processes overseen by the finance function in support of COVID-19 and outlined in 'FCP Interim Covid-19 Decision Making & Financial Governance'.

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	<p>COVID-19 - Financial Guidance to NHS Wales' Organisations was issued by the Director General for Health & Social Care / NHS Wales Chief Executive on 30th March 2020. This outlined the need to maintain excellent stewardship and governance at a time of significant disruption to the standard operating practices of NHS Wales.</p> <p>Following the publication of the guidance an interim FCP was draft by Finance for PTHB, with the aim of outlining the changes required to existing FCP's and SFI to meet the challenges and pace of dealing with the Covid-19 Pandemic as well as outlining the new procedures required to manage the Covid-19 expenditure.</p> <p>Sam Moss advised that following the publication of the WG guidance on 30th March an initial draft of the FCP was submitted for approval at Gold. The pace of the pandemic has resulted in updated guidance and direction being published on a regular basis. To ensure the Interim FCP remains 'live' and relevant it was agreed the FCP would be updated as required. Updated versions are uploaded to the intranet following sign off by Audit, Risk & Assurance Committee, thus enabling the latest version to be available to PTHB staff at all times. The Committee is presented with update #5 of the Interim FCP for approval.</p> <p>Rani Mallison stated that the revised FCP has been presented to Strategic Gold Group, and is supported from an Executive perspective.</p> <p>Mark Taylor queried the process of 'accelerated' approval of Capital submissions, on page 18 of the FCP, and asked how will that be reported to the relevant committee.</p> <p>Sam Moss stated that this needs to be adjusted in the next update of the FCP, to reflect the Covid-19 governance structure, which stipulates that reporting from Gold goes directly to Board.</p> <p>Rani Mallison confirmed that the committees don't have delegated decision-making in respect of capital bids.</p> <p>The Committee Chair questioned whether staffing costs related to mass vaccination are allocated from Welsh Government Covid-19 funding. Sam Moss stated that Welsh Government is refunding us for all costs that are above and beyond the health board's standard allocation. Carol Shillabeer confirmed that we are recharging the costs that we are incurring.</p> <p>The Committee APPROVED Update #5 of the Interim FCP.</p>
<p>ARA/20/96 <i>Evans, Caroline 03/04/2021 10:35:13</i></p>	<p>AUDIT RECOMMENDATION TRACKING</p> <p>Caroline Evans presented the previously circulated report which provides an overview of outstanding audit recommendations, and the re-prioritisation for implementation of these audit recommendations during the COVID-19 pandemic.</p>

Caroline Evans advised that future updates on progress of the re-prioritised recommendations will be presented to the Audit, Risk and Assurance Committee on the basis outlined in the re-prioritised approach, as follows: -

Priority level 1	<ul style="list-style-type: none"> Action(s) within the Q3/4 Winter Protection Plan are dependent on implementation of this recommendation Delivery of the Board's agreed Strategic Priorities are dependent on implementation of this recommendation High risk to patient or staff safety / wellbeing identified Prioritised Compliance with legal requirement / statutory duty identified 	All outstanding recommendations to be implemented by 31 st March 2021, except for recommendations with original agreed deadlines that exceed this date.
Priority level 2	<ul style="list-style-type: none"> Action(s) within the Q3/4 Winter Protection are not supported by implementation of this recommendation Low risk to patient or staff safety / wellbeing identified Compliance with legal requirement / statutory duty identified 	All outstanding recommendations to be implemented during quarters 1 and 2, and by 30 th September 2021, with the exception of recommendations with original agreed deadlines that exceed this date.
Priority level 3	<ul style="list-style-type: none"> Action(s) within the Q3/4 Winter Protection are not supported by implementation of this recommendation No risk to patient or staff safety / wellbeing identified No legal / compliance issues identified 	All outstanding recommendations to be implemented during quarters 2 and 3, and by 31 st December 2021, with the exception of recommendations with original agreed deadlines that exceed this date.

Based on the re-prioritised approach, the overall summary position in respect of overdue audit recommendations is: -

Overdue Internal Audit Recommendations					
	2017/18	2018/19	2019/20	2020/21	TOTAL OUTSTANDING
	Number	Number	Number	Number	Number
Priority 1	0	0	2	1	3
Priority 2	5	2	19	0	26
Priority 3	1	0	13	0	14
Not Yet Prioritised	2	0	3	1	6
TOTAL	8	2	37	2	49

Overdue External Audit Recommendations				
	2018/19	2019/20	2020/21	TOTAL OUTSTANDING
	Number	Number	Number	Number
Priority 1	0	0	0	0
Priority 2	2	1	4	7
Priority 3	1	0	2	3
Not Yet Prioritised	1	0	8	9
TOTAL	4	1	14	19

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Rani Mallison stated that the position is quite positive given the position over the last year. This is a pragmatic, risk-based approach, and is a great step forward.

Carol Shillabeer stated that appendices A and B help us to see that we have made progress on the implementation of audit recommendations, and indicate that the number of outstanding recommendations is a relatively small number against the totality, which is useful information and contexts.

Mark Taylor stated that some of the tables (appendices C-I) were difficult to follow on the screen, but agree overall the position is positive. Caroline Evans confirmed that this is an issue with conversion from Excel to PDF, and will circulate the files separately to the Committee.

Action: Head of Risk and Assurance

Ian Phillips stated it would be helpful to see the column of progress of work underway completed for all recommendations, as a minority of them have not been completed.

Rani Mallison added that work was initiated to develop an online tracker database that will be more user friendly than Excel spreadsheets, but this work has been delayed due to the pandemic. Over time that will be much easier for members to view the detail behind, with a hyperlink to the information.

The Committee RECEIVED and NOTED the Audit Recommendation Tracking update.

ARA/20/97

LOSSES AND SPECIAL PAYMENTS REPORT, INCLUDING BENCHMARKING

Sarah Pritchard presented the previously circulated interim report for the period 1st April 2020 to 31st October 2020.

Sarah Pritchard advised that losses and special payments are items that the Welsh Government would not have contemplated when they passed legislation or agreed funds for the NHS; such payments would also include any ex gratia payments made by the THB.

By their nature they are items which should be avoidable and should not arise. They are subject therefore to special control procedures and are included within a separate note in the THB's annual accounts.

The following relate to payments made on behalf of cases for which Powys THB have responsibility.

	No. of payments/Receipts	No. of cases	£
Clinical Negligence / Personal Injury (Payment)	9	5	£155,570.00

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Redress Payments	9	6	£6,670.00
Other Special Payments	2	2	£727.92

The Committee RECEIVED and NOTED the Losses and Special Payments Report.

ARA/20/98

INTERNAL AUDIT PROGRESS UPDATE

Helen Higgs presented the previously circulated report which provides progress with the 2020/21 Internal Audit Plan as recorded at January 2021.

Helen Higgs advised that progress against the Plan is as follows:

Number of audits finalised	10
Number of audits issued at draft	1
Number of audits in progress	5
Number of audits not started	4
Year-end reporting	2
Total number of audits in 2020/21 plan	22

Helen Higgs stated that since the report was issued, the Cancer Services audit has dropped into the 2021-22 audit programme, and will be replaced by a rapid review of the Mass Vaccination programme.

Ian Phillips expressed concern over the deferral of the Concerns Monitoring Tracking audit into 2021-22.

Helen Higgs confirmed that the plan has been kept flexible due to the current situation, which means we have a reduced plan, however, items have been deferred rather than deleted from the audit plan.

Carol Shillabeer stated there was a danger of multiple pieces of work looking at the same issue concurrently. Given the review of concerns handling that is currently underway, it was felt that the audit would be better off testing any improvements that have been put in place. We can then use this to double-check that the changes have happened.

Ian Phillips confirmed he is happy with this approach.

The Committee RECEIVED and NOTED the Internal Audit Update.

ARA/20/99

INTERNAL AUDIT REPORTS, 2020-21:

a) CAPITAL SYSTEMS (SUBSTANTIAL ASSURANCE)

Helen Higgs noted the findings of the report as substantial assurance, stating this recognises the journey and improvements made, noting that limited assurance reports and follow-up reports have been reported previously over the past few years.

Melanie Goodman presented the findings of the review, which the scope and remit of the audit included the following:

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- Project Feasibility and Approval: appropriate preparation, scrutiny and approval of the required business case/approval documentation;
- Project Initiation – development of the project brief, governance arrangements, including key roles and responsibilities and formulation of project groups;
- Scheme Management: preparation of appropriate project management tools, including the project execution plan, programme, management control plan, reporting mechanisms etc.;
- Appointments: appropriate selection and appointment of the appropriate advisers.

The Committee Chair noted it is a very encouraging report, based on previous reports that have been presented to the Committee.

Mark Taylor highlighted that the assurance rating indicator on page appears to indicate yellow (reasonable assurance) as opposed to green (substantial assurance).

Melanie Goodman confirmed this is an oversight.

b) GP ACCESS STANDARDS (SUBSTANTIAL ASSURANCE)

Emma Rees presented the findings of the review, which sought to provide assurance that the health board is progressing work to support GP practices to comply with the Access Standards, including consideration of the impact of Covid-19 on the arrangements in place.

Ian Phillips highlighted the significant improvements in the October 2020 PRC report on the Access Standards, noting that a lot of those improvements will have enabled our primary care to respond more efficiently to the pandemic, and congratulated staff on the considerable improvement.

Emma Rees confirmed that the Assistant Director of Primary Care received fantastic feedback from a few of the Practice Managers that she spoke with as part of the review, so all credit to the team.

c) PARTNERSHIP GOVERNANCE (LIMITED GOVERNANCE)

Sophie Corbett presented the findings of the review, which focused on the Live Well: Mental Health partnership as a tracer for the review. The partnership is in place to drive forward the implementation of the Hearts and Minds: Together for Mental Health strategy for improving the mental health and emotional wellbeing of the people of Powys.

Mark Taylor stated that we seem to be doing it, but we're not documenting how, and what we should be doing as part of the process. Sophie Corbett confirmed there is plenty of evidence to demonstrate that the activity is happening and that there are positive outcomes, however,

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it's not clearly demonstrated how that is happening to report into the RPB and to provide assurance to the health board that the partnership is effective.

Carol Shillabeer noted the distinction between the partnership working and the partnership reporting, which is what the review focused on. Carol clarified that the review doesn't focus on the effectiveness of the partnership working, rather the reporting and the partnership governance framework.

The Committee RECEIVED and NOTED the update.

ARA/20/100

COUNTER FRAUD UPDATE

The Committee Chair informed the Committee that the Independent Members of the Committee held a very useful meeting this morning, prior to the Committee, with Matthew Evans and Kirsty James. It was agreed that in future we will meet with them as Independent Members twice a year.

Matthew Evans presented the previously circulated report, which provides an update on key areas of work undertaken by the Health Board Local Counter Fraud Specialists since the last meeting.

Matthew Evans advised that resource utilised in line with the four Strategic Areas aligned to NHS Counter Fraud Standards as of 31st December 2020 is as follows:

Strategic Area	Resource Allocated	Resource Used
Strategic Governance	25	24
Inform and Involve	40	22
Prevent and Deter	57	37
Hold to Account	106	31
TOTAL	228	114

Rani Mallison offered a formal welcome to Matthew and Kirsty, as it is their first committee meeting with us.

Carol Shillabeer stated that the disruption of the pandemic does perhaps open us up to the potential for increased fraud. Further down the line as we transition out of the pandemic, it would be good to identify where our biggest risks might be.

Matthew Evans confirmed that they are considering this when undertaking risk assessments, in terms of returning controls to a more

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	<p>robust level. They are therefore mindful of this and also following guidance from the NHS Counter Fraud Authority.</p> <p>The Committee RECEIVED and NOTED the External Audit Update.</p>
<p>ARA/20/100</p>	<p>COUNTER FRAUD PROACTIVE EXERCISE – PRE-EMPLOYMENT CHECKS</p> <p>Kirsty James presented the previously circulated report, in relation to an exercise completed by Counter Fraud to review pre Employment Check arrangements. In response to an identified risk, an exercise was undertaken to seek assurance that agency staff supplied to the health board have had the relevant pre-employment checks completed and recorded in line with the contract specification for the supply of Registered Agency Nurses, Midwives and Health Visitors, Healthcare Assistants and Operating Department Practitioners to Health Boards and Trusts in Wales.</p> <p>Kirsty James advised that the process of conducting and retaining pre-employment checks is complied with by agencies, as well as the Health Board itself in relation to substantive staff. However, there are concerns around potential bad practice with regards to verification of qualifications/certificates and regular DBS checks.</p> <p>The LCFS also had difficulty with some agencies supplying information when requested to do so. There is risk to the Health Board in instances of issues arising in relation to supplied staff and subsequent verification by the Health Board of that workers relevant documentation. It is imperative that the health board is given access to the PECs when requested in line with Agreement.</p> <p>There is also risk to the health board when agencies do not conduct regular DBS checks on agency staff. Regular checks should be undertaken in order to ensure the safety of all patients and staff. Responsibility for notification of incidents that affect DBS checks should be shifted to agencies, ensuring that they are actively verifying staff remain safe to work with patients</p> <p>The Committee Chair requested clarification and a comment in relation to the findings within the report that stated that Coyles Agency failed to respond to the exercise and the request for information.</p> <p>Kirsty James confirmed that there were two agencies that would not interact, and therefore it was not possible to carry out any checks. The Committee Chair who would follow that up from a health board perspective.</p> <p>Matthew Evans stated it is an all Wales agreement and we want to drive compliance with the agreement, and there are mechanisms to ensure that. It is the responsibility of the health board to raise those issues. Carol Shillabeer stated this is a fundamental safeguarding issue, and will raise this with the Executive Director of Workforce & OD and Support Services, to understand the type and usage of staff, before considering next steps.</p>

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	The Committee RECEIVED and NOTED the External Audit Update.																						
ARA/20/101	<p>EXTERNAL AUDIT UPDATE</p> <p>Dave Thomas introduced Alison Butler as Accounts Audit Manager going forward.</p> <p>Dave Thomas presented the previously circulated report, which provides an update on current and planned Audit Wales work.</p> <p>Dave Thomas advised on the following audit work that is currently underway: -</p> <table border="1"> <thead> <tr> <th>Topic</th> <th>Executive Lead</th> <th>Focus of the work</th> <th>Current status</th> </tr> </thead> <tbody> <tr> <td>Orthopaedic services – follow up</td> <td>Medical Director</td> <td>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.</td> <td>Report being drafted</td> </tr> <tr> <td>Review of the Welsh Health Specialised Services Committee (WHSSC)</td> <td>Chief Executive Officer</td> <td>WHSSC is responsible for the joint planning of Specialised and Tertiary Services on behalf of Local Health Boards in Wales. This work will use aspects of our structured assessment methodology to examine the governance arrangements of WHSSC. Our findings will be summarised into a single national report.</td> <td>Report drafting</td> </tr> <tr> <td>Test, Track and Protect</td> <td>Director of Public Health</td> <td>In response to the Covid-19 pandemic, this work will take the form of an overview of the whole system governance arrangements for Test, Track and Protect, and of the Local Covid-19 Prevention and Response Plans for each part of Wales.</td> <td>Clearance process; publication expected February 2021</td> </tr> <tr> <td>Quality Governance</td> <td>Director of Nursing</td> <td>This work will allow us to undertake a more detailed examination of factors underpinning quality governance such as strategy, structures and processes, information flows, and reporting. This work follows our joint review of Cwm Taf Morgannwg UHB and as a result of findings of previous structured assessment work across Wales which has pointed to various challenges with quality governance arrangements.</td> <td>Set-up meeting held</td> </tr> </tbody> </table>			Topic	Executive Lead	Focus of the work	Current status	Orthopaedic services – follow up	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.	Report being drafted	Review of the Welsh Health Specialised Services Committee (WHSSC)	Chief Executive Officer	WHSSC is responsible for the joint planning of Specialised and Tertiary Services on behalf of Local Health Boards in Wales. This work will use aspects of our structured assessment methodology to examine the governance arrangements of WHSSC. Our findings will be summarised into a single national report.	Report drafting	Test, Track and Protect	Director of Public Health	In response to the Covid-19 pandemic, this work will take the form of an overview of the whole system governance arrangements for Test, Track and Protect, and of the Local Covid-19 Prevention and Response Plans for each part of Wales.	Clearance process; publication expected February 2021	Quality Governance	Director of Nursing	This work will allow us to undertake a more detailed examination of factors underpinning quality governance such as strategy, structures and processes, information flows, and reporting. This work follows our joint review of Cwm Taf Morgannwg UHB and as a result of findings of previous structured assessment work across Wales which has pointed to various challenges with quality governance arrangements.	Set-up meeting held
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	The Committee RECEIVED and NOTED the External Audit Update.																						
ARA/20/102	<p>EXTERNAL AUDIT ANNUAL REPORT</p> <p>Dave Thomas presented the previously circulated report, which summarises the findings from the 2020 audit work at the health board, undertaken to fulfil the Auditor General responsibilities under the Public Audit (Wales) Act 2004.</p> <p>Dave Thomas advised the following key messages within the report:</p> <table border="1"> <tbody> <tr> <td>Audit of accounts</td> <td>I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my audit). However, I placed two Emphasis of Matter paragraphs in my report to draw attention to disclosures in the accounts relating to Clinicians' pension tax contingent liabilities and the effects of COVID-19 on the estimation of valuations of land and buildings. I brought</td> </tr> </tbody> </table>			Audit of accounts	I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my audit). However, I placed two Emphasis of Matter paragraphs in my report to draw attention to disclosures in the accounts relating to Clinicians' pension tax contingent liabilities and the effects of COVID-19 on the estimation of valuations of land and buildings. I brought																		
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	<p>several additional issues to the attention of officers and the Audit, Risk and Assurance Committee which are set out in my detailed report below.</p> <p>The Health Board achieved financial balance for the three year period ending 31 March 2020, and had no other material financial transactions that were not in accordance with authorities nor used for the purposes intended, so I have issued an unqualified opinion on the regularity of the financial transactions within the Health Board's 2019-20 accounts.</p> <p>As the Health Board achieved financial balance and had an approved three-year plan in place and there were no other issues which warranted highlighting, no substantive report was placed on the Health Board's accounts.</p>
Arrangements for securing efficiency, effectiveness and economy in the use of resources	The Health Board maintained overall good governance during the COVID-19 pandemic
	The Health Board adapted its financial control procedures to manage during COVID-19 but there is an increasing risk to financial balance at the end of 2020-21
	Operational plans are informed by data modelling and demonstrate a clear commitment to staff wellbeing and, although progress and performance is monitored and reported, information on commissioned services is currently limited
	The Health Board demonstrates a commitment to counter-fraud, has suitable arrangements to support the prevention and detection of fraud and is able to respond appropriately where fraud occurs

The Committee Chair stated it is very pleasing to receive such a positive report, and expressed congratulations to Executives, particularly the Director of Finance and Chief Executive.

Carol Shillabeer agreed it is a good report, recognising the huge amount of work that goes into that performance year on year. It has given us the platform to continue to build our strategic development and ambition of being more transformational.

Carol Shillabeer stated that the health board is working with Internal Audit to undertake some immediate checks on the Mass Vaccination work, and stated that it would be enormously helpful if that work could be joined up with the Audit Wales and HIW planned inspections of Mass Vaccination.

Dave Thomas provided assurance that Audit Wales will engage closely with Internal Audit and HIW, and will take a pragmatic view to avoid duplication. It will be difficult to review an area that is moving so quickly, but as we finalise the plans for the approach we will share that with health boards.

Mark Taylor queried the risk of management override of controls, referred to in appendix 3. Should this risk be managed through the vigilance of our management, or is there anything we should be doing as good practice?

Alison Butler stated that in every entity management override is seen as a significant risk. However, we have not identified any specific concerns, and therefore this is about maintaining vigilance.

The Committee RECEIVED and NOTED the External Audit Annual Report.

COMMITTEE WORK PROGRAMME 2020-21

ARA/20/103

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	<p>The work programme has been developed in-line with respective terms of reference, the Board's Assurance Framework and Corporate Risk Register. The work programme will be reviewed routinely at each meeting.</p> <p>The Committee RECEIVED and NOTED the Committee Work Programme.</p>
ARA/20/104	<p>WELSH GOVERNMENT PROCESSES FOR CONTRACTS AND INTERESTS IN PROPERTY EXCEEDING £1M</p> <p>The letter updates the guidance to reconfirm to all NHS Wales bodies that the authorisation and consideration of notified contracts and applications for the acquisitions or disposals of a lease or any interest in property are delegated to the Director General, Health and Social Services Group.</p> <p>The Committee RECEIVED and NOTED the Revised Contract Procedures</p>
ARA/20/105	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <ul style="list-style-type: none"> • Internal Audit of Partnership Governance (Limited Assurance)
ARA/20/106	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no other urgent business for discussion, and the Chair declared the meeting closed at 12 pm.</p>
ARA/20/107	<p>DATE OF NEXT MEETING</p> <p>9 March 2021, 10:00 am, Microsoft Teams</p>

UNCONFIRMED

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Key:

Completed
Not yet due
Due
Overdue
Transferred



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AUDIT, RISK AND ASSURANCE COMMITTEE ACTION LOG (March 2021)

Minute	Date	Action	Responsible	Progress	Status
ARA/19/115e	9 March 2020	The Machynlleth Hospital Primary & Community Care Project recommendation 6 (lessons learnt) would be shared with the Committee, once available.	Board Secretary	This action has been identified as priority level 3 for implementation and will continue to be tracked via the audit recommendations process.	
ARA/20/64	8 September 2020	PPV to attend a pre-meet of the Committee, to provide a broader understanding of the PPV service, and to advise how they can give assurance to the Committee of an anti-fraud culture.	Director of Finance, Information and IT / Board Secretary	To be arranged for 2021-22.	

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ARA/20/96	26 January 2021	Update appendices to ensure the report appears on one page, and circulate to the Committee	Head of Risk and Assurance	Reports reformatted and circulated to Committee members. All future reports will be formatted.	
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Audit, Risk and Assurance Committee		Date of Meeting: 9 March 2021
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 RATIFICATION of Single Tender Waiver requests made between 1 January 2021 and 28 February 2021.

RECOMMENDATION(S):

It is recommended that the Audit, Risk and Assurance Committee RATIFIES the use of Single Tender Waiver in respect of 6 items during the period of 1 January 2021 and 28 February 2021 and consider additional information provided regarding the individual single tender documents.

Ratification	Discussion	Information
✓		

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

Strategic Objectives:	1. Focus on Wellbeing	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 January 2021 meeting which covered the period from 1 October 2020 to 31 December 2020.

A summary of the use of Single Tender Action from 1 January 2021 and 28 February 2021 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
POW2021011	Tender	Parkway Clinic	Dental Surgical Interventions for Children and Young Adults	No NHS Provision available and clinical need	20/01/2021	£30,000	1 year	Prospective	A1
POW2021012	Quote	Nanosonics	Equipment Maintenance	Sole Supplier	03/02/2021	£8,448	1 year	Prospective	A2
POW2021013	Tender	My Dentist	Out of Hours Emergency Dental Service Llandrindod and Newtown	Service continuation in advance of tender	03/02/2021	£74,382	1 year	Prospective	A3
POW2021015	Quote	Consultation Institute	Expert Support advice and Learning to develop service change	Assessed on individual case basis due to Covid pandemic in line with PPN 01/20	10/02/2021	£12,500	1 year	Prospective	A4
POW2021017	Quote	Tlchim Llanfyllin Dental Practice	Emergency and New Dental patient access for North Powys	Service continuation in advance of tender	10/02/2021	£16,163	1 year	Prospective	A5
POW2021018	Tender	E G Davies Machynlleth	Personal Dental Service Contract with focus on vulnerable high needs children	Service continuation in advance of tender	10/02/2021	£28,615	1 year	Prospective	A6

Full details including supporting documentation is attached at Appendix A1 to A6.

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.

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Appendix A1



SINGLE QUOTATION/TENDER REQUEST FORM

REFERENCE NUMBER: **POW2021011**

(Applicable to expenditure in excess of £5,000)

Request to Waive Standing Financial Instructions:

Single quote/tender action shall only be undertaken following the approval of this application in **advance** of procurement activity commencing and only in **exceptional circumstances**.

Approval to waive the requirement to seek competitive tenders (purchases between £25,000 & £122,976) & Quotations (purchases between £5,000 and £24,999). In relation to waiver requests over the OJEU threshold, a VEAT notice will also need to be published via Sell2Wales.

It is important that the form is completed **IN FULL** in order to satisfy the Health Board's Standing Orders which require competitive quotations/tenders to be obtained (to prove value of money) unless there are compelling reasons for single sourcing.

Consideration must be given to the Welsh Audit Office Guidance available from the Procurement Team.

Please Note: all requests to waive Standing Financial Instructions will be formally reported to the next Audit Committee for retrospective approval.

***Please complete all mandatory sections. Failure to complete will result in the form being returned to originator**

****To be completed by the Requesting Officer ****


Section 1

Request to Waive <i>Please tick as appropriate</i>	Single Quotation	Single Tender	
*Supplier:	Parkway Dental Clinic Swansea		
<p>The granting of this application for a single firm or contractor of a special character is required or a proprietary item or service may be assessed as appropriate:</p> <ul style="list-style-type: none"> the service/good/works is follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition); there is a compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause; there is genuinely only one provider; there is a need to retain a particular contractor for real business continuity issues (not just preferences). <p><small>NB: Evidence of all contact with potential alternative suppliers should be retained. Where no other supplier has been approached justification must also be included to ensure the application process is not delayed.</small></p>			
*Please provide detail of Goods/Services/Works required:	GA services for paediatric patients		
If Services, is this for Consultancy/Individual?	/ No	If 'yes', has an IR35 assessment been completed	Yes/ No or not applicable

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Does this requirement have an implication under GDPR?	Yes	If 'yes', has the IG Department been consulted	not applicable
Proposed agreement period including start and end dates and any extension provision required. <i>NB: Approval cannot be granted retrospectively. Should this be the case, please seek advice from the Procurement department.</i>	January 2021 to January 2022		
*Unit Cost/Annual Cost:	£30,000 annual cost		
*Total Cost <i>(inc delivery & VAT):</i>	As above		
*Whole Life Costs: <i>(Please state all additional goods/services/works that may be required during the life of the goods/service/works being requested here. E.g. Maintenance, Consumables etc.)</i>	N/A		
*New or Replacement Equipment/Service: <i>(Please state)</i>			
*Life Expectancy of equipment			
*Is this a Recurring Procurement?	No		
*Source of Funding: <i>(Revenue/Capital/Charity etc.)</i>	Revenue	*Please provide Financial Code:	S120
Breakdown of estimated capital and on-going revenue charges per annum. <i>NB: Please ensure your Finance Team are consulted before</i>	N/A		
Have any revenue consequences (particularly staffing or maintenance implications), been agreed?	Yes / No If yes give details	No	
Any other financial consideration to be declared e.g. risks to ongoing funding, savings: cash releasing, cost avoidance, cost pressure, VFM impact.	N/A		
*Background: Reason for single supplier & details of any alternatives considered & reasons for their rejection (supplier(s) details required)	There is no capacity at the moment for other local hospitals to be able to accept paediatric GA referrals for children requiring exodontia due to pain. Commissioning have not been able to secure alternative provision. Historically this clinic has been used by Powys Teaching Health Board in previous years.		

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<p>*Explicit Reasons as to How Value for Money will be achieved when services are provided by a Single Supplier. <i>Sufficient detail should be provided in this section or the request will be returned.</i></p>	<p>Powys cannot carry out any form of paediatric GA hence the cost would be comparable if Powys was able to provide this service. The service will only be used once appropriate triaging and alternative sedation techniques have been considered. Powys Teaching Health Board will continue to explore other services from neighbouring health boards</p>		
<p>*Have any Trials / Evaluations been undertaken within the Health Board? NB: Appropriate advice should be sought from Procurement in advance of trials being undertaken</p>	<p>No</p>	<p>If Yes, please state the evaluation reference number:</p>	
<p>If Yes, please give full details of evaluation. Including whether or not any relevant Groups have been made aware of this evaluation (please state).</p>			
<p>*Consequence & Impact if not approved:</p>	<p>Paediatric patients will experience more pain and potential harm through delayed care. Patients will have to be seen reluctantly by maxillofacial services via accident and emergency pathway</p>		
<p>*Is this an Essential or Non-Essential requirement?</p>	<p>Essential</p>		
<p>If Yes, please give details (How many years etc)</p>	<p>On going</p>		
<p>*Name:</p>	<p>Warren Tolley</p>		
<p>*Title:</p>	<p>Dental Director</p>		
<p>*Ward/Department:</p>	<p>Dental</p>		
<p>*Contact No:</p>	<p>01686617363</p>		
<p>*Budget Holder:</p>	<p>Warren Tolley</p>		
<p>*Requisition Created?</p>	<p>Yes/ No</p>	<p>If Yes, please state requisition number:</p>	
<p>I have delegated responsibility for the non-pay expenditure budget specified above. I confirm that sufficient funding is available within the budget code specified, and authorise the expenditure to be coded accordingly.</p>			
<p>*Signature of requestor (please also print name & position):</p>		<p>*Signature of budgetary approver (please also print name & position):</p>	
<p>Date of Request:</p>	<p>21/12/20</p>	<p>Date of Approval :</p>	
<p>Statement of Support by Approver:</p>			

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****Requesting Officer to Complete****

Section 2

Declaration of Interest

The Health Board is obliged to ensure that all procurement processes are carried out in accordance with the public procurement rules and NHS Wales's guidance. Where an employee is engaged in a procurement exercise a formal declaration is required to confirm that there is no potential interest which may give rise to a conflict.

Please confirm the following statements are correct:

		✓ x
1.	Neither I, my family, friends, acquaintances or work colleagues involved in this process, will receive any benefit or gain (financial or otherwise, directly or indirectly) if the contract is awarded to any of the bidders involved in the process as they become known.	x
2a.	I have no material interest in whether the contract is awarded or not.	x
2b.	I am not in possession of any Additional Information in respect of the procurement process. (Save for the information in the 'Additional Information box below)	x
3.	I currently do not benefit in any way, financially or otherwise, including (but not limited to) the receipt of a grant or outside funding, that could influence my decision in respect of the procurement or any of the bidders involved in this process.	x
4.	I have not received hospitality (other than of a nominal value or that declared in the register of gifts and hospitality maintained by Corporate Management) or any material gifts, as outlined in the Health Boards Standards of Behaviour Framework Policy http://howis.wales.nhs.uk/sitesplus/972/page/51681 from any of the bidders involved in the process.	x
5.	I have read, understood and will abide by the NHS Guidance entitled "Standards of Business Conduct for NHS Staff" (DGM (93)84) and the Trust Standards of Behaviour Framework Policy. http://howis.wales.nhs.uk/sitesplus/972/page/51681	x
6.	By signing this declaration I understand that it is my responsibility that should my circumstance change or a new relationship be established in relation to any bidding organisation, I will consult with the Lead Procurement contact and am aware that I may be required to complete a new Declaration of Interest or be required to withdraw my participation.	x
7.	I will keep the identities of the bidders, the content of the bids and procurement documents confidential.	x

I hereby certify that, to the best of my knowledge and belief, the statements set out above are correct. I understand that any failure on my part to declare an interest in a contract or otherwise to breach the rules and instructions mentioned above is a serious matter and could result in further legal or professional action being taken against me, including (but not limited to):

- Exclusion from the current procurement exercise and future procurement activities
- For Trust employees, it could result in disciplinary proceedings being initiated.
- For non-employees of the Trust we reserve the right to report the matter to their relevant employing organisation and professional body as potential professional misconduct
- Should the matter involve issues that are of a criminal nature e.g. fraud, bribery or corruption then the Trust will notify the appropriate authority to take any necessary action which may include prosecution.

Signature:




Signature: Warren Tolley Digital signature
Print Name: Warren Tolley
Position: Dental Director
Date: 21/12/20

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Authorisation – EXECUTIVE DIRECTOR

Section 3

Designation	Signature	Date
Executive Director/Director	 Jamie Marchant - DPCCMH	08.01.2020
Comments:	<i>I support this as the only available option to provide this essential care for urgent children at this time. Commissioning scoping has exhausted all other options</i>	

Please note Single Tender/Quotation Action requests cannot be processed unless supported by the above signatures, electronic signatures will NOT be accepted, unless accompanied by an e-mail trail to prove that the authorisation has been completed correctly.

Please now forward to Procurement Department

**** For Procurement Department Completion Only****

Section 4

Procurement Advice <i>(Delete or cross through as appropriate)</i>	<ul style="list-style-type: none"> • Yes, the SQA or STA is an appropriate course • No, an alternative option can be pursued • No Option 		
Procurement Advice or Rejection Comments: <i>(including any conditions/future actions):</i>	No alternative option available, service is a continuation of waiver ref POW/1819/014 & POW/1920/014		
Endorsed	Yes/No		
Head of Procurement Signature:	<i>S Owens</i> Deputy Head of Procurement	Date:	11/01/2021

**** Chief Executive Approval****

Section 5

Request Supported?	<input checked="" type="radio"/> Yes/ <input type="radio"/> No
Supporting or Rejection Comments: <i>(including any conditions/future actions):</i>	<i>Noted procurement comments/ advice. Decision in line with that.</i>

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Signed:	<i>Carroll</i>	Date:	<i>20/07/2021</i>
Please Print Name & Position:	<i>Carroll Shillabeer</i>		

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Appendix A2



GIG
NHS
WALLES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

SINGLE QUOTATION/TENDER REQUEST FORM

REFERENCE NUMBER: POW2021012

(Applicable to expenditure in excess of £5,000)

Request to Waive Standing Financial Instructions:

Single quote/tender action shall only be undertaken following the approval of this application in advance of procurement activity commencing and only in **exceptional circumstances**.

Approval to waive the requirement to seek competitive tenders (purchases between £25,000 & £122,976) & Quotations (purchases between £5,000 and £24,999). In relation to waiver requests over the OJEU threshold, a VEAT notice will also need to be published via Sell2Wales.

It is important that the form is completed **IN FULL** in order to satisfy the Health Board's Standing Orders which require competitive quotations/tenders to be obtained (to prove value of money) unless there are compelling reasons for single sourcing.

Consideration must be given to the Welsh Audit Office Guidance available from the Procurement Team.

Please Note: all requests to waive Standing Financial Instructions will be formally reported to the next Audit Committee for retrospective approval.

***Please complete all mandatory sections. Failure to complete will result in the form being returned to originator**

****To be completed by the Requesting Officer ****

Section 1


Request to Waive <i>Please tick as appropriate</i>	Single Quotation <input checked="" type="checkbox"/>	Single Tender
*Supplier:	Nanosonics	
<p>The granting of this application for a single firm or contractor of a special character is required or a proprietary item or service may be assessed as appropriate:</p> <ul style="list-style-type: none"> the service/good/works is follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition); there is a compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause; there is genuinely only one provider; there is a need to retain a particular contractor for real business continuity issues (not just preferences). <p><small>NB: Evidence of all contact with potential alternative suppliers should be retained. Where no other supplier has been approached justification must also be included to ensure the application process is not delayed</small></p>		
*Please provide detail of Goods/Services/Works required:	Ongoing maintenance of existing Trophon units within Victoria Memorial Hospital and Montgomery County Infirmary	

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If Services, is this for Consultancy/Individual?	No	If 'yes', has an IR35 assessment been completed	Yes/ No or not applicable
Does this requirement have an implication under GDPR?	No	If 'yes', has the IG Department been consulted	Yes/ No or not applicable
Proposed agreement period including start and end dates and any extension provision required. <i>NB: Approval cannot be granted retrospectively. Should this be the case, please seek advice from the Procurement department.</i>	23/01/2021 – 22/01/2024		
*Unit Cost/Annual Cost:	£1,190.00 + VAT per item (VAT is reclaimable) ⇒ £2,380.00 + VAT (VAT is reclaimable)		
*Total Cost (inc delivery & VAT):	£3,570.00 + VAT per item (VAT is reclaimable) ⇒ £7,040.00 + VAT (VAT is reclaimable)		
*Whole Life Costs: <i>(Please state all additional goods/services/works that may be required during the life of the goods/service/works being requested here. E.g. Maintenance, Consumables etc.)</i>	Maintenance agreement for fixed term		
*New or Replacement Equipment/Service: <i>(Please state)</i>	Renewal of maintenance agreement		
*Life Expectancy of equipment	Not known		
*Is this a Recurring Procurement?	Yes		
*Source of Funding: <i>(Revenue/Capital/Charity etc.)</i>	Revenue	*Please provide Financial Code:	H540
Breakdown of estimated capital and on-going revenue charges per annum. <i>NB: Please ensure your Finance Team are consulted before</i>			
Have any revenue consequences (particularly staffing or maintenance implications), been agreed?	Yes / No If yes give details		
Any other financial consideration to be declared e.g. risks to ongoing funding, savings: cash releasing, cost avoidance, cost pressure, VFM impact.			
*Background: Reason for single supplier & details of any alternatives considered & reasons for their rejection (supplier(s) details required)	Nanosonics have been established as the only provider for maintenance of these items. Previously, agreements were sought via the NHS Supply Chain framework via a third party agent. It is now the case however that it is cheaper to pursue a direct agreement with Nanosonics than via the framework compliance route.		

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<p>*Explicit Reasons as to How Value for Money will be achieved when services are provided by a Single Supplier. <i>Sufficient detail should be provided in this section or the request will be returned.</i></p>		<p>Benchmarked pricing. Cheaper than framework alternative.</p>	
<p>*Have any Trials / Evaluations been undertaken within the Health Board? NB: Appropriate advice should be sought from Procurement in advance of trials being undertaken</p>		No	If Yes, please state the evaluation reference number:
<p>If Yes, please give full details of evaluation. Including whether or not any relevant Groups have been made aware of this evaluation (please state).</p>			
<p>*Consequence & Impact if not approved:</p>		<p>Only company providing maintenance of equipment</p>	
<p>*Is this an Essential or Non-Essential requirement?</p>		<p>Essential</p>	
<p>If Yes, please give details (How many years etc)</p>		<p>For life of equipment</p>	
<p>*Name:</p>		<p>Michelle Kirkham</p>	
<p>*Title:</p>		<p>Professional Head of Radiography</p>	
<p>*Ward/Department:</p>		<p>Radiography</p>	
<p>*Contact No:</p>		<p>01938 558909</p>	
<p>*Budget Holder:</p>		<p>Vic Deakins</p>	
<p>*Requisition Created?</p>		No	If Yes, please state requisition number:
<p>I have delegated responsibility for the non-pay expenditure budget specified above. I confirm that sufficient funding is available within the budget code specified, and authorise the expenditure to be coded accordingly.</p>			
<p>*Signature of requestor (please also print name & position):</p>		 Michelle Kirkham	<p>*Signature of budgetary approver (please also print name & position):</p>
<p>Date of Request:</p>		<p>15.12.20</p>	<p>Date of Approval :</p>

<p>Statement of Support by Approver:</p>	<p>Approved.</p>  Victoria Deakins, Head of therapies
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****Requesting Officer to Complete****

Section 2

Declaration of Interest

The Health Board is obliged to ensure that all procurement processes are carried out in accordance with the public procurement rules and NHS Wales's guidance. Where an employee is engaged in a procurement exercise a formal declaration is required to confirm that there is no potential interest which may give rise to a conflict.


Please confirm the following statements are correct:

		✓	*
1.	Neither I, my family, friends, acquaintances or work colleagues involved in this process, will receive any benefit or gain (financial or otherwise, directly or indirectly) if the contract is awarded to any of the bidders involved in the process as they become known.	✓	
2a.	I have no material interest in whether the contract is awarded or not.	✓	
2b.	I am not in possession of any Additional Information in respect of the procurement process. (Save for the information in the 'Additional Information box below')	✓	
3.	I currently do not benefit in any way, financially or otherwise, including (but not limited to) the receipt of a grant or outside funding, that could influence my decision in respect of the procurement or any of the bidders involved in this process.	✓	
4.	I have not received hospitality (other than of a nominal value or that declared in the register of gifts and hospitality maintained by Corporate Management) or any material gifts, as outlined in the Health Boards Standards of Behaviour Framework Policy http://howis.wales.nhs.uk/sitesplus/972/page/51681 from any of the bidders involved in the process.	✓	
5.	I have read, understood and will abide by the NHS Guidance entitled "Standards of Business Conduct for NHS Staff" (DGM (93)84) and the Trust Standards of Behaviour Framework Policy. http://howis.wales.nhs.uk/sitesplus/972/page/51681	✓	
6.	By signing this declaration I understand that it is my responsibility that should my circumstance change or a new relationship be established in relation to any bidding organisation, I will consult with the Lead Procurement contact and am aware that I may be required to complete a new Declaration of Interest or be required to withdraw my participation.	✓	
7.	I will keep the identities of the bidders, the content of the bids and procurement documents confidential.	✓	

I hereby certify that, to the best of my knowledge and belief, the statements set out above are correct. I understand that any failure on my part to declare an interest in a contract or otherwise to breach the rules and instructions mentioned above is a serious matter and could result in further legal or professional action being taken against me, including (but not limited to):

- Exclusion from the current procurement exercise and future procurement activities
- For Trust employees, it could result in disciplinary proceedings being initiated.
- For non-employees of the Trust we reserve the right to report the matter to their relevant employing organisation and professional body as potential professional misconduct
- Should the matter involve issues that are of a criminal nature e.g. fraud, bribery or corruption then the Trust will notify the appropriate authority to take any necessary action which may include prosecution.

Signature:

 Signature:
Print Name: Michelle Kirkham
Position: Professional Head of Radiography
Date: 15/12/2020

Evans, Caroline
03/04/2021 10:35:13

Authorisation – EXECUTIVE DIRECTOR

Section 3

Designation	Signature	Date
Executive Director/Director	Jamie Marchant – Executive DPCCMH 	13.01.2021
Comments:		


Please note Single Tender/Quotation Action requests cannot be processed unless supported by the above signatures, electronic signatures will NOT be accepted, unless accompanied by an e-mail trail to prove that the authorisation has been completed correctly.

Please now forward to Procurement Department

**** For Procurement Department Completion Only****

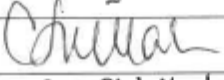
Section 4

Procurement Advice <i>(Delete or cross through as appropriate)</i>	<input checked="" type="checkbox"/> Yes, the SQA or STA is an appropriate course <input type="checkbox"/> No, an alternative option can be pursued <input type="checkbox"/> No Option
Procurement Advice or Rejection Comments: <i>(including any conditions/future actions):</i>	Nanosonics have been proven to be the only supplier capable of providing the maintenance on this equipment. Going direct to the supplier offers enough savings to justify this approach.

Endorsed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Head of Procurement Signature:		Date:	20/1/2021 14/01/2021

**** Chief Executive Approval****

Section 5

Request Supported?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Supporting or Rejection Comments: <i>(including any conditions/future actions):</i>	Procurement advice noted.		
Signed:		Date:	03/02/2021
Please Print Name & Position:	C. Shillabeer.		

Evans & Tate
03/04/2021 10:35:13

Appendix A3



SINGLE QUOTATION/TENDER REQUEST FORM

REFERENCE NUMBER: **POW2021013**

(Applicable to expenditure in excess of £5,000)

Request to Waive Standing Financial Instructions:

Single quote/tender action shall only be undertaken following the approval of this application in **advance** of procurement activity commencing and only in **exceptional circumstances**.

Approval to waive the requirement to seek competitive tenders (purchases between £25,000 & £122,976) & Quotations (purchases between £5,000 and £24,999). In relation to waiver requests over the OJEU threshold, a VEAT notice will also need to be published via Sell2Wales.

It is important that the form is completed **IN FULL** in order to satisfy the Health Board's Standing Orders which require competitive quotations/tenders to be obtained (to prove value of money) unless there are compelling reasons for single sourcing.

Consideration must be given to the Welsh Audit Office Guidance available from the Procurement Team.

Please Note: all requests to waive Standing Financial Instructions will be formally reported to the next Audit Committee for retrospective approval.

***Please complete all mandatory sections. Failure to complete will result in the form being returned to originator**

****To be completed by the Requesting Officer ****

Section 1

Request to Waive <i>Please tick as appropriate</i>	Single Quotation	Single Tender
*Supplier:	My Dentist (Contract Number: 1581940026)	
<p>The granting of this application for a single firm or contractor of a special character is required or a proprietary item or service may be assessed as appropriate:</p> <ul style="list-style-type: none"> the service/good/works is follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition); there is a compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause; there is genuinely only one provider; there is a need to retain a particular contractor for real business continuity issues (not just preferences). <p><small>NB: Evidence of all contact with potential alternative suppliers should be retained. Where no other supplier has been approached justification must also be included to ensure the application process is not delayed</small></p>		
*Please provide detail of Goods/Services/Works required:	OOH Emergency Dental Service in Newtown and Llandrindod Wells, Powys.	

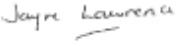


Evans, Caroline
03/04/2021 10:35:13

If Services, is this for Consultancy/Individual?	No	If 'yes', has an IR35 assessment been completed	Not applicable
Does this requirement have an implication under GDPR?	No	If 'yes', has the IG Department been consulted	Yes/ No or not applicable
Proposed agreement period including start and end dates and any extension provision required. <i>NB: Approval cannot be granted retrospectively. Should this be the case, please seek advice from the Procurement department.</i>	1 st April 2021 until 31 st March 2022		
*Unit Cost/Annual Cost:	£74,381.55 annual		
*Total Cost <i>(inc delivery & VAT):</i>	As Above		
*Whole Life Costs: <i>(Please state all additional goods/services/works that may be required during the life of the goods/service/works being requested here. E.g. Maintenance, Consumables etc.)</i>	N/A		
*New or Replacement Equipment/Service: <i>(Please state)</i>	N/A		
*Life Expectancy of equipment	N/A		
*Is this a Recurring Procurement?	No		
*Source of Funding: <i>(Revenue/Capital/Charity etc.)</i>	Revenue/Dental Allocation	*Please provide Financial Code:	
Breakdown of estimated capital and on-going revenue charges per annum. <i>NB: Please ensure your Finance Team are consulted before</i>	N/A		
Have any revenue consequences (particularly staffing or maintenance implications), been agreed?	No If yes give details	N/A	
Any other financial consideration to be declared e.g. risks to ongoing funding, savings: cash releasing, cost avoidance, cost pressure, VFM impact.	N/A		
*Background: Reason for single supplier & details of any alternatives considered & reasons for their rejection (supplier(s) details required)	As this supplier is currently providing this service, Powys Teaching Health Board need to continue with My Dentist in Newtown and Llandrindod Wells for a further 12 months and during in which time PTHB will put the contract out for Tender to commence in April 2022. The formal tender process was not commenced during the covid pandemic phases and it is now necessary to extend the service for continuity of service (procurement have been involved)		

Evans, Caroline
03/04/2021 10:35:13

<p>*Explicit Reasons as to How Value for Money will be achieved when services are provided by a Single Supplier. <i>Sufficient detail should be provided in this section or the request will be returned.</i></p>	<p>This service is a continuation of existing service model for one further year pending national tender process.</p>		
<p>*Have any Trials / Evaluations been undertaken within the Health Board? NB: Appropriate advice should be sought from Procurement in advance of trials being undertaken</p>	No	If Yes, please state the evaluation reference number:	
<p>If Yes, please give full details of evaluation. Including whether or not any relevant Groups have been made aware of this evaluation (please state).</p>			
<p>*Consequence & Impact if not approved:</p>	<p>Continuation of OOH services would cease and patients would experience on going pain and potential infection if treatment were to be delayed. If the service was not available in Powys, patients would have to self-refer to the accident and emergency departments increasing the level of footfall within the DGH's during these unprecedented times.</p>		
<p>*Is this an Essential or Non-Essential requirement?</p>	Essential		
<p>If Yes, please give details (How many years etc)</p>	On going		
*Name:	Jayne Lawrence		
*Title:	Assistant Director of Primary Care		
*Ward/Department:	Primary Care		
*Contact No:	01597 82 8805		
*Budget Holder:	Jayne Lawrence		
*Requisition Created?	No	If Yes, please state requisition number:	
<p>I have delegated responsibility for the non-pay expenditure budget specified above. I confirm that sufficient funding is available within the budget code specified, and authorise the expenditure to be coded accordingly.</p>			

Evans, Caroline
03/04/2021 10:35:13

<p>*Signature of requestor (please also print name & position):</p>	<p>Jayne Lawrence Assistant Director of Primary Care</p>   <p>RE_POW2021013 (002).msg</p>	<p>*Signature of budgetary approver (please also print name & position):</p>	<p>Jamie Marchant Executive Director of Primary, Community & Mental Health Service</p> <p>Approval via email</p>  <p>RE_POW2021013 (002).msg</p>
<p>Date of Request:</p>	<p>27/01/2021</p>	<p>Date of Approval :</p>	<p>01/02/2021</p>
<p>Statement of Support by Approver:</p>			

****Requesting Officer to Complete****

Section 2

Declaration of Interest

The Health Board is obliged to ensure that all procurement processes are carried out in accordance with the public procurement rules and NHS Wales's guidance. Where an employee is engaged in a procurement exercise a formal declaration is required to confirm that there is no potential interest which may give rise to a conflict.

Please confirm the following statements are correct:

		✓	x
1.	Neither I, my family, friends, acquaintances or work colleagues involved in this process, will receive any benefit or gain (financial or otherwise, directly or indirectly) if the contract is awarded to any of the bidders involved in the process as they become known.		x
2a.	I have no material interest in whether the contract is awarded or not.		x
2b.	I am not in possession of any Additional Information in respect of the procurement process. (Save for the information in the 'Additional Information box below)		x
3.	I currently do not benefit in any way, financially or otherwise, including (but not limited to) the receipt of a grant or outside funding, that could influence my decision in respect of the procurement or any of the bidders involved in this process.		x
4.	I have not received hospitality (other than of a nominal value or that declared in the register of gifts and hospitality maintained by Corporate Management) or any material gifts, as outlined in the Health Boards Standards of Behaviour Framework Policy http://howis.wales.nhs.uk/sitesplus/972/page/51681 from any of the bidders involved in the process.		x
5.	I have read, understood and will abide by the NHS Guidance entitled "Standards of Business Conduct for NHS Staff" (DGM (93)84) and the Trust Standards of Behaviour Framework Policy. http://howis.wales.nhs.uk/sitesplus/972/page/51681		x
6.	By signing this declaration I understand that it is my responsibility that should my circumstance change or a new relationship be established in relation to any bidding organisation, I will consult with the Lead Procurement contact and am aware that I may be required to complete a new Declaration of Interest or be required to withdraw my participation.		x
7.	I will keep the identities of the bidders, the content of the bids and procurement documents confidential.		x

I hereby certify that, to the best of my knowledge and belief, the statements set out above are correct. I understand that any failure on my part to declare an interest in a contract or otherwise to breach the rules and instructions mentioned above is a serious matter and could result in further legal or professional action being taken against me, including (but not limited to):

- Exclusion from the current procurement exercise and future procurement activities
- For Trust employees, it could result in disciplinary proceedings being initiated.

Evans, Caroline
03/04/2021 10:35:13

- For non-employees of the Trust we reserve the right to report the matter to their relevant employing organisation and professional body as potential professional misconduct
- Should the matter involve issues that are of a criminal nature e.g. fraud, bribery or corruption then the Trust will notify the appropriate authority to take any necessary action which may include prosecution.

Signature:

Signature: <i>Jayne Lawrence</i>
Print Name: Jayne Lawrence
Position: Assistant Director of Primary Care
Date: 27/01/2021

Authorisation – EXECUTIVE DIRECTOR

Section 3

Designation	Signature	Date
Executive Director/Director	Jamie Marchant Executive Director of Primary, Community & Mental Health Service Approved via email  RE_POW2021013 (002).msg	01/02/2021
Comments:		

Please note Single Tender/Quotation Action requests cannot be processed unless supported by the above signatures, electronic signatures will NOT be accepted, unless accompanied by an e-mail trail to prove that the authorisation has been completed correctly.

Please now forward to Procurement Department

**** For Procurement Department Completion Only****

Section 4

Procurement Advice <i>(Delete or cross through as appropriate)</i>	<ul style="list-style-type: none"> • Yes, the SQA or STA is an appropriate course • No, an alternative option can be pursued • No-Option
Procurement Advice or Rejection Comments: <i>(including any conditions/future actions):</i>	We recognise that disruption to this service would cause significant pressure on other Health Board services. As the original tender was delayed due to the Covid pandemic Procurement supports this waiver as an interim arrangement pending a full tender exercise.

Evans, Caroline
03/04/2021 10:35:13

Endorsed	Yes/No		
Head of Procurement Signature:	<i>S Owens</i> DHoP	Date:	02/02/2021

**** Chief Executive Approval****

Section 5

Request Supported?	<u>Yes</u> /No
Supporting or Rejection Comments: <i>(including any conditions/future actions):</i>	<i>Procurement advice noted.</i>
Signed:	<i>Carol Shillabeer</i> Date: <i>03/02/2021</i>
Please Print Name & Position:	<i>Carol Shillabeer</i>

*Evans, Caroline
03/04/2021 10:35:13*

Appendix A4



SINGLE QUOTATION/TENDER REQUEST FORM

REFERENCE NUMBER: **POW2021015**

(Applicable to expenditure in excess of £5,000)

Request to Waive Standing Financial Instructions:

Single quote/tender action shall only be undertaken following the approval of this application in **advance** of procurement activity commencing and only in **exceptional circumstances**.

Approval to waive the requirement to seek competitive tenders (purchases between £25,000 & £122,976) & Quotations (purchases between £5,000 and £24,999). In relation to waiver requests over the OJEU threshold, a VEAT notice will also need to be published via Sell2Wales.

It is important that the form is completed **IN FULL** in order to satisfy Standing Orders which require competitive quotations/tenders to be obtained (to prove value of money) unless there are compelling reasons for single sourcing.

Consideration must be given to the Welsh Audit Office Guidance available from the Procurement Team.

Please Note: all requests to waive Standing Financial Instructions will be formally reported to the next Audit Committee for retrospective approval.

***Please complete all mandatory sections. Failure to complete will result in the form being returned to originator**

****To be completed by the Requesting Officer ****

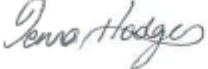

Section 1

Request to Waive <i>Please tick as appropriate</i>	Single Quotation	Single Tender
*Supplier:	Consultation Institute	
<p>The granting of this application for a single firm or contractor of a special character is required or a proprietary item or service may be assessed as appropriate:</p> <ul style="list-style-type: none"> the service/good/works is follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition); there is a compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause; there is genuinely only one provider; there is a need to retain a particular contractor for real business continuity issues (not just preferences). <p><small>NB: Evidence of all contact with potential alternative suppliers should be retained. Where no other supplier has been approached justification must also be included to ensure the application process is not delayed</small></p>		
*Please provide detail of Goods/Services/Works required:	Bespoke support from the Consultation Institute to help CHCs further develop their engagement and service change functions during the COVID pandemic.	

Evans, Caroline
03/04/2021 10:35:13

If Services, is this for Consultancy/Individual?	Yes/ No	If 'yes', has an IR35 assessment been completed	Yes/ No or not applicable
Does this requirement have an implication under GDPR?	Yes/ No	If 'yes', has the IG Department been consulted	Yes/ No or not applicable
Proposed agreement period including start and end dates and any extension provision required. <i>NB: Approval cannot be granted retrospectively. Should this be the case, please seek advice from the Procurement department.</i>	February 2021 onwards		
*Unit Cost/Annual Cost:	£12,500		
*Total Cost <i>(inc delivery & VAT):</i>			
*Whole Life Costs: <i>(Please state all additional goods/services/works that may be required during the life of the goods/service/works being requested here. E.g. Maintenance, Consumables etc.)</i>			
*New or Replacement Equipment/Service: <i>(Please state)</i>	One off programme of expert bespoke advice and learning for CHCs		
*Life Expectancy of equipment	One off programme of expert bespoke advice and learning for CHCs		
*Is this a Recurring Procurement?	No		
*Source of Funding: <i>(Revenue/Capital/Charity etc.)</i>	Board Central budget	*Please provide Financial Code:	
Breakdown of estimated capital and on-going revenue charges per annum. <i>NB: Please ensure your Finance Team are consulted before</i>	None.		
Have any revenue consequences (particularly staffing or maintenance implications), been agreed?	Yes / No If yes give details	Not applicable	
Any other financial consideration to be declared e.g. risks to ongoing funding, savings: cash releasing, cost avoidance, cost pressure, VFM impact.	None		
*Background: Reason for single supplier & details of any alternatives considered & reasons for their rejection (supplier(s) details required)	We are considering a single tender action as we have not identified any other provider who can provide the same type/level of bespoke advice and expertise.		

Evans Caroline
03/04/2021 10:35:13

*Explicit Reasons as to How Value for Money will be achieved when services are provided by a Single Supplier. <i>Sufficient detail should be provided in this section or the request will be returned.</i>	The Board office will share the learning/advice provided to individual CHCs with all other CHCs to enable collective learning/application of advice in similar circumstances. We expect this to potentially reduce the frequency/level of legal advice needed on service change and related engagement approaches		
*Have any Trials / Evaluations been undertaken within the Health Board? NB: Appropriate advice should be sought from Procurement in advance of trials being undertaken	No	If Yes, please state the evaluation reference number:	
If Yes, please give full details of evaluation. Including whether or not any relevant Groups have been made aware of this evaluation (please state).			
*Consequence & Impact if not approved:	Lack of responsiveness/further development of CHCs to enable them to continue to hear from and represent the interests of patients and the public by working in new ways in response to the coronavirus pandemic		
*Is this an Essential or Non-Essential requirement?	Essential		
If Yes, please give details (How many years etc)	A contract for a one-off programme of bespoke advice and learning for the CHC movement		
*Name:	Jenna Hodges		
*Title:	Business Manager		
*Ward/Department:	Board of CHCs in Wales		
*Contact No:	02920 235558		
*Budget Holder:	Alyson Thomas		
*Requisition Created?	No	If Yes, please state requisition number:	
I have delegated responsibility for the non-pay expenditure budget specified above. I confirm that sufficient funding is available within the budget code specified, and authorise the expenditure to be coded accordingly.			
*Signature of requestor (please also print name & position):	 JENNA HODGES BUSINESS MANGER	*Signature of budgetary approver (please also print name & position):	 ALYSON THOMAS CHIEF EXECUTIVE
Date of Request:	13 JANUARY 2021	Date of Approval :	
Statement of Support by Approver:			

Evans, Caroline
03/04/2021 10:35:13

****Requesting Officer to Complete****

Section 2

Declaration of Interest

The Health Board is obliged to ensure that all procurement processes are carried out in accordance with the public procurement rules and NHS Wales's guidance. Where an employee is engaged in a procurement exercise a formal declaration is required to confirm that there is no potential interest which may give rise to a conflict.


Please confirm the following statements are correct:

		✓ x
1.	Neither I, my family, friends, acquaintances or work colleagues involved in this process, will receive any benefit or gain (financial or otherwise, directly or indirectly) if the contract is awarded to any of the bidders involved in the process as they become known.	✓
2a.	I have no material interest in whether the contract is awarded or not.	✓
2b.	I am not in possession of any Additional Information in respect of the procurement process. (Save for the information in the 'Additional Information box below)	✓
3.	I currently do not benefit in any way, financially or otherwise, including (but not limited to) the receipt of a grant or outside funding, that could influence my decision in respect of the procurement or any of the bidders involved in this process.	✓
4.	I have not received hospitality (other than of a nominal value or that declared in the register of gifts and hospitality maintained by Corporate Management) or any material gifts, as outlined in the Health Boards Standards of Behaviour Framework Policy http://howis.wales.nhs.uk/sitesplus/972/page/51681 from any of the bidders involved in the process.	✓
5.	I have read, understood and will abide by the NHS Guidance entitled "Standards of Business Conduct for NHS Staff" (DGM (93)84) and the Trust Standards of Behaviour Framework Policy. http://howis.wales.nhs.uk/sitesplus/972/page/51681	✓
6.	By signing this declaration I understand that it is my responsibility that should my circumstance change or a new relationship be established in relation to any bidding organisation, I will consult with the Lead Procurement contact and am aware that I may be required to complete a new Declaration of Interest or be required to withdraw my participation.	✓
7.	I will keep the identities of the bidders, the content of the bids and procurement documents confidential.	✓

I hereby certify that, to the best of my knowledge and belief, the statements set out above are correct. I understand that any failure on my part to declare an interest in a contract or otherwise to breach the rules and instructions mentioned above is a serious matter and could result in further legal or professional action being taken against me, including (but not limited to):

- Exclusion from the current procurement exercise and future procurement activities
- For Trust employees, it could result in disciplinary proceedings being initiated.
- For non-employees of the Trust we reserve the right to report the matter to their relevant employing organisation and professional body as potential professional misconduct
- Should the matter involve issues that are of a criminal nature e.g. fraud, bribery or corruption then the Trust will notify the appropriate authority to take any necessary action which may include prosecution.


Signature:


Signature:
Print Name: JENNA HODGES
Position: BUSINESS MANAGER
Date: 13/1/21

Evans, Caroline
03/04/2021 10:35:13

Authorisation – EXECUTIVE DIRECTOR

Section 3

Designation	Signature	Date
Executive Director/Director	 ALYSON THOMAS CHIEF EXECUTIVE	13/1/21
Comments:		

Please note Single Tender/Quotation Action requests cannot be processed unless supported by the above signatures, electronic signatures will NOT be accepted, unless accompanied by an e-mail trail to prove that the authorisation has been completed correctly.

Please now forward to Procurement Department

**** For Procurement Department Completion Only****

Section 4

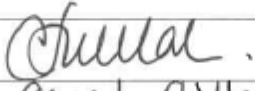
Procurement Advice <i>(Delete or cross through as appropriate)</i>	<ul style="list-style-type: none"> • Yes, the SQA or STA is an appropriate course • No, an alternative option can be pursued • No-Option
Procurement Advice or Rejection Comments: <i>(including any conditions/future actions):</i>	<p>Procurement cannot confirm whether there are additional suppliers available without a market testing exercise, however it is recognised that this particular service is required because of the Covid-19 pandemic and therefore we support the request.</p> <p>The Cabinet Office published a Procurement Policy Note (PPN 01/20) in response to the Covid pandemic, which allows contracting organisations to make 'case by case' decisions on contracts and accepts awarding in extremely urgent cases.</p> <p>Procurement would advise that if further services were required a full competitive exercise be carried to out to ensure value for money.</p>
Endorsed	Yes/No
Head of Procurement Signature:	Date:

**** Chief Executive Approval****

Section 5

Request Supported?	Yes/No
---------------------------	--------

Evans, Caroline
03/04/2021 10:35:13

Supporting or Rejection Comments: <i>(including any conditions/future actions):</i>			
Signed:		Date:	10/02/2021
Please Print Name & Position:	Carol Shillabeer		

Evans, Caroline
03/04/2021 10:35:13

Appendix A5



SINGLE QUOTATION/TENDER REQUEST FORM

REFERENCE NUMBER: **POW2021017**

(Applicable to expenditure in excess of £5,000)

Request to Waive Standing Financial Instructions:

Single quote/tender action shall only be undertaken following the approval of this application in **advance** of procurement activity commencing and only in **exceptional circumstances**.

Approval to waive the requirement to seek competitive tenders (purchases between £25,000 & £122,976) & Quotations (purchases between £5,000 and £24,999). In relation to waiver requests over the OJEU threshold, a VEAT notice will also need to be published via Sell2Wales.

It is important that the form is completed **IN FULL** in order to satisfy the Health Board's Standing Orders which require competitive quotations/tenders to be obtained (to prove value of money) unless there are compelling reasons for single sourcing.

Consideration must be given to the Welsh Audit Office Guidance available from the Procurement Team.

Please Note: all requests to waive Standing Financial Instructions will be formally reported to the next Audit Committee for retrospective approval.

***Please complete all mandatory sections. Failure to complete will result in the form being returned to originator**

****To be completed by the Requesting Officer ****


Section 1

Request to Waive <i>Please tick as appropriate</i>	Single Quotation	Single Tender
*Supplier:	T Ichim, Llanfyllin Dental Practice (Contract Number: 6591930002)	
<p>The granting of this application for a single firm or contractor of a special character is required or a proprietary item or service may be assessed as appropriate:</p> <ul style="list-style-type: none"> the service/good/works is follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition); there is a compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause; there is genuinely only one provider; there is a need to retain a particular contractor for real business continuity issues (not just preferences). <p><small>NB: Evidence of all contact with potential alternative suppliers should be retained. Where no other supplier has been approached justification must also be included to ensure the application process is not delayed</small></p>		
*Please provide detail of Goods/Services/Works required:	This contract is for emergency and new patients, to support the access for patients in North Powys.	

Evans, Caroline
03/04/2021 10:35:13

If Services, is this for Consultancy/Individual?	No	If 'yes', has an IR35 assessment been completed	Not applicable
Does this requirement have an implication under GDPR?	No	If 'yes', has the IG Department been consulted	Yes/ No or not applicable
Proposed agreement period including start and end dates and any extension provision required. <i>NB: Approval cannot be granted retrospectively. Should this be the case, please seek advice from the Procurement department.</i>	1 st April 2021 until 31 st March 2022		
*Unit Cost/Annual Cost:	£16,163.26 annual		
*Total Cost <i>(inc delivery & VAT):</i>	As Above		
*Whole Life Costs: <i>(Please state all additional goods/services/works that may be required during the life of the goods/service/works being requested here. E.g. Maintenance, Consumables etc.)</i>	N/A		
*New or Replacement Equipment/Service: <i>(Please state)</i>	N/A		
*Life Expectancy of equipment	N/A		
*Is this a Recurring Procurement?	No		
*Source of Funding: <i>(Revenue/Capital/Charity etc.)</i>	Revenue/Dental Allocation	*Please provide Financial Code:	
Breakdown of estimated capital and on-going revenue charges per annum. <i>NB: Please ensure your Finance Team are consulted before</i>	N/A		
Have any revenue consequences (particularly staffing or maintenance implications), been agreed?	No If yes give details	N/A	
Any other financial consideration to be declared e.g. risks to ongoing funding, savings: cash releasing, cost avoidance, cost pressure, VFM impact.	N/A		
*Background: Reason for single supplier & details of any alternatives considered & reasons for their rejection (supplier(s) details required)	As this supplier is currently providing this service, Powys Teaching Health Board need to continue with T Ichim in Llanfyllin for a further 12 months and during in which time PTHB will put the contract out for Tender to commence in April 2022. The formal tender process was not commenced during the covid pandemic phases and it is now necessary to extend the service for continuity of service (procurement have been involved)		

Evans, Caroline
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<p>*Explicit Reasons as to How Value for Money will be achieved when services are provided by a Single Supplier. <i>Sufficient detail should be provided in this section or the request will be returned.</i></p>	<p>This service is a continuation of existing service model for one further year pending national tender process.</p>		
<p>*Have any Trials / Evaluations been undertaken within the Health Board? NB: Appropriate advice should be sought from Procurement in advance of trials being undertaken</p>	<p>No</p>	<p>If Yes, please state the evaluation reference number:</p>	
<p>If Yes, please give full details of evaluation. Including whether or not any relevant Groups have been made aware of this evaluation (please state).</p>			
<p>*Consequence & Impact if not approved:</p>	<p>Continuation of services would cease and patients would experience on going pain and potential infection if treatment were to be delayed. If the service was not available in North Powys, patients would have to travel further to access dental care or self-refer to the accident and emergency departments increasing the level of footfall within the DGH's during these unprecedented times.</p>		
<p>*Is this an Essential or Non-Essential requirement?</p>	<p>Essential</p>		
<p>If Yes, please give details (How many years etc)</p>	<p>On going</p>		
<p>*Name:</p>	<p>Jayne Lawrence</p>		
<p>*Title:</p>	<p>Assistant Director of Primary Care</p>		
<p>*Ward/Department:</p>	<p>Primary Care</p>		
<p>*Contact No:</p>	<p>01597 82 8805</p>		
<p>*Budget Holder:</p>	<p>Jayne Lawrence</p>		
<p>*Requisition Created?</p>	<p>No</p>	<p>If Yes, please state requisition number:</p>	
<p>I have delegated responsibility for the non-pay expenditure budget specified above. I confirm that sufficient funding is available within the budget code specified, and authorise the expenditure to be coded accordingly.</p>			
<p>*Signature of requestor (please also print name & position):</p>	<p>Jayne Lawrence <i>Jayne Lawrence</i></p>	<p>*Signature of budgetary approver (please also print name & position):</p>	<p>Jamie Marchant Executive Director of Primary, Community & Mental Health Service </p>
<p>Date of Request:</p>	<p>3/02/2021</p>	<p>Date of Approval :</p>	<p>04.02.2021</p>

Evans, Caroline
 03/04/2021 10:35:13

Statement of Support by Approver:			
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****Requesting Officer to Complete****

Section 2

Declaration of Interest

The Health Board is obliged to ensure that all procurement processes are carried out in accordance with the public procurement rules and NHS Wales's guidance. Where an employee is engaged in a procurement exercise a formal declaration is required to confirm that there is no potential interest which may give rise to a conflict.

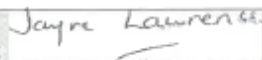
Please confirm the following statements are correct:

		✓ x
1.	Neither I, my family, friends, acquaintances or work colleagues involved in this process, will receive any benefit or gain (financial or otherwise, directly or indirectly) if the contract is awarded to any of the bidders involved in the process as they become known.	x
2a.	I have no material interest in whether the contract is awarded or not.	x
2b.	I am not in possession of any Additional Information in respect of the procurement process. (Save for the information in the 'Additional Information box below)	x
3.	I currently do not benefit in any way, financially or otherwise, including (but not limited to) the receipt of a grant or outside funding, that could influence my decision in respect of the procurement or any of the bidders involved in this process.	x
4.	I have not received hospitality (other than of a nominal value or that declared in the register of gifts and hospitality maintained by Corporate Management) or any material gifts, as outlined in the Health Boards Standards of Behaviour Framework Policy http://howis.wales.nhs.uk/sitesplus/972/page/51681 from any of the bidders involved in the process.	x
5.	I have read, understood and will abide by the NHS Guidance entitled "Standards of Business Conduct for NHS Staff" (DGM (93)84) and the Trust Standards of Behaviour Framework Policy. http://howis.wales.nhs.uk/sitesplus/972/page/51681	x
6.	By signing this declaration I understand that it is my responsibility that should my circumstance change or a new relationship be established in relation to any bidding organisation, I will consult with the Lead Procurement contact and am aware that I may be required to complete a new Declaration of Interest or be required to withdraw my participation.	x
7.	I will keep the identities of the bidders, the content of the bids and procurement documents confidential.	x

I hereby certify that, to the best of my knowledge and belief, the statements set out above are correct. I understand that any failure on my part to declare an interest in a contract or otherwise to breach the rules and instructions mentioned above is a serious matter and could result in further legal or professional action being taken against me, including (but not limited to):

- Exclusion from the current procurement exercise and future procurement activities
- For Trust employees, it could result in disciplinary proceedings being initiated.
- For non-employees of the Trust we reserve the right to report the matter to their relevant employing organisation and professional body as potential professional misconduct
- Should the matter involve issues that are of a criminal nature e.g. fraud, bribery or corruption then the Trust will notify the appropriate authority to take any necessary action which may include prosecution.

Signature:

Signature: 
Print Name: Jayne Lawrence
Position: Assistant Director of Primary Care
Date: 03/02/2021

Evans, Caroline
03/04/2021 10:35:13

Authorisation – EXECUTIVE DIRECTOR

Section 3


Designation	Signature	Date
Executive Director/Director	Jamie Marchant Executive Director of Primary, Community & Mental Health Service 	04/02/2021
Comments:		

Please note Single Tender/Quotation Action requests cannot be processed unless supported by the above signatures, electronic signatures will NOT be accepted, unless accompanied by an e-mail trail to prove that the authorisation has been completed correctly.

Please now forward to Procurement Department

**** For Procurement Department Completion Only****

Section 4

Procurement Advice <i>(Delete or cross through as appropriate)</i>	<ul style="list-style-type: none"> • Yes, the SQA or STA is an appropriate course • No, an alternative option can be pursued • No Option 		
Procurement Advice or Rejection Comments: <i>(including any conditions/future actions):</i>	We recognise that disruption to this service would cause significant pressure on other Health Board services. As the original tender was delayed due to the Covid pandemic Procurement supports this waiver as an interim arrangement pending a full tender exercise.		
Endorsed	Yes/No		
Head of Procurement Signature:	 DHOP	Date:	04/02/2021

**** Chief Executive Approval****

Section 5

Request Supported?	Yes/No 
Supporting or Rejection Comments: <i>(including any conditions/future actions):</i>	

Evans, Caroline
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Signed:	<i>Carol Stullaber</i>	Date:	<i>10/02/2021</i>
Please Print Name & Position:	<i>Carol Stullaber</i>		

Evans, Caroline
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Appendix A6



SINGLE QUOTATION/TENDER REQUEST FORM

REFERENCE NUMBER: **POW2021018**

(Applicable to expenditure in excess of £5,000)

Request to Waive Standing Financial Instructions:

Single quote/tender action shall only be undertaken following the approval of this application in **advance** of procurement activity commencing and only in **exceptional circumstances**.

Approval to waive the requirement to seek competitive tenders (purchases between £25,000 & £122,976) & Quotations (purchases between £5,000 and £24,999). In relation to waiver requests over the OJEU threshold, a VEAT notice will also need to be published via Sell2Wales.

It is important that the form is completed **IN FULL** in order to satisfy the Health Board's Standing Orders which require competitive quotations/tenders to be obtained (to prove value of money) unless there are compelling reasons for single sourcing.

Consideration must be given to the Welsh Audit Office Guidance available from the Procurement Team.

Please Note: all requests to waive Standing Financial Instructions will be formally reported to the next Audit Committee for retrospective approval.

***Please complete all mandatory sections. Failure to complete will result in the form being returned to originator**

****To be completed by the Requesting Officer ****

Section 1

Request to Waive <i>Please tick as appropriate</i>	Single Quotation	Single Tender
*Supplier:	E G Davies, Machynlleth (Contract Number: 7629380001)	
<p>The granting of this application for a single firm or contractor of a special character is required or a proprietary item or service may be assessed as appropriate:</p> <ul style="list-style-type: none"> the service/good/works is follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition); there is a compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause; there is genuinely only one provider; there is a need to retain a particular contractor for real business continuity issues (not just preferences). <p><small>NB: Evidence of all contact with potential alternative suppliers should be retained. Where no other supplier has been approached justification must also be included to ensure the application process is not delayed</small></p>		
*Please provide detail of Goods/Services/Works required:	This contract is a PDS contract to support the CDS 'Design to Smile', with a focus on vulnerable high needs children in North Powys.	


Evans, Caroline
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If Services, is this for Consultancy/Individual?	No	If 'yes', has an IR35 assessment been completed	Yes/ No or not applicable
Does this requirement have an implication under GDPR?	No	If 'yes', has the IG Department been consulted	Yes/ No or not applicable
Proposed agreement period including start and end dates and any extension provision required. <i>NB: Approval cannot be granted retrospectively. Should this be the case, please seek advice from the Procurement department.</i>	1 st April 2021 until 31 st March 2022		
*Unit Cost/Annual Cost:	£28,615.35		
*Total Cost <i>(inc delivery & VAT):</i>	As Above		
*Whole Life Costs: <i>(Please state all additional goods/services/works that may be required during the life of the goods/service/works being requested here. E.g. Maintenance, Consumables etc.)</i>	N/A		
*New or Replacement Equipment/Service: <i>(Please state)</i>	N/A		
*Life Expectancy of equipment	N/A		
*Is this a Recurring Procurement?	No		
*Source of Funding: <i>(Revenue/Capital/Charity etc.)</i>	Revenue/Dental Allocation	*Please provide Financial Code:	
Breakdown of estimated capital and on-going revenue charges per annum. <i>NB: Please ensure your Finance Team are consulted before</i>	N/A		
Have any revenue consequences (particularly staffing or maintenance implications), been agreed?	No If yes give details	N/A	
Any other financial consideration to be declared e.g. risks to ongoing funding, savings: cash releasing, cost avoidance, cost pressure, VFM impact.	N/A		
*Background: Reason for single supplier & details of any alternatives considered & reasons for their rejection (supplier(s) details required)	As this supplier is currently providing this service, Powys Teaching Health Board need to continue with E G Davies in Machynlleth for a further 12 months and during in which time PTHB will put the contract out for Tender to commence in April 2022. The formal tender process was not commenced during the covid pandemic phases and it is now necessary to extend the		

Evans, Caroline
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	service for continuity of service (procurement have been involved)		
*Explicit Reasons as to How Value for Money will be achieved when services are provided by a Single Supplier. <i>Sufficient detail should be provided in this section or the request will be returned.</i>	This service is a continuation of existing service model for one further year pending national tender process.		
*Have any Trials / Evaluations been undertaken within the Health Board? NB: Appropriate advice should be sought from Procurement in advance of trials being undertaken	No	If Yes, please state the evaluation reference number:	
If Yes, please give full details of evaluation. Including whether or not any relevant Groups have been made aware of this evaluation (please state).			
*Consequence & Impact if not approved:	Continuation of services would cease and patients would experience on going pain and potential infection if treatment were to be delayed. If the service was not available in North Powys, patients would have to travel further to access dental care or self-refer to the accident and emergency departments increasing the level of footfall within the DGH's during these unprecedented times.		
*Is this an Essential or Non-Essential requirement?	Essential		
If Yes, please give details (How many years etc)	On going		
*Name:	Jayne Lawrence		
*Title:	Assistant Director of Primary Care		
*Ward/Department:	Primary Care		
*Contact No:	01597 82 8805		
*Budget Holder:	Jayne Lawrence		
*Requisition Created?	No	If Yes, please state requisition number:	
I have delegated responsibility for the non-pay expenditure budget specified above. I confirm that sufficient funding is available within the budget code specified, and authorise the expenditure to be coded accordingly.			
*Signature of requestor (please also print name & position):	Jayne Lawrence	*Signature of budgetary approver	Jamie Marchant

Evans, Caroline
03/04/2021 10:35:13

	Assistant Director of Primary Care <i>Jayne Lawrence</i>	(please also print name & position):	Executive Director of Primary, Community & Mental Health Service 
Date of Request:	03/02/2021	Date of Approval :	04.02.2021
Statement of Support by Approver:			

****Requesting Officer to Complete****

Section 2

Declaration of Interest

The Health Board is obliged to ensure that all procurement processes are carried out in accordance with the public procurement rules and NHS Wales's guidance. Where an employee is engaged in a procurement exercise a formal declaration is required to confirm that there is no potential interest which may give rise to a conflict.

Please confirm the following statements are correct:

		✓	x
1.	Neither I, my family, friends, acquaintances or work colleagues involved in this process, will receive any benefit or gain (financial or otherwise, directly or indirectly) if the contract is awarded to any of the bidders involved in the process as they become known.		x
2a.	I have no material interest in whether the contract is awarded or not.		x
2b.	I am not in possession of any Additional Information in respect of the procurement process. (Save for the information in the 'Additional Information box below)		x
3.	I currently do not benefit in any way, financially or otherwise, including (but not limited to) the receipt of a grant or outside funding, that could influence my decision in respect of the procurement or any of the bidders involved in this process.		x
4.	I have not received hospitality (other than of a nominal value or that declared in the register of gifts and hospitality maintained by Corporate Management) or any material gifts, as outlined in the Health Boards Standards of Behaviour Framework Policy http://howis.wales.nhs.uk/sitesplus/972/page/51681 from any of the bidders involved in the process.		x
5.	I have read, understood and will abide by the NHS Guidance entitled "Standards of Business Conduct for NHS Staff" (DGM (93)84) and the Trust Standards of Behaviour Framework Policy. http://howis.wales.nhs.uk/sitesplus/972/page/51681		x
6.	By signing this declaration I understand that it is my responsibility that should my circumstance change or a new relationship be established in relation to any bidding organisation, I will consult with the Lead Procurement contact and am aware that I may be required to complete a new Declaration of Interest or be required to withdraw my participation.		x
7.	I will keep the identities of the bidders, the content of the bids and procurement documents confidential.		x

I hereby certify that, to the best of my knowledge and belief, the statements set out above are correct. I understand that any failure on my part to declare an interest in a contract or otherwise to breach the rules and instructions mentioned above is a serious matter and could result in further legal or professional action being taken against me, including (but not limited to):

- Exclusion from the current procurement exercise and future procurement activities
- For Trust employees, it could result in disciplinary proceedings being initiated.
- For non-employees of the Trust we reserve the right to report the matter to their relevant employing organisation and professional body as potential professional misconduct
- Should the matter involve issues that are of a criminal nature e.g. fraud, bribery or corruption then the Trust will notify the appropriate authority to take any necessary action which may include prosecution.


Signature:

*Evans, Caroline
03/04/2021 10:35:13*

Signature: <i>Jayne Lawrence</i>
Print Name: Jayne Lawrence
Position: Assistant Director of Primary Care
Date: 03/02/2021

Authorisation – EXECUTIVE DIRECTOR

Section 3

Designation	Signature	Date
Executive Director/Director	Jamie Marchant Executive Director of Primary, Community & Mental Health Service 	04/02/2021
Comments:		

Please note Single Tender/Quotation Action requests cannot be processed unless supported by the above signatures, electronic signatures will NOT be accepted, unless accompanied by an e-mail trail to prove that the authorisation has been completed correctly.

Please now forward to Procurement Department

**** For Procurement Department Completion Only****

Section 4

Procurement Advice <i>(Delete or cross through as appropriate)</i>	<ul style="list-style-type: none"> • Yes, the SQA or STA is an appropriate course • No, an alternative option can be pursued • No-Option
Procurement Advice or Rejection Comments: <i>(including any conditions/future actions):</i>	We recognise that disruption to this service would cause significant pressure on other Health Board services. As the original tender was delayed due to the Covid pandemic Procurement supports this waiver as an interim arrangement pending a full tender exercise.
Endorsed	Yes/No
Head of Procurement Signature:	<i>S Owens</i> DHOP
Date:	04/02/2021

**** Chief Executive Approval****

Section 5

Request Supported?	<input checked="" type="radio"/> Yes/No
---------------------------	---

Evans, Caroline
03/04/2021 10:35:13

Supporting or Rejection Comments: <small>(including any conditions/future actions):</small>	Document advice noted.		
Signed:	[Signature]	Date:	18/02/2021
Please Print Name & Position:	Carol Shillaber.		

Evans, Caroline
 03/04/2021 10:35:13

Audit, Risk and Assurance Committee		Date of Meeting: 09 March 2021
Subject :	ANNUAL ACCOUNTS 2020-21 Timetable and Principles for the Financial Methodology and Approach at Year End	
Approved and Presented by:	Director of Finance and IT	
Prepared by:	Head of Financial Services	
Other Committees and meetings considered at:	None	

PURPOSE:

The purpose of this paper is to provide the Audit, Risk and Assurance Committee with an outline of the approach and principles to be adopted for completion of the 2020-21 Annual Accounts together with the planned approach to key financial areas.

RECOMMENDATION(S):

The Audit, Risk and Assurance Committee is asked to: -

- to note the content of this report;
- to AGREE the planned approach to accounting areas including use of estimates where needed as outlined within the paper.

Ratification	Discussion	Information
✓		

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

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

EXECUTIVE SUMMARY:

The Health Board has a statutory duty to complete and submit Annual Audited Accounts to Welsh Government. This paper is to inform the Audit, Risk and Assurance Committee of the work completed to date and the further steps required plus the key methodology to be adopted in completing the Annual Accounts process.

DETAILED BACKGROUND AND ASSESSMENT:

The purpose of this paper is to update the Committee on the plans in place to close the Annual Accounts for the year ending 31st March 2021.

This paper outlines the timetable and key dates for delivery of the Annual Accounts.

This paper also highlights key financial assumptions and methodologies to be adopted and the impact of this on the Annual Accounts.

NEXT STEPS:

Adherence to the timetable and approach as defined within the paper.

1. INTRODUCTION

- 1.1. The purpose of this paper is to provide the Audit, Risk and Assurance Committee on the plans in place to close the Annual Accounts for the year ending 31st March 2021.
- 1.2. As well as the timetable and key dates for delivery of the Annual Accounts this paper will also highlight key financial areas and the approach adopted in Powys on the assessment of these and the impact of this on the Annual Accounts.

2. BACKGROUND

- 2.1. A very detailed and comprehensive closedown timetable with supporting guidance notes has been developed and made available to all staff within the Directorate via email .
- 2.2. Once the final version of the Manual for Accounts is received, which is expected this month, this will be saved on a shared drive within Directorate for staff reference where required.
- 2.3. The key dates and milestones from the main Annual Accounts Closure Timetable are summarised in the table below:

Annual Accounts Task	Deadline
Issue NHS Debtor Balance Statements to other NHS Wales bodies	7 th April 2021
Sign off date for Agreement of NHS Wales Debtors & Creditors	12 th April 2021
Issue Income transactions to NHS Wales bodies	14 th April 2021
Sign off date for agreement of NHS Wales Income & Expenditure	21 st April 2021
Finalise Health Board Outturn Position	9 th April 2021
Close Health Board old year financial ledger	9 th April 2021
Submit LMS to Welsh Government	22 nd April 2021
Preparation of draft Accounts for Senior Finance Team review	21 st April 2021
Draft Accounts review by Audit, Risk and Assurance Committee	29 th April 2021
Submission of Draft Accounts	30 th April 2021
Submission of Draft Accountability Report and Performance Overview (including Remuneration Report)	7 th May 2021

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Annual Accounts Task	Deadline
Submission of Audited Accounts	11 th June 2021 (Noon)

3. GOVERNANCE AND RISK ISSUES

- 3.1. The Audit, Risk and Assurance Committee meeting already scheduled for Thursday 29th May 2021, will receive the draft Annual Accounts, Accountability Report and the Remuneration Report. The draft Performance Report will be considered by the Performance and Resources Committee on 6th May 2021
- 3.2. A special meeting of the Audit, Risk and Assurance Committee has been arranged for Tuesday 8th June 2021, to review the full audited statements and reports, with a Board meeting to formally adopt them on Thursday 10th June 2021. The deadline for submission to Welsh Government is noon on Friday, 11th June 2021.
- 3.3. In closing the accounts, the following key issues are drawn to the attention of the Committee and Audit Wales with regards to the technical accounting treatment that will be employed by Powys Teaching Health Board in closing the draft annual accounts.

A. CAPITAL ISSUES

i. De-recognition

The approach developed by the All Wales Technical Accounting Group (TAG) Capital Sub Group for use since 2009/10, where PTHB will require revaluations from the District Valuer where schemes completing in-year have works and fees costs exceeding £0.5m. There are no schemes that we anticipate will require revaluation this year.

ii. Covid Capital

During the financial year there has been a number of capital schemes that have been delivered in direct response to the COVID pandemic for which the THB has received specific funding from Welsh Government via its Capital Resource Limit. This includes schemes for the provision of piped Oxygen within 3 hospitals, upgrade of ventilation infrastructure in 3 main hospitals and smaller dental and clinic areas, upgrade or installation of additional shower and change facilities together with smaller schemes. These capital schemes will be accounted for as per requirement of the main capital programme with the THB following prescribed accounting requirements as outlined in Chapter 7 of the Welsh Government Manual for Accounts.

iii. Verification of Assets

Due to the inability for travel and remote working requirement of the Audit Team the PTHB finance team have agreed an approach where photographic evidence will be provided in lieu of physical visits being undertaken by the Audit Team.

IFRS 16

IFRS 16 Leases supersedes IAS 17 Leases and is effective in the public sector from 1 April 2022.

IFRS 16 provides a single lessee accounting model and requires a lessee to recognise right-of-use assets and liabilities for leases with a term more than 12 months unless the underlying value is of low value.

IFRS 16 was due to be implemented on 1st April 2021 however the THB received notification in December 2020 from Welsh Government that the Financial Reporting Advisory Board (FRAB) and HM Treasury revised the mandatory effective date for IFRS 16 in central government of 1st April 2022 considering the continuing unprecedented resource pressures caused by the COVID-19 pandemic

The 2020/21 annual accounts will carry a disclosure note to provide high level information on the estimated impact going forward to the Statement of Financial Position.

PRIMARY CARE ACCRUALS

The format of the working papers for Primary Care Accruals will be the same as that used in previous years and will provide clear linkages and audit trails from the Annual Accounts back to the General Ledger.

The Health Board has reviewed the accounting methodologies used across the primary care accrual areas last year. This review has taken into consideration actual outturn values against accrual values and whether there have been any amendments to primary care contracts in year to determine whether any changes are required for 2020/21. The outcome of this work has concluded the following: -

i. GMS Enhanced Services

Given the timescales allowed for practices to claim Enhanced Services, some of the claims may not be received until the following year, therefore the HB is required to estimate the final out-turn. In previous years the HB would review the latest claims from each practice for each enhanced service and estimate the final out-turn, by taking account of current or prior year trends (where seasonality impacts) on the given service.

Given the COVID pandemic this year impacting on many Enhanced Services, it has been agreed by WG that payments to practices are to continue in 20/21 in line with 19/20's achievement uplifted for inflation, therefore no estimation has been required for 20/21 on standard Enhanced Services.

At the time of writing, new Enhanced services are being developed to support the COVID response such as Mass Vaccinations. Information system are currently being put in place to support the estimation of these costs in the annual accounts.

ii. GMS QAIF (Quality Assurance and Improvement Framework)

Under the QAIF scheme, GP Practices achieve a certain level of points and these are multiplied by £x value per point to establish the payments due. QAIF years run from

1st October to 30 September, so the final achievement value for M7-12 of a given year is not known until the following December. Estimates are therefore required.

Points to note for this year's formula:

- The QAIF rewards contractors for the provision of quality care and helps to embed quality improvement into general practice. Contractor participation in QAIF is voluntary.
- The QAIF consists of three domains: **Quality Assurance (QA)**, **Quality Improvement (QI)** and the new domain of **Access**.
- The points available for QAIF are:
 - QA-382, QI – 185 and Access - 125
 - A total of 692 points are therefore available to be paid at an individual practice rate, dependent on registered patient list size.
 - Due to the Covid-19 pandemic Welsh Government specified that all practices would receive 100% payment for the period October 2019 to September 2020. At the time of writing, it is expected but not confirmed that the same will apply for October 2020 to March 2021 and the accrual will be based on that assumption.

iii. Pharmacy Contract

In Powys in 19/20 the accrual for February and March 2020 was based on straight line projection from the 10 months of actual payments made (payments ÷ 10 x 12). This resulted in an over-accrual of £7.5k (<1%). An additional Covid-19 related allocation of £62k received in March 2020 was also accrued in full, the payment made in 2020/21 being £40k.

No changes are proposed for the approach to calculating the accruals for 2020/21.

iv. Primary Care Prescribing

Information on Prescribing costs is available two months in arrears, and therefore requires a level of estimation for year-end accruals. Historically the Health Board has used the Prescribing Audit Report from NHS Wales Shared Services Partnership to support the estimation of year end accruals.

In the advent of the COVID pandemic prescribing activity and costs have proved highly volatile. The Health Board has undertaken further work to research how other NHS organisations estimate and understand their prescribing patterns and trend, which has included the work of the NHS Business Service Authority in England, as well as Dispensing days analysis undertaken by other Health Boards in Wales. This has been undertaken alongside information to provide greater insight on issues relating to high cost areas such as CAT M, NCSO and DOACs.

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The Health Board will review these forecasting methodologies at the time of accounts closure together with any additional supplementary information available and together with its Chief Pharmacist will take a view of an appropriate accrual.

C. RETROSPECTIVE CONTINUING HEALTH CARE CLAIMS (OMBUDSMAN PROVISION)

i. Background

At the start of 2011/12, the PTHB Ombudsman Nursing team was disbanded and all cases received prior to 15th August 2010 (Phase 1), were transferred to the All Wales Retrospective Continuing Health Care Team hosted by Powys Teaching Health Board (Powys HB), to be managed using a standardised All Wales approach.

During 2014, the Welsh Government launched an advertising campaign to draw the public's attention to the cut-off date for retrospective continuing NHS health care claims relating to the period 1st April 2003 to 31st July 2013 (Phase 3). Claimants needed to register their intent to claim by 31st July 2014, and no later than 31st December 2014 (later extended by Welsh Government to 31st January 2015), to provide evidence of their right to make the claim and proof of fees paid to the care home or domiciliary agency. The intent to claim and the supporting documentation had to be submitted to the All Wales Retrospective Review Team within Powys HB.

Financial responsibility for all post 2003 claims, regardless of when they were received, rests with the Health Board and pre 2003 cases with Welsh Government.

During 2019/20, the All Wales Retrospective CHC team were disbanded and any remaining phase 2 and phase 3 claims which had not been settled reverted to the management of the Powys Teaching Health Board.

Further annual publicity campaigns have resulted in the ability to claim for periods post July 2013. As at 31st March 2021, there will therefore be claims in existence for phases 3 to 7 although the provision amounts contained within the accounts will not be significant or material.

ii. Accruals Methodology (Phase 2)

All phase 2 claims have now been calculated and there will therefore be no provision as at 31st March 2021 for phase 2 claims.

iii. Accruals Methodology (Phase 3)

Up until 2016/17, the number of cases progressed by Powys HB was deemed to be an insufficient number to be able to reliably estimate provisions for these cases, and therefore these claims were disclosed in the financial statements as a narrative within the contingent liabilities note.

In 2017/18, however, significant progress was made in settling claims to allow a provision to be reliably estimated for these claims. At that stage Powys HB agreed to follow the same methodology as for phase 2 claims utilising the average weekly rate reimbursed and the local success factors. An average success factor % rate was

calculated using the All Wales CHC Spreadsheet based on the number of completed cases, which was 30% for Powys cases. This methodology has been used for the 2017/18, 2018/19 and 2019/20 accounts. It was further agreed that provisions for phase 3 claims would be funded from AME funding by Welsh Government.

For 2020/21 it is proposed that there are no changes to the methodology of utilising the average weekly rate reimbursed at 31st March 2021 and the local success factors. Whilst the number of phase 3 cases remaining within the provision is now significantly reduced there will still be a requirement for the AME funding provided by WG to be managed to ensure that there is no financial benefit or loss to the health board from movements in the provision for phase 3 cases.

iv. Accruals Methodology (Phases 4 to 7)

For phase 4 and subsequent phases, the average success rate will be continued to be used to make a reliable estimate for probable claims based on the average weekly rate. All phase 4,5 & 6 cases have now been settled. As at 31st March 2021 a provision will be provided for the phase 7 claims, currently recording 3 cases.

D. REPORTING ISSUES

i) Single Lead Employer

NHS Wales Shared Services Partnership (NWSSP) holds the contract for GP Specialty Trainees, Pre-Registration Pharmacists and Dental Foundation Trainees on behalf of NHS Wales. These staff are paid via the Velindre NHS Trust payroll system (as the host body for NWSSP) and Velindre NHS Trust invoice the appropriate Health Board who are hosting the trainees via a monthly Single Lead Employer Arrangement.

This scheme is not applicable for Powys THB for 2020/21 as Powys THB does not currently have any current members of staff allocated under these schemes.

ii) Pension 6.3%

The recent revaluation of public sector pension schemes resulted in a 6.3% increase in the employer contribution rate for the NHS Pensions Scheme (14.38% to 20.68%).

A transitional approach was agreed with the Business Services Authority, whereby an employer rate of 20.68% will apply from 1 April 2019, however in 2019-20 the Business Services Authority will only collect 14.38% from NHS Wales' bodies. Central payments have been made by Welsh Government for the outstanding 6.3% on behalf of NHS Wales bodies.

It is important that notional transactions are recorded in NHS Accounts to record the true costs of the pension contributions the bodies have incurred therefore adjustments are made in the accounts for the 6.3% and a specific note is completed under Note 34 Other Information to explain the relevant accounting entries to the reader of the accounts. The amount to be included will be provided to the Health Board by Welsh Government.

E. MOVEMENT IN OTHER KEY PROVISIONS

I. Early Retirement Pension Provision / Permanent Injury

There has been a further change in the Discount Factors to be applied in line with the draft Manual for Accounts issued by Welsh Government in December 2020. This directs health boards to use -0.95% this year (-0.50% 2019/20). This will result in a financial cost estimate of £0.032M this year.

PTHB also account for the early retirement/permanent injury provision in respect of members of staff of Health Authorities which were reorganised into Health Boards in April 2003. This provision although material within the THB accounts is fully funded by Welsh Government and therefore any financial impact on movement of this provision year on year is reimbursed to the Health Board via an allocation by Welsh Government so has no impact on the reported position of the Teaching Health Board.

II. Defence Fee Provision For Probability 3 (possible) Successful Legal Claims

As is the case for previous years, in order to comply with the requirements of IAS 37: Accounting for Provisions, Welsh Government has issued guidance regarding the accounting treatment of defence fees for legal claims where the chance of success is deemed as possible (6-49% chance of success).

For the defence legal costs provision of claims within the possible category, the obligating event is a claim being received in respect of Clinical Negligence or Personal Injury.

It is probable, when considering the possible claims as a cohort, that this obligating event may lead to a future transfer of economic benefit in that the organisation may incur some costs in investigating the alleged claim, and therefore a provision is required for the possible claims as a cohort and for which a reliable estimate can be made based on local information held for similar cases. The estimate cannot be made reliably on a claim by claim basis; rather the analysis of historical information covering a three year period should be used.

The table below shows the prescribed accounting treatment to be applied for all claims based on their probability of success:

Probability of Success of Claim	Accounting Treatment
Certain 95-100% Success	<i>Defence Fee Provision at 100% of cost advised by Welsh Health Legal Services on their quantum reports</i>
Probable 50- 95% Success.	<i>Defence Fee Provision at 100% of cost advised by Welsh Health Legal Services on their quantum reports</i>
Possible 6-49% Success	<i>Defence Fee Provision Required – Provision to be based on the Welsh Health Legal Services quantum reports - Organisations with numerous claims should base the provision on three year's historical cost data. Note there may be different % values for clinical negligence and personal injury cases, and the % values will be</i>

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Probability of Success of Claim	Accounting Treatment
	calculated using the methodology agreed.
Remote 0- 5% success	No provision or contingent liability required

In 2019/20 the Health Board provided on the basis outlined in the table above with the percentages used to provide for probability 3 cases being 11% for Clinical Negligence cases and 24% for Personal Injury cases. An exercise has been undertaken to update the percentages to be used provide for probability 3 cases considering the most recent 3 years actual payments made, which has resulted in revised percentages to be used of 28% for Clinical Negligence cases and 56% for Personal Injury cases. Based on the 3rd quarter quantum reports from Welsh Health Legal Services this has resulted in an increase in the provision of £0.028m. This figure may be subject to change as more recent quantum is received.

PTHB also account for claims against the previous Health Authorities which were reorganised into Health Boards in April 2003. These claims are fully managed by the Welsh Risk Pool on behalf of the THB. This provision although material within the THB accounts is fully funded by Welsh Risk Pool and therefore any financial impact on movement of this provision year on year is reimbursed to the Health Board via the Welsh Risk Pool so has no impact on the reported position of the Teaching Health Board.

III. Accounting for Redress Provisions

At the end of the 2018/19 financial year responsibility for reimbursement of redress cases moved from Welsh Government to Welsh Risk Pool. At the same time, Welsh Risk Pool changed the accounting requirement for redress cases from a cash basis to an accruals basis therefore requiring provisions to be included in the 2018/19 accounts for redress cases for the first time. This accounting treatment is again in place for 2020/21 with provisions for redress cases being included in the accounts based on estimated claim costs provided locally by the Concerns Team. As all payments made in respect of redress cases with the exception of the claimant's legal costs (capped at £1,920) are reimbursable from Welsh Risk Pool, the provision will be offset by a corresponding Welsh Risk Pool debtor.

IV. GP Indemnity Scheme

As of 1st April 2019, Welsh Government introduced a state backed future liabilities scheme for GP's and their staff to reimburse claims for clinical negligence against General Practice. The scheme covers claims relating to treatment post 1st April 2019 and is operated through Welsh Risk Pool. To date the health board has received no claims under this scheme and therefore no provision is anticipated for this scheme in the 2021/21 year end accounts.

F. COVID

Revenue Covid

Covid-19 expenditure has been monitored and reported to WG throughout 2020/21 on three returns:

- Table B3 – covers all Covid Costs including Test Trace & Protect (TTP) and Mass Vaccinations
- Test Trace & Protect (TTP) includes both Health and Local Authority Costs for the delivery of this programme
- Mass Vaccinations – this includes the costs of the delivery of the Mass Vaccination programme for Covid-19. The vaccine costs have not incurred by the Health Board and so are not included in this return which focuses on costs for running the Health Board Vaccination Centres and the GMS Enhanced Service,

ii) **Annual Leave**

Historically the Health Board have required all staff to utilise annual leave in full and so no annual leave provision has been included within the Annual Accounts. However, 2020/21 has been an unprecedented year and it is recognised that staff across all disciplines may not have had the opportunity to take their full annual leave entitlement. Therefore, a provision has been included within the 2020/21 Annual Accounts.

To establish some consistency across NHS Wales the Technical Accounting Group (TAG) has set out some general principles. These are summarised in the table below and along with the actions taken by PthB in support of these.

These principles were agreed by the Executive Team on 10th February.

Ref.	TAG Principles
1	<p>TAG General Principle: Annual Leave Accrual to be calculated over the staff group headings as per Annual Accounts</p> <ul style="list-style-type: none"> • Add Prof Scientific & Technical • Additional Clinical Services • Administrative & Clerical • Allied Health Professionals • Estates & Ancillary • Healthcare Scientists • Medical & Dental • Nursing & Midwifery Registered • Students <p>Powys Action: Accrual has been undertaken in line with these Staff group which are as per ESR.</p>
2	<p>TAG General Principle: Use figures from available systems reports as at the end of November to ascertain the %/days remaining un-booked leave using</p> <ul style="list-style-type: none"> • ESR • Allocate • Health Roster • Kronos • Medical Staffing Systems • Other <p>Powys Action: With ESR being the most robust and auditable source of information as defined by the Assistant Director of Workforce and OD an extract was taken from the system to provide the data on overall entitlement, days books and days remaining. This was then averaged across the staff groups referenced in point 1 above.</p>

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3	<p>TAG General Principle: Use local judgement and information to amend the remaining un-booked annual leave established from the above systems reports. This may include sample checking the remaining un-booked leave by contacting the various departments and budget managers if considered appropriate.</p> <p>Powys Action: With ESR being a core auditable system and with no other auditable information to support local judgements:</p> <ul style="list-style-type: none"> • no local changes have been made • no sampling has been undertaken on basis all information is contained within ESR
4	<p>TAG General Principle: Use the ESR Business Intelligence Reporting – NHS staff in post report and associated on costs as at month 8 to calculate the cost per employee.</p> <p>Powys Action: undertaken in line with general principle</p>
5	<p>TAG General Principle: Use the WTE = Contracted hours not worked hours</p> <p>Powys Action: undertaken in line with general principle</p>
6	<p>TAG General Principle: Use the Basic pay + on costs + apprenticeship levy – <u>do not include enhancements</u></p> <p>Powys Action: used basic pay plus 13.8% for Employer NI and 14.38% for Employer Pension contribution (28.18% total on costs). No adjustment was made for apprenticeship levy as this was deemed immaterial and no adjustment was made for 6.3% Employer Pension increase as this is currently paid by WG to Pension Agency directly and a notional value is entered through the accounts at the end of the financial year offset by a WG allocation.</p>
7	<p>TAG General Principle: Assume per employee leave entitlement of 33 days per annum</p> <p>Powys Action: Not applicable as used the information directly from ESR which provides the recognised entitlement for each employee post.</p>
8	<p>TAG General Principle: Calculate the annual leave c/fwd based on 2020/21 pay rates</p> <p>Powys Action: Agreed as per point 4 which recommends using Mth 8 ESR information which will be at 2020/21 pay rates.</p>
9	<p>TAG General Principle: As per the Coronavirus Bill maximum annual leave carry forward allowed is 20 days over 2 years 2020/21 and 2021/22.</p> <p>Powys Action: As per the Annual Leave paper presented to Gold PTHB will allow for up to 10 days to be carried over for up to 2 leave years. Therefore, where the ESR information in Points 1 and 2 exceeded 10 days this was capped in the calculation.</p>

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iii) **FCP / Internal Audit Report**

Following publication of guidance from WG on Financial Governance during the pandemic at the end of March 2020 the Health Board developed an internal Covid FCP, approved by Audit, Risk and Assurance Committee. This has been updated throughout the Financial Year to reflect any changes and is published via Powys THB Intranet Staff.

iv) Increase Expenditure linked to Covid

Covid expenditure, including TTP and Mass Vaccinations at the end of January was estimated to in region of £28m. The overall expenditure for Powys will have increased significantly in 2020/21 as a result of Covid. For the note is the Annual Accounts the spend will impact on numerous areas of expenditure. There will be material increased in all 3 of the expenditure notes (3.1, 3.2 and 3.3).

v) Commissioning Contracts (note NCA no change)

At the start of 2020/21 it was recognised that the previous LTA arrangements would not be adequate during the pandemic. So historically:

- English Contracts – through the year an agreed cash value is paid to each provider monthly. However, as the contract is in the main on a cost per case agreement using the English Tariffs rates work is required to estimate the impact of actual performance in the Annual Accounts using the most up to date information available. However final settlement of this creditor / debtor will not be resolved until early summer once the full MDS data has been received and reviewed in detail by the Health Board.
- Welsh Contracts – paid in year at an agreed value based on historic activity and financial values uplifted by an All Wales %. At the end of the year contract performance is agreed using a marginal rate and finalised prior to the end of the financial year as part of the intra NHS Balance Agreement process.

For 2020/21 a new approach to contracting was agreed. The basis of new arrangements between NHS Wales and NHS England has been led by WG and the basis of the new arrangements within NHS Wales has been led and agreed by Directors of Finance. So, at its basic level all contracts were agreed as block, whereby an agreed sum would be paid each month to providers regardless of the activity undertaken. This ensure (1) the cash flowed to all providers and (2) Powys patients were treated regardless of the reason for their admission.

The above principles have remained in place in for all Welsh providers up to the 31st March. However, for providers in England a revised approach was agreed for the second half of the financial year by NHS England and WG. Here where a contract underperformed by an agreed % a deduction would be applied and final value of the contracts agreed once the finalised Mth 12 MDS data is available and scrutinised. The basis of this proposal is detailed below:

Under Performance	Reduction in Contract Value#
%	%
0-25	0
>25	10
>30	15
>50	20

- reduction would only be applied to the contract value for Mth 7-12

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4. REMOTE WORKING

Due to the current COVID restrictions in operation it has already been agreed that the Audit Team will be working remotely for the period of the audit. The THB finance department are working closely with the Audit Wales Team to make arrangements for information flow and communication methods to facilitate this and it is not anticipated that this approach will be detrimental to the delivery of the Audit.

5. RECOMMENDATIONS

5.1. The Audit, Risk and Assurance Committee is asked to note and approve:

- a) The timetable, key dates and milestones for the submission of the Annual Accounts for 2020/21;
- b) the arrangements in place for the review and adoption of the Annual Accounts;
- c) the approach for accounting for capital issues;
- d) the approach for accounting for primary care accruals;
- e) the approach for accounting for retrospective continuing health care claims;
- f) the anticipated movements in other key provisions;
- g) the impact of Covid on the financial position.

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AGENDA ITEM: 3.1

AUDIT, RISK & ASSURANCE COMMITTEE		DATE OF MEETING: 09 MARCH 2021
Subject :	IMPLEMENTATION OF AUDIT RECOMMENDATIONS	
Approved and Presented by:	Board Secretary	
Prepared by:	Head of Risk & Assurance	
Other Committees and meetings considered at:	Executive Committee, 24 February 2021	

PURPOSE:		
<p>The purpose of this paper is to provide the Audit, Risk & Assurance Committee with an overview of the current position relating to the implementation of Audit Recommendations, arising from reviews undertaken by Internal Audit and External Audit (Audit Wales).</p>		
RECOMMENDATION(S):		
<p>The Audit, Risk & Assurance Committee is asked to note the current position, following the re-prioritisation of Audit Recommendations for implementation during the COVID-19 pandemic.</p>		
Approval/Ratification/Decision	Discussion	Information
	✓	✓

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

Strategic Objectives:	1. 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	✓

INTRODUCTION:

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

Whilst the health board operates in unprecedented times, the Board remains accountable as always. The Good Governance Institute advise that during this developing situation, boards should be mindful of their statutory duties but equally they must be conscious of and receptive to the expectations that their staff, stakeholders and communities will reasonably place upon them.

Auditors, via internal and external audit teams, play an important independent role in providing the Board with assurance on the effectiveness and appropriateness of internal controls, systems and processes. It is therefore important that recommendations from such audits are implemented in a timely manner, ensuring that the health board operates effectively and efficiently, mitigating any identified risks.

During the pandemic, the priority of implementing audit recommendations will need to be balanced with the level of resources required to plan and respond to the impact posed by COVID-19.

BACKGROUND AND ASSESSMENT:

As the health board has been responding to the COVID-19 pandemic, capacity to implement audit recommendations across services has inevitably been reduced. Whilst there is recognition of the significant pressure on services, there does need to be a balance between managing capacity pressures and challenges presented by the COVID-19 pandemic and managing the 'business as usual' issues and risks.

Directorates previously reprioritised their audit recommendations according to the following criteria: -

Priority level 1	<ul style="list-style-type: none"> Action(s) within the Q3/4 Winter Protection Plan are dependent on implementation of this recommendation Delivery of the Board's agreed Strategic Priorities are dependent on implementation of this recommendation High risk to patient or staff safety / wellbeing identified Prioritised Compliance with legal requirement / statutory duty identified 	All outstanding recommendations to be implemented by 31 st March 2021, except for recommendations with original agreed deadlines that exceed this date.
Priority level 2	<ul style="list-style-type: none"> Action(s) within the Q3/4 Winter Protection are not supported by implementation of this recommendation Low risk to patient or staff safety / wellbeing identified Compliance with legal requirement / statutory duty identified 	All outstanding recommendations to be implemented during quarters 1 and 2, and by 30 th September 2021, with the exception of recommendations with original agreed deadlines that exceed this date.
Priority level 3	<ul style="list-style-type: none"> Action(s) within the Q3/4 Winter Protection are not supported by implementation of this recommendation No risk to patient or staff safety / wellbeing identified No legal / compliance issues identified 	All outstanding recommendations to be implemented during quarters 2 and 3, and by 31 st December 2021, with the exception of recommendations with original agreed deadlines that exceed this date.

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In response to the reprioritised approach to audit recommendations in light of the COVID-19 pandemic, Executives have been asked to provide an update against Priority 1 recommendations only.

INTERNAL AUDIT

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

Overdue Internal Audit Recommendations					
	2017/18	2018/19	2019/20	2020/21	TOTAL OUTSTANDING
	Number	Number	Number	Number	Number
Priority 1	0	0	0	3	3
Priority 2	5	2	19	0	26
Priority 3	1	0	13	0	14
Not Yet Prioritised	0	0	3	2	5
TOTAL	6	2	35	5	48

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

- Appendix C** – Recommendations Completed since the last reporting period
- Appendix D** – Outstanding Priority level 1 Internal Audit Recommendations
- Appendix E** – Outstanding Priority level 2 Internal Audit Recommendations
- Appendix F** – Outstanding Priority level 3 Internal Audit Recommendations
- Appendix G** – Not Yet Prioritised Internal Audit Recommendations

EXTERNAL AUDIT

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

Overdue External Audit Recommendations				
	2018/19	2019/20	2020/21	TOTAL OUTSTANDING
	Number	Number	Number	Number
Priority 1	0	0	0	0
Priority 2	2	1	4	7
Priority 3	1	1	2	4
Not Yet Prioritised	1	0	7	8
TOTAL	4	2	13	19

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

- Appendix H** – Recommendations Completed since the last reporting period

Appendix I – Priority level 2 External Audit Recommendations
Appendix J – Priority level 3 External Audit Recommendations
Appendix K – Not Yet Prioritised External Audit Recommendations

NEXT STEPS:

Ahead of the next update, Directorates will be asked to provide an update on progress of implementation on all outstanding Priority 1 and Priority 2 recommendations.

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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 Priority			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	2	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	0	0	0	1	0	0	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	33	28	77	31	0	4	2	0	5	1	

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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	Priority				Not Yet Prioritised
												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	5	0	0	1	0	0	1	0	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	0	2	1	1	0	0	0	1	0	0	✓
TOTAL			25	70	32	24	69	32	1	1	0	0	2	0	0	

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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			Audit Recs Not Yet Due			All Audit Recs Implemented	
			H	M	L	H	M	L	H	M	L	Priority			Not Yet Prioritised	H	M		L
												1	2	3					
192001	Deprivation of Liberty Safeguards	Limited	2	1	0	2	0	0	0	1	0	0	0	1	0				x
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	1	0	0	5	0	0	0	5	0	0				x
192007	Freedom of Information (FoI)	Limited	1	2	3	1	2	3											✓
192008	Staff Wellbeing (Stress Management)	Reasonable	0	3	0	0	0	0	0	3	0	0	1	2	0				x
192009	Safeguarding – Employment Arrangements and Allegations	Reasonable	0	4	2	0	4	2											✓
192010	111 Service	Reasonable	2	3	0	1	0	0	1	3	0	0	4	0	0				x
192011	Catering Services Follow-up	Reasonable	0	3	2	0	2	1	0	1	1	0	0	2	0				x
192012	Hosted Functions – Governance Arrangements (Advisory)	Not Rated	2	3	1	0	3	1	2	0	0	0	0	2	0				x
192013	Podiatry Service Follow-up	Limited	1	5	4	1	5	4											✓
192014	Care Homes Governance	Limited	1	2	3	0	0	2	1	2	1	0	4	0	0				x
192015	Primary Care Clusters	Reasonable	1	3	1	0	3	0	1	0	1	0	1	1	0				x
192016	Organisational Development Strategic Framework	Reasonable	0	2	0	0	0	0	0	2	0	0	0	2	0				x
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	0	0	0	2	1	0	0	0	3				x
192019	Machynlleth Hospital Primary & Community Care Project	Reasonable	1	4	1	1	4	0	0	0	1	0	0	1	0				x
192020	Welsh Risk Pool Claims Management	Substantial	0	0	1	0	0	0	0	0	1	0	0	1	0				x
192021	Capital Assurance Follow Up	Substantial	0	1	0	0	1	0											✓
192022	Outpatients Planned Activity	Reasonable	1	3	0	0	0	0	0	0	0	0	0	3	1	1	3	0	x
192023	Estates Assurance Follow Up	Reasonable	0	1	2	0	1	1	0	0	1	0	0	1	0				x
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	0	0	0	2	2	0	0	5	0	0	0	1	0	x
192027	Welsh Language Standards Implementation	Limited	2	1	0	2	0	0	0	0	0	0	0	1	0	0	1	0	x
192028	Section 33 Governance Arrangements Follow Up	Reasonable	0	2	1	0	0	0	0	0	0	0	0	3	0	0	2	1	x
TOTAL			23	63	32	10	40	24	12	16	7	0	20	20	4	1	7	1	

2020/21 Internal Audits

Ref	Audit Title	Assurance Rating	Audit Recs Made			Audit Recs Implemented			Audit Recs Overdue (agreed timescale)			Audit Recs Re-prioritised			Audit Recs Not Yet Due			All Audit Recs Implemented	
			H	M	L	H	M	L	H	M	L	Priority			Not Yet Prioritised	H	M		L
												1	2	3					
202101	Environmental Sustainability Reporting	Not Rated	0	1	0	0	1	0											✓
202102	Estates Assurance – Fire Safety	Limited	2	5	0	0	1	0	1	2	0	6	0	0	0	1	2	0	✗
202103	Health and Safety Follow-up	Reasonable	0	3	2	0	0	1	0	0	0	0	3	1	0	0	3	1	✗
202104	Annual Quality Statement	Not Rated	0	1	0	0	0	0	0	1	0	0	0	0	1				✗
202105	Advanced Practice Framework	Not Rated																	✓
202106	Capital Systems	Substantial	0	0	4	0	0	0	0	0	1	0	0	0	4	0	0	3	✗
202107	GP Access Standards	Substantial	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	1	✗
202108	Partnership Governance – Programmes Interface	Limited	3	1	1	0	0	0	0	0	0	0	0	0	5	3	1	1	✗
TOTAL			5	11	8	0	2	1	1	3	1	6	3	1	11	4	6	6	

2018/19 External Audits										
Ref	Audit Title	Audit Recs Made	Audit Recs Implemented	Audit Recs Overdue (agreed timescale)	Audit Recs Revised Re-prioritised			Audit Recs Not Yet Due	All Audit Recs implemented	
					Priority					Not Yet Prioritised
					1	2	3			
181951	Structured Assessment 2018	12	8	4	0	2	1	1	0	x
181952	Clinical coding follow-up review	4	4							✓
181953	Audit of Financial Statements Report	4	4							✓
TOTAL		20	16	4	0	2	1	1	0	
2019/20 External Audits										
Ref	Audit Title	Audit Recs Made	Audit Recs Implemented	Audit Recs Overdue (agreed timescale)	Audit Recs Revised Re-prioritised			Audit Recs Not Yet Due	All Audit Recs implemented	
					Priority					Not Yet Prioritised
					1	2	3			
192051	Structured Assessment 2019	3	1	2	0	1	1	0	0	x
TOTAL		3	1	2	0	1	1	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			Audit Recs Not Yet Due	All Audit Recs implemented	
					Priority					Not Yet Prioritised
					1	2	3			
202151	Effectiveness of Counter-Fraud Arrangements	3	0	1	0	0	0	3	2	x
202152	Structured Assessment 2020	11	3	8	0	4	2	2	0	x
202153	Audit of Accounts	6	0	4	0	0	0	4	2	x
TOTAL		20	3	13	0	4	2	9	4	

Appendix C

PTHB Ref. No.	Report Title	Assurance Rating	Director	Responsible Officer	Ref / Priority	Recommendation	Management Response	Agreed Deadline	Revised Deadline	Revised Deadline Approved by Audit Committee	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?					
171802	Clinical Audit Programme Follow-Up	Limited	Medical Director		R3	The Clinical Audit Plan should be developed further to show expected completion dates so that any slippage can be identified promptly and where applicable relevant action taken. A clear audit trail should be maintained to record all changes made to the Clinical Audit Programme, along with the	Improved coordination and operational management of the clinical audit programme will (as described above) be encompassed in the work being taken forward by the Interim Medical Director during 2018/19.	Sep-18	Mar-20	Mar-20	Complete		Complete		Annual Clinical audit Plan for 2021/22 was approved at EQ&S December 2020. The only amendment to this will be to have an	None. Audit plans reviewed for directorates	No evident risk	Mar-20	Yes	27	9	Dec-20	27/02/2019
171802	Clinical Audit Programme Follow-Up	Limited	Medical Director		R5	The Clinical Audit Plan should be developed further so that consideration of strategic risks and objectives and findings and issues from recent Health Board and National audits can be clearly demonstrated.	Improved governance, co-ordination and operational management of the clinical audit programme will (as described above) be encompassed in the work being taken forward by the Interim Medical Director during 2018/19. As part	Sep-18	Mar-20	Mar-20	Complete		Complete		Annual Clinical audit Plan for 2021/22 was approved at EQ&S December 2020. The only amendment to this will be to have an	None	No evident risk	Mar-20	Yes	27	9	Dec-20	27/02/2019
192023	Estates Assurance Follow Up	Reasonable	Director of Workforce & OD and Support Services	Assistant Director: Support Services & Facilities	FP2	The proposed fire training needs assessment (TNA) should be reviewed by the Fire Safety Group and implemented accordingly.		Sep-20			Complete	1	Complete		Updated TNA signed off at Fire Safety Group – December 2020.					3	1451	Dec-20	26/09/2020
192023	Estates Assurance Follow Up	Reasonable	Director of Workforce & OD and Support Services	Assistant Director: Support Services & Facilities	FP3	Site fire drills should be performed on an, at least, annual basis.		Sep-20			Complete	1	Complete		Fire drills have been carried out at all sites apart from one which is planned for March. A two year rolling programme has been					3	1451	Dec-20	26/09/2020
202103	Health and Safety Follow-up	Reasonable	Director of Workforce & OD and Support Services		R5	• Actions from the HSE action plan, the interim health and safety report and other audit / inspection reports, including internal inspections carried out by the health board and from the NWSSP Specialist Estates Services should be collated and reviewed to ensure they are all	• To monitor progress of HSE action plan, the interim health and safety report and other audit / inspection reports, including internal inspections carried out by the health board and from the NWSSP Specialist Estates Services through the	Sep-21			Complete	1	Complete		Risk Assessment framework in place - currently collating returns. Accidents and incidents (held in Datix) reported at H&S	Progress has been slow due to COVID pandemic.	Workshop held at H&S group - followed by paper to Execs to agree focus for 3 months would be Risk assessments		#NUM!	1451	Dec-20		

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Appendix D

PTHB Ref. No.	Report Title	Assurance Rating	Director	Responsible Officer	Ref / Priority	Recommendation	Management Response	Agreed Deadline	Revised Deadline	Revised Deadline Approved by Audit Committee	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?					
202102	Estates Assurance – Fire Safety	Limited	Director of Workforce & OD and Support Services	Assistant Director of Estates & Property	R1	The Fire Safety Policy should be updated to: a) Demonstrate compliance with the current regulations [WHTM 05-01 (2019)]; b) Reflect the current fire safety management structure within the THB	Should there be substantial changes to legislation, then policy documents would be updated and presented to Board for ratification. Where only minor updates, a decision would be made as to whether they would warrant a full review of the	Jan-21			Overdue	1	Partially complete		The Fire Safety Policy has been reviewed against, and is consistent with WHTM 05-01; the fire safety management structure,					#NUM!	1451	Dec-20	
202102	Estates Assurance – Fire Safety	Limited	Director of Workforce & OD and Support Services	Executive Director of Primary Care, Community & Mental Health Services	R2	The current fire safety management structure should be formally clarified, documented and approved at an appropriate forum (e.g. Fire Safety Group), ensuring commitment and support from both Executive Team / Board and Operational Managers	Papers will be presented to the Executive Committee for the escalation of Fire Risk to the Corporate Risk Register. It has been acknowledged that there is a lack of clear site management arrangements and further work is being undertaken by	Jan-21			Overdue	1	Partially complete		This item was discussed during the January Fire Safety Group and is on-going.					#NUM!	1451	Dec-20	
202102	Estates Assurance – Fire Safety	Limited	Director of Workforce & OD and Support Services	Executive Director of Primary Care, Community & Mental Health Services	R3	Individual fire safety roles and responsibilities should be formally documented (e.g. via terms of reference), assigned and accepted, ensuring appropriate management arrangements within localities	Once the operational site structures have been finalised, a document will be issued to the relevant officers providing clarification on the role.	Jan-21			Overdue	1	No progress							#NUM!	1451	Dec-20	
202102	Estates Assurance – Fire Safety	Limited	Director of Workforce & OD and Support Services	Fire Safety Advisers	R5	Site staff should receive instruction / training to ensure the local fire management folders are appropriately used and fully completed	The key priority is to address the site management responsibilities (as per recommendation 2). Once this has been finalised, it will be a collective responsibility to ensure the required training is delivered.	Jul-21			Not yet due	1	No progress							#NUM!	1451	Dec-20	
202102	Estates Assurance – Fire Safety	Limited	Director of Workforce & OD and Support Services	Fire Safety Advisers	R6	Sample checks should be made during Fire Safety Adviser site visits to ensure folders are being completed as required	A checklist will be added to the folders for officers [either Fire Safety Advisers / Estates Officers / Responsible Persons] to provide a signature to confirm appropriate completion.	Jul-21			Not yet due	1	No progress							#NUM!	1451	Dec-20	
202102	Estates Assurance – Fire Safety	Limited	Director of Workforce & OD and Support Services	Executive Director of Primary Care, Community & Mental Health (in	R7	Fire Warden and Incident Coordinator roles will be confirmed with immediate effect to ensure there is sufficient coverage in each location in the event of an incident / evacuation	These roles will be allocated upon finalisation of the roles and responsibilities of the Senior Operational Managers (see recommendation 2)	Apr-21			Not yet due	1	No progress							#NUM!	1451	Dec-20	

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Appendix E

PTHB Ref. No.	Report Title	Assurance Rating	Director	Responsible Officer	Ref / Priority	Recommendation	Management Response	Agreed Deadline	Revised Deadline	Revised Deadline Approved by Audit Committee	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?					
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	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-20	Mar-20	Overdue	2	Partially complete		Competing priorities in the corporate governance team	Support on policy development is being provided to the organisation as and when required	Dec-20		31	0	Dec-20	26/02/2019	
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	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-20	Mar-20	Overdue	2	Partially complete		Competing priorities in the corporate governance team	Support on policy development is being provided to the organisation as and when required	Dec-20		31	0	Dec-20	26/02/2019	
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.	May-18	Dec-20	Mar-20	Overdue	2	Partially complete		Competing priorities in the corporate governance team	Support on policy development is being provided to the organisation as and when required	Dec-20		31	0	Dec-20	26/02/2019	
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 polices onto the intranet should be restricted to members of the Corporate	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	Apr-18	Dec-20	Mar-20	Overdue	2	Partially complete		Competing priorities in the corporate governance team	Support on policy development is being provided to the organisation as and when required	31-Dec-20		32	0	Dec-20	26/02/2019	
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-20	Mar-20	Overdue	2	Partially complete		Competing priorities in the corporate governance team	Support on policy development is being provided to the organisation as and when required	Dec-20		31	0	Dec-20	26/02/2019	
181909	Occupational Therapy	Reasonable	Board Secretary		R5	The Records Management Policy, Health Records Procedure and Safe Haven and Information Policies should be reviewed and updated as necessary so that they comply with General Data Protection Regulations (GDPR). A consistent approach to records management	The policies and procedures will be updated to ensure compliance with GDPR. Occupational Therapy Teams will be reminded of the standards for records management to promote a consistent	Apr-19	Dec-20	Nov-19	Overdue	2	Partially complete	A revised Records Management Framework is being developed.	Impact of COVID-19 on the IG team	IG advice and support is provided to the organisation when requested.	31-Dec-20		20	0	Dec-20	26/02/2019	
181927	Engagement with Primary Care Providers Follow-up	Limited	Director of Primary, Community and Mental Health		R1	1. To ensure constructive and continued engagement with the primary care clusters, the health board should move forward with implementation of the Primary Care Transformation Programme. Particular attention should be paid to the establishment of a Primary	Agreed. Progress has been made in this area however the formal framework for Cluster Development (note – the term Primary Care Transformation programme is not being used) is due to the Cluster Leads meeting at the end of June 2019.	Jul-19	Sep-20	Jul-20	Overdue	2	Partially complete	Engagement with clusters has remained active during covid 19 albeit with a covid focus. Cluster framework was delayed			Sep-20		17		Dec-20	30/05/2019	
192006	Records Management	No Assurance	Board Secretary		R1	The health board should strengthen its leadership arrangements and the coordination of its approach to enable effective records management. Individual roles and responsibilities should be reviewed, defined and documented accordingly, either within the most appropriate	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	Feb-20	Dec-20		Overdue	2	Partially complete	A Service Improvement Manager has been appointed from 1 February 2020 to address the requirements of the	Establishment of RM Improvement Group and approval delayed due to COVID-19.	A Records Management Project Risk Register has been developed. Existing policies and procedures remain	31-Dec-20		10	0	Dec-20	14/11/2019	
192006	Records Management	No Assurance	Board Secretary		R2	In order to ensure correct and up to date policies and procedures are accessible to all staff, policies and procedures need to be reviewed and updated to reflect current legislation, All Wales guidance and current working practices. Once updated and approved, the policies and	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	Feb-20	Dec-20		Overdue	2	Partially complete	A Service Improvement Manager has been appointed from 1 February 2020 to address the requirements of the	Establishment of Records Management Improvement Group delayed due to COVID-19.	A Records Management Project Risk Register has been developed. Existing policies and procedures remain	31-Dec-20		10	0	Dec-20	14/11/2019	
192006	Records Management	No Assurance	Board Secretary		R3	The health board should ensure records are tracked adequately and that all staff are aware of these processes. Processes should be fully documented and consistent across the health board, to aid staff in their responsibilities. In line with recommendation 1, local procedures	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	Mar-20	Dec-20		Overdue	2	Partially complete	A Service Improvement Manager has been appointed from 1 February 2020 to address the requirements of the	Establishment of Records Management Improvement Group delayed due to COVID-19.	A Records Management Project Risk Register has been developed.	31-Dec-20		9	0	Dec-20	15/11/2019	
192006	Records Management	No Assurance	Board Secretary		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	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	Apr-20	Apr-22		Deadline Revised	2	Partially complete	A Service Improvement Manager has been appointed from 1 February 2020 to address the requirements of the	COVID-19	A Records Management Project Risk Register has been developed.	Business Cases for digitisation of active (April 21) and archive (April 22) records to be developed		8	#NUM!	Dec-20	14/11/2019	
192006	Records Management	No Assurance	Board Secretary		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	Apr-20	Apr-22		Deadline Revised	2	Partially complete	A Service Improvement Manager has been appointed from 1 February 2020 to address the requirements of the	COVID-19	A Records Management Project Risk Register has been developed.	Business Cases for digitisation of active (April 21) and archive (April 22) records to be developed		8	#NUM!	Dec-20	14/11/2019	
192008	Staff Wellbeing (Stress Management)	Reasonable	Director of Workforce & OD and Support Services	Assistant Director of OD/ Deputy Director of Workforce & OD	R3	The health board should assess the effectiveness of initiatives to reduce stress amongst its employees and where some are considered more effective these could be promoted further and identify whether there are any barriers to accessing initiatives. The health board may wish to	HR Business Partners and HR advisors using the available reports will monitor where there are high level of stress. These reports will be discussed during their caseload meetings and a targeted approach can be looked at for the areas	May-20			Overdue	2	Partially complete	We will be monitoring stress levels and discussing it in caseload meetings. The stress management toolkit is part of the absence	work on COVID has prevented progress.	Due to the work on Covid and the OH Manager's secondment to cover the Wellbeing Hub, there is no new update at this time.		7	1451	Dec-20			
192040	111 Service	Reasonable	Director of Primary, Community and Mental Health	Assistant Director of Primary Care	R1	We recommend that remedial actions are developed for all areas where they are absent.	Red Rated Actions: Going forward the assessment will include the following narrative: "Current status - Working with providers to ensure end to end reporting is in place by the end of the financial year	Feb-20	Sep-20		Overdue	2	Partially complete	End to end reporting service specification agreed with Advanced, Shropdoc, 111 and PTHB. To be implemented by Sept	Reliant on input and agreement from 3rd parties: Advanced, Shropdoc &	Monthly data continued to be received from Shropdoc which provides assurance on the 2nd line triage and	Sep-20		10	3	Dec-20		

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PTHB Ref. No.	Report Title	Assurance Rating	Director	Responsible Officer	Ref / Priority	Recommendation	Management Response	Agreed Deadline	Revised Deadline	Revised Deadline Approved by Audit Committee	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?					
192010	111 Service	Reasonable	Director of Primary, Community and Mental Health	Assistant Director of Primary Care	R3	We recommend that the health board agree a suite of metrics that WAST will submit regularly and that these be reviewed quarterly (see also recommendation 2 which is related).	End to end reporting remains a problem but has progressed. Once this is in place the availability of data will be considered and then debated with WAST/111 for future use and monitoring via the OOH Performance Management Group.	Mar-20	Sep-20		Overdue	2	Partially complete		End to end reporting service specification agreed with Advanced, Shropdoc, 111 and PTHB. To be implemented by Sept	reliant on WAST		Sep-20		9	3	Dec-20	
192010	111 Service	Reasonable	Director of Primary, Community and Mental Health	Director of Primary, Community Care & Mental Health	R4	We recommend that a process to review patient complaint and feedback received by WAST in relation to the 111 service is implemented.	This will be raised with WAST/111 to seek that such feedback is provided via the National 111 and OOH Implementation Programme Board. A similar request will be made to for the sharing of Powys resident information directly with Powys	Jan-20	Sep-20		Overdue	2	Partially complete		111 attendance at OOH Performance Mgt meeting. Patient complaints/concerns and compliments reviewed as part of the		Sep-20		11	3	Dec-20		
192010	111 Service	Reasonable	Director of Primary, Community and Mental Health	Assistant Director of Primary Care	R5	We recommend that the 111 service activities are reviewed to ensure that all risks have been captured and that the risk scoring of 111 service reporting is reviewed to ensure that residual risk is not understated.	Specific risk relating to general OOH standards will be reviewed. Consideration of a risk around the metric reporting by 111 (bearing in mind this is a national service) will be considered by the OOH Performance Management	Feb-20	Sep-20		Overdue	2	Partially complete		111 attending OOH Performance Mgt Group meeting. Performance reviewed and exceptions documented. Risks		30th September 2020		10	3	Dec-20		
192014	Care Homes Governance	Limited	Director of Nursing & Midwifery	Director of Nursing & Director of Primary, Community and Mental	R1	Complex Care Steering Group 1.1 The CCSG should meet bi-monthly, as stated in its terms of reference, and should report back assurance from other key governance forums, for example, the JIMP, S33 JOG, etc. Minutes should clearly evidence	1.1 Meeting schedule to be implemented and monitored. 1.2 Reinstate the Highlight Report which will be adapted to include Care Home Key metrics. 1.3 The Complex Care Steering Group	Jan-20			Overdue	2	Partially complete		23.01.20: 1.1 Calendar invites sent to CCSG Group and all meetings for 2020 – 2021 diarised. CHC administrator will				11	1451	Dec-20		
192014	Care Homes Governance	Limited	Director of Nursing & Midwifery	Director of Planning & Performance Director of Finance and	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	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.	Dec-20			Overdue	2	No progress		July 2020 - CL will need speak to Hayley about how the capacity can be made available for the action below – as this was going to be				0	1451	Dec-20		
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 CCSNs on the wider governance considerations required in	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	Apr-20			Overdue	2	Partially complete		Checklist used for Joint Monitoring Visits updated Revised policy, standard operating procedure expected end July 2020				8	1451	Dec-20		
192014	Care Homes Governance	Limited	Director of Nursing & Midwifery	Director of Nursing / Director of Primary, Community and Mental	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;	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			Overdue	2	Partially complete		The CHC policy, standard operating procedure and escalation matrix being revised, expected completion end July				9	1451	Dec-20		
192015	Primary Care Clusters	Reasonable	Director of Primary, Community and Mental Health	Director of Primary, Community Care and Mental Health	R4	We recommend that the health board devise and implement a comprehensive cluster governance framework to strengthen control of cluster operation going forward.	This document is already under revision and will be implemented for 2020/21.	Apr-20	Sep-20		Overdue	2	Partially complete		Cluster framework was delayed finalisation due to Covid 19 but will now be concluded by end July 2020.		Sep-20	Jul-20	8	3	Dec-20		
192026	Risk Management and Board Assurance	Limited	Board Secretary	Head of Risk & Assurance	R1	a. Finalise the current version of the RMF and ensure placed on the health board's intranet in a location that is easy for all employees to locate. b. Finalise the RMF Toolkit and append to the RMF. c. Finalise the Risk Management training plan and	Agreed.	Sep-20			Overdue	2	Partially complete		c. A T&F Group has been established with other RM colleagues through the Wales Deputy Board Secretaries Network, to				3	1451	Dec-20	26/09/2020	
192026	Risk Management and Board Assurance	Limited	Board Secretary	Board Secretary/ Head of Risk & Assurance	R2	a. Improve the level of documented scrutiny in the Board and sub-board committee meeting minutes around rationale for making changes in risk scores for individual risks in the CRR, the achievement of deadlines for completion of mitigating actions. b. Ensure the on-going improvement of	Agreed.	Dec-20			Overdue	2	No progress						0	1451	Dec-20	26/09/2020	
192026	Risk Management and Board Assurance	Limited	Board Secretary	Head of Risk & Assurance	R3	Ensure that the Directorate Risk Register template, as documented in the RMF Toolkit (and appended to the Risk Management Framework) is adopted by all Directorates and fully populated for discussion at Risk and Assurance Group meetings going forward.	Agreed. This work is ongoing, with an original deadline of 31st March 2020 assigned. This deadline has been extended in light of current arrangements in response to COVID-19.	Dec-20			Overdue	2	Partially complete		Directors have been written to, to remind them that there is an expectation that Directorates will need to manage their				0	1451	Dec-20	26/09/2020	
192026	Risk Management and Board Assurance	Limited	Board Secretary	Board Secretary/ Head of Risk & Assurance	R4	a. Ensure that going forward, reviews of the Directorate Risk Registers at Risk and Assurance Group meetings are appropriate to the task required, i.e. to discuss risk scores and consider risks for recommendation to the Executive Committee to be escalated to the Corporate Risk	Agreed	Dec-20			Overdue	2	Partially complete		Directors have been written to, to remind them that there is an expectation that Directorates will need to manage their				0	1451	Dec-20	26/09/2020	
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	Agreed	Mar-21			Not yet due	2	No progress						#NUM!	1451	Dec-20	26/09/2020	
202103	Health and Safety Follow-up	Reasonable	Director of Workforce & OD and Support Services	Assistant Director of Organisational Development & Assistant	R1	• The remaining health and safety policies, procedures and guidance should be reviewed to ensure they accurately reflect current working practices and detail roles, responsibilities and reporting structures. • Once approved, the policies, procedures and	• Analysis to be undertaken on policy review date with any outstanding or due policies to be reviewed. • Re-draft and complete sign off of any due policies. • Communicate reviewed policies to	Mar-21			Not yet due	2	No progress						#NUM!	1451	Dec-20		

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Appendix E

PTHB Ref. No.	Report Title	Assurance Rating	Director	Responsible Officer	Ref / Priority	Recommendation	Management Response	Agreed Deadline	Revised Deadline	Revised Deadline Approved by Audit Committee	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?					
202103	Health and Safety Follow-up	Reasonable	Director of Workforce & OD and Support Services		R2	<ul style="list-style-type: none"> The Health and Safety Team should undertake an exercise to provide assurance that appropriate risk assessments are in place across all sites and services throughout the health board and to manage any issues raised. These risk assessments should then inform the 	All service leads will be asked to confirm risk assessments, safe systems of work and SOPs that are in place for their service areas. This will be a desk top collation request utilising the key service contacts on each site (22 sites). Once	May-21			Not yet due	2	No progress							#NUM!	1451	Dec-20	
202103	Health and Safety Follow-up	Reasonable	Director of Workforce & OD and Support Services		R4	<ul style="list-style-type: none"> The health board should review the terms of reference of the Health and Safety Group, including confirming who should be in attendance. Attendance of members at the group should be monitored and where a member of the Group is unable to attend, an alternative representative 	<ul style="list-style-type: none"> Terms of Reference for the Health & Safety Group to be drafted and approved, via the Executive Team and Health & Safety Group. Attendance of members of Health & Safety Group to be tracked and 	Sep-21			Not yet due	2	No progress							#NUM!	1451	Dec-20	

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Appendix F

PTHB Ref. No.	Report Title	Assurance Rating	Director	Responsible Officer	Ref / Priority	Recommendation	Management Response	Agreed Deadline	Revised Deadline	Revised Deadline Approved by Audit Committee	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?					
171827	Medicines Management – Prescribing of Branded Generic Drugs	Reasonable	Director of Primary, Community and Mental Health		R4	The Health Board should introduce a formal policy which clearly sets out the process of prescribing medicines. This should include the following: • roles and responsibilities • monitoring and reporting arrangements • processes for processing and approving changes	Concise collation of advice for practitioners from professional guidance, and contractual arrangements that they should already be working to, may be a helpful reminder.	Apr-18	Sep-20		Overdue	3	Partially complete		Medicines Policy has been delayed until January to be approved by Med Safety and Governance Group. The advice will be attached	Chief Pharmacist new in post and needs time to understand/amend governance arrangements to ensure that when	Reminder, and links, send to HB employed prescribers on GMC advice	Sep-20		32	3	Dec-20	27/03/2019
192001	Deprivation of Liberty Safeguards	Limited	Director of Nursing & Midwifery		R3	The health board should put in place a formal agreement (for example, a Service Level Agreement) with the LA for the services provided by the Powys DoLS Team. This should include: i. clear details of the service provided, including who is responsible/liable for each aspect of the	Agreed.	Oct-19			Overdue	3	Partially complete		19.9.19: Meeting with DoLS Team manager in PCC scheduled for 27.9.19. Draft document has been prepared.			1 month		14	1451	Dec-20	10/07/2019
192008	Staff Wellbeing (Stress Management)	Reasonable	Director of Workforce & OD and Support Services	Assistant Director of OD/ Deputy Director of Workforce & OD	R1	The health board must approve, promote and publish the new Policy and Toolkit. Line Managers should be provided with adequate training in line with the requirements of the 'Stress Management and Wellbeing in the Workplace Policy' on how to identify, manage and	The Stress Management Policy and Toolkit was approved on October 23rd 2019. It was agreed that the policy and toolkit will be reviewed in 9 months (July 2020) to ensure approaches are current and fit for purpose.	Jul-20	Sep-20		Overdue	3	Partially complete			Managers Programme has been placed on hold during COVID-19 operations so the Health and Safety Module has not been		Work to resume in Q2.		5	3	Dec-20	14/11/2019
192008	Staff Wellbeing (Stress Management)	Reasonable	Director of Workforce & OD and Support Services	Assistant Director of OD/ Deputy Director of Workforce & OD	R2	The Occupational Health service has recently upgraded its case file software 'Cohort' which should provide the service with on demand reporting. This should be used to monitor or identify trends with stress related referrals with appropriate action being taken where trends are	The recently upgraded software is due to be able to interface with ESR; this in turn will provide management reports relating to referrals and absence reasons. A stress steering group will be set up that seeks to monitor information, and data.	Apr-20			Overdue	3	Partially complete		Bi-directional ESR/Cohort interface not yet progressed and no date confirmed by Medgate. Rapid access available for managers	Bi-directional interface postponed due to Covid-19 priorities	Clinical psychologist working alongside OH Registered Mental Health Nurse in developing on-line Mental Health	Unable to provide date for bi-directional interface at this stage, the work will resume in Q2.		8	1451	Dec-20	14/11/2019
192011	Catering Services Follow-up	Reasonable	Director of Workforce & OD and Support Services	Assistant Director Facilities & Support Services	R2	In order to ensure the effective governance of the service, the health board should continue to hold the monthly Facilities Management Team meetings. The health board should also consider producing a standard agenda and method of recording for the local team meetings to ensure	Agree The Department welcomes and accepts the recommendation. We will implement the recommendation to set agendas and record local team meetings in a format that reflects the Facilities Management Team (FMT) meeting.	Feb-20	Sep-20		Overdue	3	Partially complete		Regular management teams have been suspended during Covid 19 escalation, as reported to the Board Secretary in March	Covid 19 escalation.	During Covid 19 Escalation there have been thrice weekly briefings between the Assistant Director and his direct reports. FMT	Jul-20	Yes	10	3	Dec-20	
192011	Catering Services Follow-up	Reasonable	Director of Workforce & OD and Support Services	Assistant Director Facilities & Support Services	R5	We concur with management intentions, that regular spot checks of PADR should take place to ensure; • all PADRs are completed to the required standard; • all staff are using the correct form to ensure	Agree. The department welcome's the auditor's confirmation that PADR compliance has been sustained at above the health board's target of 80%. The department is happy to confirm our commitment to sustaining and improving	Mar-20	Sep-20		Overdue	3	Partially complete		Suspended due to Covid 19 escalation.	Covid 19 escalation.	Action has resumed following Covid 19 escalation.	Sep-20	Yes	9	3	Dec-20	
192012	Hosted Functions – Governance Arrangements (Advisory)	Not Rated	Director of Workforce & OD and Support Services	Director of Workforce & OD and Support Services	R1	(a) That the health board progresses its discussions with Welsh Government to ensure all parties are aware of the practical inconsistencies between the historic Welsh Government Hosting Agreement and the reality of the relationship between CHC and the health board, with the aim	(a) and (b) 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	Apr-20			Overdue	3	Partially complete		Initial discussions have taken place with Welsh Government and CHCs with a view to develop a finalised hosting agreement; however	Awaiting confirmation of meetings with Welsh Government.		Meeting held with WG & CHCs to discuss final amendments.Awaiting finalised document from WG.		8	1451	Dec-20	
192012	Hosted Functions – Governance Arrangements (Advisory)	Not Rated	Director of Workforce & OD and Support Services	Director of Workforce & OD and Support Services	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	(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	Apr-20			Overdue	3	Partially complete		Initial discussions have taken place with Welsh Government and CHCs with a view to develop a finalised hosting agreement; however	Awaiting confirmation of meetings with Welsh Government.		Meeting held with WG & CHCs to discuss final amendments.Awaiting finalised document from WG.		8	1451	Dec-20	
192015	Primary Care Clusters	Reasonable	Director of Primary, Community and Mental Health	Assistant Director of Primary Care	R5	We recommend that clusters conduct a review of patient information resources and that up to date cluster newsletters and other documents covering cluster service developments and achievements are provided on cluster and health board web pages.	This will be considered by the clusters and factored into their work programme for 2020/21. Prioritisation of this may vary across the 3 clusters and thus the deadline set allows that local flexibility.	Sep-20			Overdue	3	No progress							3	1451	Dec-20	
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	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	Mar-20	Sep-20		Overdue	3	No progress		Objectives and actions aligned to the Framework have been put on hold due to Covid-19	Covid-19 work superseded this piece of work	This will be reviewed as part of the reintroduction of BAU	end of Qtr 2		9	3	Dec-20	
192016	Organisational Development Strategic Framework	Reasonable	Director of Workforce & OD and Support Services	Assistant Director of Organisational Development	R2	We recommend that the health board either seek to incorporate all of the OD Strategic Framework priority themes in the health board's existing performance monitoring framework or consider implementing a dedicated framework to manage the delivery of the OD Strategic Framework	Agreed Executive Directors will report progress against actions through the following performance monitoring governance mechanisms: • IPR reporting where appropriate	May-20	Dec-20		Overdue	3	No progress		Performance reporting aligned to the OD Framework put on hold due to Covid-19	Covid-19 work superseded this piece of work	This will be reviewed as part of the re-introduction of BAU	end of Qtr 3		7	0	Dec-20	
192019	Machynlleth Hospital Primary & Community Care Project	Reasonable	Director of Planning and Performance	Assistant Director of Estates & Property	R6	A lessons learnt exercise should be undertaken in consultation with appropriate parties and reported to Board. (O)	Accepted. As PTHB develops a major project pipeline, it is important that the organisation employs a lessons learned regime. A review will be undertaken of the project at Machynlleth from inception to the point of the FBC	Sep-20	Oct-20		Overdue	3	Partially complete		Lessons learnt framework currently under development	Delayed due to covid	FBC submission date revised due to covid - currently no risk	Oct-20		3	2	Dec-20	
192020	Welsh Risk Pool Claims Management	Substantial	Director of Nursing & Midwifery	Assistant Director Quality & Safety	R1	Management should consider reviewing the reporting mechanisms on compensation claims to ensure that all claims are captured. For example, the format could be enhanced to distinguish between new claims, ongoing claims and closed claims from one period to the next.	The recommendation is accepted. Future claims reports will distinguish between new claims, ongoing claims and closed claims from one period to the next.	Oct-20			Overdue	3	No progress		The reports scheduled September 2020 onwards will be set out in the described way. This will then enable readers to distinguish	None	Information relating to claims is categorised and recorded to support differentiation between new, ongoing and closed claims.	Oct-20		2	1451	Dec-20	
192022	Outpatients Planned Activity	Reasonable	Director of Primary, Community and Mental Health		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	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	Mar-21			Not yet due	3	No progress							#NUM!	1451	Dec-20	26/09/2020

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Appendix F

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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?					
192022	Outpatients Planned Activity	Reasonable	Director of Planning and Performance		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	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	Mar-21			Not yet due	3	Partially complete							#NUM!	1451	Dec-20	26/09/2020
192022	Outpatients Planned Activity	Reasonable	Director of Planning and Performance		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			Not yet due	3	No progress							#NUM!	1451	Dec-20	26/09/2020
192023	Estates Assurance Follow Up	Reasonable	Director of Planning and Performance	Asbestos Manager	AM2	A detailed review of the Asbestos Management Plan should be completed.		Jan-21			Overdue	3	Partially complete	Management Plan updates complete and for formal review by Asbestos Group in January	COVID-19 delays	Changes to Management Plan are well understood by management team with strengthening of structure in place with	Jan-21		#NUM!	1451	Dec-20	26/09/2020	
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 of out awareness sessions, keeping records of attendance; • increasing the frequency and content of internal communications; and	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	Mar-21			Not yet due	3	No progress						#NUM!	1451	Dec-20	26/09/2020	
192028	Section 33 Governance Arrangements Follow-up	Reasonable	Board Secretary		R1	The deed of variation to the Overarching Agreement requires completion and signing to demonstrate agreement by both the health board and county council of the amendments proposed during 2019/20. The Reablement agreement needs to be brought	There has been an inevitable impact on the signing of 2020/21 S33 Agreements by April 2020, in light of the COVID-19 Pandemic. 2020/21 Agreements will therefore be signed later in the year. PTHB will therefore work towards	Apr-21			Not yet due	3	No progress						#NUM!	1451	Dec-20	26/09/2020	
192028	Section 33 Governance Arrangements Follow-up	Reasonable	Board Secretary		R2	The health board should continue strengthening the arrangements in place to ensure it receives the assurance it needs over the governance of the Section 33 agreements in place. This could be achieved by: • working with the county council to establish the	The remit and constitution of JPB will be revisited and will be articulated through the Overarching Agreement Deed of Variation (linked to Finding 1). S33 Oversight by JPB and Board Committees will continue to be strengthened	Apr-21			Not yet due	3	No progress						#NUM!	1451	Dec-20	26/09/2020	
192028	Section 33 Governance Arrangements Follow-up	Reasonable	Board Secretary		R3	There is a need for a further final accuracy check of the Section 33 Agreements before they are signed.	A Quality Check process will be established in advance of the signing of agreements.	Apr-21			Not yet due	3	No progress						#NUM!	1451	Dec-20	26/09/2020	
202103	Health and Safety Follow-up	Reasonable	Director of Workforce & OD and Support Services	Health & Safety Team	R3	The health board should resume the roll out of health and safety training sessions once practicable, in particular the programme of accredited IOSH Working Safely courses to ensure managers have a full understanding of their roles and responsibilities and those of their employees.	IOSH working safely one day programme will run in conjunction with managers development programme. Programmes scheduled quarterly. Delivery will be through the Health & Safety Team. First course due to commence in October	Oct-21			Not yet due	3	No progress						#NUM!	1451	Dec-20		

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PTHB Ref. No.	Report Title	Assurance Rating	Director	Responsible Officer	Ref / Priority	Recommendation	Management Response	Agreed Deadline	Revised Deadline	Revised Deadline Approved by Audit Committee	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?					
192018	IT Service Management	Reasonable	Director of Finance, Information and IT	Head of Digital Services	R1	ICT should consider undertaking a formal ITIL maturity level assessment. They should assess their current level, and a target level formally agreed, where necessary with a plan to reach the level.	Accept recommendation – A full ITIL maturity level assessment will be conducted to review current status in order to assess and plan future target level and actions with timescales to reach set standards.	Sep-20			Overdue		No progress							3	1451	Dec-20	
192018	IT Service Management	Reasonable	Director of Finance, Information and IT	Head of Digital Services	R2	Key date information should be added to the register. As a minimum the following dates should be included: when added; when last reviewed; when next due for review; expected resolution.	Accept recommendation – Key dates will be added to the problem register to ensure adequate management and tracking of problems.	Feb-20			Overdue		No progress							10	1451	Dec-20	
192018	IT Service Management	Reasonable	Director of Finance, Information and IT	Head of Digital Services	R3	All subjective terms should be replaced with clearly defined number ranges.	Accept recommendation – A review of incident categorisation terminology to be considered and a framework to support decision making will be agreed and implemented.	Jun-20			Overdue		No progress							6	1451	Dec-20	
192022	Outpatients Planned Activity	Reasonable	Director of Finance, Information and IT		R2	The health board should investigate options for the implementation of an electronic referral management system as a replacement for the manual activities that currently cover the processes from initial patient referral up to booking of a patient's outpatient appointment	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. Booking systems are automated and	Mar-21			Not yet due		No progress						#NUM!	1451	Dec-20	26/09/2020	
202104	Annual Quality Statement	Not Rated	Director of Nursing & Midwifery		R1	The Patient Experience Steering Group (or equivalent group focusing on patient experience) should continue to be considered as the editorial forum for the AQS, with AQS being a standing agenda item. It is important that this group receives adequate support to focus on the	1. The AQS will a standing agenda item in the patient experience steering group from this point forward, and continue to be so in any further iteration of the group, for as long as the AQS is required of the health board.	Oct-20			Overdue		No progress						2	1451	Dec-20		
202106	Capital Systems	Substantial	Director of Planning and Performance	Head of Capital	R1	Management Control Plans should be prepared for all projects, in accordance with the Capital Procedures and shared with relevant parties (e.g. the client) to enable cooperation towards achieving set deadlines	Whilst the aforementioned project commenced outside of the management of the Capital Team, it is acknowledged that all capital projects require a Management Control Plan.	Jan-21			Overdue		No progress						#NUM!	0			
202106	Capital Systems	Substantial	Director of Planning and Performance	Assistant Director of Estates & Property	R2	The change control process defined within the Capital Procedures should be reviewed and clarified to ensure it reflects actual process and is not left open to interpretation		Jun-21			Not yet due		No progress						#NUM!	0			
202106	Capital Systems	Substantial	Director of Planning and Performance	Head of Capital	R3	Project files should include a clear audit trail of all adviser appointments, including: • how the advisers had been selected (e.g. from a 'select list' or via competitive quotation exercise); • requests for quotations etc.; • quotations received (where applicable);	A summary of the information will be included in the respective capital files. However, it is recognised that the Capital team have mitigating controls in place for review of appointments through the monthly meetings held with NWSSP:	Feb-21			Not yet due		No progress						#NUM!	0			
202106	Capital Systems	Substantial	Director of Planning and Performance	Head of Capital	R4	The 'fee-bid' document should be updated to include Professional Indemnity Insurance for submission prior to appointment	The fee-bid document will be updated accordingly.	Feb-21			Not yet due		No progress						#NUM!	0			
202107	GP Access Standards	Substantial	Director of Primary, Community and Mental Health	Assistant Director of Primary Care	R1	1.1 The health board should ensure that its GMS CAF covers GP access issues that are not addressed by the current and updated Access Standards. 1.2 From March 2021 onwards, the health board should consider incorporating reporting on the	1.1 The GMS CAF incorporates wider assurance on Access and pulls together various strands to provide holistic access assurance. The CAF includes the Access Standards, practice opening hours, appointment availability and times,	Mar-21			Not yet due		No progress						#NUM!	0			
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	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			Not yet due		No progress						#NUM!	0			
202108	Partnership Governance – Programmes Interface	Limited	Director of Primary, Community and Mental Health	Mental Health Partnership Manager	R2	Responsibilities for delivery and arrangements for monitoring and reporting on implementation of specific actions within the Together for Mental Health delivery plan should be formally documented and mapped to the delivery plan. This will enable the Mental Health Planning &	The (reviewed) National Together for Mental Health Delivery Plan (2019-2022) released in October 2020 is undergoing significant focus and preparation to reflect a Powys regional perspective. This re-vision needs to also align with related	Jun-21			Not yet due		No progress						#NUM!	0			
202108	Partnership Governance – Programmes Interface	Limited	Director of Primary, Community and Mental Health	Mental Health Partnership Manager	R3	Terms of reference for the amalgamated MH Officers Group / Performance Subgroup should be documented and reflect the groups responsibility for monitoring performance against the Together for Mental Health delivery plans. The Hearts & Minds: Together for Mental Health	The Mental Health Officers Group (MHOOG)/Performance Subgroup is being re-engaged and the best, most efficient way of monitoring performance, as a multi-agency operational group, is being discussed with partner agencies along	Jun-21			Not yet due		No progress						#NUM!	0			
202108	Partnership Governance – Programmes Interface	Limited	Director of Primary, Community and Mental Health	Mental Health Partnership Manager	R4	Membership of the MH Planning & Development Partnership Board should be reviewed to ensure appropriate representation from each partner organisation and the terms of reference updated accordingly.	It has always been the intention, upon receipt of the reviewed T4MH Delivery Plan, to adjust membership if this was needed to align with new priority areas and gaps. The majority of partner agencies and members remain	Jun-21			Not yet due		No progress						#NUM!	0			

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Appendix G

PTHB Ref. No.	Report Title	Assurance Rating	Director	Responsible Officer	Ref / Priority	Recommendation	Management Response	Agreed Deadline	Revised Deadline	Revised Deadline Approved by Audit Committee	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?					
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	Sep-21			Not yet due		No progress							#NUM!	0		

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Appendix H

PTHB Ref. No.	Report Title	Director	Ref.	Recommendation	Management Response	Agreed Deadline	Revised Deadline	Revised Deadline Approved by Audit Committee	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?					
202152	Structured Assessment 2020	Medical Director	42	Progress has been slow in addressing weaknesses for both clinical audit and mortality reviews, although these areas are currently the focus of attention.	•Linked to 2019 Structured Assessment actions and update. Improvements to be taken forward in-line with the Clinical Quality Framework Implementation Plan, approved by Experience, Quality & Safety Committee.				Complete		Complete										
202152	Structured Assessment 2020	Director of Finance, Information and IT	52	At month 5, it estimated a shortfall in savings of around £3.9 million because of the ongoing response to COVID-19 and has revised its savings target down to £1.8 million. The Health Board indicates that this figure could reduce further depending on the outcome of subsequent reviews. By the end of August, it had delivered £55,000 of savings with more	•Efficiency Framework to be implemented •Routine reported to Performance & Resources Committee and Board				Complete		Complete		Efficiency Framework implemented and initial meetings scheduled for early January. Shortfall in delivery of for 20/21 is funded by WG as part				Yes				
202152	Structured Assessment 2020	Director of Finance, Information and IT	58	The Health Board updated its Budgetary Control Procedure in line with Internal Audit recommendations. One of the key changes included clarifying timescales on the publication of the annual letter of accountability to principle budget holders given problems with timely sign off by executive officers in recent years. The 2020- 21 accountability letters were ready	•Linked to 2019 Structured Assessment actions and update. •To be progressed in Q3/4, 2020/21, recognising the impact of COVID-19.				Complete		Complete		Letters were issued and full details on the impact of Covid on the process are outlined in Section 11 of the Covid FCP.				Yes				

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Appendix I

PTHB Ref. No.	Report Title	Director	Ref.	Recommendation	Management Response	Agreed Deadline	Revised Deadline	Revised Deadline Approved by Audit Committee	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?					
181951	Structured Assessment 2018	Board Secretary	R2	Standing Orders state the requirement for a Healthcare Professionals' Forum but the Health Board does not have one. The Health Board should establish a Healthcare Professionals' Forum to advise the Board on local strategy and delivery.	Current professionals engagement mechanisms will be reviewed and a Healthcare Professionals Forum be introduced.	Oct-19	Mar-21		Deadline Revised	2	No progress		To be taken forward in Q2.	Delayed in light of COVID-19	Clinical and Stakeholder engagement is undertaken via other means	31-Mar-21		14	#NUM!	Dec-20	
181951	Structured Assessment 2018	Board Secretary	R4	The Health Board's internet pages do not provide access to current policies such as the counter fraud policy. The Health Board should update its internet site to provide easy access to current policies and strategies.	The internet and intranet are subject to upgrade and as part of this visibility of policies will be addressed.	Oct-19	Mar-21		Deadline Revised	2	Partially complete		The Policy Management Framework is under development	COVID-19 work has taken priority	Corporate Governance Manager undertaking reviews of policy management	31-Mar-21		14	#NUM!	Dec-20	
192051	Structured Assessment 2019	Board Secretary	R2	Board committees were restructured and streamlined in 2019. The Health Board should evaluate the whole of the new committee structure to ensure that decision making, assurance and scrutiny are appropriate and that mental health, information governance and workforce have sufficient coverage in the new committees.	The Board will undertake a self-assessment of its effectiveness at a development session in February 2020. In addition, the Board's Committees will undertake a self-assessment of effectiveness, respectively, during Q4 of 2019/20. This work will inform the annual review of Terms of Reference	Apr-20	Mar-21		Deadline Revised	2	Partially complete		The Board had scheduled its annual self-assessment and reflection to take place in April 2020 (to include consideration of the	COVID-19	In its absence, implementation of the Board Development Plan will continue into its second year to support improved	Mar-21		8	#NUM!	Dec-20	
202152	Structured Assessment 2020	Board Secretary	17	The Health Board's legacy website had a form to enable members of the public to raise questions of the Board in advance of board meetings. This form is no longer available on the new website. Given little use was made of the facility, the Health Board is considering how to improve its engagement with the public in its Board meetings in future.	To be considered in-line with the roll out of live streaming of board and committee meetings.				Overdue	2	No progress										
202152	Structured Assessment 2020	Board Secretary	23	The formal mechanism for consulting with the Stakeholder Reference Group and Healthcare Professionals Group was not utilised as neither group is fully established. Establishing both groups forms part of the Board's Annual Governance Programme, which has been delayed due to COVID19.	•Blinked to 2018 & 2019 Structured Assessment actions. To be taken forward in-line with the Board's Annual Governance Programme. This has been delayed in light of the COVID-19 pandemic.				Overdue	2	No progress										
202152	Structured Assessment 2020	Board Secretary	31	The Board is under pressure because it holds two Independent Member vacancies, while the Chair and five experienced Independent Members are due to step down during the next two years. The Public Appointments process was suspended during the pandemic but is scheduled to resume in October. To support the Board during this period	•2 x Independent Member Vacancies out to advert, via public Appointments. Interviews scheduled for January 2020. •Reduction Programme to be developed, linked with National Programme (via Public Bodies Unit)				Overdue	2	No progress										
202152	Structured Assessment 2020	Board Secretary	46	In 2019, we reported that the Performance and Resources Committee was unable to provide detailed scrutiny of the most up-to-date financial position prior to board meetings and recommended the schedule of meetings was reviewed to ensure the timing of meetings supports effective detailed scrutiny. While the Health Board's aspiration is for the	•Blinked to 2019 Structured Assessment Actions and Update. Business Cycle to be reviewed, recognising the impact of COVID-19 during 2020.				Overdue	2	No progress										

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Appendix J

PTHB Ref. No.	Report Title	Director	Ref.	Recommendation	Management Response	Agreed Deadline	Revised Deadline	Revised Deadline Approved by Audit Committee	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?					
181951	Structured Assessment 2018	Board Secretary	R6	Report cover papers vary in the way in which they are completed which may limit the ability of Board members to focus on the most important areas. The Health Board should improve report cover papers to ensure that they highlight important aspects of reports rather than just describe the content or purpose of the report.	Report cover papers for Board and Board Committees will be reviewed and work undertaken to improve focus on key aspects.	Jun-19	Mar-21		Deadline Revised	3	Partially complete		Report templates and masterclasses for senior managers will be delivered in Q2.	COVID-19 arrangements have taken priority over this work.		31-Mar-21		18	#NUM!	Dec-20	
192051	Structured Assessment 2019	Director of Workforce & OD and Support Services	R3	The All Wales Attendance at Work Policy was recently implemented with the delivery plan developed in partnership with Trade Unions. The Health Board should evaluate and report on how the change in approach is working in practice for staff and managers.	A review will be undertaken in partnership with Trade Unions to assess the impact of the All Wales Policy in its implementation.	Sep-20			Overdue	3	Partially complete		Union representative has been identified to work on PULSE survey.	COVID-19 work took priority.	WOD and Trade Unions held regular meetings during COVID-19 to discuss workforce issues.	The work will re-assume in Q2.		3	1451	Dec-20	
202152	Structured Assessment 2020	Director of Workforce & OD and Support Services	30	The Medical Director retired after the first phase of the pandemic with appropriate interim arrangements secured until a permanent successor can be recruited.	•Recruitment process underway.				Overdue	3	No progress										
202152	Structured Assessment 2020	Director of Therapies & Health Sciences	44	The Health Board is undertaking a programme of work to refresh its patient experience framework as part of the improving clinical quality assurance framework.	•Linked to 2019 Structured Assessment actions. Improvements to be taken forward in-line with the Clinical Quality Framework Implementation Plan, approved by Experience, Quality & Safety Committee.				Overdue	3	No progress										

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PTHB Ref. No.	Report Title	Director	Ref.	Recommendation	Management Response	Agreed Deadline	Revised Deadline	Revised Deadline Approved by Audit Committee	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?					
181951	Structured Assessment 2018	Director of Finance, Information and IT	R7	The Health Board should review and update the Standing Financial Instructions given that the last update was in 2016.	The Standing Financial Instructions will be reviewed and approved during 2019/20	Nov-19	Oct-20	Nov-19	Deadline Revised		Partially complete	This is currently being undertaken on a national basis. The Head of Financial Services is part of this review. The initial	Awaiting work from All wales Group.	Existing SFIs in place remain fit for purpose until reviewed documentation issued.	New SFI have been revised by WG Legal and NHS wales is awaiting their release - date yet to be confirmed. Work has		13	2	Dec-20		
202151	Effectiveness of Counter-Fraud Arrangements	Director of Finance, Information and IT	I1	Implement mandatory counter-fraud training for some or all staff groups.	Implementation of mandatory counter fraud training would be seen as gold standard in terms of assisting to develop a counter fraud culture within the Health Board. There are a range of options from face to face delivery of training to mandatory counter fraud e- learning. Mandatory learning	Mar-21			Not yet due		No progress								Dec-20		
202151	Effectiveness of Counter-Fraud Arrangements	Director of Finance, Information and IT	I2	Consider the Local Counter-Fraud Specialist capacity required to resource required levels of proactive and investigative work, including staff training, and build in resilience to the team.	Whilst increased capacity is accepted to lead to greater impact and return within Counter Fraud work, economies of scale have yet to be explored in detail. A more dynamic, joined up approach to counter fraud work across Health Boards could lead to better resilience and improved preventative	Apr-21			Not yet due		Partially complete	Proposal received to be approved and implemented from April 2021.		Apr-21					Dec-20		
202151	Effectiveness of Counter-Fraud Arrangements	Director of Finance, Information and IT	I3	Implement consistency in the recording and monitoring of economic fraud risk in line with the Health Board's risk management policy and strategy.	Fraud risk will be managed in line with the Health Board's risk management framework; utilising established policy, procedure and systems. This will enable effective management of risk by the risk owners with specialist support from the Counter Fraud Team.	Aug-20			Overdue		No progress								Dec-20		
202152	Structured Assessment 2020	Director of Nursing & Midwifery	41	During the first quarter of 2020-21, the Health Board received 36 formal concerns, which is a reduction on the same period in 2019-20. The reduction is attributed to the COVID-19 pandemic and the temporary closure of a number of services. The concerns raised primarily related to access to services and appointments. The Health Board also received	•Linked to 2019 Structured Assessment actions and update. Improvements to be taken forward in-line with the Clinical Quality Framework Implementation Plan, approved by Experience, Quality & Safety Committee.				Overdue		No progress										
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.				Overdue		No progress										
202153	Audit of Accounts	Director of Finance, Information and IT	1	We recommend that management reiterate to the finance team the importance of updating each reference when a journal is entered to ensure that it maintains a unique reference.	The Finance Department as part of its innovation programme is reviewing the process for completing and signing of off all journals. This recommendation will be added to the revised process and (1) a revised naming convention proposed to ensure the risk of duplication is reduced and (2) linked to this a	Sep-20			Overdue		No progress										
202153	Audit of Accounts	Director of Finance, Information and IT	2	We recommend that management remind the finance team the importance is entering a journal correctly.	Work will be undertaken with the Finance Systems Team and the Oracle Central Systems Team in Cardiff to understand whether there is an option within the Oracle Ledger system to prevent these errors being uploaded within the system and a 'rejection' notice issued to the person attempting	Sep-20			Overdue		No progress										
202153	Audit of Accounts	Director of Finance, Information and IT	3	We recommend that management review and implement consistency in creation of purchase order conventions and to remind all staff with receipting responsibility of the necessity to ensure receipts are entered in the same convention as the purchase order. This will negate examples of the significant accounting entries highlighted during the audit taking place.	This will require a joint approach with the procurement team in Shared Services and receipting staff within the Health Board to ensure that the required process is followed correctly. This will include general communication to all users of the system to mitigate errors by providing some	Dec-20			Overdue		No progress										
202153	Audit of Accounts	Director of Finance, Information and IT	4	We recommend that management ensure that contracts are signed.	The Health Board will work to ensure all contracts are signed within the financial year. Should this not be possible due to the any issues with the contractual documentation then the Board/Audit Committee will be advised of the breach in the SFIs by the end of the Financial Year in which the	Mar-21			Not yet due		No progress										
202153	Audit of Accounts	Director of Finance, Information and IT	5	We recommend that management ensure that entries made into the ledger agree with the underlying calculations.	All finance team members will be reminded of the requirement to ensure that journal entries made match the supporting evidence for journals.	Sep-20			Overdue		No progress										
202153	Audit of Accounts	Director of Finance, Information and IT	6	We recommend that management reiterate to the wider team that notice to raise income should be made as soon as possible to allow the Health Board to record its income accurately.	The wider finance team and departments that receive income will be reminded of the requirement for timely submission of invoice requests particularly at the end of the financial year.	Mar-21			Not yet due		No progress										



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INTERNAL AUDIT PROGRESS REPORT 2020/21

Powys Teaching Health Board

March Audit Committee

NHS Wales Shared Services Partnership

Audit and Assurance Services



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APPENDIX B – KEY PERFORMANCE INDICATORS

APPENDIX C – ASSURANCE RATINGS

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1. INTRODUCTION

- 1.1 The purpose of this report is to inform the Committee of progress with the 2020/21 Internal Audit Plan as recorded at March 2021.
- 1.2 Appendix A details the 2020/21 Audit plan and shows the status of work to date. At the time of this report, progress against the Plan is as follows:

Number of audits finalised	11
Number of audits issued at draft	0
Number of audits in progress	9
Number of audits not started	0
Year-end reporting	2
Total number of audits in 2020/21 plan	22

2. OUTCOMES FROM COMPLETED REVIEWS

- 2.1 Since the January meeting of the Committee, one review has been finalised. This is included in the table below along with the allocated assurance rating where applicable. The full versions of this report is included in the committee's papers as a separate item.

Review	Assurance rating
IM&T control and risk assessment	N/A

3. DELIVERY OF THE 2020/21 AUDIT PLAN

- 3.1 Full details are available at Appendix A.
- 3.2 No reports are currently issued in draft and awaiting management response.
- 3.3 The following audit reviews are currently in progress:

Audit Review	Objective overview
Generic follow up of 'limited' assurance reports	An assessment of progress with implementation of previously agreed recommendations.
Progress against regional plans	An assessment of the health board's engagement with and contribution to

Audit Review	Objective overview
<ul style="list-style-type: none"> • Future fit • Clinical futures – effect on South Powys 	progressing the Future Fit and Clinical Futures initiatives.
Mass vaccinations programme	To review arrangements in place to manage the key risks associated with the roll out and implementation of the Mass Vaccination Programme.
Safeguarding during Covid-19	An assessment of the THB's safeguarding processes during the Covid period and lessons learned.
Winter pressures and flow management	The review will assess the winter 2020/21 planning process with regard to patient flow; and provide assurance over the management of patient flow in provided and commissioned services over the winter 2020/21 period.
Freedom of Information (FoI) follow up	An assessment of progress with implementation of previously agreed recommendations.
Digital solutions	To assess the adequacy of the arrangements in place for the implementation of digital solutions during the covid-19 pandemic, lessons learned are being implemented and innovative practices are taken forward.
Grievance policy	To assess the adequacy of the arrangements in place for the management of the grievance process.
Llandrindod Wells	To assess the delivery of the circa £6.6M multi phased project through to completion. Specific consideration will be given to the management of key issues affecting the delivery of the scheme to date, together with arrangements to ensure risks to project delivery are mitigated/managed appropriately and in accordance with defined contractual requirements.

4. PROPOSED CHANGES TO REVISED 2020/21 PLAN

4.1 Management has further requested that the following reviews are deferred to 2021/22:

- Cancer services
- Machynlleth Hospital, Primary & Community Care Project

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- Control of contractors
- 4.2 In discussion with management, we have agreed to include the following review in quarter 4 of our 2020/21 plan:
- Mass Vaccinations programme

5. POST AUDIT SURVEYS

- 5.1 Following the issue of each audit report, we issue a feedback survey to the Executive lead/key contact. Feedback is important as it helps us to improve our service and allows us to deal with any concerns. We have issued seven feedback forms and received three responses, all of which have been positive. The key contact found Auditors to be open, sensible, understanding, reasonable, trust, good two-way communication, constructive, objective, useful, focused, collaborative, engaging, insightful and developmental.
- 5.2 We encourage auditees to take the opportunity to feedback on their experience, as this will allow us to consider improvements to the way we work.

6. PLANNING 2021/2022

- 6.1 The draft plan has been discussed separately with the Executive Team and Independent Members. The final version is included in papers for the Committee to consider for approval.
- 6.2 The plan will remain flexible throughout 2021/22 in response to new and emerging risks. We will re-visit the approved plan on a regular basis to allow discussion of priorities.

7. RECOMMENDATION

- 7.1 The Audit Committee is invited to:
- approve the proposals at section 4 above;
 - note progress with the 2020/21 plan; and
 - Approve the 2021/22 Internal Audit Plan




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Planned output	Outline timing	Start of field work	End of field work	Draft report issued	Mgt response received	Final report issued	Assurance	Planned Audit Committee	Status
Corporate governance, risk management and regulatory compliance									
Head of Internal Audit Opinion & Annual Report	Q4								Year end
Annual Governance Statement	Q4								Year end
Health & Safety follow up	Q4	09/06	07/08	20/08	15/09	17/09	Reasonable	November	Final
Generic follow up of 'limited' assurance reports (Risk Management and Board Assurance, Welsh Language Standards Implementation, Care and Nursing Homes governance, DoLS / Best Interest Assessments and Freedom of Information.)	Q4							April	In progress
Strategic planning, performance management and reporting									
Progress against regional plans <ul style="list-style-type: none"> • Future fit • Clinical futures – effect on South Powys 	Q3							April	In progress
Partnership governance – programmes interface	Q2	2/11	11/12	16/12	20/01	22/01	Limited	January	Final
Section 33 governance arrangements follow up	Q1	08/06	09/06	17/06	18/06	18/06	Reasonable	June	Final
Financial governance and management									
Covid-19 governance review	Q2	22/06	30/07	06/08	N/A	01/09	N/A	September	Final
Clinical governance, quality and safety									

Planned output	Outline timing	Start of field work	End of field work	Draft report issued	Mgt response received	Final report issued	Assurance	Planned Audit Committee	Status
Annual Quality Statement	Q1	07/09	22/09	23/09	28/09	05/10	N/A	November	Final
Concerns tracking/monitoring assurance	Q4							N/A	Proposal to defer to 21/22
Breathe well programme (appropriate use of oxygen)	Q2							N/A	Proposal to defer to 21/22
Cancer services	Q3							N/A	Proposal to defer to 21/22
Mass vaccinations programme	Q4							April	In progress
Safeguarding during Covid-19	Q4							April	In progress
Information governance and I.T. security									
IM&T control and risk assessment	Q2	12/08	18/12	13/01	23/02	23/02	N/A	March	Final
Records management follow up	Q4							N/A	To be included in generic f/u review
Freedom of Information (FoI) follow up								April	In progress
Digital solutions	Q4							April	In progress
Operational service and functional management									
Winter pressures and flow management	Q4							April	In progress

Planned output	Outline timing	Start of field work	End of field work	Draft report issued	Mgt response received	Final report issued	Assurance	Planned Audit Committee	Status
Access to primary care – GP contract	Q3	08/10	02/12	15/12	18/12	18/12	Substantial	January	Final
Theatres utilisation	Q2							N/A	Proposal to defer to 21/22
Workforce management									
Grievance policy	Q4							April	In progress
Advanced Practice Framework	Q2	09/09	25/09	02/10	19/10	20/10	N/A	November	Briefing paper issued
Capital and estates management									
Environmental sustainability	Q2	18/05	01/09	18/08	28/08	01/09	N/A	September	Final
Fire safety	Q3	13/08	02/10	06/10	21/10	23/10	Limited	November	Final
Machynlleth Hospital, Primary & Community Care Project	Q3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Approval to defer to 2021/22 plan
Capital Systems	Q3	12/11	04/01	04/01	13/01	13/01	Substantial	January	Final
Control of contractors	Q2							N/A	Approval to defer to 2021/22 plan
Llandrindod Wells	Q1-Q4								In progress

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Indicator	Status	Actual	Target	Red	Amber	Green
Report turnaround: time from fieldwork completion to draft reporting [10 days]		7 out of 7	80%	v>20%	10%<v<20%	v<10%
*Report turnaround: time taken for management response to draft report [15 days]		5 out of 7	80%	v>20%	10%<v<20%	v<10%
*Report turnaround: time from management response to issue of final report [10 days]		7 out of 7	80%	v>20%	10%<v<20%	v<10%

Correct at 01/03/21

*

Within agreed timescales







Less than 5 days over agreed timescale



More than 5 days over agreed timescale

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Assurance Ratings

RATING	INDICATOR	DEFINITION
Substantial assurance	 <p>- + Green</p>	The Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure.
Reasonable assurance	 <p>- + Yellow</p>	The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
Limited assurance	 <p>- + Amber</p>	The Board can take limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.
No assurance	 <p>- + Red</p>	The Board has no assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with high impact on residual risk exposure until resolved.

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IM&T Control and Risk Assessment

Final Internal Audit Report

2020/21

Powys Teaching Health Board

Private and Confidential

**NHS Wales Shared Services Partnership
Audit and Assurance Services**

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Appendix A
Appendix B

Management Action Plan
Responsibility Statement

Review reference: PTHB-2021-16
Report status: Final Audit Report
Fieldwork commencement: 12/08/2020
Fieldwork completion: 18/12/2020
Draft report issued: 13/01/2021
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Committee: Audit, Risk and Assurance Committee
ICT Governance 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 & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Please note:

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – 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 and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. Introduction and Background

This baseline review of the arrangements in place for the management and control of Information Governance (IG) and Information Communications Technology (ICT) has been completed in line with the 2020/2021 Internal Audit Plan for Powys Teaching Health Board (the 'health board' or the 'organisation'). The review seeks to provide a baseline picture to the Audit Committee of the processes in place to manage the risks associated with IG the use of ICT.

As this is a baseline review, the assignment has not been allocated an assurance rating, but observations and recommendations have been provided to facilitate change and improvement, and to focus audit work in the future.

The relevant lead for the review was the Director of Finance and Informatics.

2. Scope and Objectives

The objective of the audit was to establish the processes and mechanisms in place for management of IG/ICT within the organisation. The review sought to provide a baseline picture of the organisation's status and provides suggestions for areas of improvement or future development.

The areas considered within the review are:

Information Governance

- The information governance process in place.
- IG policies and procedures in place.

ICT and Security

- ICT responsibilities are clear.
- ICT strategy, linked to organisational strategy.
- The ICT governance process in place.
- The funding / resource available for ICT and its sustainability.
- IT security policies and procedures.
- ICT provision and support arrangements across the organisation.
- IT continuity and disaster recovery processes.
- Compliance against obligations (e.g. GDPR, NIST, PCI DSS etc.)
- The process to track ICT assets.
- IG / ICT risk identification and management.

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3. Associated Risks

The potential risks considered in this review are as follows:

- the ICT strategy does not effectively support the Organisation in delivery of its objectives and not supported by effective governance and/or delivery arrangements;
- un-coordinated ICT related financial activities in both the business and IT functions, covering budget, cost and benefit management and prioritisation of spending;
- the ICT services provided do not fully meet the needs of the organisation;
- ICT services are subject to loss of service;
- inappropriate access to systems and data; and
- breach of legal compliance requirements.

OPINION AND KEY FINDINGS

4. Conclusion

As this is a baseline review we have not allocated an assurance rating. Observations and recommendations have been provided to facilitate change and improvement, and to focus audit work in the future.

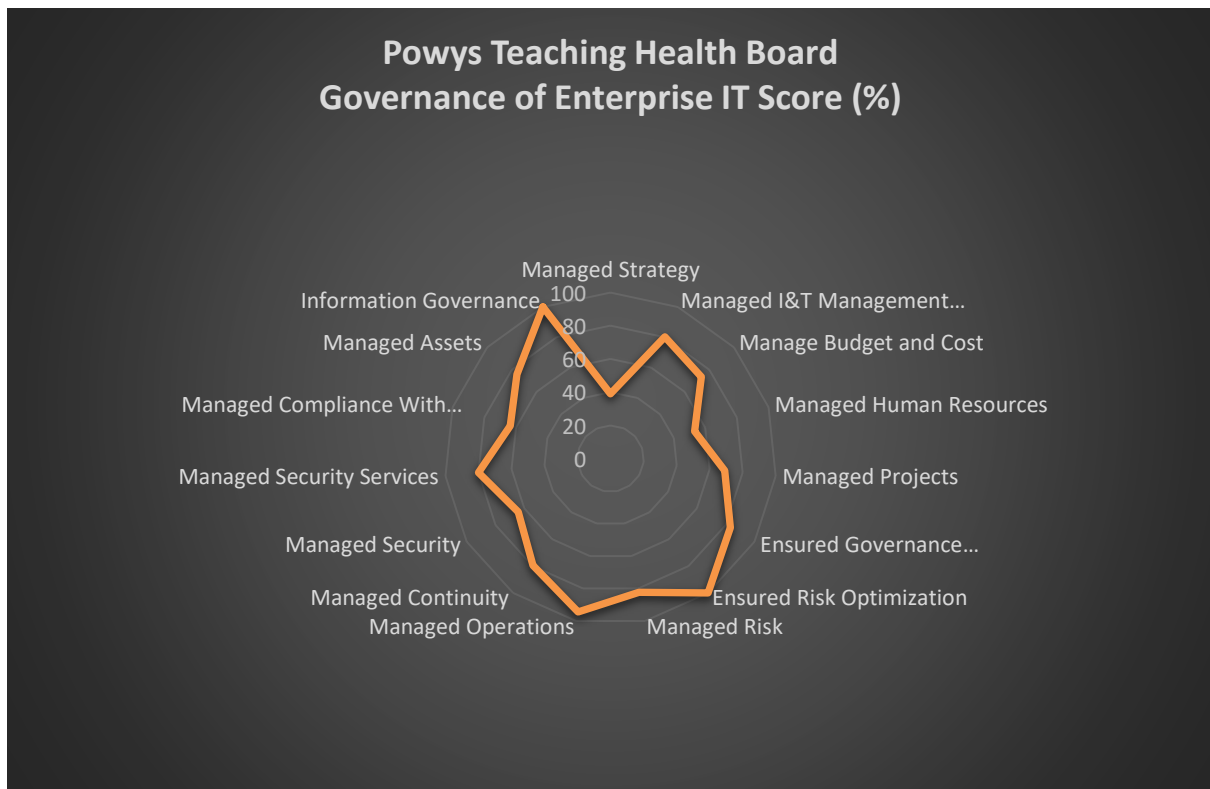
For this review we used the expected controls derived from the Control Objectives for Information and Related Technologies (COBIT) 2019 framework and we have reported using the subheadings of these control processes for governing organisational IT.

COBIT is an IT management framework developed by the Information Systems Audit and Control Association (ISACA) to help organisations develop, organise and implement strategies around information management and governance.

As part of our assessment we scored the individual controls in place at the health board against the controls we would expect to be in place under each of the headings of the framework. These scores have been represented graphically below to illustrate the strengths and potential for improvement in the organisation's management of IG / ICT.

The scoring reflects the level of compliance with the controls set out within the COBIT framework, and the extent to which they apply across the entire organisation.

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The health board scored well under many of the headings, in particular against: Managed IM&T Management Framework; Information Governance; Governance Framework; Managed Operations; Managed Risk and Ensured Risk Optimization.

However, there are opportunities for improvement across some of objectives. The key areas requiring management attention are identified from the scoring. These were: Managed Compliance with External Requirements; Managed Projects and Managed Human Resources. Managed Strategy was also an area that scored low, however it should be noted that this was to be expected given that the organisation has only recently started to develop this area and efforts have been delayed as a result of the pandemic situation.

More detail can be found on these opportunities in section 4 below, and in Appendix A.

The percentage score for each objective is set out in the table below:

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Control area	Percentage	No. of Observations/ Recommendations
Information Governance	100%	-
Ensured Governance Framework Setting and Maintenance	83%	-
Managed Compliance with External Requirements	64%	1
Ensured Risk Optimization	100%	-
Managed Risk	82%	1
Managed I&T Management Framework	80%	2
Managed Strategy	39%	2
Managed Budget and Cost	74%	1
Managed Human Resources	53%	2
Managed Security	64%	2
Managed Security Services	80%	-
Managed Assets	76%	1
Managed Operations	94%	-
Managed Continuity	79%	1
Managed Projects	69%	1
Total	-	14

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5. Assurance Summary

Objective 1: Information Governance

Control Area: Information Governance (100%)

There is an established process for Information Governance (IG) at the health board with key strategic responsibilities such as Senior Information Risk Owner (SIRO) and Caldicott guardian assigned to appropriate officers.

There is an IG team to support the organisation, and a suite of IG control documents to support the IG agenda, these are available on the intranet, and form part of induction and organisational training.

IG issues are monitored via the Performance and Resources Committee, and there is an Information Governance Group as the framework for compliance. There are leads and champions which ensures IG is embedded within the organisation.

The health board has a publication scheme in place, along with a disclosure log and an Information Asset Register.

There are no findings/recommendations under this objective.

There are no recommendations under this objective.

Objective 2: ICT and Security

Control area: Ensured Governance Framework Setting and Maintenance (83%)

There is a formal governance structure in place for Informatics and Information Governance with a named Committee and work plans. The structure is underpinned with champions and operational groups feeding up to the Committee.

There is an Internal Audit programme monitored by the Audit Committee which includes Informatics and Information Governance. Reports and findings are also monitored by the joint ICT governance committee.

The terms of reference for the committee and groups which make up the governance structure set out the frequency for review of its effectiveness.

There were no recommendations under this objective.

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Control Area: Managed Compliance with External Requirements (64%)

There is evidence of the identification and monitoring of some compliance requirements, in particular the IG items, responsibility to monitor compliance of the health boards IG responsibilities is assigned to the performance and resource committee.

While there is some evidence of the identification of compliance requirements relating to IM&T and the compliance position on some areas such as the GDPR and FOI are well reported, there is no formal register of compliance requirements for IM&T and there is no structured process to identify all the compliance requirements, assessing the compliance status and feeding the position in relation to requirements, status and consequences upwards to committee.

See Observation/Recommendation 1 at Appendix A.

Policies and standard NHS maintenance contracts refer to relevant legislation and standards, and are reviewed in line with their health board approved review period.

The organisation performs some periodical compliance audits for licencing, NIAS and GDPR audits. It also uses external audit organisations such as NWSSP AAS, Audit Wales, Stratia etc. to perform assurance work prioritised by risk, this sometimes looks at compliance issues.

Control Area: Ensured Risk Optimisation (100%)

The risk management process is well established and is consistent with other health organisations we have looked at. It provides key steps to ensure feedback through a monitoring and review process and appropriate communication and consultation.

Risk management processes are in place, are formally defined and include a structure for escalation via committee. Risks are actively monitored with clear escalation from the IT department to committee with the highest risks added to the corporate risk register.

There were no recommendations under this objective.

Control Area: Managed Risk (82%)

There is a process for identification and collation of ICT related risks within a consistent risk register.

As noted above the risk management process works to ensure that executives and independent members are informed of the risks with the

highest score. However, there is no process to formally notify senior management of risks being managed at a lower level which contain a severe or catastrophic worst-case scenario.

See Observation/Recommendation 2 at Appendix A.

There is a link from incident / event reporting whereby information from operational staff is communicated to management to feed the process. The impacts of risks are assessed and actions are defined to manage the risk within accepted tolerance levels.

Control Area: IM&T Management Framework (80%)

The organisation has an appropriate steering structure for ICT and Information Governance. There are operational subgroups in place which feed into the senior team / steering group for operational management.

There are defined I&T related roles and responsibilities for the organisation which delineate responsibilities and accountabilities and appropriate stakeholders are included on the committee and the steering groups.

While there are appropriate stakeholders included on the organisations steering groups for ICT and IG, there is currently no clinical lead for ICT, the existing structure could be strengthened by the appointment of a Chief Clinical Information Officer (CCIO).

A Chief Clinical Informatics Officer provides leadership and management of ICT and information development activity to support the safe and efficient design, implementation and use of informatics solutions to deliver improvements in the quality and outcomes of care. This includes: providing expert clinical informatics advice and guidance; working collaboratively with others to ensure patient and clinical involvement in the planning, development, delivery and evaluation of systems and services; and championing the use of informatics as an enabler of change and quality improvement.

See Observation/Recommendation 3 at Appendix A.

The organisation uses standard supervisory practices to ensure that roles and responsibilities are properly exercised and generally to review performance

The model for ICT delivery and support was the result of a formal restructure when the health board entered into the section 33 agreement with PCC, so the organisation is aware of the context and placement of ICT.

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The organisation has created and communicated a set of policies which set out control expectations on relevant key topics such as security, privacy, confidentiality, internal and usage of IT assets.

While the health board have a number of IG policies communicated via its intranet site the Information Technology policies are limited to a selection of all wales NHS policies and two others which have recently been adapted from Powys County Council policies for NHS use.

See Observation/Recommendation 4 at Appendix A

Control Area: Managed Strategy (39%)

Currently the Organisation does not have an approved ICT Strategy, the Digital Strategic Framework was due to be drafted 2020/2021, however the Covid situation has impacted the work needed to develop and approve this.

This means that there is no full, current assessment of the external environment in which ICT in the health board operates and no current evaluation of the current position of the health board relating to architecture, applications, culture, challenges. Neither has the full range of stakeholders and the extent to which they should feed into the development of the Strategy been identified.

See Observation/Recommendation 5 at Appendix A.

While ICT strategy development at the health board is in its infancy a high level document setting out the priorities for next 12 months has been developed. An assessment of the current way of working (baseline) was taken and a summary gap analysis completed and referenced in the plan.

The plan explicitly aligns to health board Digital First objectives and workforce futures strategy and stakeholders were involved via a number of workshops and feedback sessions in its development. The plan identifies technology and skills required to deliver the organisations current ICT projects and also identifies where 3rd party may be used for specific skills and deliverables.

Although the IMTP and Divisional plans set out the target services required by the organisation, this is only in terms of the specific systems / applications needed. There is no consideration of wider, supporting items such as validated emerging technology or innovation ideas, reference standards, IM&T capabilities, comparative benchmarks of good practice, and emerging IM&T service provision.

See Observation/Recommendation 6 at Appendix A.

The health board has a number of Champions identified specifically to support the Digital Transformation strategy and engagement is via Exec Boards, Governance Committees and Transformation Programme Boards. The plan was communicated via these stakeholders and groups.

Control Area: Managed Budget and Cost (74%)

Funding for ICT is available and reported under a defined cost centre and identification of spend level for the whole organisation is achievable by the finance department upon request. Standard NHS finance practice ensure all items of ICT spend are identifiable.

There is a standard budget monitoring process which provides the department with a monthly breakdown and includes variance analysis.

While the department has been allocated resources to deliver the ICT goals, the department budget is not based on actual need. Instead it was based previous years with some changes factored in. This means it does not fully cover the financial resource needed to achieve the organisations ambitions and without future investment overspending may occur against budgets.

See Observation/Recommendation 7 at Appendix A.

The organisation uses business cases to rank all IM&T initiatives and budget requests for Development, New build, Information, Information Governance and Programmes.

Control Area: Managed Human Resources (53%)

There is a workforce plan and events are held where staff have the opportunity to share learning across both PCC and PTHB and also identify training gaps. Process documentation exists for some key tasks which could be used in the absence of key staff.

For health board staff, training is recorded and proposed training is identified via the PADR process which then feeds into a single record of training requirements that is prioritised and provided within funding limits. Council staff have a similar process of workforce appraisals.

While the organisation understands its current demands, and work to formulate the ICT strategy has begun, there hasn't yet been a full assessment of what skills and resource would be needed to support the organisational IMTP and implement the ICT Strategy once completed.

Consequently, there has been no identification of the skills gap and no development of a structured staff development plan in order to close the gap. Without this development plan in place ICT may struggle to implement any future ICT strategy.

See Observation/Recommendation 8 at Appendix A.

Through previous audits and through a recent evaluation of priorities carried out by the health board it has been identified that some support requirements such as project management and telephony do not have sufficient resources to deliver the organisations ambitions.

See Observation/Recommendation 9 at Appendix A.

Control Area: Managed Security (64%)

There is a dedicated technical operational lead for cyber security covering both council and health. This Cyber Security Officer draws on available resources in Infrastructure and field Service engineers as required. Additional resource is called in when required and communication streams are opened quickly and remotely using Teams/Skype meetings.

There is a joint health board and council cyber security action plan. There is an appropriate group monitoring the cyber security action plan and the recommended resource required is noted against actions. Additional actions are also included from internal and external Audits. ICT and IG Risks including Cyber Response and Threat are included on the service Risk Register.

There are no formally defined KPIs which feed into the health board's governance structure which track the status of cyber security and the success of the team in managing the issues.

See Observation/Recommendation 10 at Appendix A.

The national logarithm Security Incident and Event Management (SIEM) tool has been implemented and key cyber tasks like patching and monitoring dashboards for our Sophos AV, Force point Web Filtering and Cisco / Fort iGATE Firewalls.

National Cyber Security team meetings (OSSMB) take place virtually every week consisting of a Security representation from each health board in Wales. PTHB has been represented on each weekly meeting and actions and observations are fed back within the relevant teams.

While all health board staff are required to complete the Information Governance mandatory training, Staff are not required to undertake any other Cyber awareness development.

See Observation/Recommendation 11 at Appendix A.

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Control Area: Managed Security Services (80%)

Systems for antivirus protection, web and mail filtering have been deployed at the health board. There is collaboration with national cyber groups including the NHS Wales Operational Security Service Management Board (OSSMB). Regular alerts are provided as part of this group which are then assessed and acted upon locally. There is also a security operations centre in place which provides alerts for new threats.

There are firewalls in place at the edge of the health board's network. Changes to the rules require and appropriately approved request and the rules are reviewed periodically.

The network is governed by a standard NHS Wales code of connection. The Code of Connection (CoCo) process is designed to ensure that appropriate levels of assurance are provided for organisations requiring a connection to the NHS Wales Network. In order to provide this assurance the NWIS' Cyber Security Team requires documentation to be completed by any organisation wishing to connect.

There is a process of unique authentication for networked devices to access and be attached to the corporate domain and the network is segmented into different sections in order to increase security.

There is a process for identification and management of security vulnerabilities, the organisation has at its disposal a portfolio of supported technologies, many of these have been procured nationally and funding provided via Health, access to the National Vulnerability scanner is available and intrusion detection systems in place. Penetration testing takes place and vulnerability scans are undertaken locally.

Security incidents are monitored and there is a Major Incident Response Plan in place that sets out how the organisation will react and deal with cyber threats.

There were no recommendations under this objective.

Control Area: Managed Assets (76%)

A register is in place which records all IT equipment. Council End User Services (EUS) are undertaking a review of asset management / recording with a view to consolidating the various inventories into the service desk tool. Going forward this will make it easier to link assets to incident/request reporting and management of the asset lifecycle.

Servers/client devices are purchased with support warranties to cover the planned asset lifecycle. There is a 5-year capital refresh plan that identifies asset lifecycle and refresh requirements.

Assets are maintained by patching and replacement at end of life. Microsoft Endpoint Manager is used to deploy software updates and patches to managed assets. The Network team use Cisco Prime Infrastructure to manage the switch/wireless network including updates.

There is an Asset Disposal procedure in place, this sets out the process to follow for the decommissioning of assets. Disposal certificates are obtained which allow assets to be tracked to disposal.

Currently there is no process for the identification and assessment of assets which are critical for the delivery of the health board's services.

See Observation/Recommendation 12 at Appendix A.

Control Area: Managed Operations (94%)

Threats to service provision are identified such as fire risk and loss of power, and mitigations are in place.

The server rooms have adequate protection based on risk assessment. There is a process in place for monitoring the environment of the server rooms using equipment that ensures warnings are produced in the event of abnormal conditions.

There is a process to ensure server rooms are kept secure, tidy and free from environmental hazards. There is a regular physical check to ensure that the rooms are protected and kept clear with staff taking action when needed.

The designed architecture is resilient through replication across two sites, which minimises the risks associated with the loss of individual servers.

The main site has dual power supplies to ensure continuity. There is an Uninterruptible Power Supply (UPS) in place for the servers. UPS' will self-monitor and log, they are networked and will send reports to Network Team who would undertake failover tests when required.

There were no recommendations under this objective.

Control Area: Managed Continuity (79%)

The health board has documented processes for ICT Major Incidents, Disaster Recovery (DR) and Backup. These are underpinned by several continuity SOPs which are used to support the recovery of key systems in the event of an incident.

Key incident response and process document set out the severity categories and gives examples of critical problems. From the documentation we can

see that RTO and RPO have been set for services. Plans have conditions for invocation.

Recovery procedures are in place so that processing can be re-established, including recovery of missing data. The IT resources required (management and support of incident) to support continuity and recovery are identified in the major incident process document.

Elements of Business Continuity Plans (BCP) are regularly tested, the ICT department Business Continuity (BC) plans are reviewed annually and the BC process for the health board is set out in the Business Continuity Management Policy, it states that The Civil Contingencies Manager will monitor compliance of this policy as part of the annual review of BCPs. The Planning and Strategy Committee will seek assurances that the health board's BCPs and arrangements are adequate, effective and robust. All activities in respect of Business Continuity Management (BCM) are incorporated into the Annual Report on Civil Contingencies Planning, which is subject to approval at Board level.

IT staff are aware of the BCP plans and have used the SOPs to backup and recovery systems in the past, the IT BC Plan is discussed as part of annual Plan review, BCP training for the systems will be the department responsibility and this will take place locally outside of IT area of responsibility.

Backups take place daily which are replicated to offsite storage. Regular backup and restores take place, testing the capabilities regularly.

While the approved recovery procedures and major incident process detail steps to be taken to recover and rebuild in the event of an incident, different continuity options have not been defined and the differing options to deliver these costed.

The extent to which management have approved the current continuity position cannot be considered informed approval without other available options noted and costed.

See Observation/Recommendation 13 at Appendix A.

Control Area: Managed Projects (69%)

There is a record of all ICT projects underway. These projects are run in accordance with PRINCE2 methodology and procedures, guidance and templates for project management are place.

Project Managers employed by the health board are PRINCE2 certified and encouraged to take the Practitioner and ITIL Foundation Certificate in Service Management qualifications.

The health board have identified concerns in the ICT plan in relation to Project/Programme management, there is limited Project Management resource available to deliver the number of planned improvements required to support the organisations ambition, improvements are required to ensure frequent and meaningful reporting on progress of ICT projects within the health board.

See Observation/Recommendation 14 at Appendix A.

6. Summary of Observations and Recommendations

The audit observations and recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

Design of Systems/Controls

Our fieldwork has highlighted no observation/recommendations that can be classified as a weakness in the system controls/design.

Operation of System/Controls

Our fieldwork has highlighted fourteen observations/recommendations that can be classified as weaknesses in the operation of the designed system/controls.

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Observation 1 – Monitoring compliance (Operation)

There is some evidence of the identification of compliance requirements relating to IM&T, the compliance position on some areas such as the GDPR and FOI are well reported, however there is no formal register of compliance requirements for IM&T and there is no structured process to identify all the compliance requirements, assessing the compliance status and feeding the position in relation to requirements, status and consequences upwards to committee.

Recommendation

The organisation should maintain oversight of the extent to which IM&T satisfies obligations (regulatory, legislation, common law, contractual), internal policies, standards and professional guidelines.

A register of compliance requirements for all IM&T related legislation and standards should be developed along with a process for reporting status upwards via the appropriate committee.

Management Response, Responsible Officer and Deadline

Agreed – The Informatics team structure has recently been strengthened and this will support the development of a formal register. The Informatics team will work and liaise with the Information Governance team and other departments as needed to identify the best way to implement and maintain.

Lead – The Digital Business Manager, accountable to the Assistant Director Digital Transformation & Informatics

Target Implementation Date - July 2021

Observation 2 – Communicating managed risks (Operation)

While the department risk register is monitored via the standard health board process and reported via Committee and Board, the process could be improved with monitoring of the risks being managed at a lower level which contain a severe worst case scenario.

Recommendation

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 incorporated into the Board's overall risk and assurance framework.

Management Response, Responsible Officer and Deadline

Noted and agreed – 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.

Lead - The Digital Business Manager accountable to the Assistant Director Digital Transformation & Informatics .

Target Date – October 2021

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Observation 3 – Clinical lead for ICT (Operation)

While there are appropriate stakeholders included on the organisations steering groups for ICT and IG, there is currently no clinical lead for ICT.

A Chief Clinical Informatics Officer (CCIO) provides leadership and management of ICT and information development activity to support the safe and efficient design, implementation and use of informatics solutions to deliver improvements in the quality and outcomes of care. This includes: providing expert clinical informatics advice and guidance; working collaboratively with others to ensure patient and clinical involvement in the planning, development, delivery and evaluation of systems and services; and championing the use of informatics as an enabler of change and quality improvement.

Recommendation

The organisation should consider assigning the responsibility of CCIO.

Management Response, Responsible Officer and Deadline

Noted and agreed - 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.

Lead – Assistant Director Digital Transformation & Informatics

Target Date - October 2021

Observation 4 – Policy publication (Operation)

The organisation has created and communicated set of policies which set out control expectations on relevant key topics such as security, privacy, confidentiality, internal and usage of IT assets.

While the health board have a number of IG polices communicated via its intranet site the Information Technology policies are limited to a selection of all wales NHS polices and two others which have recently been adapted from Powys County Council policies for NHS use.

Recommendation

The health board should review its published ICT policies for completeness and where necessary develop or adapt and publish additional polices to provide a full suite.

Management Response, Responsible Officer and Deadline

Agreed – This is an ongoing process. The recently established team will help to provide the ongoing focus in ensuring that relevant policies and procedures are in place, these will need to align between national (NWIS) and local as needed. A review of the existing policies to identify gaps will continue to ensure a full suite is appropriate and available.

Lead - The Digital Business Manager accountable to the Assistant Director Digital Transformation & Informatics

Target Date - Oct 2021

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Observation 5 – ICT Strategy (Operation)

Currently the Organisation does not have an ICT Strategy, the Digital Strategic Framework was due to be drafted 2020/2021, however the Covid situation has impacted the work needed to develop and approve this and the Strategy development is still in its infancy.

This means that there is no full, current assessment of the external environment in which ICT in the health board operates and no current evaluation of the current position of the health board relating to architecture, applications, culture, challenges. Neither has the full range of stakeholders and the extent to which they should feed into the development of the Strategy been identified.

Recommendation

The necessary work to define and approve the strategic direction for the use of ICT within the organisation should be completed as a priority. In doing so the health board should explore opportunity for synergy and overlap of strategy with colleagues in Powys county council. This work should include an evaluation of the current position of the health board in relation to both the external environment and current ways of working in order to provide a baseline position from which to work.

Once completed, to ensure the strategy is embedded within the organisation and stakeholder network (champions / leads) it should have a plan for communication which identifies target audiences, communication mechanism and schedules.

Management Response, Responsible Officer and Deadline

Agreed - The Digital Strategic framework will be restarted and is fundamental to our 3-5 year delivery model for Digital Transformation and Informatics.

Lead – Assistant Director Digital Transformation & Informatics

Deadline – October 2021

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Observation 6 – Strategy Items (Operation)

Although the IMTP and Divisional plans set out the target services required by the organisation, this is only in terms of the specific systems / applications needed. There is no consideration of wider, supporting items such as validated emerging technology or innovation ideas, reference standards, IM&T capabilities, comparative benchmarks of good practice, and emerging IM&T service provision.

Recommendation

The development of the strategy should consider the wider ICT strategy implications and the supporting technical infrastructure.

Management Response, Responsible Officer and Deadline

Noted and agreed, as per response to Observation 5 as clearly linked.

Lead – Assistant Director Digital Transformation & Informatics

Deadline – October 2021

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Observation 7 – Budget creation (Operation)

While Informatics has been allocated resources to deliver the ICT goals, the department budget is not based on actual need. Instead it was based previous years with some changes factored in. This means it does not fully cover the financial resource needed to achieve the organisations ambitions and without future investment overspending may occur against budgets.

Recommendation

As part of the Strategy development, work should be carried out to ensure it is fully costed and appropriate resource made available to deliver the organisations strategic ambitions with a fair and equitable system of allocating costs to the enterprise.

Consideration should also be given to allocating future budget on need to ensure that the trajectory for strategy delivery is maintained.

Management Response, Responsible Officer and Deadline

Noted and agreed – action already been completed in this area to ensure that the Informatics structure and establishment are as needed to meet objectives and there has been ongoing work with PCC re appropriate resource and support to be included in the S33.

There is a need to manage various national development funding appropriately to support the Informatics structure (and resource).

Agreed that the appropriate business cases will need to be completed to secure appropriate resource / investment to meet strategic priorities as identified.

Lead – Assistant Director Digital and Informatics

Target Date – This is an ongoing process so difficult to identify an exact date as will change as BC completed etc. but we will work towards completing within six months of the deadline for Observation 5 – ICT Strategy.

Deadline – April 2022

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Observation 8 – ICT Resource Demand (Operation)

While the organisation understands its current demands, and work to formulate the ICT strategy has begun, there hasn't yet been a full assessment of what skills and resource would be needed to support the organisational IMTP and implement the Strategy once completed.

Consequently, there has been no identification of the skills gap and no development of a structured staff development plan in order to close the gap. Without this development plan in place ICT may struggle to implement any future ICT strategy.

Recommendation

A full assessment of the current skills within ICT, alongside the required resource and skills for the ICT Strategy should be undertaken. Once the gaps in skills have been identified a formal plan to upskill staff should be developed.

Management Response, Responsible Officer and Deadline

Noted and agreed, as per response to Observation 6 and 7as clearly linked.

Lead – Assistant Director Digital Transformation & Informatics

Deadline – October 2021

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Observation 9 – Sufficient resources (Operation)

Through previous audits and through a recent evaluation of priorities carried out by the health board it has been identified that some support requirements such as project management and telephony do not have sufficient resources to deliver the organisations ambitions.

Recommendation

As part of the strategy development and approval the organisation should ensure the resourcing requirements are fully defined and a gap analysis is included so as to ensure the requirements are fully known and provisioned.

Management Response, Responsible Officer and Deadline

Noted and agreed as per Observation 7.

Lead – Assistant Director Digital Transformation & Informatics

Deadline – October 2021

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Observation 10 – Cyber Security KPIs (Operation)

There are no formally defined KPIs that feed into the health board governance structure which track the status of cyber security and the success of the team in managing the issues.

Recommendation

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.

Management Response, Responsible Officer and Deadline

Agreed – Appropriate KPI's are included as part of the work to review the current S33 and is ongoing to ensure that appropriate.

Lead - The Digital Business Manager accountable to the Assistant Director Digital Transformation & Informatics with PCC colleagues as part of S33.

Target Date - Dec 2021

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Observation 11 – Cyber training (Operation)

Apart from the section on the Information Governance mandatory training Health Board staff are not required to undertake any other Cyber awareness development.

Recommendation

The health board should encourage appropriate groups of staff to complete the all wales NHS cyber training.

Management Response, Responsible Officer and Deadline

Agreed - This is available on ESR and all staff encouraged to complete, we will continue to explore if this can be made mandatory.

Lead - The Digital Business Manager accountable to the Assistant Director Digital Transformation & Informatics

Target Date - Dec 2021

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Observation 12 – Critical IT assets (Operation)

Although IT assets are recorded and tracked, there is no identification of those assets that are critical to the provision of ICT services for the organisation. Accordingly, there is no formal, regular assessment of the risk of failure of these or the need for replacement.

Recommendation

Critical assets should be identified and be subject to enhanced monitoring and assessment for risk / replacement.

Management Response, Responsible Officer and Deadline

Agreed – Action to be completed with PCC partners as part of S33 arrangements.

Lead - The Digital Business Manager accountable to the Assistant Director Digital Transformation & Informatics

Target Date - Dec 2021

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Observation 13 – Cost of recovery (Operation)

While the approved recovery procedures and major incident process detail steps to be taken to recover and rebuild in the event of an incident, different continuity options have not been defined and the differing options to deliver this assessed/costed.

The extent to which management have approved the continuity option / situation cannot be considered informed approval without other available options noted and costed.

Recommendation

In order to ensure best value approach, differing continuity options should be defined and the differing options to deliver this assessed/ costed.

Management Response, Responsible Officer and Deadline

Noted and agreed - The current procedures and process will be reviewed with PCC partners to ensure up to date and different options identified if available.

Lead - The Digital Business Manager accountable to the Assistant Director Digital Transformation & Informatics

Target Date - April 2022

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Observation 14 – Delivery of planned IM&T improvements (Operation)

There is limited Project Management resource available to deliver the number of planned improvements required to support the organisations ambition, Improvements are required to ensure frequent and meaningful reporting on progress of ICT projects within the health board.

Recommendation

The health board must ensure resource is available to deliver and report upon the ICT programme.

Management Response, Responsible Officer and Deadline

Noted and agreed – The 20/21 Digital Plan as presented and approved by Executive Committee included the additional resource required to support implementation (note the newly established Digital Business Manager). There are numerous national funding streams that are available to help support developments in a number of areas and any developments will include the relevant PM role as needed. Action also ongoing to improve reporting against the plan to be reported via Board committee structure and is a recognised areas for improvement.

Lead – Assistant Director of Digital and Informatics

Target Date - October 2021

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Confidentiality

This report is supplied on the understanding that it is for the sole use of the persons to whom it is addressed and for the purposes set out herein. No persons other than those to whom it is addressed may rely on it for any purposes whatsoever. Copies may be made available to the addressee's other advisers provided it is clearly understood by the recipients that we accept no responsibility to them in respect thereof. The report must not be made available or copied in whole or in part to any other person without our express written permission.

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The health board shall apply any relevant exemptions which may exist under the Act. If, following consultation with the Head of Internal Audit this report or any part thereof is disclosed, management shall ensure that any disclaimer which NHS Wales Audit & Assurance Services has included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

Audit

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the health board. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was made against applicable policies procedures and regulatory requirements and guidance as appropriate.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Where a control objective has not been achieved, or where it is viewed that improvements to the current internal control systems can be attained, recommendations have been made that if implemented, should ensure that the control objectives are realised/ strengthened in future.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

Responsibilities

Responsibilities of management and internal auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a

substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.

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Addysgu Powys
Powys Teaching
Health Board

Powys Teaching Health Board

Internal Audit Plan 2021/22

March 2021

**NHS Wales Shared Services Partnership
Audit and Assurance Services**

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1. Introduction

This document sets out the Internal Audit Plan for 2021/22 (the Plan) detailing the audits to be undertaken and an analysis of the corresponding resources. It also contains the Internal Audit Charter which defines the overarching purpose, authority and responsibility of Internal Audit and the Key Performance Indicators for the service.

As a reminder, the Accountable Officer (the HB Chief Executive) is required to certify, in the Annual Governance Statement, that they have reviewed the effectiveness of the organisation's governance arrangements, including the internal control systems, and provide confirmation that these arrangements have been effective, with any qualifications as necessary including required developments and improvement to address any issues identified.

The purpose of Internal Audit is to provide the Accountable Officer and the Board, through the Audit Committee, with an independent and objective annual opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control. The opinion should be used to inform the Annual Governance Statement.

Additionally, the findings and recommendations from internal audit reviews may be used by HB management to improve governance, risk management, and control within their operational areas.

The Public Sector Internal Audit Standards (the Standards) require that 'The risk-based plan must take into account the requirement to produce an annual internal audit opinion and the assurance framework. It must incorporate or be linked to a strategic or high-level statement of how the internal audit service will be delivered in accordance with the internal audit charter and how it links to the organisational objectives and priorities.'

Accordingly, this document sets out the risk-based approach and the Plan for 2021/22. The Plan will be delivered in accordance with the Internal Audit Charter and the agreed KPIs which are monitored and reported to you. All internal audit activity will be provided by Audit & Assurance Services, a part of NHS Wales Shared Services Partnership.

2. Developing the Internal Audit Plan

2.1 Link to the Public Sector Internal Audit Standards

The Plan has been developed in accordance with Public Sector Internal Audit Standard 2010 – Planning, to enable the Head of Internal Audit to meet the following key objectives:

- the need to establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation's goals;

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- provision to the Accountable Officer of an overall independent and objective annual opinion on the organisation's governance, risk management, and control, which will in turn support the preparation of the Annual Governance Statement;
- audits of the organisation's governance, risk management, and control arrangements which afford suitable priority to the organisation's objectives and risks;
- improvement of the organisation's governance, risk management, and control arrangements by providing line management with recommendations arising from audit work;
- quantification of the audit resources required to deliver the Internal Audit Plan;
- effective co-operation with Audit Wales as external auditor and other review bodies functioning in the organisation; and
- provision of both assurance (opinion based) and consulting engagements by Internal Audit.

2.2 Risk based internal audit planning approach

Our risk-based planning approach recognises the need for the prioritisation of audit coverage to provide assurance on the management of key areas of risk, and our approach addresses this by considering the:

- organisation's risk assessment and maturity;
- the previous years' internal audit activities; and
- the audit resources required to provide a balanced and comprehensive view.

Our planning takes into account the NHS Wales Planning Framework and other NHS Wales priorities, and is mindful of significant national changes that are taking place, in particular the ongoing impact of COVID-19. In addition, the plan aims to reflect the significant local changes occurring as identified through the Integrated Medium-Term Plan (IMTP) and Annual Plan within a longer term framework and other changes within the organisation, assurance needs, identified concerns from our discussions with management, and emerging risks.

We will ensure that the plan remains fit for purpose by recommending changes where appropriate and reacting to any emerging issues throughout the year. Any necessary updates will be reported to the Audit, Risk and Assurance Committee in line with the Internal Audit Charter.

While some areas of governance, risk management and control will require annual review, our risk-based planning approach recognises that it is not possible to audit every area of an organisation's activities every year. The risk associated with each auditable area is assessed and this determines the appropriate frequency for review.

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In addition, we are also aiming to agree a programme of work through both the Board Secretaries and Directors of Finance networks. These audits and reviews may be undertaken across all NHS bodies or a particular sub-set, for example at Health Boards only.

Therefore, our audit plan is made up of a number of key components:

1) Annual audit work - areas where annual audit work will support the most efficient and effective delivery of an annual opinion. These cover the Board Assurance Framework, Risk Management, Clinical Governance and Quality, Financial Sustainability, Performance Monitoring & Management and an overall IM&T assessment. In each case we anticipate a short overview to establish the arrangements in place including any changes from the previous year with detailed testing where required.

2) Organisation based audit work – this covers key risks and priorities from the Board Assurance Framework and the Corporate Risk Register together with other auditable areas identified and prioritised through our planning approach. This work combines elements of governance and risk management with the controls and processes put in place by management to effectively manage the areas under review.

We recognise that there is a need to audit in a more agile way and to this end we have agreed with some organisations to plan this component of the work on a half-yearly rather than annual basis (the two half year elements making an annual plan). PTHB has chosen to have a full annual programme of work identified at this stage recognising that some audits may change during the year.

3) Follow up - this is follow-up work on previous limited and no assurance reports as well as other high priority recommendations. Our work here also links to the organisation's recommendation tracker and considers the impact of their implementation on the systems of governance and control.

4) Work agreed with the Board Secretaries, Directors of Finance, other executive peer groups, or Audit Committee Chairs in response to common risks faced by a number of organisations. This may be advisory work in order to identify areas of best practice or shared learning.

5) The impact of audits undertaken at other NHS Wales bodies that impacts on the HB, namely PHW, HEIW, NWSSP, Digital Health and Care Wales, WHSSC and EASC.

6) Where appropriate, Integrated Audit & Assurance Plans will be agreed for major capital and transformation schemes and charged for separately. Health bodies are able to add a provision for audit and assurance costs into the Final Business Case for major capital bids.

These components are designed to ensure that our internal audit programmes comply with all of the requirements of the Standards, supports the maximisation of the benefits of being an all-NHS Wales wide internal audit service, and allows us to respond in an agile way to requests for audit input at both an all-Wales and organisational level.

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2.3 Link to the Health Board's systems of assurance

The risk based internal audit planning approach integrates with the HB's systems of assurance; thus, we have considered the following:

- a review of the Board's vision, values and forward priorities as outlined in the Annual Plan and three year Integrated Medium Term Plan (IMTP);
- an assessment of the HB's governance and assurance arrangements and the contents of the corporate risk register;
- risks identified in papers to the Board and its Committees (in particular the Audit Risk & Assurance Committee and the Quality and Safety Committee);
- key strategic risks identified within the corporate risk register and assurance processes;
- discussions with Executive Directors regarding risks and assurance needs in areas of corporate responsibility;
- cumulative internal audit knowledge of governance, risk management, and control arrangements (including a consideration of past internal audit opinions);
- new developments and service changes;
- legislative requirements to which the organisation is required to comply;
- planned audit coverage of systems and processes provided through NHS Wales Shared Services Partnership (NWSSP), Digital Health and Care Wales, WHSSC and EASC;
- work undertaken by other supporting functions of the Audit Committee including Local Counter-Fraud Services (LCFS);
- work undertaken by other review bodies including Audit Wales and Health Inspection Wales (HIW); and
- coverage necessary to provide assurance to the Accountable Officer in support of the Annual Governance Statement.

2.4 Audit planning meetings

In developing the Plan, in addition to consideration of the above, the Head of Internal Audit has met and spoken with a number of health board Executives and Independent members to discuss current areas of risk and related assurance needs. Meetings have been held, and planning information shared, with the health board's Executive Team, the Chair of the Audit, Risk & Assurance Committee and the Chair of the Board.

The draft Plan has been provided to the health board's Executive Management Team to ensure that Internal Audit effort was best targeted to areas of risk.

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3. Audit risk assessment

The prioritisation of audit coverage across the audit universe is based on the organisation's assessment of risk and assurance requirements as defined in the Board Assurance Framework and Corporate Risk Register.

The maturity of these risk and assurance systems allows us to consider both inherent risk (impact and likelihood) and mitigation (adequacy and effectiveness of internal controls). Our assessment also takes into account corporate risk, materiality or significance, system complexity, previous audit findings, potential for fraud and sensitivity.

4. Planned internal audit coverage

4.1 Internal Audit Plan 2021/22

The Plan is set out in Appendix A and identifies the audit assignment, lead executive officer, outline scope, and proposed timing. It is structured under the six components referred to in section 2.2.

Where appropriate the Plan makes cross reference to key strategic risks identified within the corporate risk register and related systems of assurance together with the proposed audit response within the outline scope.

The scope, objectives and audit resource requirements and timing will be refined in each area when developing the audit scope in discussion with the responsible executive director(s) and operational management.

The scheduling takes account of the optimum timing for the performance of specific assignments in discussion with management, and Audit Wales requirements if appropriate.

The Audit, Risk & Assurance Committee will be kept apprised of performance in delivery of the Plan, and any required changes, through routine progress reports to each Audit Committee meeting.

Audit coverage, in terms of capital audit and estates assurance, will be delivered by our Capital & Estates Team, and work on Information Governance and IT Security will be delivered by our IM&T Team.

4.2 Keeping the plan under review

Our risk assessment and resulting Plan is limited to matters emerging from the planning processes indicated above.

Audit & Assurance Services is committed to ensuring its service focuses on priority risk areas, business critical systems, and the provision of assurance to management across the medium term and in the operational year ahead. As in any given year, our Plan will be kept under review and may be subject to change to ensure it remains fit for purpose. We are particularly mindful of the level of uncertainty that currently exists with regards to the COVID-19 pandemic. At this stage, it is not clear how the pandemic will affect the delivery of the Plan over the coming year. To this end, the need for flexibility

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and a revisit of the focus and timing of the proposed work will be necessary at some point during the year.

Any changes to the Plan will be based upon consideration of risk and need and will be presented to the Audit Committee for approval.

Regular liaison with Audit Wales as your External Auditor will take place to coordinate planned coverage and ensure optimum benefit is derived from the total audit resource.

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5. Resource needs assessment

Internal Audit has the necessary resources to deliver the agreed programme through both the local audit team and access to specialist resources.

Under the approach we have adopted for a number of years, the top slice provided to us to undertake the internal audit programme is supplemented by an additional charge for work over and above the top slice. To this end the health board has agreed to pay an additional £55,223 to cover this additional audit work.

Provision has also been made for other essential audit work including planning, management, reporting and follow-up.

If additional work, support or further input necessary to deliver the plan is required during the year over and above the total indicative resource requirement a fee may be charged. Any change to the plan will be based upon consideration of risk and need, and presented to the Audit Committee for approval.

As in previous years, the health board's capital and estates audit coverage will be provided by our Specialist Services Unit and will be recharged separately. The estimated cost for 2021/22 is £ 26,821.

In accordance with the NHS Wales Infrastructure Investment Guidance all business cases are required to include an Integrated Assurance and Approval Plan (IAAP) that sets out assurance and approval points for each stage of the project/ programme. Accordingly, health boards/Trusts are required to outline the various formalised assurance mechanisms proposed (e.g. internal audit, Gateway reviews, functional reviews etc.), and the timing of each, within all business case submissions.

By outlining the various assurance mechanisms proposed at the Business Case and reflecting the proposed costs within the Business Case Cost Forms, health boards/Trusts are able to capitalise the costs of its associated internal audit coverage. Accordingly, during the forthcoming year, our Capital & Estates Team will work with management to develop appropriate project/programme audit plans (based on risk assessments), for inclusion within key business cases. The internal audit plan will be updated to reflect any associated business case approvals.

The Standards enable Internal Audit to provide consulting services to management. The commissioning of these additional services by the health board, unless already included in the plan, is discretionary. Accordingly, a separate fee may need to be agreed for any additional work.

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6. Action required

The Audit, Risk and Assurance Committee is invited to consider the Internal Audit Plan for 2021/22 and:

- approve the Internal Audit Plan for 2021/22;
- approve the Internal Audit Charter; and
- note the associated Internal Audit resource requirements and Key Performance Indicators.

Helen Higgs

Head of Internal Audit (Powys Teaching Health Board)
Audit & Assurance Services
NHS Wales Shared Services Partnership

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Planned output	Audit Ref	Health Board Risk Register Reference	Outline Scope	Executive Lead	Outline timing tbc
Annual Governance Statement	N/A		To provide commentary on key aspects of Board Governance to underpin the completion of the statement.	Chief Executive / Board Secretary	Q4
Risk Management & Assurance (Deferred from 2020/21)	001	007	We will provide an assurance that the BAF reflects the objectives set out in the current IMTP and the Health Board's quality priorities; and that the Risk Management Strategy reflects the oversight arrangements for the BAF, the Quality and Patient Safety Governance Framework and any changes to the management of risk within the Health Board.	Board Secretary / Executive Team	Q4
Financial savings & budgetary control (Deferred from 2020/21)	002	002	To provide an assurance that corporate policies and procedures are effectively being discharged for Budgetary Control and the extent to which the associated management controls are being applied and savings targets met. The review will include an assessment of compliance with delegated limits.	Director of Finance, Information & I.T. Services	TBC
Performance Management and Reporting	003		A review of the effectiveness of the health board's performance management and reporting arrangements. To ensure the achievement of an integrated approach	Director of Planning and Performance	Q3/4

(Deferred from 2020/21)			through the Improving Performance Framework.		
Network and Information Systems (NIS) Directive	004		An assurance that the organisation is complying with the requirements of the NIS Directive	Director of Finance, Information & I.T. Services	Q3/4
North Powys Well-being Programme	005	008	An assessment of the health board's arrangements to take the programme forward. To include focus on the management of demand and capacity modelling and service mapping.	Director of Planning and Performance	Q3
Concerns tracking/monitoring assurance (Deferred from 2020/21)	006	007	We will assess the process of tracking concerns (to include SIs) of all 15 providers and specifically how the THB is ensuring that lessons are learned.	Director of Nursing and Midwifery	Q4
Breathe well programme (key transformational area) (Deferred from 2020/21)	007		The review will assess the effectiveness of the programme governance arrangements.	Director of Therapies and Health Science	Q3
Cancer services (key transformational area) (Deferred from 2020/21)	008	001	The review will assess the effectiveness of the structure in place to provide an assurance that cancer patients are receiving the best possible service. We will include both provider and commissioned cancer services in the review.	Medical Director / Director of Planning & Performance	Q4
Safeguarding – Midwifery supervision	009		A review of the midwifery supervision process following the introduction of a new system. We will consider quality metrics in place and the implementation of learning.	Director of Nursing and Midwifery	Q1

Mortality Reviews	010	001	To provide assurance that patient mortality risk is being appropriately managed and that the health board's responsibilities for patient care are effectively being discharged.	Medical Director	Q2
Medical Equipment and Devices	011	016	To provide assurance on the safe and effective procurement, use and disposal of medical equipment, devices and diagnostic systems. We will include an assessment of the Welsh Point of Care Test (POCT) system. We will also assess the progress made to address the concerns raised in our 2017/18 briefing papers.	Medical Director / Director of Therapies and Health Science	Q1
Post Covid-19 Syndrome Service	012		To assess the establishment of the service.	Director of Therapies and Health Science	Q1
Access to systems (Deferred from 2020/21)	013	004	The review will focus on user experience of connectivity and access to information. The outcome will help to inform the development of the digital strategy.	Director of Finance, Information & I.T. Services	Q1
Looked after children with mental health ill health	014	001	Following a current investigation, our review will assess progress with implementing lessons learned. We will also seek assurance on effective access to services and how this is commissioned.	Director of Nursing and Midwifery / Director of Primary, Community and Mental Health Service	Q3
Theatres utilisation (Deferred from 2020/21)	015	013	To provide an opinion on theatre efficiency. We will include a review of financial performance; use of staff resource; patient experience and clinical outcomes.	Director of Primary, Community and Mental Health Service	Q1/2

Dementia Service	016	013	We will consider the effectiveness of the arrangements in place to deliver Dementia Services. To include a focus on the Dementia Home Treatment Service.	Director of Primary, Community and Mental Health Service	Q2
Workforce Futures Framework (Deferred from 2020/21)	017	006	Workforce Futures is an enabler of the Health & Care Strategy for Powys. The review will provide an assurance that the framework has embedded and is providing clear direction of the future work required to achieve the outcomes intended.	Director of Workforce and OD	TBC
Job Matching and Evaluation Process	018		An assurance that the system in place supports a consistent and rational approach, in accordance with the agenda for change terms and conditions.	Director of Workforce and OD	TBC
Site Management (Advisory)	019		A review of the effectiveness of operational site management arrangements.	Director of Workforce and OD / Director of Primary, Community and Mental Health Service	Q1
Estates Assurance - Control of Contractors (Deferred from 2020/21)	020	016	To assess the adequacy of management arrangements to ensure compliance with the requirements of Health & Safety Executive guidance.	Director of Planning and Performance	Q1
Estates Assurance - Decarbonisation	022	005	To determine the adequacy of management arrangements to ensure compliance with the Welsh Government decarbonisation strategy.	Director of Planning and Performance	Q4
Follow Up Action Tracker	023		To review the systems in place to monitor progress with the implementation of actions in response to internal audit reports.	Board Secretary / Executive Team	Q4

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NHS Wales Audit Work With Local Impact			To collate the assurances derived from the review of NHS Wales bodies that provide services to this organisation and contribute to its overall system of control e.g. Public Health Wales, Health Education & Improvement Wales, NHS Wales Shared Services Partnership, Digital Health and Care Wales, Welsh Health Specialised Services Committee and Emergency Ambulance Services Committee.	Board Secretary	Q4
Integrated Audit & Assurance Plans					
Machynlleth (Bro Ddyfi Hospital) (Deferred from 2020/21)	024	005 002	To assess the THB's processes, procedures and operational management of the £14.92m Machynlleth reconfiguration project to create a primary and community care hub.	Director of Planning and Performance	Q2

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The KPIs reported monthly for Internal Audit are:

KPI	SLA required	Target 2021/22
Audit plan 2021/22 agreed/in draft by 30 April	✓	100%
Audit opinion 2020/21 delivered by 31 May	✓	100%
Audits reported vs. total planned audits	✓	varies
% of audit outputs in progress	No	varies
Report turnaround fieldwork to draft reporting [10 days]	✓	80%
Report turnaround management response to draft report [15 days]	✓	80%
Report turnaround draft response to final reporting [10 days]	✓	80%

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Powys Teaching Health Board

INTERNAL AUDIT CHARTER

March 2021

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NHS Wales Audit & Assurance Services

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1 Introduction

- 1.1 This Charter is produced and updated regularly to comply with the Public Sector Internal Audit Standards. The Charter is complementary to the relevant provisions included in the organisation's own Standing Orders and Standing Financial Instructions.
- 1.2 The terms 'board' and 'senior management' are required to be defined under the Standards and therefore have the following meaning in this Charter:
- Board means the Board of Powys Teaching Health Board with responsibility to direct and oversee the activities and management of the organisation. The Board has delegated authority to the Audit Committee in terms of providing a reporting interface with internal audit activity; and
 - Senior Management means the Chief Executive as being the designated Accountable Officer for Powys Teaching Health Board. The Chief Executive has made arrangements within this Charter for an operational interface with internal audit activity through the Board Secretary.
- 1.3 Internal Audit seeks to comply with all the appropriate requirements of the Welsh Language (Wales) Measure 2011. We are happy to correspond in both Welsh and English.

2 Purpose and responsibility

- 2.1 Internal audit is an independent, objective assurance and advisory function designed to add value and improve the operations of Powys Teaching Health Board. Internal audit helps the organisation accomplish its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of governance, risk management and control processes. Its mission is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.
- 2.2 Internal Audit is responsible for providing an independent and objective assurance opinion to the Accountable Officer, the Board and the Audit committee on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control¹. In addition, internal audit's findings and recommendations are beneficial to management in securing improvement in the audited areas.

¹ Audit work designed to deliver an audit opinion on the risk management, control, and governance arrangements is referred to in this Internal Audit Charter as Assurance Work because management use the audit opinion to derive assurance about the effectiveness of their controls

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NHS Wales Audit & Assurance Services

2.3 The organisation's risk management, internal control and governance arrangements comprise:

- the policies, procedures and operations established by the organisation to ensure the achievement of objectives;
- the appropriate assessment and management of risk, and the related system of assurance;
- the arrangements to monitor performance and secure value for money in the use of resources;
- the reliability of internal and external reporting and accountability processes and the safeguarding of assets;
- compliance with applicable laws and regulations; and
- compliance with the behavioural and ethical standards set out for the organisation.

2.4 Internal audit also provides an independent and objective advisory service specifically to help management improve the organisations risk management, control and governance arrangements. The service applies the professional skills of internal audit through a systematic and disciplined evaluation of the policies, procedures and operations that management have put in place to ensure the achievement of the organisations objectives, and through recommendations for improvement. Such advisory work contributes to the opinion which internal audit provides on risk management control and governance.

3 Independence and Objectivity

3.1 Independence as described in the Public Sector Internal Audit Standards is the freedom from conditions that threaten the ability of the internal audit activity to carry out internal audit responsibilities in an unbiased manner. To achieve the degree of independence necessary to effectively carry out the responsibilities of the internal audit activity, the Head of Internal Audit will have direct and unrestricted access to the Board and Senior Management, in particular the Chair of the Audit Committee and Accountable Officer.

3.2 Organisational independence is effectively achieved when the auditor reports functionally to the Audit Committee on behalf of the Board. Such functional reporting includes the Audit Committee:

- approving the internal audit charter;
- approving the risk based internal audit plan;
- approving the internal audit budget and resource plan;
- receiving outcomes of all internal audit work together with the assurance rating; and
- reporting on internal audit activity's performance relative to its plan.

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- 3.3 Whilst maintaining effective liaison and communication with the organisation, as provided in this Charter, all internal audit activities shall remain free of untoward influence by any element in the organisation, including matters of audit selection, scope, procedures, frequency, timing, or report content to permit maintenance of an independent and objective attitude necessary in rendering reports.
- 3.4 Internal Auditors shall have no executive or direct operational responsibility or authority over any of the activities they review. Accordingly, they shall not develop nor install systems or procedures, prepare records, or engage in any other activity which would normally be audited
- 3.5 This Charter makes appropriate arrangements to secure the objectivity and independence of internal audit as required under the standards. In addition, the shared service model of provision in NHS Wales through NWSSP provides further organisational independence.
- 3.6 In terms of avoiding conflicts of interest in relation to non-audit activities, Audit & Assurance has produced a Consulting Protocol that includes all of the steps to be undertaken to ensure compliance with the relevant Public Sector Internal Audit Standards that apply to non-audit activities.

4 Authority and Accountability

- 4.1 Internal Audit derives its authority from the Board, the Accountable Officer and Audit Committee. These authorities are established in Standing Orders and Standing Financial Instructions adopted by the Board.
- 4.2 The Minister for Health has determined that internal audit will be provided to all health organisations by the NHS Wales Shared Services Partnership (NWSSP). The service provision will be in accordance with the Service Level Agreement agreed by the Shared Services Partnership Committee and in which the organisation has permanent membership.
- 4.3 The Director of Audit & Assurance leads the NWSSP Audit and Assurance Services and after due consultation will assign a named Head of Internal Audit to the organisation. For line management (e.g. individual performance) and professional quality purposes (e.g. compliance with the Public Sector Internal Audit Standards), the Head of Internal Audit reports to the Director of Audit & Assurance.
- 4.4 The Head of Internal Audit reports on a functional basis to the Accountable Officer and to the Audit Committee on behalf of the Board. Accordingly the Head of Internal Audit has a direct right of access to the Accountable Officer the Chair of the Audit Committee and the Chair of the organisation if deemed necessary.

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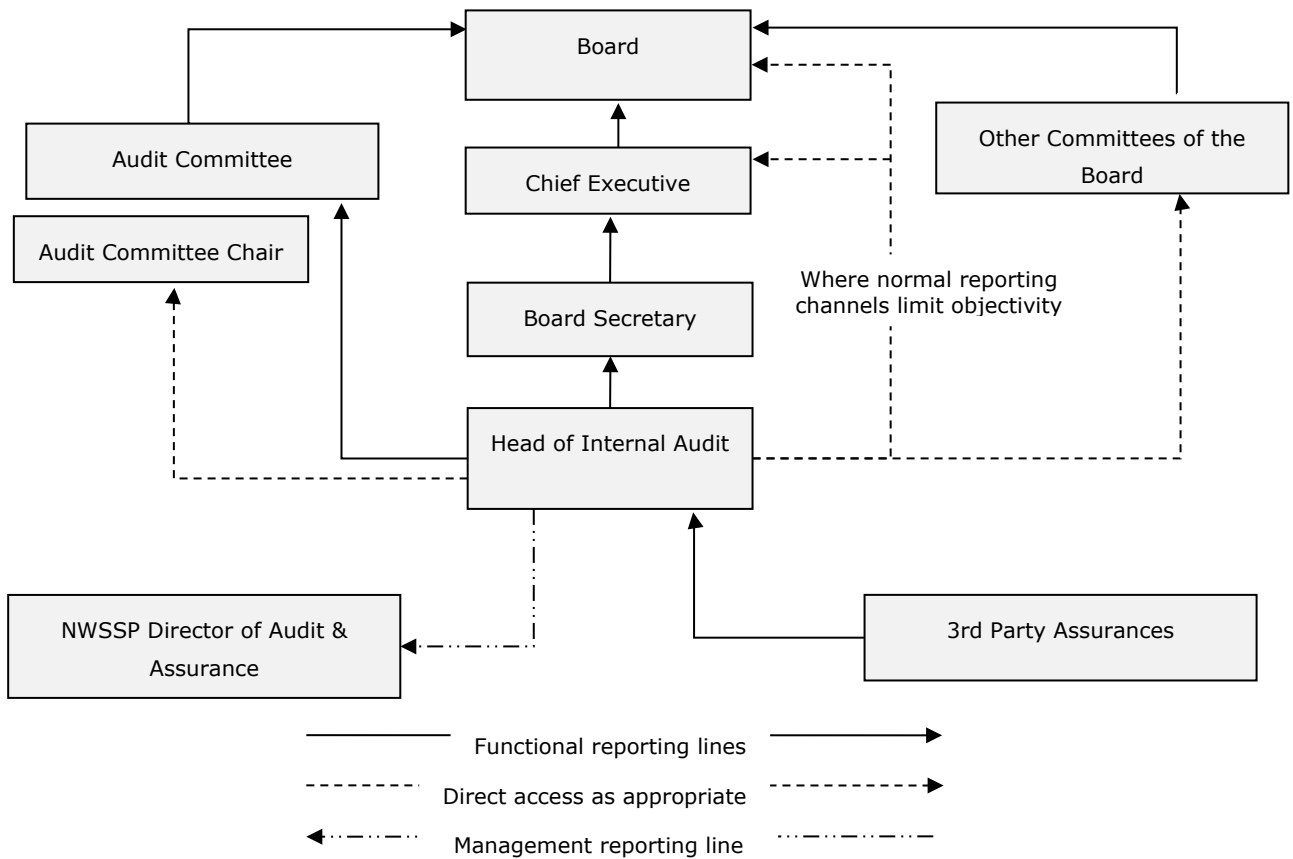
- 4.5 The Audit Committee approves all Internal Audit plans and may review any aspect of its work. The Audit Committee also has regular private meetings with the Head of Internal Audit.
- 4.6 In order to facilitate its assessment of governance within the organisation, Internal Audit is granted access to attend any committee or sub-committee of the Board charged with aspects of governance e.g. Quality & Safety Committee.

5 Relationships

- 5.1 In terms of normal business the Accountable Officer has determined that the Board Secretary will be the nominated executive lead for internal audit. Accordingly, the Head of Internal Audit will maintain functional liaison with this officer.
- 5.2 In order to maximise its contribution to the Board's overall system of assurance, Internal Audit will work closely with the organisation's Board Secretary in planning its work programme.
- 5.3 Co-operative relationships with management enhance the ability of internal audit to achieve its objectives effectively. Audit work will be planned in conjunction with management, particularly in respect of the timing of audit work.
- 5.4 Internal Audit will meet regularly with the external auditor to consult on audit plans, discuss matters of mutual interest, discuss common understanding of audit techniques, method and terminology, and to seek opportunities for co-operation in the conduct of audit work. In particular, internal audit will make available their working files to the external auditor for them to place reliance upon the work of Internal Audit where appropriate.
- 5.5 The Head of Internal Audit will establish a means to gain an overview of other assurance providers' approaches and output as part of the establishment of an integrated assurance framework.
- 5.6 The Head of Internal Audit will take account of key systems being operated by organisation's outside of the remit of the Accountable Officer, or through a shared or joint arrangement, e.g. the NHS Wales Shared Services Partnership, WHSSC, EASC and NWIS (NWIS becomes a Special Health Authority called Digital Health and Care Wales from 1st April 2021).
- 5.7 Internal Audit strives to add value to the organisation's processes and help improve its systems and services. To support this Internal Audit will obtain an understanding of the organisation and its activities, encourage two way communications between internal audit and operational staff, discuss the audit approach and seek feedback on work undertaken.
- 5.8 The key organisational reporting lines for Internal Audit are summarised in Figure 1 overleaf. As part of this, the Audit Committee may determine

that another Committee of the organisation is a more appropriate forum to receive and action individual audit reports. However, the Audit Committee will remain the final reporting line for all reports.

Figure 1 Audit reporting lines



6 Standards, Ethics, and Performance

- 6.1 Internal Audit must comply with the Definition of Internal Auditing, the Core Principles, Public Sector Internal Audit Standards and the professional Code of Ethics, as published on the NHS Wales e-governance website.
- 6.2 Internal Audit will operate in accordance with the Service Level Agreement (updated 2019) and associated performance standards agreed with the Audit Committee and the Shared Services Partnership Committee. The Service Level Agreement includes a number of Key Performance Indicators and we will agree with each Audit Committee which of these they want reported to them and how often.

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NHS Wales Audit & Assurance Services

7 Scope

7.1 The scope of Internal Audit encompasses the examination and evaluation of the adequacy and effectiveness of the organisation's governance, risk management arrangements, system of internal control, and the quality of performance in carrying out assigned responsibilities to achieve the organisation's stated goals and objectives. It includes but is not limited to:

- Reviewing the reliability and integrity of financial and operating information and the means used to identify measure, classify, and report such information;
- Reviewing the systems established to ensure compliance with those policies, plans, procedures, laws, and regulations which could have a significant impact on operations, and reports on whether the organisation is in compliance;
- Reviewing the means of safeguarding assets and, as appropriate, verifying the existence of such assets;
- Reviewing and appraising the economy and efficiency with which resources are employed, this may include benchmarking and sharing of best practice;
- Reviewing operations or programmes to ascertain whether results are consistent with the organisation's objectives and goals and whether the operations or programmes are being carried out as planned;
- Reviewing specific operations at the request of the Audit Committee or management, this may include areas of concern identified in the corporate risk register;
- Monitoring and evaluating the effectiveness of the organisation's risk management arrangements and the overall system of assurance;
- Ensuring effective co-ordination, as appropriate, with external auditors; and
- Reviewing the Governance, Leadership & Accountability assessment and the Annual Governance Statement prepared by senior management.

7.2 Internal Audit will devote particular attention to any aspects of the risk management, internal control and governance arrangements affected by material changes to the organisation's risk environment.

7.3 If the Head of Internal Audit or the Audit Committee consider that the level of audit resources or the Charter in any way limit the scope of internal audit, or prejudice the ability of internal audit to deliver a services

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consistent with the definition of internal auditing, they will advise the Accountable Officer and Board accordingly.

7.4 The scope of the audit coverage will take into account and include any hosted body.

8 Approach

8.1 To ensure delivery of its scope and objectives in accordance with the Charter and Standards Internal Audit has produced an Audit Manual (called the Quality Manual). The Quality Manual includes arrangements for planning the audit work. These audit planning arrangements are organised into a hierarchy as illustrated in Figure 2 below:

Figure 2 Audit planning hierarchy

NHS Wales Level	NWSSP overall audit strategy	Arrangements for provision of internal audit services across NHS Wales to meet
Organisation Level	Entity strategic 3-year audit plan	Entity level medium term audit plan linked to organisational objectives
	Entity annual internal audit plan	Annual internal audit plan detailing audit engagements to be completed in year ahead leading to the overall HIA opinion
Business Unit Level	Assignment plans	Assignment plans detail the scope and objectives for each audit engagement within the annual operational plan

8.2 NWSSP Audit & Assurance Services has developed an overall audit strategy which sets out the strategic approach to the delivery of audit services to all health organisations in NHS Wales. The strategy also includes arrangements for securing assurance on the national transaction processing systems including those operated by NWSSP on behalf of NHS Wales.

8.3 The main purpose of the Strategic 3-year Audit Plan is to enable the Head of Internal Audit to plan over the medium term on how the assurance needs of the organisation will be met as required by the Public sector Internal Audit Standards and facilitate:

- The provision to the Accountable Officer and the Audit Committee of an overall opinion each year on the organisation's risk management, control and governance, to support the preparation of the Annual Governance Statement;

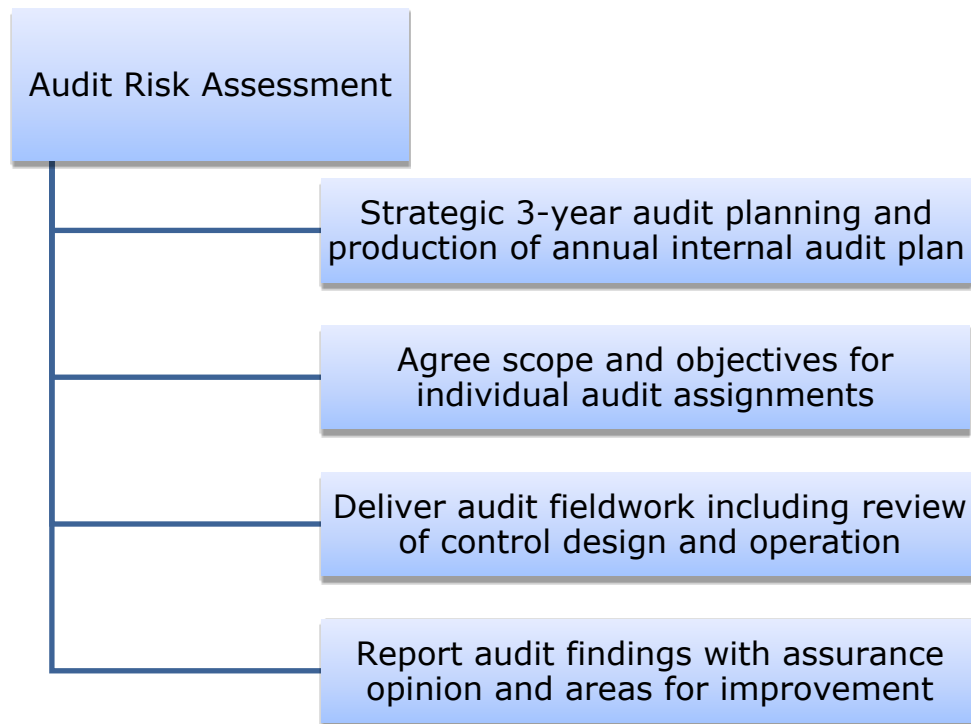
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- Audit of the organisation's risk management, control and governance through periodic audit plans in a way that affords suitable priority to the organisations objectives and risks;
- Improvement of the organisation's risk management, control and governance by providing management with constructive recommendations arising from audit work;
- An assessment of audit needs in terms of those audit resources which "are appropriate, sufficient and effectively deployed to achieve the approved plan";
- Effective co-operation with external auditors and other review bodies functioning in the organisation; and
- The allocation of resources between assurance and consulting work.

- 8.4 The Strategic 3-year Audit Plan will be largely based on the Board Assurance Framework where it is sufficiently mature, together with the organisation-wide risk assessment.
- 8.5 An Annual Internal Audit Plan will be prepared each year drawn from the Strategic 3-year Audit Plan and other information, and outlining the scope and timing of audit assignments to be completed during the year ahead.
- 8.6 The strategic 3-year and annual internal audit plans shall be prepared to support the audit opinion to the Accountable Officer on the risk management, internal control and governance arrangements within the organisation.
- 8.7 The annual internal audit plan will be developed in discussion with executive management and approved by the Audit Committee on behalf of the Board.
- 8.8 The NWSSP Audit Strategy is expanded in the form of a Quality Manual and a Consulting Protocol which together define the audit approach applied to the provision of internal audit and consulting services.
- 8.9 During the planning of audit assignments, an assignment brief will be prepared for discussion with the nominated operational manager. The brief will contain the proposed scope of the review along with the relevant objectives and risks to be covered. In order to ensure the scope of the review is appropriate it will require agreement by the relevant Executive Director or their nominated lead, and will also be copied to the Board Secretary. The key stages in this risk based audit approach are illustrated in figure 3 below.

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Figure 3 Risk based audit approach



9 Reporting

9.1 Internal Audit will report formally to the Audit Committee through the following:

- An annual report will be presented to confirm completion of the audit plan and will include the Head of Internal Audit opinion provided for the Accountable Officer that will support the Annual Governance Statement. The process for arriving at the appropriate assurance level for each Head of Internal Audit opinion is subject to a review process and was last updated in 2020/21.
- The Head of Internal Audit opinion will:
 - a) State the overall adequacy and effectiveness of the organisation's risk management, control and governance processes;
 - b) Disclose any qualification to that opinion, together with the reasons for the qualification;
 - c) Present a summary of the audit work undertaken to formulate the opinion, including reliance placed on work by other assurance bodies;
 - d) Draw attention to any issues Internal Audit judge as being particularly relevant to the preparation of the Annual Governance Statement;
 - e) Compare work actually undertaken with the work which was planned and summarise performance of the internal audit function against its performance measurement criteria; and

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- f) Provide a statement of conformity in terms of compliance with the Public Sector Internal Audit Standards and associated internal quality assurance arrangements.
- For each Audit Committee meeting a progress report will be presented to summarise progress against the plan. The progress report will highlight any slippage and changes in the programme. The findings arising from individual audit reviews will be reported in accordance with Audit Committee requirements; and
 - The Audit Committee will be provided with copies of individual audit reports for each assignment undertaken unless the Head of Internal Audit is advised otherwise. The reports will include an action plan on any recommendations for improvement agreed with management including target dates for completion.
- 9.2 The process for audit reporting is summarised below and presented in flowchart format in Annex A:
- Following the closure of fieldwork and the resolution of any queries, Internal Audit will discuss findings with operational managers to confirm understanding and shape the reporting stage;
 - Operational management will receive draft reports which will include any proposed recommendations for improvement within 10 working days following the discussion of findings. A copy of the draft report will also be provided to the relevant Executive Director;
 - The draft report will give an assurance opinion on the area reviewed in line with the criteria at Annex A. The draft report will also indicate priority ratings for individual report findings and recommendations;
 - Operational management will be required to respond to the draft report in consultation with the relevant Executive Director within 15 working days of issue, stating their agreement or otherwise to the content of the report, identifying actions, identifying staff with responsibility for implementation and the dates by which action will be taken;
 - The Head of Internal Audit will seek to resolve any disagreement with management in the clearance of the draft report. However, where the management response is deemed inadequate or disagreement remains then the matter will be escalated to the Board Secretary. The Head of Internal Audit may present the draft report to the Audit Committee where the management response is inadequate or where disagreement remains unresolved. The Head of Internal Audit may also escalate this directly to the Audit Committee Chair to ensure that the issues raised in the report are addressed appropriately;
 - Reminder correspondence will be issued after the set response date where no management response has been received. Where no reply is received within 5 working days of the reminder, the matter will be escalated to the

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Board Secretary. The Head of Internal Audit may present the draft report to the Audit Committee where no management response is forthcoming;

- Final reports inclusive of management comments will be issued by Internal Audit to the relevant Executive Director within 10 working days of management responses being received; and
- The final report will be copied to the Accountable Officer and Board Secretary and placed on the agenda for the next available Audit Committee.

9.3 Internal Audit will make provision to review the implementation of agreed action within the agreed timescales. However, where there are issues of particular concern provision maybe made for a follow up review within the same financial year. Issue and clearance of follow up reports shall be as for other assignments referred to above.

10 Access and Confidentiality

10.1 Internal Audit shall have the authority to access all the organisation's information, documents, records, assets, personnel and premises that it considers necessary to fulfil its role. This shall extend to the resources of the third parties that provide services on behalf of the organisation.

10.2 All information obtained during the course of a review will be regarded as strictly confidential to the organisation and shall not be divulged to any third party without the prior permission of the Accountable Officer. However, open access shall be granted to the organisation's external auditors.

10.3 Where there is a request to share information amongst the NHS bodies in Wales, for example to promote good practice and learning, then permission will be sought from the Accountable Officer before any information is shared.

11 Irregularities, Fraud & Corruption

11.1 It is the responsibility of management to maintain systems that ensure the organisation's resources are utilised in the manner and on activities intended. This includes the responsibility for the prevention and detection of fraud and other illegal acts.

11.2 Internal Audit shall not be relied upon to detect fraud or other irregularities. However, Internal Audit will give due regard to the possibility of fraud and other irregularities in work undertaken. Additionally, Internal Audit shall seek to identify weaknesses in control that could permit fraud or irregularity.

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11.3 If Internal Audit discovers suspicion or evidence of fraud or irregularity, this will immediately be reported to the organisation's Local Counter Fraud Service (LCFS) in accordance with the organisation's Counter Fraud Policy & Fraud Response Plan and the agreed Internal Audit and Counter Fraud Protocol.

12 Quality Assurance

12.1 The work of internal audit is controlled at each level of operation to ensure that a continuously effective level of performance, compliant with the Public Sector Internal Audit Standards, is being achieved.

12.2 The Director of Audit & Assurance will establish a quality assurance programme designed to give assurance through internal and external review that the work of Internal Audit is compliant with the Public Sector Internal Audit Standards and to achieve its objectives. A commentary on compliance against the Standards will be provided in the Annual Audit Report to Audit Committee.

12.3 The Director of Audit & Assurance will monitor the performance of the internal audit provision in terms of meeting the service performance standards set out in the NWSSP Service Level Agreement. The Head of Internal Audit will periodically report service performance to the Audit Committee through the reporting mechanisms outlined in Section 9.

13 Resolving Concerns

13.1 NWSSP Audit & Assurance was established for the collective benefit of NHS Wales and as such needs to meet the expectations of client partners. Any questions or concerns about the audit service should be raised initially with the Head of Internal Audit assigned to the organisation. In addition any matter may be escalated to the Director of Audit & Assurance. NWSSP Audit & Assurance will seek to resolve any issues and find a way forward.

13.2 Any formal complaints will be handled in accordance with the NWSSP complaint handling procedure. Where any concerns relate to the conduct of the Director of Audit & Assurance, the NHS organisation will have access to the Director of Shared Services.

14 Review of the Internal Audit Charter

14.1 This Internal Audit Charter shall be reviewed annually and approved by the Board, taking account of advice from the Audit Committee.

Simon Cookson
Director of Audit & Assurance - NHS Wales Shared Services Partnership
March 2021

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Audit fieldwork completed and debrief with management.

Following closure of audit fieldwork and management review audit findings are shared with operational management to check accuracy of understanding and help shape recommendations for improvement to address any control deficiencies identified.

A draft report is issued within 10 working days of fieldwork completion and the resolution of any queries.

Draft reports are issued with an assurance opinion and recommendations within 10 days of fieldwork completion to Operational Management Leads, and copied to the relevant Executive Leads.

Management responses are provided on behalf of the Executive Lead within 15 working days of receipt of the draft report.

A report clearance meeting may prove helpful in finalising the report between management and auditors. A response, including a fully populated action plan, with assigned management responsibility and timeframe is required within 15 days of receipt of the Draft report.

Outstanding responses are chased for 5 further days.

Where management responses are still awaited after the 15 day deadline, a reminder will be sent. Continued non-compliance will be escalated to Executive management after 5 further days.

Report finalised by Internal Audit within 10 days of management response.

Internal Audit issues a Final report to Executive Director, within 10 working days of receipt of complete management response. All Final reports are copied to the Chief Executive.





Individual audit reports received by Audit Committee.

Final reports are received by the Audit Committee at next available meeting and discussed if applicable. For reports with "green/ yellow" assurance ratings, Executive Summaries are received for noting. For those with "red/ amber" ratings, the full reports are received for discussion. The Audit Committee identifies their priority areas for Internal Audit to follow up.

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Charter Annex B

Audit Assurance Ratings

RATING	INDICATOR	DEFINITION
Substantial assurance	 <p data-bbox="448 533 635 562">- +</p> <p data-bbox="504 600 587 629">Green</p>	<p>The Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure.</p>
Reasonable assurance	 <p data-bbox="448 869 635 898">- +</p> <p data-bbox="504 936 587 965">Yellow</p>	<p>The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.</p>
Limited assurance	 <p data-bbox="448 1234 635 1263">- +</p> <p data-bbox="504 1301 587 1330">Amber</p>	<p>The Board can take limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.</p>
No assurance	 <p data-bbox="448 1592 635 1621">- +</p> <p data-bbox="520 1659 571 1688">Red</p>	<p>The Board has no assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with high impact on residual risk exposure until resolved.</p>

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Helen Higgs (Head of Internal Audit) – 01495 300846

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NHS Wales Audit & Assurance Services

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

Date issued: March 2021

Document reference: 2001A2020-21

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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.

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting on the economy, efficiency and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

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Audit 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 2020-21.

Exhibit 1 – Accounts audit work

Area of work	Current status
Audit of the 2019-20 Accountability Report and Financial Statements	Completed. Certified by the Auditor General and laid by the Senedd in early July 2020.
Audit of the 2019-20 Funds Held on Trust	Completed. Certified by the Auditor General on 15 December 2020, ahead of the Charity Commission's deadline of 31 January 2021.
Audit of the 2020-21 Accountability Report and Financial Statements	Audit planning began in December and interim audit work is currently underway.

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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**).

Exhibit 2 – Work completed

Area of work	Considered by Audit Committee
Annual Audit Report	January 2021
Structured Assessment 2020	November 2020
Effectiveness of Counter-Fraud Arrangements	September 2020
<u>Structured Assessment 2019</u>	January 2020
<u>Implementing the Wellbeing of Future Generations Act</u>	January 2020

Exhibit 3 – Work currently underway

Topic and relevant Executive Lead	Focus of the work	Current status and Audit Committee consideration
Orthopaedic Services – follow up	This review will examine the progress made in response to our 2015 recommendations. The findings from this work will inform the recovery planning discussions	Report being drafted June 2021

Topic and relevant Executive Lead	Focus of the work	Current status and Audit Committee consideration
Executive Lead – Medical Director	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.	
<p>Review of the Welsh Health Specialised Services Committee (WHSSC)</p> <p>Executive Lead – Chief Executive Officer</p>	<p>WHSSC is responsible for the joint planning of Specialised and Tertiary Services on behalf of Local Health Boards in Wales. This work will use aspects of our structured assessment methodology to examine the governance arrangements of WHSSC. Our findings will be summarised into a single national report.</p>	<p>Report in clearance</p> <p>May 2021</p>
<p>Test, Trace and Protect</p> <p>Executive Lead – Director of Public Health</p>	<p>In response to the COVID-19 pandemic, this work will take the form of an overview of the whole system governance arrangements for Test, Trace and Protect, and of the Local COVID-19 Prevention and Response Plans for each part of Wales.</p>	<p>Report in clearance and due for national publication on 18 March</p> <p>May 2021</p>
<p>Quality Governance</p> <p>Executive Lead – Director of Nursing</p> <p><i>Evans, Caroline 03/04/2021 10:35:13</i></p>	<p>This work will allow us to undertake a more detailed examination of factors underpinning quality governance such as strategy, structures and processes, information flows, and reporting. This work follows our joint review of Cwm Taf Morgannwg UHB and as a result of findings of previous structured assessment work across Wales</p>	<p>Set-up underway</p> <p>TBC</p>

Topic and relevant Executive Lead	Focus of the work	Current status and Audit Committee consideration
	which has pointed to various challenges with quality governance arrangements.	
Structured Assessment Executive Lead – Chief Executive	<p>This work will continue to reflect the ongoing arrangements of NHS bodies in response to the COVID-19 emergency. The work will be undertaken in two phases. Phase 1 will review the effectiveness of operational planning arrangements to help NHS bodies continue to respond to the challenges of the pandemic and to recover and restart services.</p> <p>Phase 2 will examine how well NHS bodies are embedding sound arrangements for corporate governance and financial management, drawing on lessons learnt from the initial response to the pandemic.</p>	<p>Fieldwork underway – Phase 1</p> <p>Phase 2 due to start in May 2021</p> <p>September 2021</p>
Vaccination rollout	<p>This fact-based review will provide a high-level overview on key aspects relating to the administration, planning and approach for the rollout of vaccinations in Wales. This review will not seek to investigate detailed arrangements within health bodies.</p>	<p>Fieldwork underway</p> <p>TBC</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
Review of Unscheduled Care Executive Lead – Medical Director	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. Once completed, we will use this data analysis to determine which aspects of the unscheduled care system to review in more detail.	Data analysis currently being completed with a national commentary due for publication in June. Further work not yet started
Local work 2020 (TBC)	The precise focus of this work is yet 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 In response to the COVID-19 pandemic, we have established a **COVID-19 Learning Project** to support public sector efforts by sharing learning through the pandemic. This is not an audit project; it is intended to help prompt some thinking, and hopefully support the exchange of practice. We have produced a number of outputs as part of the project which are relevant to the NHS, the details of which are available [here](#).
- 6 We plan to hold a Covid-19 Learning Week during the week commencing 8 March. Details of future events are available on the [GPX website](#).

NHS-related national studies and related products

- 7 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.

- 8 **Exhibit 5** provides information on the NHS-related or relevant national studies published since the Committee last met, including all-Wales summaries of work undertaken locally in the NHS.

Exhibit 5 – NHS-related or relevant national studies reports

Title	Publication Date
Cyber Resilience in the Public Sector	January 2021
<u>Doing it differently; doing it right? Governance in the NHS During the COVID-19 Crisis – Key Themes, Lessons, and Opportunities</u>	January 2021
<u>Procurement and supply of PPE during the COVID-19 pandemic</u>	December 2020

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

2021 Audit Plan – Powys Teaching Health Board

Audit year: 2021

Date issued: February 2021

Document reference: 2266A2021-22

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

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2021 Audit Plan

About this document

- 1 This document sets out the work I plan to undertake during 2021 to discharge my statutory responsibilities as your external auditor and to fulfil my obligations under the Code of Audit Practice.

Impact of COVID-19

- 2 The COVID-19 pandemic continues to have an unprecedented impact on Wales and the work of public sector organisations.
- 3 Audit Wales staff will continue to work pragmatically to deliver the audit work set out in this plan. In response to the government advice and subsequent restrictions, we will continue to work remotely until such time that it is safe to resume on-site activities. I remain committed to ensuring that the work of Audit Wales staff will not impede the vital activities that public bodies need to do to respond to on-going challenges presented by the COVID-19 pandemic.
- 4 This audit plan sets out an initial timetable for the completion of my audit work. However, given the on-going uncertainties around the impact of COVID-19 on the sector, some timings may need to be revisited.

Audit of financial statements

- 5 I am required to issue a report on the Health Board's financial statements which includes an opinion on their 'truth and fairness' and the regularity of income and expenditure. In preparing such a report, I will:
 - give an opinion on your financial statements;
 - give an opinion on the proper preparation of key elements of your Remuneration and Staff Report; and
 - assess whether your Annual Governance Statement and other information presented with the financial statements are prepared in line with guidance and consistent with the financial statements.
- 6 I will also report by exception on a number of matters which are set out in more detail in our Statement of Responsibilities, along with further information about our work.
- 7 I do not seek to obtain absolute assurance on the truth and fairness of the financial statements and related notes but adopt a concept of materiality. My aim is to identify material misstatements, that is, those that might result in a reader of the accounts being misled. The levels at which I judge such misstatements to be material will be reported to the Audit, Risk and Assurance Committee prior to completion of the audit.

- 8 Any misstatements below a trivial level (set at 5% of materiality) I judge as not requiring consideration by those charged with governance and therefore will not report them.
- 9 I also report on your charitable funds' accounts. I will issue a separate Audit Plan for these accounts later in the year, following confirmation of whether a full audit or independent examination is required.
- 10 There have been no limitations imposed on me in planning the scope of this audit.

Audit of financial statement risks

- 11 The following table sets out the risks that have been identified for the audit of your financial statements.

Exhibit 1: audit of financial statement risks

Financial audit risks	Proposed audit response
Significant risks	
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].	<p>The audit team will:</p> <ul style="list-style-type: none"> • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for biases; and • evaluate the rationale for any significant transactions outside the normal course of business.
Other audit risks	
There is a risk that you will fail to meet your first financial duty to break even over a three-year period. The position at month 9 shows a year-to-date deficit of £8,000 and a forecast year-end break-even position. This combined with the outturns for 2018-19 and 2019-20, predicts a three-year surplus of £120,000.	The audit team will undertake testing on areas of the financial statements which could contain reporting bias.

Financial audit risks	Proposed audit response
<p>Your current financial pressures increase the risk that management judgements and estimates could be biased in an effort to achieve the financial duty.</p>	
<p>The COVID-19 national emergency continues and the pressures on staff resource and of remote working may impact on the preparation and audit of accounts. There is a risk that the quality of the accounts and supporting working papers may be compromised leading to an increased incidence of errors. Quality monitoring arrangements may be compromised due to timing issues and/or resource availability.</p>	<p>We will discuss your closedown process and quality monitoring arrangements with the accounts preparation team and monitor the accounts preparation process. We will help to identify areas where there may be gaps in arrangements.</p>
<p>The increased funding streams and expenditure in 2020-21 to deal with the COVID-19 pandemic will have an impact on the risks of material misstatement and the shape and approach to our audit. Examples of issues include fraud, error and regularity risks of additional spend, treatment and valuation of PPE and equipment and estimation of annual leave balances.</p>	<p>We will identify the key issues and associated risks and plan our work to obtain the assurance needed for our audit.</p>
<p>The implementation of the 'scheme pays' initiative in respect of the NHS pension tax arrangements for clinical staff is ongoing. Last year we included an Emphasis of matter paragraph in the audit opinion, drawing attention to your disclosure of the contingent liability. However, if any expenditure is made in-year, we would consider it to be irregular as it contravenes the requirements of Managing Public Monies.</p>	<p>We will review the evidence one year on around the take up of the scheme and the need for a provision, and the consequential impact on the regularity opinion.</p>

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Financial audit risks	Proposed audit response
Other areas of audit attention	
<p>Introduction of IFRS 16 Leases has been deferred until 1 April 2022 and may pose implementation risks. There is considerable work required to identify leases and the COVID-19 national emergency may pose implementation risks.</p>	<p>The audit team will undertake some early work to review preparedness for the introduction of IFRS 16 Leases. See Appendix 2, Exhibit 7 for more detail.</p>

Performance audit work

- 12 In addition to my Audit of Financial Statements, I must also satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. I do this by undertaking an appropriate programme of performance audit work each year.
- 13 Where appropriate, I will also take opportunities to assess the extent to which the Health Board is acting in accordance with the sustainable development principle¹ as per my duties set out in the Well-being of Future Generations (Wales) Act 2015. This work will be informed by the responses to my recent [consultation](#) on how I approach my duties in respect of the Act. I will be writing to the public bodies designated in the Act setting out the results of the consultation and how I intend to approach this work over the reporting period 2020-25.
- 14 My work programme is informed by specific issues and risks facing the Health Board and the wider NHS in Wales. I have also taken account of the work that is being undertaken or planned by other external review bodies and by internal audit. **Exhibit 2** sets out my current plans for performance audit work in 2021.

¹ The Act defines the sustainable development (SD) principle as acting in a manner: '...which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs'

Exhibit 2: My planned 2021 performance audit work at the Health Board

Theme	Approach/key areas of focus
<p>NHS Structured Assessment</p>	<p>Structured assessment will continue to form the basis of the work auditors do at each NHS body to examine the existence of proper arrangements for the efficient, effective and economical use of resources.</p> <p>The plans for 2021 structured assessment work reflect the ongoing arrangements of NHS bodies in response to the COVID-19 emergency. My 2021 work will be undertaken in two phases.</p> <p>Phase 1 will review the effectiveness of operational planning arrangements to help NHS bodies continue to respond to the challenges of the pandemic and to recover and restart services.</p> <p>Building on last year’s work, Phase 2 will examine how well NHS bodies are embedding sound arrangements for corporate governance and financial management, drawing on lessons learnt from the initial response to the pandemic.</p>
<p>All Wales Thematic Reviews</p>	<p>Unscheduled care arrangements</p> <p>My 2020 audit plans included a thematic review examining different aspects of the unscheduled care system. However, this work was paused during the early stages of the pandemic and then ultimately replaced to allow resources to be diverted to a high-level review of the Test, Trace and Protect (TTP) programme.</p> <p>My planned work on unscheduled care will now be delivered as part of my 2021 programme. It will include an analysis of national data sets, and a high-level commentary of the performance of the unscheduled care system.</p> <p>This will be followed by more detailed work focusing on the mechanisms for managing demand for unscheduled care and patient flow through the system.</p> <p>COVID-19 related outputs</p> <p>I also plan to use an element of the 2021 audit fee to respond to aspects of the pandemic where my insight and knowledge across Wales will provide value to NHS bodies. The precise focus of this work will be kept under review and will be reflected in the regular updates that are produced for the Audit, Risk and Assurance Committee.</p>

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Theme	Approach/key areas of focus
<p>Locally focused work</p>	<p>Where appropriate, I will also undertake thematic performance audit work that reflects issues specific to the Health Board. The precise focus of this work will be agreed with executive officers and the Audit, Risk and Assurance Committee and will be reflected in the regular updates that are produced for the committee.</p>
<p>Implementing previous audit recommendations</p>	<p>My structured assessment work will include a review of the arrangements that are in place to track progress against previous audit recommendations. This allows the audit team to obtain assurance that the necessary progress is being made in addressing areas for improvement identified in previous audit work. It also enables us to more explicitly measure the impact our work is having. Expectations on the implementation of previous audit recommendations will be adjusted as appropriate to take account of the impact on COVID-19.</p>

15 The performance audit projects included in last year’s audit plan, which are either still underway or which have been substituted for alternative projects in agreement with you, are set out in **Appendix 1**.

Fee, audit team and timetable

- 16 My fees and the planned timescales for completion of the audit are based on the following assumptions:
- the financial statements are provided to the agreed timescales, to the quality expected and have been subject to quality assurance review;
 - information provided to support the financial statements is in accordance with the agreed audit deliverables document²;
 - appropriate facilities and access to documents are provided to enable my team to deliver our audit in an efficient manner;
 - all appropriate officials will be available during the audit;

² The agreed audit deliverables document will set out the expected working paper requirements to support the financial statements and include timescales and responsibilities.

- you have all the necessary controls and checks in place to enable the Accounting Officer to provide all the assurances that I require in the Letter of Representation addressed to me; and
- Internal Audit's planned programme of work is complete, and management has responded to issues that may have affected the financial statements.

Fee

17 Fee rates for 2021 are unchanged from last year. The estimated fee for 2021 is set out in **Exhibit 3**, this is the same as your actual 2020 fee. This proposed fee currently remains subject to final moderation by the Auditor General.

Exhibit 3: audit fee

Audit area	Proposed fee for 2021 (£) ³	Actual fee for 2020 (£)
Audit of Financial Statements	156,577	156,577
Performance audit work:		
• Structured Assessment	45,901	45,143
• All-Wales thematic reviews ⁴	48,039	48,039
• Local projects	12,138	12,896
Performance work total	106,078	106,078
Total fee	262,655	262,655

18 At this stage, we have assumed that any additional risks associated with your COVID-19 arrangements and accounting treatments can be accommodated within the estimated fee. Planning will be ongoing, and changes to our programme of audit work and therefore the fee, may be required if any key new risks emerge.

19 We shall make no changes without first discussing them with the Director of Finance.

20 The estimated audit fee does not include the audit of the Charitable Funds financial statements. We shall discuss this with the Director of Finance later in the year, following confirmation of whether a full audit or independent examination is required.

21 [Further information on my fee scales and fee setting can be found on our website.](#)

³ The fees shown in this document are exclusive of VAT, which is not charged to you.

⁴ As detailed in the respective audit plans.

Audit team

22 The main members of the audit team, together with their contact details, are summarised in **Exhibit 4**.

Exhibit 4: my local audit team

Name	Role	Contact number	E-mail address
David Thomas	Audit Director (Performance Audit), and Audit Wales Engagement Director for the Health Board	029 2032 0500	dave.thomas@audit.wales
Derwyn Owen	Audit Director (Financial Audit)	029 2032 0500	derwyn.owen@audit.wales
Alison Butler	Audit Manager (Financial Audit)	07807 839460	alison.butler@audit.wales
Elaine Matthews	Audit Lead (Performance Audit)	029 2032 0607	elaine.matthews@audit.wales
Alice Rushby	Audit Lead (Financial Audit)	029 2032 0500	alice.rushby@audit.wales

23 We can confirm that team members are all independent of you and your officers. There is one potential conflict of interest that I need to bring to your attention. The Audit Manager's husband is the Director of Finance and Corporate Services for the NHS Wales Shared Services Partnership, which forms part of Velindre NHS Trust. We have put arrangements in place to ensure any actual or perceived conflicts of interest are addressed. The Engagement Director will provide further updates if any specific issues arise.

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Timetable

- 24 The key milestones for the work set out in this plan are shown in **Exhibit 5**. As highlighted earlier, there may be a need to revise the timetable in light of developments with COVID-19.

Exhibit 5: Audit timetable

Planned output	Work undertaken	Report finalised
2021 Audit Plan	January to February 2021	February 2021
Audit of Financial statements work: <ul style="list-style-type: none"> • Audit of Financial Statements Report • Opinion on Financial Statements 	February to June 2021	June 2021 June 2021
Performance audit work: <ul style="list-style-type: none"> • Structured Assessment • Unscheduled Care • COVID-19 outputs • Local project work 	Timescales for individual projects will be discussed with you and detailed within the specific project briefings produced for each study.	
2022 Audit Plan	December 2021 to February 2022	February 2022

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Appendix 1

Performance audit work in last year's audit plan still in progress

The following table summarises the status of the audit work in last year's audit plan which is still in progress.

Exhibit 6: Performance audit work still in progress.

Performance audit project	Status	Comment
Review of Welsh Health Specialised Services Committee	Reporting	A national report is due to be published in early 2021.
Unscheduled Care	Fieldwork	This work was paused as a result of the pandemic and replaced with a review of the Test, Trace and Protect (TTP) programme. Unscheduled care work has been carried forward to feature in this year's plan.
Test, Trace and Protect	Reporting	A national report is due to be published in early 2021.
Local work	Not yet started	Due to COVID-19, the local work for 2020 has not yet been agreed.

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Appendix 2

Other future developments

Forthcoming key IFRS changes

This table details the key future changes to International Financial Reporting Standards.

Exhibit 7: changes to IFRS standards

Standard	Effective date	Further details
IFRS 16 Leases	1 April 2022	IFRS 16 will replace the current leases standard IAS 17. The key change is that it largely removes the distinction between operating and finance leases for lessees by introducing a single lessee accounting model that requires a lessee to recognise assets and liabilities for all leases with a term of more than 12 months, unless the underlying asset is of low value. It will lead to all leases being recognised on balance sheet as an asset based on a 'right of use' principle with a corresponding liability for future rentals. This is a significant change in lessee accounting.
IFRS 17 Insurance Contracts	2023-24 at earliest	IFRS 17 replaces IFRS 4 <i>Insurance Contracts</i> , which permitted a variety of accounting practices resulting in accounting diversity and a lack of transparency about the generation and recognition of profits. IFRS 17 addresses such issues by requiring a current measurement model, using updated information on obligations and risks, and requiring service results to be presented separately from finance income or expense. It applies to all insurance contracts issued, irrespective of the type of entity issuing the contracts, so not relevant only for insurance companies. Entities will need to consider carefully whether any contractual obligations entered into meet the definition of an insurance contract. If that is the case, entities will need to determine whether they are covered by any of IFRS 17's specific scope exclusions.

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Good Practice Exchange

Audit Wales' Good Practice (GPX) helps public services improve by sharing knowledge and practices that work. Events are held where knowledge can be exchanged face to face and resources shared online. This year the work has focused on COVID-19 learning. Further information on this can be found our [website](#).

Brexit: The United Kingdom's future outside the European Union

The United Kingdom left the European Union on 31 January 2020 under the terms of the Withdrawal Agreement. Between then and 31 December 2020, the UK entered a transition period, during which it continued to participate in EU programmes and follow EU regulations. On 31 December 2020, the transition period ended, and a new relationship between the UK and EU started, on the basis of a new free trade agreement.

The new agreement means some substantial changes in the trading relationship between the UK and the EU. There will also potentially be changes in administrative areas previously covered by EU law. In the short term, the UK has incorporated EU rules into domestic law. However, it is likely than in some key areas, such as public procurement, agricultural support and state aid, the UK will seek to diverge over time. In changing these rules, there will be some important constitutional issues around the relationship between the UK Government and devolved governments.

The wider opportunities and risks for Wales' economy, society and environment will become clearer as public services move from managing the short-term risks, especially around disruption to supply chains, to adapting to a different relationship with the EU and the wider world. We are also awaiting further details on the UK Government's plans to replace EU funding schemes for regional development and rural development.

The Auditor General will continue to keep a watching brief over developments. In November, he wrote to the Chair of the External Affairs and Additional Legislation Committee setting out some observations on the latest position with respect to preparations for the end of the transition period. His letter can be found [here](#). His previous report on public bodies Brexit preparations can be found [here](#) with his follow up on progress [here](#).

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telephone calls in Welsh and English.
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Audit, Risk and Assurance Committee		DATE OF MEETING: 09 March 2021
Subject :	LOCAL COUNTER FRAUD WORKPLAN 2021/22	
Approved and Presented by:	Director of Finance & IT/ Head of Counter Fraud Services	
Prepared by:	Head of Counter Fraud Services	
Other Committees and meetings considered at:	Not considered at time of reporting	

PURPOSE:

The purpose of this report is to present the proposed Counter Fraud Work Plan for 2021/22 to the Audit, Risk & Assurance Committee which details key areas of work to be undertaken by the Counter Fraud Team in the next Financial Year.

The Work Plan is drafted on the basis that the new Government Functional Standards are to be adopted from 1st April 2021 replacing former NHS Counter Fraud Standards, this is almost certainly the case but formal announcement of adoption of new Standards is awaited.

The resource allocation within the Work Plan is based on an increase in deliverable days for 2020/21. A proposal for this increase has been drafted and is awaiting approval via the relevant processes.

This Work Plan is presented as a final draft awaiting confirmation of these 2 points.

RECOMMENDATION(S):

It is recommended that the Audit, Risk & Assurance Committee consider this paper for Discussion.

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

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Item 3.7
Counter Fraud Work Plan 2021/22

Matthew Evans
Head of Counter Fraud Services

09 March 2021

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Introduction

NHS Wales will introduce Government Functional Standards on Counter Fraud to replace NHS Counter Fraud Authority's (NHS CFA) 'NHS Counter Fraud Standards (Wales)' from 2021/22. The Quality Assessment will remain the same with oversight from NHS Counter Fraud Authority. A full in-depth self-assessment against the new standards will be undertaken as part of the usual end of year process.

Full compliance with the new standards is not to be enforced until 2023/24 to allow Organisations to adjust. A mapping process between new and former standards was undertaken by NHS CFA this is appended to this report for information.

From an initial assessment the Health Board is in a relatively healthy position to align to the new standards. Areas that will require particular development have been identified as:

Component 3 – Fraud bribery and corruption risk assessment. This is something that has been worked on in 2020/21 in preparation. This is a developing area across NHS Wales and England. Further guidance and assistance from NHS CFA on aligning this work to Government Counter Fraud Profession fraud risk assessment methodology is anticipated in 2021/22 which will subsequently be adopted and implemented within the Health Board.

Component 6 – Outcome based metrics. Introduction of formal KPIs with targets set at beginning of year is completely new. Consistency across NHS Wales will be key for this. KPIs are useful for measuring performance and pushing for improvement becoming purely target driven may have a negative impact on work overall. A balance with consistent application will be key for this new standard.

Component 8 – Reporting Identified Loss. A new case management system to be introduced on 1st April 2021 will assist in meeting this new standard. Consistency across NHS Wales in the form of calculation formula has been agreed to identify and report losses.

The Government Functional Standards and NHS Requirements to meet those standards are available in full at <https://cfa.nhs.uk/government-functional-standard/NHS-requirements>.

This work plan has been developed to maintain the areas of work in which the Health Board is already strong in, develop in the areas of potential weakness and ensure overall alignment to the new Standards. Where a Work Plan action is directly applicable to a particular Standard Component these have been referenced (GovS 013 component X).

INFORM AND INVOLVE		
	TASK/OBJECTIVE	PROPOSED DELIVERY
1	Design and deliver a programme of counter fraud awareness presentations to staff at all levels within the Health Board, including participation in the Health Board induction programme, with the aim of ensuring that the organisation is proactive in raising fraud awareness and building an anti-fraud culture in line with GovS 013 component 11. Review and maintain materials and media used. Evaluate presentations, collate results, and amend presentations as a result of the feedback received. Report outcomes to the Director of Finance.	Throughout the Year
2	Undertake a suitable exercise to identify the level of fraud awareness within the organisation and analyse and act upon the results.	Q4
3	To develop and maintain the counter fraud information contained on the Health Board intranet site, to include details of successfully prosecuted cases – both local and national	Q2 and Q4
4	Ensure that Fraud and Corruption Reporting Line advertising posters are displayed throughout the organisation, publicising the free-phone reporting line number.	Throughout the Year
5	Actively promote and encourage staff awareness and completion of the Counter Fraud E-learning package.	Throughout the Year
6	Arrange for pay-slip messages to be utilised during the year as appropriate.	As Appropriate
7	Design, produce and distribute two counter fraud newsletters annually, containing articles on proven fraud cases (both local and national) and other “beware” notices and relevant messages.	Q2 and Q4
8	In conjunction with the Health Board Communications Team, review the strategy in place for raising awareness of economic crime risks and publicise the work of the LCFS, to ensure that it remains fit for purpose and that all appropriate awareness-raising mechanisms are being fully exploited.	Q2

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COUNTER FRAUD WORK PLAN 2021/22

INFORM AND INVOLVE		
	TASK/OBJECTIVE	PROPOSED DELIVERY
9	In line with GovS 013 Components 4, 7 and 12 undertake targeted surveys of staff to measure awareness of: Counter Fraud, Bribery and Corruption Policy and Response Plan; Fraud, Bribery and Corruption incident reporting routes; and Policy and procedures relating to Conflicts of Interests, Gifts and Hospitality and Bribery Act.	Throughout the Year
TOTAL DAYS ALLOCATED		83

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PREVENT AND DETER		
	TASK/OBJECTIVE	PROPOSED DELIVERY
10	Review key organisational policies, procedures and documents, to ensure that they are adequately robust to counter fraud. The communication of revised policies, procedures and documents as appropriate, emphasising the organisational commitment to countering fraud.	As Appropriate
11	Carry out risk analysis in line with Government Counter Fraud Profession (GCFP) fraud risk assessment methodology. Record and manage assessed risk in line with the Health Board's Risk Management policy and include on the risk registers where appropriate in line with GovS 013 component 3.	Q4
12	Develop a fraud risk profile developed from risk assessment work to effectively evaluate, evidence and measure the effectiveness of counter fraud work in mitigating and reducing fraud risk or expenditure and influencing of policy and procedure aimed at reducing fraud in line with GovS 013 component 2 and GovS 013 component 5.	Throughout the Year
13	Liaise with Corporate Governance colleagues around measuring effectiveness and staff awareness of conflicts of interest policy and registers that include gifts and hospitality with reference to fraud, bribery and corruption, and the requirements of the Bribery Act 2010 in line with GovS 013 component 12.	Throughout the Year
14	Review and update information sharing protocols currently in place. Explore opportunities for new protocols where appropriate.	Q4
15	Regular meetings with the Head of Internal Audit (NWSSP Audit & Assurance)	Throughout the Year
16	Record and respond to ad-hoc requests for assistance received.	Throughout the Year
17	Action Fraud Prevention Instructions issued by NHS Counter Fraud Authority and/or Counter Fraud Services Wales as and where appropriate.	As Appropriate

COUNTER FRAUD WORK PLAN 2021/22

PREVENT AND DETER		
	TASK/OBJECTIVE	PROPOSED DELIVERY
18	Issue of fraud alerts to all appropriate staff.	As Appropriate
19	Regular liaison with the Post Payment Verification Location Manager (NWSSP Primary Care) and Primary Care leads to ensure that any contractor visits which result in the identification of anomalies are reported to the LCFS.	Throughout the Year
20	Participate in mandatory national proactive exercises, as instructed by NHS Counter Fraud Authority, Auditor General for Wales and/or the Cabinet Office (e.g. NFI).	Throughout the Year
21	Participate in thematic fraud risk evaluation exercises as instructed by the NHS Counter Fraud Authority.	As Required
22	Conduct proactive work to detect fraud using relevant information and intelligence to identify anomalies that may be indicative of fraud, bribery and corruption. Results of this work are evaluated and where appropriate feed into improvements to prevent and deter fraud, bribery and corruption in line with GovS 013 component 10.	Throughout the Year
23	Membership of Local Intelligence Network and attendance at meetings.	As Required
TOTAL DAYS ALLOCATED		90

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COUNTER FRAUD WORK PLAN 2021/22

HOLD TO ACCOUNT		
	TASK/OBJECTIVE	PROPOSED DELIVERY
24	Conduct investigations into all allegations of economic crime as required, in line with the requirements of the NHS Counter Fraud Authority Counter Fraud Manual, and all relevant guidance and legislation.	As Required
25	Appropriate use of the prescribed case management system, in line with NHS Counter Fraud Authority and NHS CFS Wales requirements.	As Required
26	Assist NHS Counter Fraud Authority and/or NHS CFS Wales as required in respect of any regional or national investigations.	As Required
27	Ensure the application of sanctions in line with legislation and the policy document 'Applying Appropriate Sanctions Consistently'.	As Required
28	Identify and maintain appropriate records and, wherever possible, seek financial redress/recovery in respect of any proven loss to the Health Board, having due regard to the particular circumstances of each case.	As Required
29	Review professional competencies and capabilities of accredited staff nominated to undertake the full range of counter fraud work to assess requirements for professional development opportunities in line with GovS 013 Component 9.	Q1
TOTAL DAYS ALLOCATED		100

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STRATEGIC GOVERNANCE		
	TASK/OBJECTIVE	PROPOSED DELIVERY
29	Attendance at all Fraud Forum meetings held by CFS Wales.	As Required
30	Nominate a Fraud Champion for the Health Board in line with GovS 013 component 1.	Q1
31	Completion and agreement of the annual work plan with Director of Finance in line with GovS 013 component 2.	Q4
32	Completion and agreement of the annual report with Director of Finance	Q1
33	Regular meetings/liaison with Director and/or Assistant Director of Finance	Throughout the Year
34	Preparation for and attendance at Audit Committee meetings.	As Required
35	Full participation in the quality assurance process as directed by NHS Counter Fraud Authority	Q4 and As Required
36	Undertake additional training as required by the Health Board or NHS Counter Fraud Authority.	As Required
37	Implementation of the revised case management CLUE3, as mandated by the NHS Counter Fraud Authority. Utilise system to record all fraud, bribery and corruption investigative activity, including all outcomes, recoveries and system weaknesses identified during the course of investigations and/or proactive prevention and detection exercise in line with GovS 013 component 8.	Q1 and Throughout the Year
38	Provide regular reports and <i>ad hoc</i> information to NHS Counter Fraud Authority and Welsh Government as required	Throughout the Year
39	Review the Health Board's Counter Fraud Policy and Response Plan to ensure up to date and relevant contents as well as alignment to Government Functional Standards in line with GovS 013 component 4 and GovS 013 component 7.	Q2

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COUNTER FRAUD WORK PLAN 2021/22

STRATEGIC GOVERNANCE		
	TASK/OBJECTIVE	PROPOSED DELIVERY
40	Develop a system of outcome based metrics around reported incidents of fraud, bribery and corruption, the value of identified fraud losses, the value of fraud recoveries, the value of fraud prevented, criminal sanctions and disciplinary sanctions to enable targets to be set on an annual basis. Develop ability to evidence performance against set metrics in line with GovS 013 component 6.	Throughout the Year
TOTAL DAYS ALLOCATED		35

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SUMMARY TOTALS

	STRATEGIC AREA OF ACTIVITY	RESOURCE ALLOCATED (in days)
A	INFORM AND INVOLVE	83
B	PREVENT AND DETER	90
C	HOLD TO ACCOUNT	100
D	STRATEGIC GOVERNANCE	35
	TOTAL	308

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Appendix – Mapping of New Government Functional Standards to Previous NHS Counter Fraud Standards Wales

Strategic Governance

NHSCFA Standard		2020 NHSCFA Standards Rating	Functional Standard	Notes
1.1	A member of executive board accountable	Green	Component 1 NHS Requirement 1A	
1.2	Non-executive or lay members accountable for assurance	Green	Component 1 NHS Requirement 1B	
1.3	Employs/contracts accredited LCFS	Green	Component 9 NHS Requirement 9	
1.4	Comprehensive risk assessment	Amber	Component 3 NHS Requirement 3	
1.5	Annual report	Green	Component 1 NHS Requirement 1B	
1.6	Counter fraud work necessary tools and resources	Green		Referenced in NHS Requirements 3 and 5.
1.7	Lines of communication	Green		Referenced in NHS Requirements 3, 5 and 7. Includes evidence in the use of the approved NHS Fraud Case Management System.

Inform & Involve

NHSCFA Standard		2020 NHSCFA Standards Rating	Functional Standard	Notes
	Ongoing programme of fraud awareness	Green	Component 11 NHS Requirement 11	

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NHSCFA Standard		2020 NHSCFA Standards Rating	Functional Standard	Notes
2.2	Fraud, bribery and corruption policy	Green	Component 4 NHS Requirement 4	
2.3	Liaison with organisations and agencies	Green		Manual of guidance advises on information requests. Further evidenced by use of the approved NHS Fraud Case Management System.
2.4	Code of conduct (inc Bribery Act 2010)	Green	Component 12 NHS Requirement 12	

Prevent & Deter

NHSCFA Standard		2020 NHSCFA Standards Rating	Functional Standard	Notes
3.1	Review policies	Green		Manual of guidance.
3.2	Use of info/intel to ID anomalies FBC	Green	Component 10 NHS Requirement 10	
3.3	Issue, implement, comply with FBS intel bulletins	Green		Amalgamated into NHS Requirement 10
3.4	Pre-employment checks	Green		Amalgamated into NHS Requirement 10
3.5	Prevent, deter, detect - Procurement	Amber		Amalgamated into NHS Requirement 10

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NHSCFA Standard		2020 NHSCFA Standards Rating	Functional Standard	Notes
3.6	Prevent, deter, detect - Invoice	Amber		Amalgamated into NHS Requirement 10

Hold to Account

NHSCFA Standard			Functional Standard	Notes
4.1	Record on case management system (CMS)	Amber	Component 8 NHS Requirement 8	
4.2	Use CMS in investigations	Amber	Component 8 NHS Requirement 8	
4.3	Pursue sanctions	Green		Manual of guidance. Further evidenced by use of the approved NHS Fraud Case Management System.
4.4	Witness statements	Green		Evidence for NHS Requirement 9
4.5	Interviews under caution	Green		Evidence for NHS Requirement 9
4.6	Recovery of losses	Green		Manual of guidance. Further evidenced by use of the approved NHS Fraud Case Management System.

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