

Audit, Risk & Assurance Committee

Thu 20 January 2022, 10:00 - 13:00

Teams

Agenda

10:00 - 10:00 1. PRELIMINARY MATTERS

0 min

 ARA_Agenda_20Jan22.pdf (2 pages)

1.1. Welcome and Apologies

Oral Chair

1.2. Declarations of Interest

Oral All

1.3. Minutes from the previous meeting held on 16 November 2021 for approval

Attached Chair

 ARA_Item_1.3_Minutes_16 November 2021.pdf (15 pages)

1.4. Matters arising from previous meeting

Oral Chair

1.5. Committee Action Log

Attached Chair

 ARA_Item_1.5_Action Log_20 January 2022.pdf (1 pages)

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

0 min

2.1. Application of Single Tender Waiver

Attached Director of Finance and IT

 ARA_Item_2.1_Application for Single Tender Waiver Jan 2021.pdf (3 pages)

2.2. FCP COVID-19 Update #8

Attached Director of Finance and IT

 ARA_Item_2.2_Updated FCPs AAC Meeting Janaury 2022.pdf (2 pages)

 ARA_Item_2.2a_FCP - COVID-19 Update #8.pdf (19 pages)

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

0 min

3.1. Audit Recommendation Tracking

Attached Interim Board Secretary

 ARA_Item_3.1_Audit Recommendations_January22.pdf (11 pages)

Partly Stella
11/14/2022 12:32

- 📄 ARA_Item_3.1a_App_D_IA_Overdue.pdf (9 pages)
- 📄 ARA_Item_3.1b_App_E_IA_Complete.pdf (3 pages)
- 📄 ARA_Item_3.1c_App_F_IA_NYD.pdf (4 pages)
- 📄 ARA_Item_3.1d_App_G_EA_Overdue.pdf (2 pages)
- 📄 ARA_Item_3.1e_App_H_EA_NYD.pdf (2 pages)
- 📄 ARA_Item_3.1f_App_I_LCFS_NYD.pdf (1 pages)

3.2. Internal Audit Progress Report 2021-22

Attached *Head of Internal Audit*

- 📄 ARA_Item_3.2_PTHB AC A&A Progress Report January 22.pdf (10 pages)

3.3. Internal Audit Reports, 2021-22: a) Covid Recovery and Rehabilitation Service b) Theatres Utilisation c) Dementia Services

Attached *Head of Internal Audit*

- 📄 ARA_Item_3.3a_PTHB_2122_12 Covid Recovery and Rehabilitation Service Final Internal Audit Report.pdf (10 pages)
- 📄 ARA_Item_3.3b_PTHB 2122-15 Theatres Utilisation Final Internal Audit Report.pdf (18 pages)
- 📄 ARA_Item_3.3c_PHTB212216 Dementia Services - Final Report.pdf (20 pages)

3.4. External Audit Progress Report 2021-22

Attached *External Audit*

- 📄 ARA_Item_3.4_2001A2020-21 Audit Wales ARAC Update.pdf (8 pages)

3.5. External Audit Annual Report 2021

Attached *External Audit*

- 📄 ARA_Item_3.5_2773A2021-22 Powys THB Annual Audit Report 2021.pdf (24 pages)

3.6. External Audit – Structured Assessment

Attached *External Audit*

- 📄 ARA_Item_3.6_2688A2021-22 Powys THB Structured Assessment 2021 (Phase 2).pdf (30 pages)

3.7. Structured Assessment – Management Response

Attached *Associate Director of Corporate Business/Interim Board Secretary*

- 📄 ARA_Item_3.7_Audit Wales Structured Assessment_Mgt Response (2021).pdf (3 pages)
- 📄 ARA_Item_3.7a_2688A2021-22 Powys THB Structured Assessment 2021 (Phase 2).pdf (30 pages)
- 📄 ARA_Item_3.7b_2021 PTHB Structured Assessment Management Resonse FINAL (002).pdf (4 pages)

3.8. Counter Fraud Update

Attached *Head of Local Counter Fraud Services*

- 📄 ARA_Item_3.8_Counter Fraud Update Report.pdf (3 pages)
- 📄 ARA_Item_3.8a_Counter Fraud Update Report.pdf (4 pages)
- 📄 ARA_Item_3.8b_Appendix Counter Fraud Investigations Update Report.pdf (4 pages)

3.9. Charitable Funds Annual Report and Accounts 2020-21

Oral *Director of Finance and IT*

10:00 - 10:00
0 min

4. ITEMS FOR INFORMATION

4.1 Committee Work Programme

Party Stella
01/14/2025 12:32:10

10:00 - 10:00
0 min

5. OTHER MATTERS

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: 22 March 2022 at 10am



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 16 November 2021	Attached	Chair
1.4	Matters Arising from the Previous Meeting, held 16 November 2021	Oral	Chair
1.5	Committee Action Log	Attached	Chair
2 ITEMS FOR APPROVAL/RATIFICATION/DECISION			
2.1	Application of Single Tender Waiver	Attached	Director of Finance and IT
2.2	FCP COVID-19 Update #8	Attached	Director of Finance and IT
3 ITEMS FOR DISCUSSION			
3.1	Audit Recommendation Tracking	Attached	Interim Board Secretary
3.2	Internal Audit Progress Report 2021-22	Attached	Head of Internal Audit
3.3	Internal Audit Reports, 2021-22: a) Covid Recovery and Rehabilitation Service b) Theatres Utilisation c) Dementia Services	Attached	Head of Internal Audit
3.4	External Audit Progress Report 2021-22	Attached	External Audit
3.5	External Audit Annual Report 2021	Attached	External Audit
3.6	External Audit – Structured Assessment	Attached	External Audit
3.7	Structured Assessment – Management Response	Attached	Associate Director of Corporate

			Business/Interim Board Secretary
3.8	Counter Fraud Update	Attached	Head of Local Counter Fraud Services
3.9	Charitable Funds Annual Report and Accounts 2020-21	Oral	Director of Finance and IT
4	ITEMS FOR INFORMATION		
4.1	Committee Work Programme	Attached	Interim Board Secretary
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: <ul style="list-style-type: none"> 22 March 2022 at 10:00, Microsoft Teams 		

Key:

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

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

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

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

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

Party Stella
01/14/2022 12:32:42



GIG
CYMRU
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WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AUDIT, RISK & ASSURANCE COMMITTEE

UNCONFIRMED

MINUTES OF THE MEETING HELD ON TUESDAY 16 NOVEMBER 2021 VIA MICROSOFT TEAMS MEETING

Present:

Tony Thomas	Independent Member – Finance (Committee Chair)
Mark Taylor	Independent Member – Capital and Estates
Matthew Dorrance	Independent Member – Local Authority
Rhobert Lewis	Independent Member
Ronnie Alexander	Independent Member

In Attendance:

Carol Shillabeer	Chief Executive
Alison Davies	Director of Nursing and Midwifery (for Item 3.2c & 3.7 only)
Hayley Thomas	Director of Planning and Performance (for Item 3.2a only)
Wayne Tannahill	Head of Estates and Property (for Item 3.2a only)
Ian Virgil	Internal Audit
Jayne Gibbon	Internal Audit
Melanie Goodman	Internal Audit
Pete Hopgood	Director of Finance and IT
Rani Mallison	Board Secretary
Sarah Pritchard	Head of Financial Services
Alice Rushby	External Audit
Anne Beegan	External Audit
Bethan Hopkins	External Audit
Kirsty James	PTHB Counter Fraud
Matthew Evans	Swansea Bay Counter Fraud

Committee Support

Shania Jones	Charity Administrative Support Officer
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Apologies

Vivienne Harpwood	PTHB Chair
Claire Powell	CHC
Rebecca Collier	Health Inspectorate Wales

ARA/21/69	<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/21/70	<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/21/71	<p>MINUTES FROM THE PREVIOUS MEETING FOR RATIFICATION</p> <p>The minutes of the meeting held on 14 September 2021 were RECEIVED and AGREED as being a true and accurate record.</p>																				
ARA/21/72	<p>MATTERS ARISING FROM PREVIOUS MEETINGS</p> <p>There were no matters arising from the previous meeting.</p>																				
ARA/21/73	<p>COMMITTEE ACTION LOG</p> <p>The Committee received the action log and the following updates were provided.</p> <p>ARA/21/23: This will be scheduled for Q4, 2021/22</p>																				
ARA/21/74	<p>APPLICATION FOR SINGLE TENDER WAIVERS (STWs)</p> <p>Sarah Pritchard presented the previously circulated report, seeking the Committee's ratification of STW requests made between 1 September 2021 and 31 October 2021.</p> <p>Sarah Pritchard advised that there were two STW requests made between 1 June 2021 and 31 August 2021 for Trade Waste Collection and the upgrade of Electrical Facilities Infrastructure to Llandrindod Wells Hospital details of which had been provided to Committee.</p> <table border="1" data-bbox="280 1715 1506 2022"> <thead> <tr> <th>Single Tender Reference</th> <th>Request to waive QUOTE or TENDER threshold</th> <th>Name of Supplier</th> <th>Item</th> <th>Reason for Waiver</th> <th>Date of Approval</th> <th>Value £</th> <th>Length of Contract</th> <th>Prospective / Retrospective</th> <th>Appendix Ref</th> </tr> </thead> <tbody> <tr> <td>POW2122008</td> <td>TENDER</td> <td>Not included due to commercial</td> <td>Trade Waste Collection</td> <td>Maintain service whilst formal tender process undertaken</td> <td>01/09/2021</td> <td>£88,528</td> <td>12 Months</td> <td>Prospective</td> <td>A1</td> </tr> </tbody> </table>	Single Tender Reference	Request to waive QUOTE or TENDER threshold	Name of Supplier	Item	Reason for Waiver	Date of Approval	Value £	Length of Contract	Prospective / Retrospective	Appendix Ref	POW2122008	TENDER	Not included due to commercial	Trade Waste Collection	Maintain service whilst formal tender process undertaken	01/09/2021	£88,528	12 Months	Prospective	A1
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												
POW2122008	TENDER	Not included due to commercial	Trade Waste Collection	Maintain service whilst formal tender process undertaken	01/09/2021	£88,528	12 Months	Prospective	A1												

		al sensitivities							
POW2122007	TENDER	Not included due to commercial sensitivities	Upgrade of Electrical Utilities Infrastructure to Llandrindod Wells Hospital	Sole Supplier of Utilities and owner of Transformer unit where Infrastructure requirement is being upgraded to enable additional power to the hospital	20/10/2021	£32,490	6 Months	Prospective	A2

Reflecting on the previous committee meeting a procedure was scheduled to be put in place to minimise the need for these, where does this procedure now sit?

Pete Hopgood explained that in terms of procedure there were procurement rules and policies in place. A STW was triggered when the circumstance fell outside the procurement policy. As an organisation the number of single tender waivers was low which was positive as the aim was to have as few as possible.

It was previously requested that Board members receive training in procurement, when is that scheduled for?

Rani Mallison has confirmed that this has been scheduled to be held within Board Development meeting in February 2022.

Why was there a split in costs between the Health Board and Western Power for the Llandrindod project?

Sarah Pritchard explained that the hospital within Llandrindod Wells is a large consumer of electricity. Western Power needed to upgrade the transformer and as the Hospital were not the sole users of power in the area the costs or the upgrade were split.

The Committee RATIFIED the approval of the STWs as detailed in the report.

ARA/21/75

INTERNAL AUDIT PROGRESS REPORT

Ian Virgil presented the previously circulated report, which included details of the progress made to date against individual assignments, outcomes and findings from the reviews, along with details regarding the delivery of the plan and any required updates.

Ian Virgil advised that four audits has been finalised so far this year, with one at the draft report stage. In addition, there were three audits that were currently work in progress with a further six at the planning stage.

Could Ian provide clarity regarding the annual audit opinion? Could the audit opinion be affected?

Ian Virgil explained that the team was hoping to provide assurance by identifying the potential audits that were seen as a lower risk or less

critical. Then from the remaining audits within the plan, the aim will be to provide enough coverage in order to produce the internal audit opinion for the year.

Is this approach uncommon?

Ian Virgil confirmed that this was a similar process for other Health Boards.

In regard to the workforce futures framework and the change to occupational health. Please can you clarify, as it could be seen as a reduction within scope of the audit.

Ian Virgil explained that because of the current position of the workforce futures project, it was more useful to give focus to the occupational health area. This will then feed into the workforce's health and wellbeing. It was seen as more appropriate to focus on this area with the potential to review the workforce futures framework during the planning of next year's internal audit plan.

The Committee RECEIVED and NOTED the Internal Audit Progress Report 2021-22.

Hayley Thomas and Wayne Tannahill joined the meeting.

ARA/21/76

INTERNAL AUDIT REPORTS:

a) CONTROL OF CONTRACTORS (LIMITED ASSURANCE)

Melanie Goodman presented the previously circulated report, which outlined the results of the review that was undertaken to evaluate the processes and procedures that support the management and control of contractors working for the THB, within Capital and Estates, and compliance with Health and Safety Executive (HSE) and other associated guidance and legislation.

Melanie Goodman advised that the review identified ten recommendations for improvement: four high priority; four medium priority; and, two low priority.

Mark Taylor expressed disappointment in the level of assurance however, considered it was not surprising due to the difficulty in the business terms of managing this area. Where attention needed to be given was in looking at controlling aspects such as signing in, management on site and checking quality of work. This would be an area that control and focus can be given too.

A second point around performance and compliance which had been previously raised regarding the management response. There is a slight disconnect between the environment group and the delivery and performance committee in terms of seeing those issues of non-compliance being reported through. This would be something to consider moving forward.

Party Stella
01/14/2022 12:32:42

Hayley Thomas responded to the comments regarding the performance and compliance, and expressed disappointment around the timing of the limited assurance rating. This was during the time of working flexibly across the teams and as a result there was additional training targeted to ensure the process was rectified. The progress will be tracked against the 12 recommendations, a few have already been completed and there was plan in place to move progress forward. Attention was drawn to the key issue of geography and the importance of the Health Board implementing across the whole of Powys.

Wayne Tannahill gave further assurance, explaining that a significant piece of work was currently ongoing to move from individual appointment of the contractors (reactive) to a position where contractors would be appointed to a 2-3 year contract. This included specialist work, and the hope to offer a more robust delivery in terms of estates services moving forward. It was important to note that estates teams was small and was currently covering the whole of Powys.

There are deliverables here that are timed for the end of the year (December 2021). Please can you give assurance that the progress on these are good and moving forward? Are we able to achieve these in the time constraints?

Hayley reassured the Committee that yes, they are on target to meet the intended deadline of December 2021.

b) MEDICAL EQUIPMENT AND DEVICES (REASONABLE ASSURANCE)

Ian Virgil presented the previous circulated report, which outlined the results of the review that was undertaken to evaluate and determine the adequacy of the systems and controls in place for the management of medical equipment & devices and point of care testing.

Ian Virgil advised that the review identified seven recommendations for improvement: three high priority; three medium priority; and, one low priority.

Regarding the assurance summary on page 3, it is noted that 6 of the 13 items have received limited assurance on the table. Is this correct?

Ian Virgil explained that the team was only able to give limited assurance. However, it was felt that giving it a reasonable assurance would be appropriate to reflect the progress that has been since the previous audit, as policies and procedures have been put into place. It was also considered the current situation and the on-going pandemic, and the ability of the management to full implement.

How much non-compliance is due to COVID generated pressures and how much is not? Bearing in mind these pre-date the pandemic. Where will we be in 6 months' time with all these pressures?

Ian Virgil responded and explained that this audit was advisory therefore, did not lead to formal recommendations to then be included on the Health Board's recommendations tracker and formally monitored moving forward. The key recommendations highlighted from this report have been agreed with management and now appropriate action can be undertaken within a set timescale, it will also be monitored through a tracker.

Rani Mallison further explained that the Patient Experience, Quality and Safety Committee will receive this audit report and it is expected to have 6 monthly updates to that committee regarding the progress of the improvements.

Carol Shillabeer gave further reassurance and additionally added that the Executive Committee will also be reviewing the progress. There was a comprehensive system in place to enable the review of progress trackers.

*Hayley Thomas and Wayne Tannahill left the meeting.
Alison Davies joined the meeting.*

c) MIDWIFERY SAFEGUARDING SUPERVISION (REASONABLE ASSURANCE)

Ian Virgil presented the previous circulated report, which outlined the results of the review that was undertaken to evaluate and determine the adequacy of the systems and controls in place within the Health Board for Midwifery – Safeguarding Supervision.

Ian Virgil advised that the review identified two medium recommendations for improvement.

Is Powys not facing the same issues identified in other Health Board across the country?

Alison Davies explained that the internal audit report was around a specific element of maternity services which related to the uptake of the safeguarding supervision. It was an essential element of clinical care and safeguarding supervision that the midwifery teams can identify and act appropriately upon any safeguarding concerns that occur within any families they are work with. There had been a considerable amount of work to get to this position and we were pleased to receive the audit report which provides reasonable and substantial assurance in a number of areas.

The reports in England and Wales regarding the maternity services had highlighted long standing issues that had been identified in professional and regulatory reports, Powys Teaching Health Board are sighted on these issues, particularly, if commissioned services were from those providers. In

	<p>terms of PTHB maternity services, community-based midwifery services are provided and this report was in respect of our provider element.</p> <p>The Committee RECEIVED and NOTED the Internal Audit Reports.</p>
<p>ARA/21/77</p>	<p>RISK MANAGEMENT FRAMEWORK</p> <p>Rani Mallison presented the previously circulated report, which provided the revised Risk Management Framework (RMF), including Risk Appetite Statement, ahead of presentation to the Board in November 2021. Rani Mallison advised that the RMF would help build and sustain an organisational culture that encouraged appropriate risk taking, to continuously improve the quality of the services provided and commissioned by the health board.</p> <p><i>We are already in the position where our services are greatly stretched, and our waiting times are far beyond what could have been predicted. Does this mean our risk appetite is changing or is the tolerance of risk changing? How does the document reflect the current reality?</i></p> <p>Rani Mallison explained the risk appetite statement sets out the Board's strategic approach to risk taking. The Board would not necessarily want to actively take a greater level of risk around quality however, there would be times the Board will need to tolerate a greater level of risk. The Corporate Risk Register in this context was fundamental, there were a number of high rated risks which were not being managed at appetite. An honest conversation needed to be had about were we doing everything possible to manage these risks at the level we are maintaining therefore, we are tolerating above appetite. This framework alone cannot articulate the picture of the corporate risk register which would give a strategic view for the Board and public.</p> <p>Carol Shillabeer further explained that this was discussed at the Executive Committee. It was necessary to be transparent and explicit about the level of risk at the moment within the system. It was not the level of risk that was aspired to or tolerated therefore, it is important to consider what was being done to manage this and how successful this was. This would be further discussed at Board next week.</p> <p><i>Regarding the process and the move to Datix, which is now the delivery vehicle. What are the particular significance or issues surrounding this?</i></p> <p>Rani Mallison explained that the Once for Wales complaints management system had a risk management module</p> <p>There was national group looking at how that it can be used and designed to suit organisational needs, managed through the Once for Wales complaints management system programme board, which Pete Hopgood leads. At present the programme is in design phase with implementation planned for n April 2022, after which training and support will be required.</p>

Party Stella
01/14/2022 12:32:42

One of the concerns seen with the move from internal or corporate services is the loss of historical data. Has that been considered?
 Pete Hopgood explained that there is a process of maintaining historic or legacy information to ensure that is retained. The benefits of moving to the national approach will be the ability to look at a national and local data to allow more insight and ability to improve. There are process in place to protect that legacy information.

The Committee RECEIVED and NOTED the Risk Management Framework.

ARA/21/78

IMPLEMENTATION OF AUDIT RECOMMENDATIONS

Rani Mallison presented the previously circulated report, which provided an overview of the current position relating to the implementation of Audit Recommendations, arising from reviews undertaken by Internal Audit, External Audit (Audit Wales) and Local Counter Fraud Services.

Rani Mallison advised that the overall summary position in respect of overdue audit recommendations is: -

Overdue Internal Audit Recommendations							
Covid-19 Prioritisation	2017/18	2018/19	2019/20	Internal Audit Priority	2020/21	2021/22	TOTAL OUTSTANDING
	Number				Number		
Priority 1	0	0	0	High	2	0	1
Priority 2	5	1	9	Medium	6	0	28
Priority 3	1	0	9	Low	1	0	20
Not Yet Prioritised	0	0	1				1
TOTAL	6	0	19		9	0	34

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

Local Counter Fraud Services Recommendations		
	2021/22	TOTAL OUTSTANDING
	Number	Number
Overdue	0	0
TOTAL	0	0

The Committee RECEIVED and NOTED the progress in respect of the implementation of audit recommendations.

ARA/21/79

WELSH HEALTH CIRCULARS

Rani Mallison presented the previously circulated report, which provided an overview of the current position relating to the implementation of Welsh Health Circulars (WHCs). WHCs are received from Welsh Government by

the Corporate Governance Team, where they are logged and then distributed to the appropriate Executive Director for action. Rani Mallison advised that the overall summary position in respect of WHCs is: -

	2018	2019	2020	2021
No Progress	0	0	0	0
Partially Complete	1	2	2	8
Complete	47	36	15	9
TOTAL NUMBER ISSUED	48	38	17	17

In regard to Welsh Health Circulars, do they all have different levels of priority or are they issued with an expectation that the priority for all of them would be equal?

Rani Mallison explained that WHCs were issued with the same status, some will have different deadlines therefore, they are prioritised in that way. Additionally, PTHB received Ministerial Directions issued by letter which are a priority.

The Committee RECEIVED and NOTED the update in respect of Welsh Health Circulars.

ARA/21/80

ANNUAL GOVERNANCE PROGRAMME REPORTING

Rani Mallison provided the previously circulated report, which provided a progress update on delivery of the Annual Governance Programme for 2021/22, as at Quarter 2. The Annual Governance Programme outlined key governance priorities, informed by internal audit, external audit and the Board's review of its effectiveness. The Annual Governance Programme included detailed actions for implementation. These actions were led by the Board Secretary, and were delivered in partnership with relevant members of the Board. Progress was reported to the Audit, Risk and Assurance Committee, in line with the Committee's role in assuring the Board on governance, risk and assurance arrangements.

Rani Mallison advised of Quarter 2 Achievements in the following areas: -

- Purpose, Roles and Responsibilities
- Board Effectiveness
- Risk and Assurance system

The Committee RECEIVED and NOTED the Annual Governance Programme update.

ARA/21/81

AUDIT WALES REVIEW OF QUALITY GOVERNANCE ARRANGEMENTS

Anne Beegan introduced the previously circulated report, which provided the results of the audit that examined whether the organisation's governance arrangements support delivery of high quality, safe and effective services. The review focused on both the operational and

	<p>corporate approach to quality governance, organisational culture and behaviours, strategy, structures and processes, information flows and reporting.</p> <p>Anne Beegan advised that overall, the review found that the Health Board was committed to ensure high quality, safe and effective services and had taken steps to improve its quality governance arrangements. There remained work to embed these arrangements, articulate the quality priorities of the organisation and ensure there were measures in place to demonstrate and monitor achievement to drive improvements across the full range of services provided and commissioned.</p> <p><i>In regarding patient feedback, how is this audit group going to be sighted on the general progress being made because would it still be a concern to us due to it sitting under the audit banner?</i></p> <p>Rani Mallison explained that the report would be presented to the next Patient Experience, Quality and Safety Committee and the Audit Wales team would be attendance in order to present, with Alison Davies delivering the management response. It was expected the process of this would be incorporated into Patient Experience, Quality and Safety Committee workplan. This Committee would still receive progress updates via the implementation of the audit recommendation and through the tracking progress. Therefore, the Board will receive assurance from both committees.</p> <p><i>It is mentioned that there is an alignment with the clinical quality framework and the commissioning assurance framework, in practice what would it mean?</i></p> <p>Alison Davies explained that there was a suggestion around better alignment of commissioning assurance framework and the clinical quality framework. It was important to note that the clinical quality framework was an umbrella document, it incorporated the approach to quality within the Health Board, the commissioning assurance framework was an element of that. A project is in place to establish the commissioning assurance framework process for the provider element that will further strengthen the overview of our patient pathways.</p> <p>The Committee RECEIVED and NOTED the Audit Wales Review of Quality Governance Arrangements.</p> <p style="text-align: right;"><i>Alison Davies left the meeting.</i></p>
<p>ARA/21/82</p> <p style="transform: rotate(-45deg); font-size: small;">Party Stella 01/14/2022 12:32:30</p>	<p>EXTERNAL AUDIT PROGRESS REPORT 2021-22</p> <p>Anne Beegan provided the previously circulated report, which provided an update on current and planned Audit Wales work. Accounts and performance audit work were considered, and information was also provided on the Auditor General’s wider programme of national value-for-money examinations and the work of our Good Practice Exchange (GPX).</p> <p>Anne Beegan advised that the following audit work is currently underway:</p>

Accounts audit work			
Area of work		Current status	
Audit of the 2020-21 Charitable Funds Account		Audit work due to commence in November.	
Performance audit work			
Area of work	Exec 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
Structured Assessment	Chief Executive	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. 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.	Phase 1 – Completed and report presented to Committee in July Phase 2 – Fieldwork Underway, to be presented to Committee January 2022
Renewal Programme	Director of Planning & Performance	This local work will examine the arrangements put in place to deliver the Health Board’s renewal programme.	Scoping

The Committee RECEIVED and NOTED the External Audit update.

ARA/21/83

LOSSES AND SPECIAL PAYMENTS REPORT

Sarah Pritchard presented the previously circulated report, which provided an interim report for the period 1st April 2021 to 31st October 2021. Sarah Pritchard advised that losses and special payments were items that the Welsh Government would not have contemplated when they passed legislation or agreed funds for the NHS; such payments 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.

	No. of payments/Receipts	No. of cases	£
Clinical Negligence /Personal Injury (Payment)	16	8	£83,351.70
Total	16	8	£83,351.70

	No. of payments/receipts	No. of cases	£
Redress Payments	23	16	£11,193.70
Total	23	16	£11,193.70
Redress Receipts	0	0	£0.00
Total	23	16	£11,193.70

	No. of payments/receipts	No. of cases	£
GMPI Payments	2	1	£612.00
Total	2	1	£612.00
GMPI Receipts	0	0	0.00
Total	2	1	£612.00

	No. of payments/receipts	No. of cases	£
Other Special Payments	3	3	£37,318.43
Total	3	3	£37,318.43

Have any of these financial payments been affected by COVID-19?

Sarah Pritchard explained that there had not been any claims in relation to a COVID related matters. There were delegated authority and limits in place to manage the on-going cases which had not been severely impacted by the pandemic.

This covers a six-month period therefore, could it be presumed that they would be updated end of the financial year? What does this look like in terms of trend analysis? If there is no trend analysis would it be helpful to have incorporate one, so the committee can see what the direction is?

Sarah Pritchard explained that previously there had been trend analysis, and it may be worth including something in the next reporting cycle of this. The difficulty the Health Board have in regard to claims, is that it is based on an experience for example, clinical negligence and personal injury. As a Health Board PTHB has minimal claims compared to larger Health Boards.

Rani Mallison further explained that Patient Experience, Quality and Safety Committee regularly receives an update on Putting Things Right claims and Wales' risk analysis.

Did the last item in appendix four come as result of counter fraud or another process?

	<p>Sarah Pritchard explained that it came through from the primary care management of contracts, which was currently in operation within the Health Board. It was a matter being dealt with by the primary care team and being support by legal and risk.</p> <p>The Committee RECEIVED and NOTED the Losses and Special Payments Report.</p>
<p>ARA/21/84</p>	<p>AUDIT WALES REVIEW OF PICTURE OF PUBLIC SERVICES 2021</p> <p>Anne Beegan presented the previously circulated report, which was part of a series of Pictures of Public Services 2021 outputs. It summarised some key trends in public finances and set out their independent perspective on some of the key issues for future service delivery. The aim in producing this report was to support scrutiny of public services in the Senedd, within individual public bodies and in wider society. It also provided insight than could help with collective planning of public service delivery. The report drew on their own published work and research by other organisations.</p> <p>Anne Beegan advised that the COVID-19 pandemic had had a devastating impact on many families and communities, yet it had also brought out much of the best in our public services. Everyone at Audit Wales pay tribute to the dedication and extraordinary efforts of public servants across Wales through this tumultuous period.</p> <p>As we emerge from the pandemic, public services in Wales face many challenges. They are grappling with three over-arching crises of global proportion: the public health crisis of COVID; the environmental crisis of climate change; and an economic crisis.</p> <p>After a long period of austerity and the economic hit from the pandemic, the coming years will offer little respite for the public finances. For services already stretched before COVID-19 hit, the pandemic had created new challenges like its longer-term health impacts, backlogs of patients on waiting lists and lost learning in schools, colleges and universities. As they respond, there is expectation that public services will also address some of the big issues of inequality in our society. This must be done at a time when an emerging set of constitutional issues post-Brexit may complicate the response, especially to the economic challenges in Wales. Yet this daunting agenda is not without opportunity. The pandemic has demonstrated great strengths in the public service in Wales. The opportunity now is to build on the progress made in rapidly transforming the way services are provided during the pandemic to tackle the long-standing challenges that have pre-occupied Welsh public services for some time.</p> <p>In these circumstances, it is essential that public services get the most value out of the available resources. Value is not just about delivering more outputs more efficiently. Value for money is also about outcomes:</p>

Party Stella
01/14/2022 12:32:19

	<p>making progress in improving the wellbeing of individuals and communities.</p> <p>The Committee RECEIVED and NOTED the Audit Wales Report.</p>
ARA/21/85	<p>AUDIT WALES REVIEW OF TAKING CARE OF THE CARERS?</p> <p>Anne Beegan presented the previously circulated report, which describes how NHS bodies have supported the wellbeing of their staff during the COVID-19 pandemic, with a particular focus on their arrangements for safeguarding staff at higher risk from COVID-19.</p> <p>Anne Beegan advised that the resilience and dedication shown by NHS staff at all levels in the face of the unprecedented challenges and pressures presented by the pandemic has been truly remarkable. It was inevitable, however, that this would have taken a considerable toll on the wellbeing of NHS staff, who now also face the challenges of dealing with the pent-up demand in the system caused by COVID-19. It was assuring to see that NHS bodies had maintained a clear focus on staff wellbeing throughout the pandemic and had implemented a wide range of measures to support the physical health and mental wellbeing of their staff during the crisis. It was vital that these activities were built upon and that staff wellbeing remained a central priority for NHS bodies as they dealt with the combined challenges of recovering services, continuing to respond to the COVID-19 pandemic, and managing seasonal pressures which are expected to be greater this winter than they were last year. Taking care of those who care for others was more important now than it has ever been before.</p> <p><i>What does transformation mean for this Health Board? Can you give an acknowledgement of prioritisation, the fact the funds will be limited?</i></p> <p>Anne Beegan explained that the report within the pack was a broader picture of public services but some points were referred to in the supplementary reports that sit underneath.</p> <p>The Committee RECEIVED and NOTED the Audit Wales Report.</p>
ARA/21/86	<p>COMMITTEE WORK PROGRAMME</p> <p>Rani Mallison presented the previously circulated report, which provided the Committee with its work programme for 2020-21.</p> <p>Rani Mallison advised that 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 2021/22.</p>
ARA/21/87	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p>

	<p>Rani Mallison explained that the risk management framework would be presented to the Board for approval.</p> <p>Rani Mallison also brought attention to matters that would be taken to other Committees including; the review of quality governance arrangements, medical devices and the midwifery safeguarding supervision would be presented to the Patient Experience, Quality and Safety Committee. Updates regarding the control of contracts would be taken to the Performance and Delivery Committee and the Taking Care of the Carers report will be taken to Workforce and Culture Committee.</p>
ARA/21/88	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no other urgent business for discussion. The Chair declared the meeting closed at 11.35 am.</p>
ARA/21/89	<p>DATE OF NEXT MEETING</p> <p>20 January 2021, 10:00 am, Microsoft Teams</p>

UNCONFIRMED

Party: Stella
01/14/2022 12:32:42

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 (January 2022)

Minute	Date	Action	Responsible	Progress	Status
ARA/21/23	8 June 2021	Executives to meet with Audit Wales to discuss lessons learned for auditing of Annual Report and Accounts	Director of Finance & IT and Board Secretary	Audit Wales and Management met on 7 th September 2021. A development session with the Audit, Risk & Assurance Committee will be arranged to reflect on the Annual Accounts process. This will be scheduled for Q4, 2021/22.	

Parry Stella
01/14/2022 12:32:42

Audit, Risk and Assurance Committee		Date of Meeting: 20th January 2022
Subject :	SINGLE TENDER WAIVERS	
Approved and Presented by:	Director of Finance and IT	
Prepared by:	Head of Financial Services	
Other Committees and meetings considered at:	None	

PURPOSE:

To seek the Audit, Risk and Assurance Committee's RATIFICATION of Single Tender Waiver requests made between 1 November 2021 and 31 December 2021.

RECOMMENDATION(S):

It is recommended that the Audit, Risk and Assurance Committee RATIFIES the use of Single Tender Waiver in respect of 4 items during the period of 1 November 2021 and 31 December 2021 and consider additional information provided regarding the individual single tender documents.

Ratification	Discussion	Information
✓		

Party: Stella
01/14/2022 12:32:42

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 November 2021 meeting which covered the period from 1 September 2021 to 31 October 2021.

A summary of the use of Single Tender Action from 1 November 2021 and 31 December 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
POW2122013	TENDER	Topcon (Great Britain) Medical Ltd	DRI OCT Triton Plus Ophthalmic Machine plus accessories	Value for Money and Consistency to previously purchased equipment for programme	23/12/2021	£77,198	N/A	Prospective	A1
POW2122012	TENDER	Oswestry Limited Liability Partnership	Healthcare service delivered on Health Board Premises	No NHS Provision available and clinical need	07/12/2021	£47,700	12 months	Prospective	A2
POW2122011	QUOTE	Brecon Mind	6 month Pilot Twilight out of hours service for Mental Health for South Powys	Continuation of previous pilot not previously funded by PTHB	07/12/2021	£13,699 (6 months only)	6 Months	Prospective	A3
POW2122010	QUOTE	Ponthafren Association	6 month Pilot Twilight out of hours service for Mental Health for North Powys	Continuation of previous pilot not previously funded by PTHB	17/11/2021	£12,000	6 Months	Prospective	A4

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

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

NEXT STEPS:

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



Audit, Risk and Assurance Committee	Date of Meeting: 20th January 2022
Subject :	Update Financial Control Procedure: Covid-19
Approved and Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Sam Moss, Deputy Director of Finance
Other Committees and meetings considered at:	Executive Team

PURPOSE:

The purpose of this paper is to seek the approval of the committee on the:

- Updated FCP Covid-19 Decision Making & Financial Governance

RECOMMENDATION(S):

Audit, Risk and Assurance Committee is requested to:

- APPROVE the latest version of Covid-19 policy (Update#8) presented to the Audit, Risk and Assurance Committee

Approval/Ratification/Decision¹	Discussion	Information
✓		

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01/14/2022 12:32:43

Summary FCP Changes

Covid-19 Decision Making & Financial Governance Appendix 1:

Since the introduction of this policy at the start of the Covid-19 pandemic in 2020 there have been regular updates to the document to ensure it remained fit for purpose.

Version 8 of the document has been updated at the end of December 2021. Full details are provided in the Version Control section of the document but in summary the changes include:

- New cost centres for Recovery & Renewal programme and Long Covid
- Additional supplementary reports embedded within the monthly Exec Team Report
- Ongoing updates linked to Adult Social Care payment process for 2021/22 and reporting
- Updated on the management and reporting of savings
- Update on the reporting of Covid Capital going forward
- Two Way matching process and agreement to continue at an all Wales level

Recommendations

Audit, Risk and Assurance Committee is requested to:

- APPROVE the latest version of Covid-19 policy (Update#8) presented to the Audit, Risk and Assurance Committee

Party Stella
01/14/2022 12:32:43

FCP COVID 19 DECISION MAKING & FINANCIAL GOVERNANCE

Document Reference No:	PTHB / FCP INTERIM	
Version No:	8 (Q3 Review 21/22)	
Issue Date:	January 2022	
Review Date:	n/a	
Author:	Deputy Director of Finance	
Document Owner:	Finance Department	
Accountable Executive:	Director of Finance	
Approved By:	Execs	
Approval Date:		
Document Type:	Policy	Non-clinical
Scope:	PTHB wide (including Hosted Services)	

The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Party Stella
01/14/2022 12:32:42

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	April 2020
2	<p>Update #1</p> <p>Addition = Section 15 : Two way matching</p> <p>Addition = Section 16 : Advance Payment</p> <p>Addition = Section 4 COVID-19 Gold Reporting Summary</p> <p>Revision = Section 4 : Non Pay Reporting</p> <p>Revision = Appendix A in line with update to Section 4.</p>	End April 2020
3	<p>Update #2</p> <p>Addition = Section 4: Cost Centres for coding C-19 staff cost</p> <p>Revision = Section 4: change to calculation of variable pay allocated to Covid-19</p> <p>Revision = Section 5: process notifying WG following publication and use of formal reporting tables</p> <p>Revision = Section 8: updated MMR guidance issued by WG on 5th May 2020</p>	11 th May 2020
4	<p>Update #3</p> <p>Revision = Section 4: reflect change from weekly to a monthly Gold Report</p> <p>Revision = Section 4: reflect additional Cost Centre for TTP</p>	20 th July (AC)
5	<p>Update #4</p> <p>Revision = Various sections to support reintroduction of some 'standard' services</p> <p>Revision = Various sections for updates on areas including Letters of Accountability, LTAs and Two Way Matching</p> <p>Revision = additional Cost Centre added to identify future Covid-19 expenditure.</p> <p>Revision = detail on the authorisation limits changed to direct the reader to the Approved</p>	8 th September (AC)

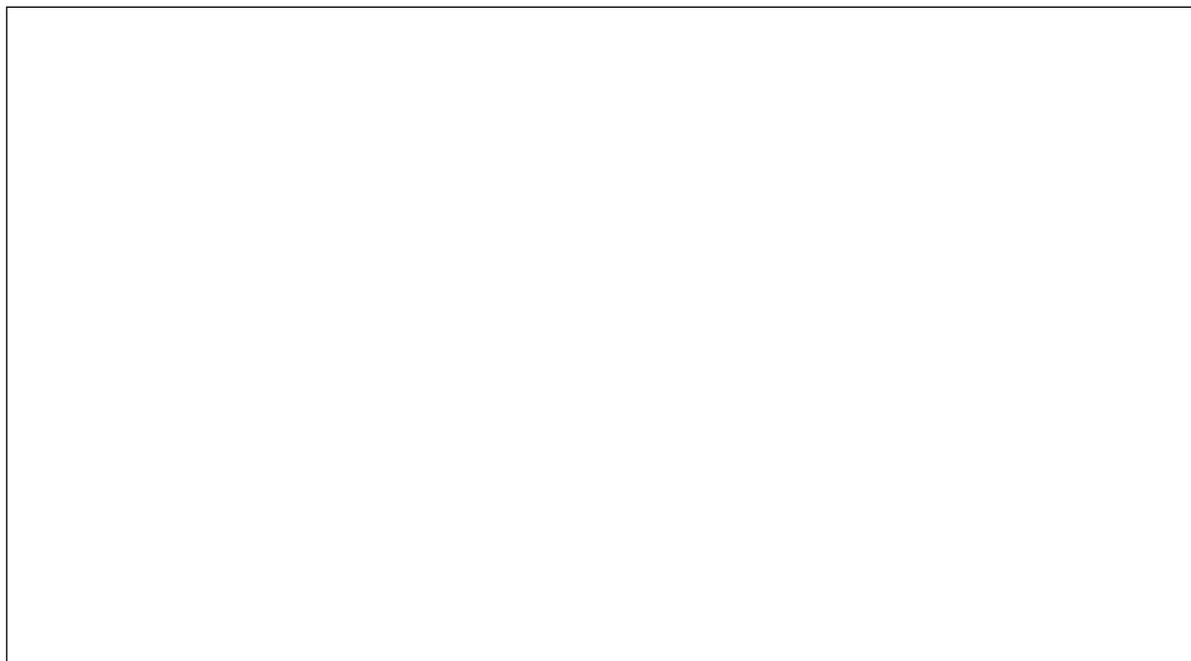
	<p>Signatory Forms as per PtHB standard operating processes.</p> <p>Addition = Section 15 Capital: to ensure there is clarity on the management and approval of capital expenditure which may need to vary from the approach used for revenue</p>	
6	<p>Update # 5</p> <p>Revision = update on commencement of standard BC processes pending launch of new IBG process.</p> <p>Revision = additional cost centres added since August</p> <p>Revision = section Gold Reporting</p> <p>Revision = Reimbursement Section</p> <p>New = Adult Social Care Section</p> <p>Revision = LTA payments to simply FCP and refer to general principles only</p> <p>Revision = TRACs process</p> <p>Revision – 2 Way Matching linked to updates by NWSSP and All Wales P2P</p>	January 2021 (AC)
7	<p>Update #6</p> <p>Removed = section on Investment Benefit Group as this will go live in May 2021.</p> <p>Removed = section on Budget Holder Meetings and changes to FCP 21 as this no longer applicable in 2021/22.</p> <p>Updated = section 3 on covid expenditure and the processes to be followed</p> <p>Updated = section 4 to reflect how funding flows in 2021/22, which is different to the process in 2020/21.</p> <p>Updated = section 5 to reflect new guidance issued at end March in relation to 2021/22.</p> <p>Updated = section 7 to reflect ongoing reporting requirements to WG.</p> <p>Updated = section 8 to reflect savings plan for 2021/22 as per Annual Plan.</p> <p>Updated = section 9 to reflect LTA contract payment process agreed between WG and NHSE</p>	14 th Sept 2021 (AC)

	<p>Updated = section 10 to reflect changes in IMTP process for 2021/22</p> <p>Updated = section 14 linked to extension of 2way matching process by All Wales P2P</p>	
8	<p>Update #7</p> <p>Updated = new cost centres for Recovery & Renewal</p> <p>Updated = Section 5 on Adult Social Care payment process for 2021/22</p> <p>Updated = Section 10 dates for the publication of the budget letters.</p> <p>Update = Reference to Gold meetings replaced by Exec Meetings</p>	14 th Sept 2021 (AC)
9	<p>Update #8</p> <p>Updated = to add in new cost centre for Long Covid (B460) and Recovery (B272)</p> <p>Updated – Section 3 on what supplementary reports are embedded in the core Finance report for Execs.</p> <p>Updated = Section 5 on ongoing updates linked to Adult Social Care payment process for 2021/22 and reporting</p> <p>Update = Section 8 on the management and reporting of savings in 2021/22</p> <p>Updated = Section 13 on capital to state going forward Covid Capital managed/reported as per Non Covid Capital.</p> <p>Updated = Section 14 on the Two Way matching process and agreement to continue at an all Wales level.</p>	20 th January 2022 (AC)

Patty Stella
01/14/2022 12:32:42

Item No.	Contents	Page
1.	Introduction	10
2.	Interpretation	11
3.	COVID-19 Expenditure	11
4.	Cost Reimbursement Revenue & Capital	14
5.	Adult Social Care Funding	14
6.	Procurement Tendering Levels	14
7.	Financial Reporting	15
8.	Savings Monitoring	15
9.	Changes to LTA Payments	15
10.	Letter of Accountability	16
11.	Procurement Hierarchy	16
12.	Changes TRACs Approval Process	16
13.	Capital	17
14.	Two Way Matching AP Process	17
15.	Advance Payments	18
App. No.	Appendices	Page
A	Process Map – Non Pay	19
B	Example Funding Request Form	20

Patty Stella
01/14/2022 12:32:42



IMPACT ASSESSMENTS

Equality Impact Assessment Summary				
	No impact	Adverse	Differential	Positive
Age	✓			
Disability	✓			
Gender	✓			
Race	✓			
Religion/ Belief	✓			
Sexual Orientation	✓			
Welsh Language	✓			
Human Rights	✓			
Risk Assessment Summary				
No risks identified				
No Information Governance issues identified				
No Training or Resource implications identified				

1 Policy Statement / Introduction

This procedure describes how the financial management responsibilities placed upon the Chief Executive and Director of Finance are discharged and implemented

within the Powys tHB, including those services hosted by the Health Board as consequence of COVID-19.

This procedure needs to be read in conjunction with the documents listed below. The documents listed remain valid and no changes have been made to these. However this FCP may override certain elements of listed documents where changes are necessary to address the pace of change required for COVID-19.

In addition this interim FCP also outlines the additional processes required to capture and manage COVID-19 expenditure, which must comply with the documents listed below unless specific changes are detailed in this FCP.

- Standing Orders (SOs)
- Standing Financial Instructions (SFIs)
- FCP 21 Budgetary Control
- Other Financial Procedures

2 Objective

This procedure prescribes the responsibilities of the Health Board in maintaining sound financial management and the minimum procedures needed to ensure this is maintained during COVID-19. This procedure is relevant for all staff including those within the hosted bodies.

3 Definitions

- **PTHB** – Powys Teaching Health Board;
- **SO's** – Standing Orders;
- **SFI's** – Standing Financial Instructions;
- **WG** – Welsh Government;
- **IMTP** – Integrated Medium Term Plan;
- **SLA** – Service Level Agreement;
- **LTA** – Long Term Agreement;
- **IBG** – Investments Benefits Group
- **MMR** – Monthly Monitoring Return

4 Responsibilities

Whilst the Chief Executive of the THB is the Accountable Officer, effective financial control within the THB is the responsibility of all officers within the THB, under the direction of the Director of Finance and the THB Board.

4.1 Staff Group or Specific Role

Budget Holders are required to review procedures for financial management during COVID-19 to ensure that they meet the standards laid down and must comply with the directions and guidance contained within this financial control procedure.

4.2 Other staff

5 Monitoring Compliance, Audit & Review

Monitoring compliance will take place regularly as part of the financial monitoring process laid down by WG and may be supported by internal audit and external audit reviews.

This document will be valid for the period the COVID-19 outbreak and during this time may be updated to reflect the pace of change. All changes to this FCP will be approved by Executive Team (Execs) as required.

6 References / Bibliography

This document has been produced in support of the WG guidance issued by the Director General for Health & Social Care / NHS Wales Chief Executive on 30th March 2020 in response to the Covid Pandemic. Guidance issued is embedded below:



COVID-19 Financial
Guidance_FINAL.doc

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01/14/2022 12:32:42

FINANCIAL CONTROL POLICY

COVID 19 DECISION MAKING & FINANCIAL GOVERNANCE

1. Introduction

This procedure describes how the financial management responsibilities placed upon the Chief Executive and Director of Finance are discharged and implemented within PTHB, including those services hosted by the Health Board as consequence of COVID-19.

During COVID-19 it is vital that within this disrupted environment, individual and collective decision making is effective and stands the test of scrutiny when our services and systems return to a normalised position in the future. Once the NHS has returned to a normalised position, PTHB will be called to account for its stewardship of public funding.

To support this disrupted environment WG have issued COVID-19 Financial Guidance to NHS Wales' organisations. The key principles of the document are as follows:

- Financial resources will not be a barrier to delivering the operational needs of the service in response to the COVID-19 pandemic but needs to be managed and monitored in a structured manner;
- Funds will flow to and from NHS Wales' organisations in a timely manner;
- Organisations are expected to work together to ensure that services are not disrupted during this period as a result of cross-border flows and commissioning;
- Requests for COVID-19 funding will be facilitated through a simplified process that balances financial governance and operational need; and
- Organisations will track both the additional costs arising from COVID-19, and reductions in expenditure due to COVID-19 (i.e. reduced elective activity) in a structured and transparent manner.
- The maintenance of financial control and stewardship of public funds will remain critical during the NHS Wales response to COVID-19.

2. Interpretation

Following publication of WG guidance on 30th March 2020 PTHB has undertaken a review of financial governance arrangements to ensure decisions to commit resources in response to COVID-19 are robust and appropriate. Value for money is expected to remain a consideration when making decisions with a significant financial impact.

PTHB will be expected to ensure that systems are in place to support decision making at pace, whilst maintaining appropriate governance and control.

The remainder of this paper outlines the processes to be adopted to support these requirements during the COVID-19 outbreak and will be amended accordingly.

3. COVID-19 Expenditure – (Enhancement to SFI)

In line with the WG requirements PTHB continue to capture and understand the additional financial commitments made as a result of COVID-19. PTHB has established a number of COVID-19 cost centres (B259, B452-B460, B811-B823, B272) to capture all additional expenditure.

The approval limits for these dedicated cost centre will be noted on the Approved Signatory Forms as per PTHB standard operating processes. All orders over £25,000 will be approved by Execs along being signed by the relevant Budget Holder, Director, CEO or Chairman as required and in line with the SFI. This will happen at start of the purchase or retrospectively.

COVID-19 expenditure that needs to be monitored is expenditure that PTHB is incurring above its normal expenditure commitment. So examples of COVID-19 additional expenditure include:

- Procuring additional beds or clinical supplies for the hospitals
- Increasing overtime costs for areas to meet COVID-19 demand above levels from previous financial years;
- Appointment of temporary staff, students or those returning from retirement to support COVID-19.

However redeployment of existing resources/staff from one service areas to another to support COVID-19 is not additional COVID expenditure and will be met from existing PTHB resources.

To ensure PTHB is complying with the WG requirements the following process will be adopted to ensure PTHB maintains stewardship of its public funds. These processes are applicable for revenue and capital (pay and non pay) requirements. A map of the pay process is provided in Appendix A and summarised in the sections below, long with general information on Pay

Non Pay (Revenue):

- All dedicated COVID-19 expenditure needs to be raised against the relevant cost centres set up to support Covid-19 and its component parts as per the full list provided under the pay section below.
- The approval limits for these dedicated cost centre will be noted on the Approved Signatory Forms as per PtHB standard operating processes. Orders between £25,000-£50,000, should be presented to Execs as part of the monthly Finance Report, once informed. All orders over £50,000 must first be approved by Execs before being signed by CEO and Chairman as required and in line with the SFI.
- Requests to commit expenditure will need to be supported by either a small summary or an email detailing the key information in Appendix B. An example of information needed is included in template found in Appendix B. It is the responsibility of the Director for that service area to ensure that the Finance Team are provided with Appendix B or other schedule/business case, completed and approved as per the directions on the form. Where the appendix or supporting information is not submitted directly from a Director there must be a sufficient audit trail to ensure it is clear that the Director has approved this request.
- Using the received Appendix B's or other information including data from the Financial Ledger, the Monthly Covid report to Execs will include:
 - Those orders already raised on the system. This list will be updated monthly so the Health Board can see the total value of services and goods ordered placed since the start of the Financial Year.
 - Orders Over £5k as per the ledger system as some of these may have used the exemption in section 6.
 - Summary of all WHS charges allocated to Covid-19, using the data from the WHS feeder file.
 - List of requests received that require approval from Execs. And where deemed helpful the appendix B forms or other supporting information submitted will be embedded into the report should Exec members require full details on the expenditure requested.
- This report will ensure expenditure is both captured and reported and approved by Execs. It is the intention that all expenditure is approved in advance, but where this is not possible this report will ensure that all expenditure not approved in advance is approved retrospectively in a timely manner and included in one of the categories reported on above.
- From Mth 1 Reporting 2021/22 only expenditure from 1st April 2021 will be included in the report. All previous expenditure is captured in 2020/21 reports.

- It will be the responsibility of the Director of Finance to update the Finance Team on the decisions made by Execs.

Pay:

WG will be requiring pay costs associated with COVID-19 to be tracked in the following groupings:

- Temporary staff (Cost Centre B454)
- Students (Cost Centre B453)
- Returning from Retirement (Cost Centre B455)
- Bank (Cost Centre B452)
- Test, Trace & Protect (Cost Centre B456)
- PPE (Cost Centre B457)
- RPB Covid-19 Funding (B458)
- Mass Vaccinations (B459)
- Long Covid (B460)
- Recovery & Renewal (B811-B820)

As detailed above each grouping will be allocated a specific cost centre for payments to be made via ESR. This will allow PTHB to monitor the cost and the WTE.

Shared Services will also be using these codes to report the spend to date directly to Welsh Government as required.

For variable pay costs such as overtime, costs will initially be allocated to the cost centre where the substantive post holder is paid. In addition PTHB has historically committed expenditure for overtime, bank and agency to support 'standard non COVID' service provision. Therefore it is proposed that apportionment of expenditure for these areas to COVID-19 will be based on the increase above in year monthly spend, using the monthly average from the last financial year. So for example the variable pay costs for Mth 1 in 2021/22 attributable to COVID-19 =

Total Variable Pay Costs Mth 1 21/22
less average of the variable pay cost in 19/20 = COVID-19 Variable Pay Cost in Mth 1 21/22

This information will be provided to Execs via the standard WG reports after each month closedown, which are embedded within the report. As well as being reported directly to WG as per the WG Monthly Monitoring Return (MMR) process.

COVID-19 Exec Reporting Summary:

A monthly report will also be produced. This report will include as a minimum:

- Summary of orders by non pay subjective for goods and services paid on B259-B823 both within the month and from 1st April 2021

- The report will also include a summary of the Covid spend to date and forecast.
- Embedded within the report will be the full Table B3, which will provide further details on all covid spend both to date and forecast. This will ensure that all spend allocated to the Covid Cost Centres /Table B3 is noted and approved by Execs. Therefore, if spend has been allocated which is not included in the Appendix of the report or due to its nature is not recorded on Appendix B (e.g. Prescribing, Block Contracts) Execs have the opportunity to review, note and approve this.
- The report will also include other submissions that may be required by WG linked to Covid that require retrospective sign off. This will include but is not exhaustive list on TTP, Mass Vaccinations and Recovery. Where necessary these will be embedded within the Report.

4. Cost Reimbursement Revenue & Capital Costs - (Enhancement to SFI)

The funding for Covid (Revenue & Capital) will be provided via in year allocation adjustments and will be managed and controlled as per the standard processes within the overall management of the financial position, building in the additional controls outlined in this FCP.

5. Adult Social Care Funding - (Change to FCP/SFI)

In 2020/21 WG issued guidance and funding to support care homes. Throughout 2021/22 WG has issued updated guidance. On receipt of the guidance from WG the Finance Department will review and action the guidance provided and ensure the funding is transferred to the Care Homes as quickly as possible.

Where further approval may be required from the Execs a paper will be completed, but as this is the 2nd year of the process this would only happen in exceptional circumstances.

The overall summary position for the Adult Social Care Funding this is included in Table B3. From 2021/22 WG also require the Health Board to submit a periodic summary of the expenditure committed (as per table B3) in further detail. This is outside the normal reporting submissions and will not be included in the Executive Report as the overall cost of this element is included in table B3.

6. Procurement Tendering Levels – COVID 19 Expenditure Only (Change SFI)

Under SFI's Purchase Orders over £5,000 but under £25,000 require three quotes, where no framework is in place.

As of week commencing 23rd March 2020 it was been agreed with Shared Services that this requirement will be stood down during the period of the pandemic.

This has been agreed to ensure there are no delays with orders being awarded to suppliers and is in line with the approach adopted in other Health Boards.

But this adjustment to the standard procurement process is ONLY for expenditure relating to COVID-19 and related workstreams like TTP and Mass Vaccinations.

For orders above £25,000 a formal tender may still be required where the goods and services cannot be secured from an existing framework agreement. In these circumstances advice from procurement and finance will be required before orders are placed.

7. Financial Reporting WG / Board Reporting - (Change SFI / Standard Reporting)

WG will require PTHB to provide enhanced financial information via the MMR and accompanying narrative on covid-19. The monthly reports will be shared retrospectively with the Board and the Executive Team.

8. Savings

The delivery of savings will be managed as part of the wider financial plan of the organisations and will be reported in line with WG requirements and updates provided to the Board/Executive Team via monthly Financial Performance Reports.

9. Changes to LTA Payments - (Change SFI)

LTA and SLA payments to other providers, whether in England or Wales is primarily based on the previous year's LTA value, uplifted by an agreed national percentage, with further adjustment for agreed service changes. This will then form the basis of the financial agreement of the LTA signed by both parties. A 12th of this value is then paid in cash to the provider on the 1st of each month and then at the end of the financial year adjustments are made for under or over performance.

However since the start of the pandemic the payments have been made on a Block arrangement, with various caveats agreed between NHSE and WG.

All Wales block arrangements are presented and approved at All Wales DOFs, via DDOFs, and at these meetings are representatives from WG. The approvals made at All Wales DOFs will then drive the payment/recovery/performance monitoring for PTHB, which will be consistent across Wales. Payments to English providers will be driven by formal agreements between WG and NHSE.

10. Letter of Accountability & Budget Upload 2020/21 (Change FCP 21)

FCP 21 states that the letter of Accountability will be issued 28 days after approval of the IMTP. In 2021/22 there is no IMTP but an annual plan, which will be finalised and submitted to WG on 30th June.

Therefore, the approach will be to issue letters to the Directors during Q2 to establish the baseline position and for these to be returned within 4 weeks of being issued.

11. Procurement Hierarchy

With the exception of changes linked to the establishment of new COVID-19 cost centres there are no plans to review the procurement hierarchy, unless staff sickness requires PTHB to review on an ad hoc basis to ensure goods and services continue to flow as normal.

12. Changes TRACs Approval Process

Under the current process when a post is added onto TRACS and approved by the Budget Holder it is then sent to Finance to validate that the funding is available.

As each area has dedicated Finance Leads, it is these specific staff who would be able to confirm if a TRACs request can be approved. As the relevant Finance member maybe absent due to COVID-19 there is a risk that the approval is delayed.

To avoid delays effective from 30th March 2020 there is an option for all TRACS orders added from this date to be automatically approved to ensure all posts are processed as efficiently and effectively as possible. However if possible Finance should continue to check and approve.

However it remains the responsibility of the Budget Holder to ensure that during this time appointment of non-COVID specific staff remains within the budgeted establishment.

Where additional resources are required linked to COVID-19 this will need to be approved as per this FCP.

13. Capital

For 2021/22 Capital relating to covid has been managed in line with Non Covid capital and reported to WG as required, but is summarised each month in the Exec Team Covid Report.

14. Two Way Matching

In March 2020 NHS Wales has agreed via the DOF governance structure a change to the 3 way matching process (PO Raised, Goods Received and Invoice Received). The key change is that suppliers will be paid using a 2 way matching process .i.e. the supplier is paid when PO in place and the invoice received, removing the need for good to be received. 2 way matching is not new and has been piloted for stationery orders for a numbers of years across NHS Wales. These interim arrangements would help with the cash-flow to suppliers.

This process has been reviewed periodically since March 2020 via the All Wales P2P Group and agreement to extend taken through all Wales governance arrangements.

Therefore, all further agreement to extend or permanently embed this change will be managed and agreed at an All Wales level.

15. Advanced Payments

In April 2020 Welsh Government guidance was issued to all Health Boards in respect of requests for advance payments.

The guidance clearly outlines requirements to document decisions and maintain an appropriate audit trail, recognising that organisations may already have their own governance framework in place. It also highlights the importance of Welsh Government approval for advance payments in excess of 25% of the contract value and early notification of potential cash requirements. Other Standing Financial Instruction requirements to note contracts >£500k in value and approve contracts >£1m remain in place.

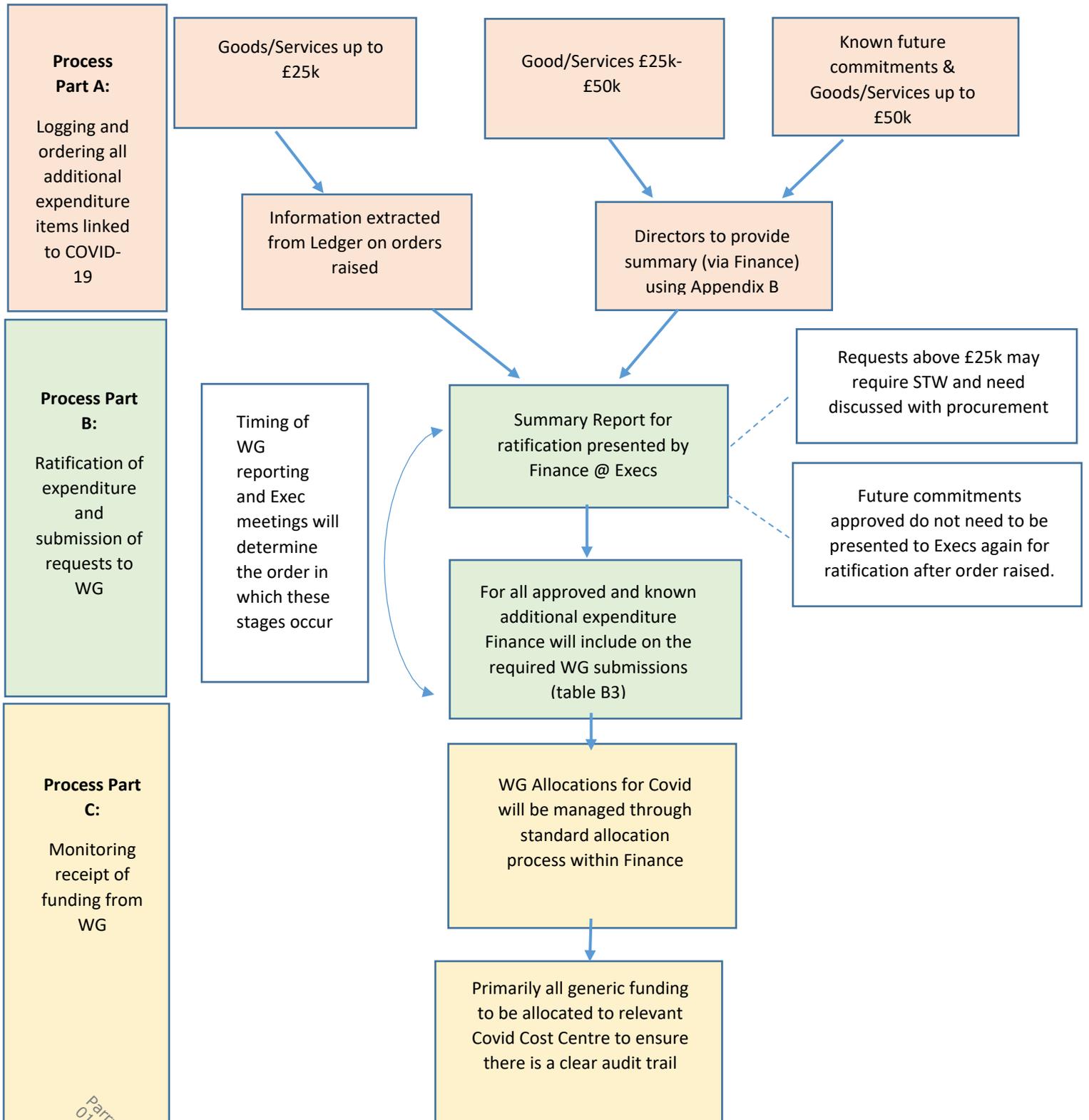
A copy of the guidance is provided below:



Advance Payments -
Guidance FINAL.pdf

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01/14/2022 12:32:42

APPENDIX A – PROCESS MAP COVID 19 REVENUE EXPENDITURE NON PAY



NOTE: THE ABOVE PROCESS IS FOR COVID-19 EXPENDITURE ONLY. NON-COVID EXPENDITURE IS SUBJECT TO STANDARD SFI/SO AND FCP'S

APPENDIX B – FUNDING REQUEST TEMPLATE

HB Ref No. <i>(Finance Complete once submitted)</i>	
Health Board	Powys Teaching Health Board
Capital or Revenue <i>(Completed by Service)</i>	
Date Request <i>(Completed by Service)</i>	
Date Ratified by Exec Team <i>(Completed Finance)</i>	
Summary Expenditure to be committed <i>(Completed by Service)</i>	
Purpose/Justification <i>(Completed by Service)</i>	
Funding Requested inc VAT <i>(Completed by Service)</i>	£
Timeframe Expenditure Incurred <i>(Completed by Service)</i>	Date
Director Approving Form <i>(insert name and ensure form sent from Director email to Finance contacts as per below):</i>	
Powys Health Board Finance contacts:	Greg Chambers: Greg.Chambers@wales.nhs.uk OR Sam Moss: samantha.moss@wales.nhs.uk

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01/14/2022 12:32:42

AGENDA ITEM: 3.1

AUDIT, RISK & ASSURANCE COMMITTEE		DATE OF MEETING: 20 JANUARY 2022
Subject:	IMPLEMENTATION OF AUDIT RECOMMENDATIONS	
Approved and Presented by:	Interim Board Secretary	
Prepared by:	Head of Risk & Assurance	
Other Committees and meetings considered at:	Executive Committee, 12 January 2022	

PURPOSE:

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, External Audit (Audit Wales) and Local Counter Fraud Services.

RECOMMENDATION(S):

The Audit, Risk and Assurance Committee is asked to NOTE and DISCUSS the current position of outstanding audit recommendations.

Approval/Ratification/Decision	Discussion	Information
	✓	✓

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

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

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

BACKGROUND AND ASSESSMENT:

As a result of the Health Board's response to the COVID-19 pandemic, capacity to implement audit recommendations across services was inevitably previously reduced. To ensure a balance between managing capacity pressures and challenges presented by the COVID-19 pandemic and managing the 'business as usual' issues and risks, services previously reprioritised their outstanding audit recommendations according to the level of risk associated with delayed implementation, and in line with delivery of the Quarter 3 & Quarter 4 Winter Plan. As the organisation transitions back into normal activity, timescales for the implementation of future audit recommendations have not been re-prioritised and remain as that determined by Internal Audit. This is in recognition that services will agree realistic timescales for implementation of recommendations, in light of current commitments and capacity.

INTERNAL AUDIT

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

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

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

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

Overdue Internal Audit Recommendations							TOTAL OUTSTANDING Number
Covid-19 Prioritisation	2017/18	2018/19	2019/20	Internal Audit Priority	2020/21	2021/22	
	Number				Number		
Priority 1	0	0	0	High	2	2	4
Priority 2	5	1	7	Medium	4	1	18
Priority 3	1	0	8	Low	8	0	17
Not Yet Prioritised	0	0	1				1
TOTAL	6	1	16		14	3	40

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

Appendix D – Internal Audit Recommendations that remain OUTSTANDING

Appendix E – Internal Audit Recommendations COMPLETED since the previous report

Appendix F – Internal Audit Recommendations NOT YET DUE for implementation

EXTERNAL AUDIT

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

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

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

Appendix G – External Audit Recommendations that remain OUTSTANDING

Appendix H – External Audit Recommendations NOT YET DUE for implementation

LOCAL COUNTER FRAUD SERVICES

The overall summary position in respect of **overdue** local counter fraud services recommendations is: -

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01/14/2022 12:32:42

Local Counter Fraud Services Recommendations		
	2021/22	TOTAL OUTSTANDING
	Number	Number
Overdue	0	0
TOTAL	0	0

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

Appendix I – Local Counter Fraud Audit Recommendations NOT YET DUE for implementation

NEXT STEPS:

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

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01/14/2022 12:32:42

2017/18 Internal Audits

Ref	Audit Title	Assurance Rating	Audit Recs Made			Audit Recs Implemented			Audit Recs Overdue (agreed timescale)			Audit Recs Re-prioritised			All Audit Recs Implemented
			H	M	L	H	M	L	H	M	L	1	2	3	
171801	Commissioning - Embedding the Commissioning Assurance Framework	Reasonable	0	2	1	0	2	1							✓
171802	Clinical Audit Programme Follow-Up	Limited	1	2	2	1	2	2							✓
171803	Estates Assurance Follow Up	Reasonable	0	5	1	0	5	1							✓
171804	Safe Water Management (including Legionella)	Limited	1	6	0	1	6	0							✓
171806	Risk Management	Limited	2	1	0	2	1	0							✓
171807	Procurement of Consultant and Agency Staff	Limited	5	1	0	5	1	0							✓
171808	Engagement with Primary Care Providers	Limited	1	4	0	1	4	0							✓
171809	Public Health - Influenza Immunisations	Reasonable	1	2	0	1	2	0							✓
171810	Public Health - Smoking Cessation for Pregnant Women	Reasonable	0	3	1	0	3	1							✓
171811	Information Commissioner's Office Recommendations Report Follow-Up	Reasonable	2	4	1	2	4	1							✓
171812	Medicines Management – Patient Group Directions (PGDs)	Limited	7	1	0	7	1	0							✓
171813	Llandrindod Wells Redevelopment	Reasonable	0	11	1	0	11	1							✓
171814	Workforce Planning	Reasonable	1	1	0	1	1	0							✓
171815	Review of the Health and Care Strategy – Programme Management	Reasonable	1	3	1	1	3	1							✓
171816	Integrated Medium Term Plan – Monitoring and Reporting of Performance	Reasonable	0	1	3	0	1	3							✓
171817	Policies Management	Reasonable	0	4	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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01/14/2022 12:22:42

2018/19 Internal Audits

Ref	Audit Title	Assurance Rating	Audit Recs Made			Audit Recs Implemented			Audit Recs Overdue (agreed timescale)			Audit Recs Re-prioritised			All Audit Recs Implemented
			H	M	L	H	M	L	H	M	L	1	2	3	
181901	IMTP – Joint Planning Framework	Reasonable	0	1	1	0	1	1							✓
181902	Dental Services: Monitoring of the General Dental Services Contract	Limited	2	2	0	2	2	0							✓
181903	ICT Infrastructure	Reasonable	0	1	2	0	1	2							✓
181904	Podiatry Service	No Assurance	7	1	3	7	1	3							✓
181905	Recruitment and Retention	Reasonable	1	2	0	1	2	0							✓
181906	Environmental Sustainability Reporting	Reasonable	0	1	0	0	1	0							✓
181907	Commissioning – Primary Care (Advisory)	Not Rated	2	2	0	2	2	0							✓
181908	Asbestos Management	Reasonable	0	4	4	0	4	4							✓
181909	Occupational Therapy Service	Reasonable	0	6	0	0	5	0	0	1	0	0	1	0	x
181910	Health and Safety	Limited	1	6	1	1	6	1							✓
181911	Section 33 - Governance Arrangements	Limited	2	1	1	2	1	1							✓
181912	Annual Quality Statement	Substantial	0	1	0	0	1	0							✓
181913	Departmental Review - Catering	Limited	3	3	1	3	3	1							✓
181914	Capital Systems	Reasonable	0	6	1	0	6	1							✓
181915	Temporary Staffing Unit	Reasonable	0	4	1	0	4	1							✓
181916	Cyber-Security Follow-up of Stratia Report	Reasonable	0	2	2	0	2	2							✓
181917	Putting Things Right – Lessons Learned (Midwifery)	Reasonable	0	1	3	0	1	3							✓
181918	Single Tender Waivers	Reasonable	0	3	0	0	3	0							✓
181919	Business Continuity Planning	Reasonable	1	2	2	1	2	2							✓
181920	Information Governance: General Data Protection Regulation (GDPR) - Compliance	Reasonable	0	1	2	0	1	2							✓
181921	Risk Management	Limited	2	1	0	2	1	0							✓
181922	Procurement of Consultant and Agency Staff Follow Up	Reasonable	0	3	1	0	3	1							✓
181923	Medicines Management (Patient Group Directions) Follow-Up Review	Limited	3	3	0	3	3	0							✓
181924	Estates Assurance Follow Up	Reasonable	0	6	4	0	6	4							✓
181925	Capital Assurance Follow Up	Reasonable	0	5	1	0	5	1							✓
181926	Welsh Risk Pool Claims Management	Substantial	0	0	1	0	0	1							✓
181927	Engagement with Primary Care Providers Follow-up	Limited	1	2	1	1	2	1							✓
TOTAL			25	70	32	25	69	32	0	1	0	0	1	0	

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01/14/2022 12:22:42

2019/20 Internal Audits

Ref	Audit Title	Assurance Rating	Audit Recs Made			Audit Recs Implemented			Audit Recs Overdue (agreed timescale)			Audit Recs Re-prioritised				All Audit Recs Implemented	
			H	M	L	H	M	L	H	M	L	1	2	3	Not Yet Prioritised		
192001	Deprivation of Liberty Safeguards	Limited	2	1	0	2	1	0								✓	
192002	Environmental Sustainability Reporting	Not Rated	0	2	1	0	2	1								✓	
192003	Assurance on Implementation of Audit Recommendations	Reasonable	1	1	0	1	1	0								✓	
192004	Financial Planning and Budgetary Control - Commissioning	Reasonable	0	2	3	0	2	3								✓	
192005	Disciplinary Processes – Case Management	Reasonable	0	2	3	0	2	3								✓	
192006	Records Management	No Assurance	6	0	0	3	0	0	3	0	0	0	3	0	0	✗	
192007	Freedom of Information (FoI)	Limited	1	2	3	1	2	3								✓	
192008	Staff Wellbeing (Stress Management)	Reasonable	0	3	0	0	3	0								✓	
192009	Safeguarding – Employment Arrangements and Allegations	Reasonable	0	4	2	0	4	2								✓	
192010	111 Service	Reasonable	2	3	0	2	3	0								✓	
192011	Catering Services Follow-up	Reasonable	0	3	2	0	3	2								✓	
192012	Hosted Functions – Governance Arrangements (Advisory)	Not Rated	2	3	1	1	3	1	1	0	0	0	0	0	1	0	✗
192013	Podiatry Service Follow-up	Limited	1	5	4	1	5	4								✓	
192014	Care Homes Governance	Limited	1	2	3	0	0	3	1	2	0	0	3	0	0	✗	
192015	Primary Care Clusters	Reasonable	1	3	1	1	3	1								✓	
192016	Organisational Development Strategic Framework	Reasonable	0	2	0	0	1	0	0	1	0	0	0	1	0	✗	
192017	Dental Services: Monitoring of the GDS Contract Follow-up	Reasonable	0	0	2	0	0	2								✓	
192018	IT Service Management	Reasonable	0	2	1	0	2	1								✓	
192019	Machynlleth Hospital Primary & Community Care Project	Reasonable	1	4	1	1	4	1								✓	
192020	Welsh Risk Pool Claims Management	Substantial	0	0	1	0	0	1								✓	
192021	Capital Assurance Follow Up	Substantial	0	1	0	0	1	0								✓	
192022	Outpatients Planned Activity	Reasonable	1	3	0	0	0	0	1	3	0	0	0	3	1	✗	
192023	Estates Assurance Follow Up	Reasonable	0	1	2	0	1	1	0	0	1	0	0	1	0	✗	
192024	Financial Safeguarding (Estates)	Reasonable	0	5	1	0	5	1								✓	
192025	Financial Safeguarding (Support Services)	Reasonable	0	3	0	0	3	0								✓	
192026	Risk Management and Board Assurance	Limited	2	3	0	2	2	0	0	1	0	0	1	0	0	✗	
192027	Welsh Language Standards Implementation	Limited	2	1	0	2	0	0	0	1	0	0	0	1	0	✗	
192028	Section 33 Governance Arrangements Follow Up	Reasonable	0	2	1	0	2	0	0	0	1	0	0	1	0	✗	
TOTAL			23	63	32	17	55	30	6	8	2	0	7	8	1		

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01/14/2022 12:22:42

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	1	2	3	H	M	L	
202101	Environmental Sustainability Reporting	Not Rated	0	1	0	0	1	0										✓
202102	Estates Assurance – Fire Safety	Limited	2	5	0	2	4	0	0	1	0	1	0	0				✗
202103	Health and Safety Follow-up	Reasonable	0	3	2	0	3	2										✓
202104	Annual Quality Statement	Not Rated	0	1	0	0	1	0										✓
202105	Advanced Practice Framework	Not Rated																✓
202106	Capital Systems	Substantial	0	0	4	0	0	4										✓
202107	GP Access Standards	Substantial	0	0	1	0	0	1										✓
202108	Partnership Governance – Programmes Interface	Limited	3	1	1	1	1	1	2	0	0				0	0	0	✗
202109	IM&T Control and Risk Assessment	Not Rated	0	0	14	0	0	1	0	0	8				0	0	5	✗
202110	Freedom of Information Follow Up	Substantial																✓
202111	Progress against Regional Plans (South Powys Pathways Programme, Phase 1)	Reasonable	0	2	0	0	0	0	0	2	0				0	0	0	✗
202112	Grievance Process	Reasonable	0	1	0	0	1	0										✓
202113	Safeguarding during COVID-19	Reasonable	0	1	1	0	1	1										✓
202114	Implementation of digital solutions	Reasonable	0	3	0	0	1	0	0	1	0				0	1	0	✗
202115	Winter pressures and flow management	Reasonable	0	3	1	0	1	0	0	0	0				0	2	1	✗
202116	Llandrindod Wells Project	Limited	0	5	1	0	5	1										✓
202117	Covid-19 Mass Vaccination Programme	Not Rated																✓
TOTAL			5	26	25	3	19	11	2	4	8	1	0	0	0	3	6	

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01/14/2022 12:22:42

2021/22 Internal Audits

Ref	Audit Title	Assurance Rating	Audit Recs Made			Audit Recs Implemented			Audit Recs Overdue (agreed timescale)			Audit Recs Not Yet Due			All Audit Recs Implemented	
			H	M	L	H	M	L	H	M	L	H	M	L		
212201	Access to Systems	Reasonable	1	1	1	1	0	0	0	0	0	0	1	1	x	
212202	Control of Contractors	Limited	4	2	1	2	2	1	2	0	0	0	0	0	0	x
212203	Medical Equipment and Devices	Reasonable	3	3	1	0	0	0	0	1	0	3	2	1	x	
212204	Midwifery – Safeguarding Supervision	Reasonable	0	2	0	0	1	0	0	0	0	0	1	0	x	
TOTAL			8	8	3	3	3	1	2	1	0	3	4	2		

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2018/19 External Audits										
Ref	Audit Title	Audit Recs Made	Audit Recs Implemented	Audit Recs Overdue (agreed timescale)	Audit Recs Revised Re-prioritised			All Audit Recs Implemented		
					1	2	3			
181951	Structured Assessment 2018	12	9	3	0	2	1	x		
181952	Clinical coding follow-up review	4	4					✓		
181953	Audit of Financial Statements Report	4	4					✓		
TOTAL		20	17	3	0	2	1			
2019/20 External Audits										
Ref	Audit Title	Audit Recs Made	Audit Recs Implemented	Audit Recs Overdue (agreed timescale)	Audit Recs Revised Re-prioritised			All Audit Recs Implemented		
					1	2	3			
192051	Structured Assessment 2019	3	3					✓		
TOTAL		3	3	0	0	0	0			
2020/21 External Audits										
Ref	Audit Title	Audit Recs Made	Audit Recs Implemented	Audit Recs Overdue (agreed timescale)	Audit Recs Revised Re-prioritised				Audit Recs Not Yet Due	All Audit Recs Implemented
					1	2	3	Not Yet Prioritised		
202151	Effectiveness of Counter-Fraud Arrangements	3	2	1	0	0	0	1	x	
202152	Structured Assessment 2020	11	7	0	0	1	1	2	4	x
202153	Audit of Accounts	6	5	1	0	0	0		x	
TOTAL		20	14	2	0	1	1	3	4	

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Local Counter Fraud Services Pro-Active Exercises

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

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01/14/2022 12:21:42

PTHB Ref. No.	Report Title	Assurance Rating	Director	Responsible Officer	Ref / Priority	Recommendation	Management Response	Agreed Deadline	Revised Deadline	Due	COVID-19 Priority Level	Status	If closed and not complete, please provide	Progress being made to implement recommendation				If action is complete, can evidence be provided upon	No. of months past agreed deadline	No. of months past Revised deadline	Reporting Date	Date Added to Tracker
														Progress of work underway	Barriers to implementation including any interdependencies	How is the risk identified being mitigated pending implementation?	When will implementation be achieved?					
171817	Policies Management	Reasonable	Board Secretary		R1	The Consultation Feedback Record should be completed each time a policy is created or reviewed and submitted to the Corporate Governance Department. The record should clearly document what engagement and consultation has taken place and how feedback received has been incorporated into the policy. The recommended consultation period of a minimum of 14 days should be applied to ensure that consultation with relevant stakeholder groups has been conducted thoroughly and that comments have been incorporated into the policy.	The Policy for the Management of Policies, Procedures and other Written Control Documents is currently being reviewed and the above requirements will be fully reflected and reinforced in the revised documents.	May-18	Dec-21	Deadline Revised	2	Partially complete		Review and implementation of arrangements for the development, review, approval and publication of policies delegated by the Board has been built into the Annual Governance Programme 2021-22	Competing priorities in the corporate governance team	Support on policy development is being provided to the organisation as and when required	Dec-21		42	#NUM!	Nov-21	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 checks have been carried out.	The Policy for the Management of Policies, Procedures and other Written Control Documents is currently being reviewed and the above requirements will be fully reflected and reinforced in the revised documents. As set out in recommendation 4 below, the ability to upload polices onto the intranet will be restricted to members of the Corporate Governance Department.	May-18	Dec-21	Deadline Revised	2	Partially complete		Review and implementation of arrangements for the development, review, approval and publication of policies delegated by the Board has been built into the Annual Governance Programme 2021-22	Competing priorities in the corporate governance team	Support on policy development is being provided to the organisation as and when required	Dec-21		42	#NUM!	Nov-21	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. Going forward policies submitted to the Corporate Governance Department without the submission and approval form will be returned to the relevant Executive Director.	May-18	Dec-21	Deadline Revised	2	Partially complete		Review and implementation of arrangements for the development, review, approval and publication of policies delegated by the Board has been built into the Annual Governance Programme 2021-22	Competing priorities in the corporate governance team	Support on policy development is being provided to the organisation as and when required	Dec-21		42	#NUM!	Nov-21	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 Governance Department. The Policy and Procedures Index should be published on the intranet at regular intervals and consideration given to widening the scope of this document to include polices which are due for review.	Steps have been taken to address points 4a and 4c. The Policy and Procedures Index has been published and awareness raised through a Powys Announcement. Access rights to upload policies on to the Intranet (point 4b) are being reviewed and will be updated by the end of April 2018.	Apr-18	Dec-21	Deadline Revised	2	Partially complete		Review and implementation of arrangements for the development, review, approval and publication of policies delegated by the Board has been built into the Annual Governance Programme 2021-22	Competing priorities in the corporate governance team	Support on policy development is being provided to the organisation as and when required	Dec-21		43	#NUM!	Nov-21	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-21	Deadline Revised	2	Partially complete		Review and implementation of arrangements for the development, review, approval and publication of policies delegated by the Board has been built into the Annual Governance Programme 2021-22	Competing priorities in the corporate governance team	Support on policy development is being provided to the organisation as and when required	Dec-21		42	#NUM!	Nov-21	26/02/2019
171827	Medicines Management – Prescribing of Branded Generic Drugs	Reasonable	Medical Director	Chief Pharmacist	R4	The Health Board should introduce a formal policy which clearly sets out the process of prescribing medicines. This should include the following: <ul style="list-style-type: none"> roles and responsibilities monitoring and reporting arrangements processes for processing and approving changes to the formulary circumstances where follow up action should be taken Once approved, the policy should be appropriately communicated to all relevant staff.	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 as an appendix. New Chief Pharmacist appointed May 2020. Although the Medicines Policy has been updated and is in the final stages of approval, it does not include all of the audit recommendations. Work is needed to establish robust governance arrangements for medicines/prescribing decision making. As soon as this work has been undertaken, the Medicines Policy will be updated.	Chief Pharmacist new in post and needs time to understand/amend governance arrangements to ensure that when Medicines Policy is updated, it accurately reflects HB approved processes	Reminder, and links, sent to HB employed prescribers on GMC advice.	Sep-20		43	14	Nov-21	27/03/2019
181909	Occupational Therapy Service	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 should be adopted in Occupational Therapy.	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 approach.	Apr-19	Dec-21	Deadline Revised	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-21		31	#NUM!	Nov-21	26/02/2019

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PTHB Ref. No.	Report Title	Assurance Rating	Director	Responsible Officer	Ref / Priority	Recommendation	Management Response	Agreed Deadline	Revised Deadline	Due	COVID-19 Priority Level	Status	If closed and not complete, please provide	Progress being made to implement recommendation				If action is complete, can evidence be provided upon	No. of months past agreed deadline	No. of months past Revised deadline	Reporting Date	Date Added to Tracker
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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 should be developed, but aligned to the policies regarding records management and tracking. Practices should be consistent from one site to another. The health board should strengthen the current processes for the transport of health records through the introduction of standard packaging and labelling requirements along with a standard signatory system for collection and delivery. The health board should investigate the access issues to Wye Valley NHS Trust's digital records, including the extent this applies to other NHS organisations, and revisit the information sharing protocol to ensure a better flow of patient information. The health board should ensure robust business continuity arrangements are in place to minimise the impact of system outages, WCCIS in particular, and work with the local authority to ensure the effective implementation of the integrated system, including the merging of multiple records and removal of duplicate records to create one single record.	The Audit, Risk & Assurance Committee has approved an Improvement Plan to ensure compliance with legislative and regulatory requirements in respect of records management. This internal audit recommendation will be achieved by the implementation of the following actions from the Improvement Plan: • Review and update procedures and guidance to support effective tracking of records. • Ensure adequate Business Continuity Planning arrangements are in place relating to records management. • Review and update arrangements for the retrieval and transportation of records, ensuring consistency in approach across the organisation. • Develop a business case for the digitisation of active records. • Review Information Sharing Protocols in place for commissioned services.	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 Records Management Improvement Plan. Detailed actions and lead officers have been identified. The Information Services Department lead on the rollout of Intelligence Tracking. Intelligence Tracking guidance exists, is updated in accordance with system changes and is regularly communicated to all users of WPAS. Training is provided to all new users and refresher training is undertaken. Drop-in sessions are also available to users on an ongoing basis. KPI and DQ reports are sent routinely to service leads. Future reporting requirements to be confirmed.	Establishment of Records Management Improvement Group delayed due to COVID-19.	A Records Management Project Risk Register has been developed.	31-Dec-20		20	11	Nov-21	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 and that the points raised in this report are addressed, where weaknesses are identified.	The Audit, Risk & Assurance Committee has approved an Improvement Plan to ensure compliance with legislative and regulatory requirements in respect of records management. This internal audit recommendation will be achieved by the implementation of the following actions from the Improvement Plan: • Explore and secure suitable storage spaces (on-site or off-site) for the storage of active records. • Explore and secure suitable storage spaces (on-site or off-site) for the storage of archived records.	Apr-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 RM Improvement Plan. Detailed actions and lead officers have been identified. Options for on and off-site storage continue to be explored.	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		19	#NUM!	Nov-21	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 implementation of the following actions from the Improvement Plan: • Explore and secure suitable storage spaces (on-site or off-site) for the storage of active records. • Explore and secure suitable storage spaces (on-site or off-site) for the storage of archived records.	Apr-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 Records Management Improvement Plan. Detailed actions and lead officers have been identified.	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		19	#NUM!	Nov-21	14/11/2019
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 framework and governance systems for HRCW. (c) The health board ensures that the Welsh Government Hosting Agreements, and any signed replacement agreements, for the hosted functions are shared with all those health board staff managing and monitoring services provided to these hosted functions.	(a), (b) and (c) Discussions continue with Welsh Government regarding the ongoing development of a Hosting Agreement for CHC. The timeline for this work will be dependent upon tripartite agreement. Once complete, this work will be used to inform arrangements for other hosted arrangements, including HCRW.	Apr-20		Overdue	3	Partially complete		Initial discussions have taken place with Welsh Government and CHCs with a view to develop a finalised hosting agreement which was complete; however this work was then superseded by the intended transfer to the Citizens Voice Body in 2022. Follow up discussions will take place in line with organisational governance to review the current position in relation to Health Care Research Wales.	Awaiting confirmation of meetings with Welsh Government.		Meeting held with WG & CHCs to discuss final amendments. Awaiting finalised document from WG.		19	1462	Nov-21	

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PTHB Ref. No.	Report Title	Assurance Rating	Director	Responsible Officer	Ref / Priority	Recommendation	Management Response	Agreed Deadline	Revised Deadline	Due	COVID-19 Priority Level	Status	If closed and not complete, please provide	Progress being made to implement recommendation				If action is complete, can evidence be provided upon	No. of months past agreed deadline	No. of months past Revised deadline	Reporting Date	Date Added to Tracker
														Progress of work underway	Barriers to implementation including any interdependencies	How is the risk identified being mitigated pending implementation?	When will implementation be achieved?					
192014	Care Homes Governance	Limited	Director of Nursing & Midwifery	Director of Planning & Performance Director of Finance and IT & Director of Primary, Community and Mental Health Services Director of Nursing	R2	2.1 The health board should agree a common contract and specification for CHC care home contracts not covered by the All Wales Framework Agreement. This is an action set out within the S33 agreement for delivery by PTHB & PCC. 2.2 The health board should review its Scheme of Delegation for CHC packages (Section 12) to ensure that CHC expenditure is subject to an appropriate level of scrutiny by appropriate individuals within the organisation for both Adult and MH&LD CHC. 2.3 The CHC Standard Operating Procedures should be aligned with the Scheme of Delegation (Section 12) and practices in Adult and MH&LD CHC should be aligned. The CHC SOP should also be updated to clarify when contract renewals valued over £50,000 p.a. should go through a High Cost Resource Panel. 2.4 The health board should ensure the Scheme of Delegation (Section 12) and CHC Standard Operating Procedures are adhered to for CHC packages across Adult and Mental Health Nursing.	2.1 A common contract and specification for CHC care home contracts not covered by the All Wales Framework Agreement to be developed, as set out within the S33 agreement for delivery by PTHB & PCC. 2.2 There is currently a national review being undertaken for Wales of Health Board Scheme of Delegation and Reservation of Powers lead by a small Task & Finish Group chaired by Welsh Government. The outcome of this Task & Finish Group may require a larger review for the health board. The work is planned to be 3-6 months long and commenced in early November 2019. Once the recommendations and/or revised Scheme of Delegation is issued the health board will undertake a review focusing on the recommendations of this report 2.3 CHC Standard Operating Procedure to be updated to ensure the all cases over £50,000 are referred to High Cost Panel 2.4 Formal communication to be issued from the Director of Finance to services leads for CHC (Adult and Mental Health) on the need to ensure the Scheme of Delegation (Section 12) and CHC Standard Operating Procedures are adhered to for all CHC packages. Additionally, to offer support if clarity is required on the Scheme of Delegation or SOP.	Dec-20	Sep-21	Overdue	2	Partially complete		2.2 We have reviewed the scheme of delegation within PTHB Schemes of Delegation work and the revised SFIs have been issued to Health Board in draft. These will then need to be finalised and taken through the Board for ratification and once agreed a check will need to be undertaken to ensure all areas of the HB are in line with these updated overarching procedures. With regard to the process for approving CHC packages revised documentation has been drafted which clarifies the approval levels and processes required. Complex Care Value Based Healthcare Transformation Programme of work commencing October 2021. This will include review of contracts, Standard Operating	Sep-21				11	2	Nov-21	
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 the form of a checklist and incorporated into the current individual review forms. The arrangements should mirror the joint monitoring process and include proactive consideration of recent inspectorate visits and feedback from the relevant local authority. 3.2 This process should be documented in the CHC SOP (see finding 4 also). In-county care homes monitoring 3.3 The health board should clarify how it receives assurance that the LA has escalated issues identified through the joint monitoring process to the JQAP as appropriate, for example through its representation at the JIMP and JQAP meetings and through feedback to the CCSG. 3.4 The health board's CHC SOP should be updated to make reference to the joint monitoring process under the S33 agreement, including the assurance it receives as per 3.3 (see finding 4 also). 3.5 The above recommendations on in- and out-of-county care homes monitoring should take into consideration the NHS Wales National Collaborative Commissioning Unit project on provider care map dashboards. 3.6 The assurance mechanisms over CHC and FNC packages, including for monitoring both in- and out-of-county care homes, should be incorporated into the Board Assurance Framework.	3.1 Update the current checklist used for Joint Monitoring Visits for use when reviewing 'Out of County' patients to capture wider governance arrangements and patient experience. 3.2 Update SOP to incorporate the process. 3.3 Minutes following JIMP to be shared at the CCSG. 3.4 CHC SOP to be updated to make reference to the joint monitoring process under the S33 agreement. 3.5 As above	Apr-20	Jul-21	Overdue	2	Partially complete		3.1 Yes this will form part of out of county reviews. A form has been developed but it has not been used as of yet. To support this action, it needs agreement from all services (MH LD and adult) as a way forward. 3.2 It has not been updated in the CHC SOP but it needs it's own SOP to support our governance arrangements. Al, I have looked at this, this week and I'm trying to put time aside to complete. 3.3 This action can be closed 3.4 This is not completed 3.5 Yes we have the BI dashboard, however, there is ongoing work to develop the dashboard further dashboard further. 3.7 & 3.8 There is now a section 33 manager that oversees this function. The CCSN team have also developed a flow chart	COVID19 has restricted Monitoring visits Monitoring is not completed jointly with PCC but will be undertaken when there is a review within that care home. Revised oversight process established during COVID-19, lessons learned will be used to reshape structure feeding into Section 33 arrangements.	Jul-21			19	4	Nov-21	

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01/14/2022 12:32:42

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192014	Care Homes Governance	Limited	Director of Nursing & Midwifery	Director of Nursing / Director of Primary, Community and Mental Health Services	R4	4.1 The CHC SOP should be updated to reflect: <ul style="list-style-type: none"> the care homes S33 agreement, pooled fund and joint care homes monitoring process; the national reviews (UK and Welsh Government) of the National Framework and CHC/FNC working practices; the process within both Adult and MH&LD CHC, aligning the process where appropriate; and the recommendations of this audit. 4.2 The health board should undertake a demand and capacity review in light of the updated processes, in order to ensure compliance with legislation and maintain patient safety.	4.1 CHC SOP to be updated to reflect recommendations. 4.2 Demand and Capacity review to be undertaken to ensure reviews are undertaken within required timeframes.	Mar-20	Apr-21	Overdue	2	Partially complete		Awaiting All Wales refresh and continuing to work with LA colleagues to reach a position of an agreed policy and SOP. Policy and SOP for endorsement as interim in May 2021, with early review date. Complex Care Value Based Healthcare Transformation Programme of work commencing October 2021. This will include review of the SOP, new national framework for CHC, Joint working across adults, mental health and learning disability and a capacity review. This action will be transferred to the Programme's risk register to track to completion.	LA have requested to review the SOP and have contested some areas of the SOP 4.2 COVID19 has impacted on the way in which reviews are undertaken. Care home too busy to support completion, reviews completed virtually	We have started to utilise the practice within the new SOP 4.2 Support of bank staff to complete reviews	Apr-21		20	7	Nov-21	
192016	Organisational Development Strategic Framework	Reasonable	Director of Workforce & OD and Support Services	Assistant Director of Organisational Development	R1	We recommend that action plan entries are developed to carry a greater level of detail to facilitate the monitoring of achievement of priority delivery. This should include detailed actions, by whom they will be delivered, target timescales and where each priority status is to be reported and monitored.	The Executive Directors will develop detailed objectives and actions that will enable the achievement of each of the key priority deliverables within the Organisational Development Framework. For each action there will be action owners or leads along with defined timescales which will ensure the ability to monitor and evaluate progress against each action.	Mar-20	Sep-20	Overdue	3	Partially complete		The Organisational Development Framework has been reviewed and refreshed. As part of this work, an action plan is being developed however, further discussion with the Executive team is required. This will be tabled for discussion at informal Execs.		This will be reviewed as part of the reintroduction of BAU	end of Qtr 2		20	14	Nov-21	
192022	Outpatients Planned Activity	Reasonable	Director of Planning and Performance		R1	Create and implement an overarching document that outlines the range of outpatient services and pathways provided by the health board, including the locations where they are delivered. Create and implement a process flow diagram that explains the outpatient referral process, ensuring Patient Services staff are fully aware of the procedures to be followed.	Implementation will inevitably be dependant upon the health board's position in relation to COVID-19. An indicative implementation date of 31 March 2021 has therefore been included. PTHB Elective Care patient pathways are managed in accordance with national waiting times standards and good practice is followed to ensure that patients are treated promptly, efficiently and consistently. A Patient Access Policy within the health board will be developed that details roles and responsibilities and sets out the general principles and rules for managing patients through their elective care pathway. WG are currently reviewing national waiting times standards (RTT) in light of COVID19 19 and the impact of new ways of working e.g. digital appointment solutions like Attend Anywhere. The Patient Access Policy will be updated in line with the revised WG guidance once published.	Mar-21	Mar-22	Deadline Revised	3	No progress		This work has been delayed due to covid but also now needs to be considered in line with national guidance on pathways and the Powys renewal priorities. This will take until end of the year.			Mar-22		8	#NUM!	Nov-21	26/09/2020
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 into WPAS. This could be considered in alignment with the work being undertaken by the health board's newly created Health Records Management Group.	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 PTHB uses WPAS for booking. This action refers to some of the supporting systems, and recommends a move to electronic patient records, increasing the development of WCP and digital health solutions. This would require alignment with the Health Records Management Group and further investment prioritised in Digital Health at a local and NWIS level.	Mar-21	Mar-22	Deadline Revised		Partially complete		Electronic Referrals is being covered with the 'All Wales' work being undertaken on the Welsh Admin Portal and the next Phase of clinical prioritisation within the Welsh Clinical Portal. There is also ongoing work to add additional referral services to WCCG for GP's to refer electronically.	This is driven by the WCP programme led by DHCW			8	#NUM!	Nov-21	26/09/2020	

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192022	Outpatients Planned Activity	Reasonable	Director of Planning and Performance	Assistant Director Performance and Commissioning	R3	The health board should review the mechanisms that it has in place to provide assurance that Powys residents commissioned to other providers in order to demonstrate that patients are treated fairly and equitably, and to ensure these are articulated in the CAF Escalation Report. This should include reference to anomalies that might be caused by potential variations in the types of clinical treatments, availability of certain specialist consultants (including, for example, the number of sessions delivered by speciality against the number of sessions required).	The CAF report sets out the RTT position for Powys patients in each of the different providers attended (due to geography) even though the waiting times are different. The waiting time differences are recorded in the public domain. Audit recommends showing that Powys patients are being treated the same as the other patients in those health boards and NHS Trusts by showing the overall performance of those organisations. However, this would not offer assurance as a small number of Powys patients attend some of the specialities provided in a provider. The Powys specific figure would not be the same as the overarching RTT performance figure for the provider. Our English providers report as organisations against the English targets. Recommendation partially accepted. We will review the mechanisms in place but not the specific suggested action regarding comparison with the providers' overarching RTT performance figures. 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	Mar-22	Deadline Revised	3	Partially complete			COVID-19 delays		Mar-22		8	#NUM!	Nov-21	26/09/2020
192022	Outpatients Planned Activity	Reasonable	Director of Planning and Performance	Assistant Director Performance and Commissioning	R4	Continue to work with the commissioned health boards and trusts in Wales and England to enhance the reporting of commissioning services data to include Powys outpatient follow-up appointments waiting times and to discuss exceptions with them.	Implementation will inevitably be dependant upon the health board's position in relation to COVID-19. An indicative implementation date of 31 March 2021 has therefore been included.	Mar-21	Jan-22	Deadline Revised	3	Partially complete		As reported to EQS and P&R committees the CAF has been partially reinstated. Work is underway to ensure information about follow-up.		Jan-22		8	#NUM!	Nov-21	26/09/2020	
192023	Estates Assurance Follow Up	Reasonable	Director of Environment	Asbestos Manager	AM2	A detailed review of the Asbestos Management Plan should be completed.		Jan-21	Feb-22	Deadline Revised	3	Partially complete		Management Plan being revised alongside refreshed Policy and Procedures approach	COVID-19 delays	Feb-22		10	#NUM!	Nov-21	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 effectiveness and identify any gaps; and, • the relevant committees have regular oversight of the strategic objectives and risks assigned. b. Consider enhancement of the Board Assurance Framework review process by implementing and presenting a detailed BAF report at Board meetings. c. Establish the concept of Local assurance frameworks into the risk management hierarchy and then introduce them as a process documentation and discussion at directorate level.	Agreed	Mar-21	Mar-22	Deadline Revised	2	Partially complete		High level work has been initiated to outline the framework and principles.				8	#NUM!	Nov-21	26/09/2020	

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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: <ul style="list-style-type: none"> the roll of out awareness sessions, keeping records of attendance; increasing the frequency and content of internal communications; and the Standards included as a standing agenda item at Directorate and service level meetings to ensure progress against action plans is monitored. Consideration should be given to developing a communications strategy to ensure staff are familiar with the Standards, understand its impact on their roles and the support and resources available to them to comply.	The health board will continue to offer Welsh Language Awareness sessions to staff across all directorates and will record attendance going forward. The health board will explore options for adding this training to ESR in order to record staff training. Opportunities to deliver this training session virtually will be explored in order to reach as many staff as possible across the health board. In addition, the health board will look to increase opportunities to raise awareness of the Standards to all staff across the organisations via a range of communication methods. The health board will continue to liaise with the Assistant Director of Communications to develop and promote a new Communications Guide for staff across the health board which includes guidance on complying with the requirements of the Welsh Language Standards and will offer examples of best practice. A communication strategy will form part of the overarching Welsh language action plan as outlined in the response to recommendation 2 above.	Mar-21	Mar-22	Deadline Revised	3	Partially complete		Work is ongoing. Covid-19 has disrupted implementation, particularly around staff training and developing a communication strategy. Virtual WL Awareness Sessions continue to be offered to staff which has been added to ESR in order to record staff training. A detailed WL Standards guidance document has been developed and promoted to all staff. WL Standards are promoted regularly via emails, Powys Announcements and staff social media networks. New Corporate Communications Style Guidance for staff has been developed and promoted which includes guidance on complying with the requirements of the Welsh Language Standards and offers examples of best	Lack of resources to fully implement the WL Standards. Additional funding requirements for translation costs. Conflicting priorities and workload pressures due to COVID-19. SIM for WL moved to another post in Oct 2021, coinciding with the appointment of new staff; a replacement has been appointed however a bedding-in period with an entirely new team. Likely risk that the cross-over period will result in further delays to implementation in the short term. Failure to pre-emptively comply with the standards may also lead to operational inefficiency with staff time taken up by responding to and addressing complaints rather than ensuring compliance in the first place.	Regular monitoring and reporting via the Executive Lead for WL. Additional resources requirement assessment undertaken in Jan 2021. Funding secured for 2 additional posts 1 x WTE Band 5 Translator (Permanent) 1 x WTE Band 6 Officer (Fixed Term); all are now in post along with the new SIM for Welsh Language and Equality. Additional resource has been allocated for translation costs.	Implementation will be ongoing		8	#NUM!	Nov-21	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 up to date and signed ASAP. This also applies to any other unsigned current year scheme agreements. The health board should to continue work with the county council to instigate the timeline defined in the Overarching Agreement to ensure future scheme agreements are agreed and signed off in advance of the start of that financial year.	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 ensuring signed agreements for 2021/22 in April 2021. The Overarching Agreement Deed of Variation will be addressed in 2020/21.	Apr-21		Overdue	3	Partially complete		Reablement agreement reviewed. The review of the Overarching Agreement Deed of Variation has been delayed due to covid-19			7	1462	Nov-21	26/09/2020		
202102	Estates Assurance – Fire Safety	Limited	Director of Environment	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	Jan-22	Deadline Revised	1	Partially complete		Site Coordinators appointed and significant numbers of Fire Incident Coordinators and Fire Wardens trained for end November 2021 with minimum of between 20 and 73 per hospital site which ensures suitable coverage. Training includes use of local fire management folders.	Attendance to sessions was and continues to be limited by number limitations on training rooms from C-19 social distancing.	Fire evacuation drills up to date with last 2 planned for January 2022: this is the practical enactment which tests the resilience of the training. Fire Safety Advisers have overseen these exercises.	Jan-22		4	#NUM!	Nov-21	
202108	Partnership Governance – Programmes Interface	Limited	Board Secretary		R1	The health board should consider developing a partnership governance guidance document defining the different types of partnership/collaborative working arrangements and the governance arrangements required for each. This would assist in identifying the most appropriate arrangement to meet identified needs when seeking to establish a new partnership. The equivalent arrangements in place for Section 33 agreements could be used as a starting point. Partnerships should be supported by a partnership governance framework clearly setting out the objectives and governance arrangements. This should include roles and responsibilities of each partner, performance monitoring and assurance reporting arrangements and escalation processes. A central record of partnerships should be maintained. This should identify the executive lead(s) and assurance reporting arrangements. The record should be referred to when considering establishing a new partnership, to identify whether requirements could be met by an existing partnership in order to avoid potential duplication of effort.	The Board has previously recognised the need for a Partnership Governance Framework. Development was delayed due to COVID-19. This will be taken forward in 2021/22 as part of the Annual Governance Programme.	Sep-21	Mar-22	Deadline Revised		Partially complete		Overview of partnership governance arrangements presented to board at Strategic Planning Session as an interim position.				2	#NUM!	Nov-21		

Party Stella
01/14/2022 12:32:42

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202108	Partnership Governance – Programmes Interface	Limited	Board Secretary		R5	Arrangements for reporting assurance to the Health Board on the effectiveness of the Live Well; Mental Health partnership need to be determined.	Reporting arrangements will be reviewed and clarified through the Partnership Governance Framework development and ongoing implementation. This reporting mechanism will also need to reflect existing reporting arrangements to Welsh Government and the RPB in order to reduce duplication.	Sep-21	Mar-22	Deadline Revised		Partially complete		Overview of partnership governance arrangements presented to board at Strategic Planning Session as an interim position.					2	#NUM!	Nov-21	
202109	IM&T Control and Risk Assessment	Not Rated	Director of Finance, Information and IT	Assistant Director Digital Transformation & Informatics	R2	Consideration should be given to providing reports identifying risks that are not scored to escalation level due to low likelihood, however contain a severe worst case scenario. In doing so, this shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.	The Directorate maintains a local risk register (that captures lower level risks as referenced) and this is held within the department and reported up via the risk process for the Health Board. The current register will be reviewed and consideration given to how worst case scenario identification and potential impact can be included as needed.	Oct-21		Overdue		No progress						1		Nov-21		
202109	IM&T Control and Risk Assessment	Not Rated	Director of Finance, Information and IT	Assistant Director Digital Transformation & Informatics	R3	The organisation should consider assigning the responsibility of CCIO.	There is a Clinical Informatics Lead Nurse who is part of the Informatics team. The potential for a CCIO role will be reviewed and an options paper prepared for the Executive Committee to consider how best to establish within current establishments.	Oct-21		Overdue		No progress							1		Nov-21	
202109	IM&T Control and Risk Assessment	Not Rated	Director of Finance, Information and IT	Assistant Director Digital Transformation & Informatics	R4	The health board should review its published ICT policies for completeness and where necessary develop or adapt and publish additional policies to provide a full suite.	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.	Oct-21		Overdue		No progress							1		Nov-21	
202109	IM&T Control and Risk Assessment	Not Rated	Director of Finance, Information and IT	Assistant Director Digital Transformation & Informatics	R5	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.	The Digital Strategic framework will be restarted and is fundamental to our 3-5 year delivery model for Digital Transformation and Informatics.	Oct-21		Overdue		No progress							1		Nov-21	
202109	IM&T Control and Risk Assessment	Not Rated	Director of Finance, Information and IT	Assistant Director Digital Transformation & Informatics	R6	The development of the strategy should consider the wider ICT strategy implications and the supporting technical infrastructure.	The Digital Strategic framework will be restarted and is fundamental to our 3-5 year delivery model for Digital Transformation and Informatics.	Oct-21		Overdue		No progress							1		Nov-21	
202109	IM&T Control and Risk Assessment	Not Rated	Director of Finance, Information and IT	Assistant Director Digital Transformation & Informatics	R8	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.	The Digital Strategic framework will be restarted and is fundamental to our 3-5 year delivery model for Digital Transformation and Informatics. 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.	Oct-21		Overdue		No progress							1		Nov-21	
202109	IM&T Control and Risk Assessment	Not Rated	Director of Finance, Information and IT	Assistant Director Digital Transformation & Informatics	R9	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.	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.	Oct-21		Overdue		No progress							1		Nov-21	

Party Stella
01/14/2022 12:32:42

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202109	IM&T Control and Risk Assessment	Not Rated	Director of Finance, Information and IT	Assistant Director Digital Transformation & Informatics	R14	The health board must ensure resource is available to deliver and report upon the ICT programme.	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.	Oct-21		Overdue		No progress						1		Nov-21		
202111	Progress against Regional Plans (South Powys Pathways Programme, Phase 1)	Reasonable	Director of Planning and Performance	Assistant Director, Transformation	R1	We concur with management and recommend that early clinical involvement in the second phase of the SPP programme is given a high priority to ensure that all clinical constraints and opportunities are taken into consideration in the development of the strategic changes to Maternity services.	As confirmed by Internal Audit the South Powys Programme Board had already identified this issue through its "Lessons Learned" process for Phase 1. As stated there was clinical membership of the Programme Board and workstreams – although the context was particularly challenging due to COVID 19. Thus, this recommendation is accepted. Clinical membership has been built into the Programme Board and Programme Workstream for Phase 2. However, frontline engagement via midwives is also built into the implementation plan. In addition, the readiness assessment will also cover frontline engagement.	Nov-21		Overdue		Partially complete	Meetings continue to include clinical representation from a frontline, management and Director level across organisations. The focus of Phase 2 has been Maternity and Neonatal with a clinically led workstream established. This approach has been embedded in the programme and will continue. The readiness assessment continues to be updated during the workstream meetings. As reported to the Board on 24th November 2021 it is not yet possible to recommend to the Board the timing of the strategic pathway change as further information is awaited from the Independent Oversight Panel. It will only be possible to complete this action once the timing of the		Workstream in place involving clinicians from ABUHB, CTMUHB and PTHB chaired by the DONM, monitoring existing pathways and assurance.	This cannot be implemented until the Board has agreed the timing of the strategic pathway change. It is not possible to set a revised deadline until the timing of the strategic decision has been reached by Board.		0		Nov-21		
202111	Progress against Regional Plans (South Powys Pathways Programme, Phase 1)	Reasonable	Director of Planning and Performance	Assistant Director, Transformation	R2	We concur with management and recommend the development of a documented framework that the health board can use in future collaborative change programmes to assist in the management of the programme and to ensure the use of a consistent and controlled approach.	This recommendation is accepted and a collaborative change programme framework will be developed and considered through the PTHB Executive Group for Strategic Planning and Commissioning.	Sep-21	Mar-22	Deadline Revised		Partially complete	Standard PIDs have been agreed for the 9 Renewal Programmes including key stages in collaborative change such as identification of stakeholders, engagement and communication, consultation and formal written notice. This will be summarised in a Change Programme Framework and submitted to the RSPB (Executive Committee)	Delayed due to prioritisation of Renewal Portfolio due to pandemic	Individual programme PIDs have set out the stages required.	01/03/2022, however there will be implications for other health boards. This is timetabled to coincide with the change to Strategic Commissioning Framework at Board in March 2022.		2		Nov-21		
202114	Implementation of digital solutions	Reasonable	Director of Finance, Information and IT	Assistant Director Digital Transformation and Informatics	R1	a) Guidance on the process that services need to undertake should be drafted to ensure that staff are clear on the considerations and key contacts when planning and implementing changes. Consideration should be given to include the following: - Key contacts when planning the change i.e. IG, Finance, ICT, Information and Cyber; - Governance arrangements and approval routes; - Documentation that needs to be maintained; - Staff and patient involvement / consultation; - Staff training requirements; - Funding, monitoring and ongoing costs; - Ongoing IT support and maintenance arrangements; - Documentation of outcomes and benefits, linking into patient experience; and - Lessons learned. b) The ICT governance process and above guidance should be published on the health board's intranet site to ensure service areas can find this information easily.	The recommendation will be actioned as part of the process of establishing the newly formed Digital Governance Board. Appropriate communication will be made to ensure that staff are clear on the process and route to access (clarity re process, governance and decision making). This will then be available on the Health Board Intranet site.	Sep-21	Dec-22	Deadline Revised		Partially complete	A Digital Governance process was established in April 2021, and has now been effective for 6 months with KPI reporting into the Digital Transformation Board. A paper for Execs on the process has been submitted to DoF and communications to staff and the process to be available on the Intranet by Dec 2021					2		Nov-21		

Party Stella
01/14/2022 12:32:42

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212202	Control of Contractors	Limited	Director of Environment	Associate Director of Estates & Property	R6	The THB should apply their existing procedures to demonstrate compliance with HSE guidance in the following areas: a) Apply a consistent methodology for the monitoring of contractor working practices on site as defined in the Control of Contractors policy, and through retrospective compliance auditing, i.e. a percentage of jobs to be checked, the process for documentation of checks undertaken / observations made and recording of any follow up actions completed; b) Introduction of a formal contractor performance review, i.e. Key Performance Indicators to assess overall performance and assist future decision making; and c) Periodic reporting of the above to the relevant Executive / Committee.	a. Real time monitoring of Contractor performance in Powys is a logistical challenge. Audit and monitoring by definition, would not occur in 100% of cases. Audit identified checks being undertaken on 15% of jobs which exceeds what would be considered as industry good practice at circa 5%. We will apply the 5% rule going forward. b. The new contracts being let on 3-5 year basis have KPI monitoring and annual reviews as a core requirement in relation to performance assessment. c. Reporting of Contractor performance for Estates is reported via the Estates Compliance Group by exception with the group chaired by an Executive Director. Any matters of note or concern are escalated to the Innovative Environments Group which is chaired by CEO – any further escalations would be dictated by the group as required.	Sep-21		Overdue		Partially complete		a. Monitoring sheet in place and 5% check implemented on Estates jobs - COMPLETE b. KPI's written into 3-5 year maintenance contracts including any future contracts. COMPLETE c. Report to be taken to 15 Feb 2022 IEG meeting ONGOING		Monitoring being undertaken.	15-Feb-22		2	1462	Nov-21	
212203	Medical Equipment and Devices	Reasonable	Director of Therapies and Health Sciences	Governance Leads	R3	All staff should be reminded of the requirement to ensure indemnity forms signed by the patient are completed for all items loaned to patients.	All patients will be asked to complete indemnity forms when receiving equipment from the health board. Continuous assurance will be obtained through service governance leads in the form of self-audits. Governance leads will provide assurance to the Medical Devices Group through "At a Glance Reports."	Nov-21	Feb-22	Deadline Revised		Partially complete	Meeting held with Governance Leads and Medical Device & Point of Care Testing Manager 06/12/21. Example of Idemnity Form shared with Governance Leads who will be undertaking focused work with services to ensure all areas use the indemnity forms and track medical devices loaned to patients accordingly.	Limited resources to undertake audits to gain assurance that all services are compliant.	Regular monitoring and reporting into Medical Devices Group.	Review of compliance to be undertaken at next Medical Devices Group in January 2022.		0	#NUM!	Nov-21		

Perly, Stella
01/14/2022 12:32:42

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192019	Machynlleth Hospital Primary & Community Care Project	Reasonable	Director of Environment	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 resubmission.	Sep-20	Nov-21	Complete	3	Complete		Lessons learnt framework completed and presented at Innovative Environment Group (IEG) 25 November 2021 following Llandrindod approved format.	Delayed due to covid	Lessons learnt have been implemented in real time through continual improvement	Nov-21	Yes	14	0	Nov-21	
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 rollout to individuals of the health board in line with the training programme timetable proposed in the RMF. Ensure training materials are available on the intranet.	Agreed.	Sep-20	Nov-21	Complete	2	Complete							14	0	Nov-21	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 Committee Risk Registers so that they incorporate directorate level risks, where applicable, in due course.	Agreed.	Dec-20	Dec-21	Complete	2	Complete							11	#NUM!	Nov-21	26/09/2020
202103	Health and Safety Follow-up	Reasonable	Director of Environment	Assistant Director of Organisational Development & Assistant Director of Facilities and Support Services	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 guidance documents should be communicated to relevant staff, particularly those with management	• 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 managers and upload to intranet. • Undertake benchmarking against other health boards and carry out gap analysis of current policies that should be managed by Health & Safety. • Drafting and consultation of new policies following gap analysis. • Signing off of new policies following gap analysis. • Communicate reviewed policies to managers and upload to intranet.	Mar-21	Jun-21	Complete	2	Complete		All supporting Health & Safety policies outstanding have been reviewed and approved by Directors. These are now live on the intranet. PTHB Health & Safety policy revised and approved at Board on 25th November 2021. Management of Contractors policy approved September 2021. First Aid at Work Policy approved August 2021. Security Measures Policy approved November 2021. Revised Policies include implementation plan. PTHB Health & Safety Policy approved by Board Nov 2021. Publication and dissemination due January 2022 further to	Complete	Policies were extant whilst being reviewed.	Complete	Health & Safety	8	5	Nov-21	
202103	Health and Safety Follow-up	Reasonable	Director of Environment	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 2021 (pending COVID19 situation).	Oct-21		Complete	3	Complete		Training programme has resumed as required by the recommendation.	Training programme has resumed as required by the recommendation.	Recommendation implemented.	Yes.	1	1462	Nov-21		

Perly Stella
01/14/2022 12:32:42

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202103	Health and Safety Follow-up	Reasonable	Director of Environment		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 should attend in their place. If a member continually fails to attend then an alternative representative should be identified. The health board should continue to review the effectiveness of the revised reporting structures to manage health and safety arrangements, including the coordination of oversight and assurance reporting across each of the subject matter areas. 	<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 monitored. The reporting structures that manage health and safety arrangements will be reviewed. 	Sep-21		Complete	2	Complete		<p>Health & Safety Group Terms of Reference reviewed by the Group in August 2021 and approved by the Board in November 2021.</p> <p>Revisions to Terms of Reference incorporate Internal Audit recommendations.</p> <p>Revised Health & Safety Policy addresses reporting structures, coordination and accountabilities throughout the organisation. Approved by Board in November 2021.</p> <p>H&S Group terms of reference incorporated into revised PTHB Health and Safety Policy. Approved by Board November 2021.</p>	<p>Review of Health & Safety Group Terms of reference reviewed and approved as required by the recommendation. Membership has been revised and ToR updated to require members to send a deputy where necessary. Attendance will be monitored and reported to the Chair of the Health & Safety Group.</p>	<p>Recommendation implemented</p>	<p>Health & Safety Policy revised and approved by Board November 2021.</p>	Yes	2	1462	Nov-21	
202106	Capital Systems	Substantial	Director of Environment	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	Nov-21	Complete		Complete		<p>Minor amendment to Capital procedures to clarify the purpose of the change control process. Amendments have been circulated to Capital Control Group in order to gain offline approval. Also presented at Innovative Environments Group 25 Nov 21 and noted agreement</p>	<p>Delays due to COVID</p>	<p>Updated procedures only to clarify existing process</p>		Yes	5	0	Nov-21	
212202	Control of Contractors	Limited	Director of Environment	Associate Director of Estates & Property	R3	<p>The approach to monitoring "low risk" contractors should be reviewed to ensure periodic checks are still undertaken in the following areas:</p> <ul style="list-style-type: none"> Evidencing of worker competencies (as appropriate to the nature of work being undertaken); Application of the induction process; and Use of the Contractor Job Form to record checks undertaken (should a specific check not be considered necessary (e.g. at low risk jobs), the form should be annotated accordingly). 	<p>Worker Competencies: these are checked in relation to high-risk activities and as directed by WHTMs for gas, electrical, medical gas, asbestos, etc. and in these instances, the competencies are assessed and recorded on an individual operative basis.</p> <p>There is no acknowledged formal competency for basic trades / low risk activity involving flooring, roofing, etc. Inductions were undertaken on 15 of the 16 jobs checked.</p>	Oct-21		Complete		Complete		<p>Worker competencies checked in accordance with HTMs. Induction process being undertaken. Contractor Job Forms are being undertaken.</p>		<p>Worker competencies for high risk activities are checked. Induction process is applied. Contractor Job Form being completed.</p>		yes	1	1462	Nov-21	
212202	Control of Contractors	Limited	Director of Environment	Associate Director of Estates & Property	R4	<p>a. Management should review the controls applied to the 'estates' jobs managed by the Capital Team, and ensure best practice applied in the Estates team, including use of standard processes and proformas, is applied consistently across both teams for comparable / applicable works, to ensure compliance with HSE requirements.</p> <p>b. Job-related documentation such as RAMS, communication with contractors etc. should be filed centrally in accessible folders.</p>	<p>4.1a Agreed. This audit was focussed on Estates activity and we acknowledge that a member of our Capital team did support some emergency/urgent works in relation to roof repairs and fire doors (team member's area of expertise) but did not follow the 'Estates' processes. Further training has been given for these occasional cross-over activities and it is the case that an incident could have arisen which would not have had the full and appropriate paper trail, albeit the contractors were familiar to the Capital team member and their health and safety competency was historically good. The acknowledgement of the robust nature of the core Estates team application of the appropriate checks, in all instances, is noted.</p> <p>Regarding Permits to Work; these are necessary and are enacted for designated high risk activities such as work on electrical switchgear, accessing medical gas pipelines, etc. There is no formal requirement for Working at Height permits, for instance, and these have been implemented, where possible, as a good practice measure. The risks are formally addressed in the RAMS in all cases and in a geographical footprint covering 25% of Wales and with a limited workforce, this good practice measure is not possible to apply in all instances. In light of the audit finding, we will review the approach to</p>	Sep-21		Complete		Complete		<p>a. Capital team have now received training on the Estates control of contractors system COMPLETE. b. Documentation is filed - COMPLETE</p>		<p>Capital team have been trained in the use of the Estates process</p>		yes	2	1462	Nov-21	

Party Stella
01/14/2022 12:37:42

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212202	Control of Contractors	Limited	Director of Environment	Associate Director of Estates & Property	R5	1. Recognising the THB's current review of local site management responsibilities (in response to the 2020/21 Fire Safety audit), site access controls should be considered in tandem: to ensure all contractors sign in and out, in compliance with HSE requirements. 2. A written record should be maintained of the issue / return of visitor passes to contractors.	5.1 Agreed. The testing period was largely during COVID-19 when alternative measures were put in place which were considered pragmatic and appropriate in the circumstances. In a business as usual situation, with a significantly geographically spread estate and with Estates presence on only limited sites, the signing in and out process will need local involvement and buy-in. Signing-in protocols at all Reception areas has been reinstated. 5.2 As above, with local management of passes.	Nov-21		Complete		Complete		Site Access controls in terms of signing in/out are in place with written records being maintained.		review of the access arrangements being enacted in Q1 as extra level of resilience.		yes	0	1462	Nov-21	
212202	Control of Contractors	Limited	Director of Environment	Associate Director of Estates & Property	R7	All contractor-related incidents / accidents should be recorded on Datix, and appropriately coded to facilitate management review / reporting.	Very little data on Datix systems reflects the status of incidents related to Estates contractor activity, with the incident we were aware of recorded appropriately on the system. We recognise the importance of formal incident recording on Datix / Once for Wales.	Nov-21		Complete		Complete		Incidents are recorded on Once for Wales / Datix.				yes	0	1462	Nov-21	

Perly Stella
01/14/2022 12:32:42

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202109	IM&T Control and Risk Assessment	Not Rated	Director of Finance, Information and IT	Assistant Director Digital Transformation & Informatics	R7	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.	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.	Apr-22		Not yet due		No progress						#NUM!		Nov-21		
202109	IM&T Control and Risk Assessment	Not Rated	Director of Finance, Information and IT	Assistant Director Digital Transformation & Informatics	R10	A suite of cyber security KPIs should be developed in order to show the status of cyber security and the progress of the team in managing issues.	Appropriate KPI's are included as part of the work to review the current S33 and is ongoing to ensure that appropriate.	Dec-21		Not yet due		No progress						#NUM!		Nov-21		
202109	IM&T Control and Risk Assessment	Not Rated	Director of Finance, Information and IT	Assistant Director Digital Transformation & Informatics	R11	The health board should encourage appropriate groups of staff to complete the all wales NHS cyber training.	This is available on ESR and all staff encouraged to complete, we will continue to explore if this can be made mandatory.	Dec-21		Not yet due		No progress						#NUM!		Nov-21		
202109	IM&T Control and Risk Assessment	Not Rated	Director of Finance, Information and IT	Assistant Director Digital Transformation & Informatics	R12	Critical assets should be identified and be subject to enhanced monitoring an assessment for risk / replacement.	Action to completed with PCC partners as part of S33 arrangements.	Dec-21		Not yet due		No progress						#NUM!		Nov-21		
202109	IM&T Control and Risk Assessment	Not Rated	Director of Finance, Information and IT	Assistant Director Digital Transformation & Informatics	R13	In order to ensure best value approach, differing continuity options should be defined and the differing options to deliver this assessed/ costed.	The current procedures and process will be reviewed with PCC partners to ensure up to date and different options identified if available.	Apr-22		Not yet due		No progress						#NUM!		Nov-21		
202114	Implementation of digital solutions	Reasonable	Director of Finance, Information and IT	Assistant Director Digital Transformation and Informatics	R2	a) The Digital Transformation Sub-Committee should be established and include oversight and monitoring of digital solutions implemented throughout the health board. b) Work to establish links and processes with the Innovation and Improvement Hub should be progressed to ensure opportunities for learning lessons from existing solutions and suitability of these are maximised across the health board.	a) Noted and agreed – Action already in place to establish the Digital Transformation Sub-Committee known as the 'Digital Governance Board' which reports into the Digital Transformation Board This group monitors and has oversight of all digital solutions to be implemented in the Health Board. b) Noted and agreed – Action already underway to ensure clear and easily understood alignment between the Innovation and Improvement hub and the Digital Transformation Board, this is in progress to ensure actions align and any learning is maximised across the Health Board.	Dec-21		Not yet due		No progress						#NUM!		Nov-21		
202115	Winter pressures and flow management	Reasonable	Director of Planning and Performance	Senior Manager Unscheduled Care	R2	2.1 The health board should ensure the update to discharge policies and procedures is undertaken promptly upon confirmation from Welsh Government. 2.2 The health board should engage relevant staff in the update to ensure the documents are easily understandable (using flow charts and diagrams where appropriate). 2.3 The content of this audit report should be considered as part of the update process.	2.1 Agree – cannot action until further consultation. Recent engagement with DU has suggested DTOC will return by end of year. If this is the case policies and procedures will need recommending & revision if required. 2.2 Flow charts & diagrams of discharge requirements circulated to staff, placed in shared access folders and discussed in team meeting. Will be a standard agenda for assurance of understanding & interpretation by staff. 2.3 The update of any policies will be in line with Welsh Government direction on DTOC and discharge planning, so we are working within national guidelines.	Mar-22		Not yet due		Partially complete				Yes via meeting minutes & action logs	#NUM!		Nov-21			
202115	Winter pressures and flow management	Reasonable	Director of Planning and Performance	Senior Manager Unscheduled Care	R3	3.1 As part of formalising the PFCU business cycles (see MA1), the health board should consider the key performance metrics for patient flow performance (including delayed transfers of care) to be used for reporting at each level within the health board and how frequently these should be reported. 3.2 The health board could refer to the 2017 Audit Wales report (Discharge Planning, Powys Teaching Health Board) in identifying metrics, recognising some of the metrics in that report are only relevant for acute care.	3.1 KPI's and pathways are in situ but "paused" whilst DTOC reporting was stepped down. When recommenced a review of pathways will be held to ensure they are in line with any revised guidelines. KPI's for delays & repatriation times will be developed once the technology supports this – incoming with electronic flow system. 3.2 The HB will focus on national guidelines for step down & step up beds as a mechanism to support the identification and development of metrics - currently working with Hywel Dda University Health Board & the NHS Wales Delivery Unit to establish a cross agency recording system which will lead to a shared data set. Metrics for discharge pathways is already established.	May-22		Not yet due		Partially complete				Still awaiting direction from WG, which is expected November 2021. Still awaiting direction from WG, which is expected November 2021. Ongoing work with the delivery unit in regards to newly revised DTOC system which is anticipated for release by November. Will implement guidelines & establish pathways as required. Policies will be updated when guidelines released to be in line with national requirements.	#NUM!		Nov-21			

Party Stella
01/14/2022 12:32:42

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202115	Winter pressures and flow management	Reasonable	Director of Planning and Performance	Senior Manager Unscheduled Care	R5	Given the impact of the Covid-19 pandemic and the ongoing development of patient flow initiatives, the health board should consider undertaking a formal demand and capacity review for staff resource for patient flow.	Seven-day working was stood up during the pandemic where a demand & capacity review was completed for weekend working. As a result, the HB established no demand for seven day working but has a plan to flip if required to seven days. Outside of this flow is managed & workload of CTC's is manageable There is sufficient evidence to support this (i.e. staff within working hours, flow adequate & ability to flex within teams). The HB will consider a demand & capacity review in its longer-term plan.	Jul-22		Not yet due		No progress						#NUM!		Nov-21		
212201	Access to Systems	Reasonable	Director of Finance, Information and IT	Digital Project Manager	R2	Staff should be reminded to provide accurate information for staff who move roles. Consideration should be given to replacing the paper forms with electronic and removing the free text option to ensure that moves are properly reported.	We are working on using Power Automate and E-Forms. There is a change to be made within DHCW which has been logged for the use of power automate, once the change is made we will look to introduce a process which provides more specific information in more appropriate timeframe.	Mar-22		Not yet due		No progress						#NUM!	1462	Nov-21		
212201	Access to Systems	Reasonable	Director of Finance, Information and IT	Digital Project Manager	R3	The setup of users should transition into normal practice and transfer from the PCC project team to the PCC service desk to action requests.	This is a work task within the Digital Project plan to complete the hand over.	Mar-22		Not yet due		No progress						#NUM!	1462	Nov-21		
212203	Medical Equipment and Devices	Reasonable	Director of Therapies and Health Sciences	Medical Device & POCT Manager	R1	1. A process should be developed to ensure that the Preferred Equipment list is maintained and kept up to date by adding and removing items as necessary. 2. The EDOF form should include a field to confirm that NWSSP have been involved in the purchase, or an explanation as to why not. 3. The Medical Devices team should ensure that all EDOF's are fully completed prior to processing.	1. Management will ensure a review of the purpose of the Preferred Equipment List is undertaken. How it is maintained and kept current will be part of this review. Both Procurement and Finance support will be required for this review. 2. There is currently a section within the EDOF stating NWSSP Procurement must be involved. However, management will ensure this is strengthened by adding a specific field to confirm that NWSSP have been involved in the purchase, or an explanation as to why not. 3. Management will ensure all EDOF's not fully completed will be returned to the requesting service for completion.	Nov-22		Not yet due		No progress						#NUM!	1462	Nov-21		
212203	Medical Equipment and Devices	Reasonable	Director of Therapies and Health Sciences	Medical Device & POCT Manager	R2	Management should consider alternative methods of populating the e-Quip system in addition to the current process of requesting information from ward or departmental staff. These could include: • Using item data from maintenance schedules to populate the e-Quip system, then forwarding e-Quip Inventory records to each site for verification. • Nominated e-Quip 'champions' at each site with access to input data directly to the e-Quip system; • Undertaking site visits; • Sending out e-Quip inventory reports to each site on a half yearly basis for updating; and • Identify additional staff resources on a temporary basis to help populate the e-Quip system.	e-Quip implementation timeframes have been extended to December 2021, from September 2021. Action has been taken in the form of escalation to ensure services engage in the implementation, which is essential to meet the desired outcome. Challenges in terms of capacity are being met but additional resource options are being explored in the form of temporary bank support, student roles and any areas with spare capacity. Should any of these options become available the implementation will gather pace.	Dec-21		Not yet due		No progress						#NUM!	1462	Nov-21		
212203	Medical Equipment and Devices	Reasonable	Director of Therapies and Health Sciences	Ward Manager – Graham Davies Ward / Governance Lead / Department Leads / Medical Device & POCT Manager	R4	1. Management at the Llanidloes Hospital should be asked to review their storage areas within the Graham Davies Ward at Llanidloes Hospital with a view to providing a single, secure storage facility for medical devices and equipment. 2. A general reminder should be issued to all sites within the Health Board of the requirement to ensure that all medical devices and equipment are stored in a safe, secure location when not in use.	1. Storage will be reviewed at Graham Davies Ward and all options explored. Feedback back on this review will be provided through Medical Device Group "At A Glance Report." 2. A Storage Audit Tool has been in use and was developed with input from Internal Audit following the previous audit. The tool was previously used by Medical Devices Team to audit several sites and services across the health board, this highlighted some areas of good practice but also some areas in need of improvement. Service Leads were notified immediately of any areas of concern in the form of photographs and audit reports. This learning was also shared wider across the health board through various forums, for example, the Medical Devices Group and Capital Control Group. The tool has now been transferred into the format of Microsoft Forms and is embedded within the recently reviewed Policy. The Policy states service leads should be undertaking 6 monthly self-audits. Governance arrangements for this process will be the responsibility of the service group governance leads.	Mar-22		Not yet due		No progress						#NUM!	1462	Nov-21		

Party Stella
01/14/2022 12:32:42

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212203	Medical Equipment and Devices	Reasonable	Director of Therapies and Health Sciences	Head of Clinical Education / Medical Device & POCT Manager	R5	1. The Local Responsible Officers at each ward / department should ensure that all training received by staff in respect of medical devices and equipment is recorded in ESR. 2. The manufacturer's instructions for all medical devices and equipment should be scanned and stored together electronically in accordance with the requirements of the Policy for the Management of Medical Devices and Equipment. This may be achieved by developing a central repository for manufacturer's instructions that is accessed via the Medical Devices pages of the intranet, rather than being done by individual wards and departments.	1. Management is committed to making improvements in the recording of medical device and POCT training, for both new devices and refresher. A small group has been set up to progress medical devices and POCT training which includes robust record keeping via ESR. An initial meeting of the group is scheduled for 8th November, this was delayed at the request of Clinical Education as waiting for new members of the team to commence into post. The aim of the group will be to pilot a process for a small number of devices. Once this is in the place, the same process will be rolled out for all devices and all staff groups. 2. Management will ensure manufacturer's instructions are stored digitally via the Medical Devices Intranet page where applicable. Capacity to undertake this task is limited. Responsibility for this role and timeframe for completion to be identified.	Mar-22		Not yet due		No progress						#NUM!	1462	Nov-21		
212203	Medical Equipment and Devices	Reasonable	Director of Therapies and Health Sciences	Medical Device & POCT Manager	R6	The Health Board should introduce suitable monitoring arrangements for all contracts associated with the provision and maintenance of medical devices and equipment. This should include the development of key performance indicators (kpi's) and targets for each contract. These could for example include: • Actual expenditure against expected expenditure / annual contract value • The number / percentage of medical devices and equipment serviced each month / quarter (PPM Contracts) • Quality - the number of staff and patient complaints received, number resolved / unresolved, time taken to resolve • Call out response times (for responsive, unplanned maintenance) Performance should preferably be monitored on a regular basis and reported to the Medical Devices Group.	Management will ensure contract meetings are resurrected and KPI's developed and monitored as per contractual arrangements, although capacity does limit this area. The renewal of the main maintenance contract (due 1st April 2022) provides an opportunity to significantly strengthen this area. Standing agenda item will be added to the Medical Devices Group to review contract monitoring and KPI's.	Apr-22		Not yet due		No progress						#NUM!	1462	Nov-21		
212203	Medical Equipment and Devices	Reasonable	Director of Therapies and Health Sciences	Governance Leads / Medical Device & POCT Manager	R7	1. Staff and independent contractors across the HB responsible for undertaking POCT should be reminded to ensure that all Internal Quality Control (IQC) checks and External Quality Assessments (EQA's) are recorded in accordance with the requirements of the Management of Point of Care Testing Policy. 2. Staff and independent contractors across the HB responsible for the management of medical devices and equipment and undertaking POCT should be reminded of the requirement to periodically complete the Medical Devices Audit Form, in accordance with the Management of Point of Care Testing Policy and the Management of Medical Devices and Equipment Policy. The Management of POCT policy should be updated to include an indicative timescale for undertaking self-audits and completing the Medical Devices Audit Form. A link to the Medical Devices Audit Form should also be added to the Management of Medical Devices and Equipment Policy. 3. A Standard Operating Procedure (SOP) should be drawn up for all medical devices and equipment used in POCT, in accordance with the Management of Point of Care Testing Policy.	1. Actions and improvements will be made through the POCT Group. Processes will be implemented for monitoring compliance and will be developed through the POCT Group in collaboration with service group Governance Leads. 2. The Management of POCT policy will be updated to include an indicative timescale for undertaking self-audits and completing the Medical Devices Audit Form. A link to the Medical Devices Audit Form is already included in the Management of Medical Devices and Equipment Policy. Will be raised through POCT Group in relation compliance with policy. 3. All new POCT devices will have SOP's in place prior to implementation. The management, in conjunction with Governance Leads, will ensure all current Point of Care Testing Devices have SOP's in place and that they are regularly reviewed and updated accordingly. This work will be implemented through the POCT group.	Dec-22		Not yet due		No progress						#NUM!	1462	Nov-21		

Patrycja Stella
01/14/2022 12:32:42

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212204	Midwifery – Safeguarding Supervision	Reasonable	Director of Nursing & Midwifery	Head of Midwifery and Sexual Health / Named Midwife for Safeguarding supervision / Assistant Director for Women and Children's services	R1	1. Management should ensure that staff are reminded of their responsibility to attend a Safeguarding Supervision Session every three months. 2. Management should also ensure that the Work Plan drawn up to improve compliance is effectively implemented.	1a. Head of Midwifery to highlight to all Midwives at all Powys Midwifery meeting on their responsibility to attend Safeguarding Supervision every three months 1b. Head of Midwifery will be reviewing compliance through weekly Bronze meetings with Band 7 Midwives 1c. Requirements to attend Safeguarding supervision and available dates for Q3 are highlighted through the Midwifery Weekly brief that is shared to all Powys Midwives 2a. Safeguarding supervision compliance will be monitored through monthly Midwifery Management and Leadership Governance meeting and has been included into the Women and Children's Senior Leadership Performance Dashboard 2b. Women and Children's Safeguarding Work plan to be reviewed and updated to ensure improvements with compliance is effectively implemented	Dec-21		Not yet due		No progress							#NUM!	1462	Nov-21	

Perly, Stella
01/14/2022 12:32:42

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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	Overdue	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	25	8	
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	Dec-21	Deadline Revised	2	Partially complete		Review and implementation of arrangements for the development, review, approval and publication of policies delegated by the Board has been built into the Annual Governance Programme 2021-22	COVID-19 work has taken priority	Corporate Governance Manager undertaking reviews of policy management	31-Dec-21	25	#NUM!	
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	Overdue	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	29	8	
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 could apply for all or sections of staff at higher risk of fraud that can be explored to supplement the established programme of awareness work undertaken by the Health Board's Counter Fraud Team.	Mar-21	Mar-22	Deadline Revised		Partially complete		12/4/21 The Counter Fraud Team now have a presence as part of the Health Board's Mandatory Induction Programme to deliver counter fraud awareness sessions. Delivery of training to groups of staff at higher risk of exposure to fraud has been delivered or in the process of being arranged. Formalisation of future mandatory training for these key staff groups will be explored.	Congested mandatory and statutory learning schedule for staff may be barrier to full implementation for all staff.	Training has been or will be delivered to staff at higher risks of exposure to fraud.	Formalisation of Mandatory training for staff at higher risk of exposure to fraud will be explored in 2021/22.			
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 further training on the process and offering further support to any user who has further issues with the process.	Dec-20	Oct-21	Overdue		Partially complete		12/04/21 This work has been delayed due to covid - however part of oracle upgrade due in July 2021 a training programme will be developed for users which will should help to mitigate some of these errors. 05/08/21 the oracle upgrade has been delayed on a national basis until October 2021 but on line 'video's will be available to support staff on this process before the upgrade is undertaken.		Linked to Oracle Upgrade and the training programme due to be launched along side this.	Yes			

Patrycja Stella
01/14/2022 12:32:42

Reporting Date	Date Added to Tracker
Nov-21	

Perry, Stella
01/14/2022 12:32:42

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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.	<ul style="list-style-type: none"> Linked 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. 	Mar-22		Not yet due	2	No progress								
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 six formal concerns about commissioned services in quarter one. Work is ongoing to improve effective management of concerns as the Health Board has found it difficult to meet the target of responding to 75% of formal concerns within 30 working days.	<ul style="list-style-type: none"> 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. 	Mar-22		Not yet due		Partially complete	Paper to Clinical QG Group and EQS next week, shows progress in some areas, and other areas affected by COVID-19. CQFIP up to 2022.	Paper to Exec Committee identifies enablers and barriers - Jan / Feb 2021.	Implementation overseen by QGG and EQS.					
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.	<ul style="list-style-type: none"> Improvements to be taken forward in-line with the Clinical Quality Framework Implementation Plan, approved by Experience, Quality & Safety Committee. 	Mar-22		Not yet due		Partially complete								
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.	<ul style="list-style-type: none"> 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. 	Mar-22		Not yet due	3	Partially complete	The patient experience group continued to meet during the pandemic and patient experience has been routinely collected throughout as reported on in the annual patient experience report. A Task and finish group has been set up to write a new framework, the group is now established, the TOR have been refreshed and a mapping exercise has been arranged. The work is back on target A business case is being written for access to the new All Wales Patient Experience IT system.	There are no dedicated staff to work on patient experience, it relies on the capacity of operational teams and the Quality Team. We have poor IT systems to collect patient experience, making it a paper heavy and time consuming task.	on track	Mar-22				

Perly, Stella
01/14/2022 12:32:42

Reporting Date	Date Added to Tracker
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Perry, Stella
01/14/2022 12:32:42

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212281	Overpayments	Director of Finance, Information and IT		R1	The most common reason for overpayments was down to when a manager or supervisor submits a form when a change or termination takes place. There was a very vast time difference across the cases, ranging from a couple of weeks in advance, to 9 weeks after termination. When an online ESR form is completed it is tasked to an "approver" in the chain of command. If that approver doesn't action it within one week, it automatically escalates to the next in the chain of command and so on. This takes place all the way up to the Chief executive and the chair. While there is guidance on the intranet around the payroll timetable, the initial action of completing the information on ESR is down to the manager. Training should be provided to all managers on how to deal with a leaver/changes form, and when they should be submitted ie. When a colleague gives their notice/requests a change of hours/commences or resumes from sick leave, the paperwork should be completed and submitted there and then, and before the next payroll cut-off date in all cases.	Mar-22		Not yet due		No progress						#NUM!	1462	Nov-21		
212281	Overpayments	Director of Finance, Information and IT		R2	The debtors procedure policy states that after 3 months the matter should be referred to a debt collection agency to assist with recovery, however in a number of the cases reviewed, it took longer than 3 months for action to be instigated when the debtor had notified PTHB of an error. For existing employees consideration should be given to revision of the policy to recover overpaid amounts automatically over the same time frame as overpayment initially occurred this is in line with the approach taken in other NHS Wales Health Boards and ensures the swift recovery of overpaid amounts.	Mar-22		Not yet due		No progress					#NUM!	1462	Nov-21			
212281	Overpayments	Director of Finance, Information and IT		R3	The Counter Fraud Team should be referred cases where there is potential for fraud or theft to have occurred. Previously issued guidance by the CFS Wales Team outlines that case of overpayment of salary where that overpayment has occurred for 3 months or more should be referred to their financial investigators for consideration without contact to the individual. This should be used a referral point to the Counter Fraud Team to allow that onward referral and protect the integrity of potential cases.	Mar-22		Not yet due		No progress					#NUM!	1462	Nov-21			

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Powys Teaching Health Board

Internal Audit Progress Report

Audit, Risk & Assurance Committee January
2022

NWSSP Audit and Assurance Services



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Contents

<i>1.Introduction</i>	<i>3</i>
<i>2.Outcomes from Completed Audit Reviews</i>	<i>3</i>
<i>3.Delivery of the 2021/22 Internal Audit Plan</i>	<i>3</i>
<i>4.Development of the 2022/23 Internal Audit Plan</i>	<i>5</i>
<i>5.Engagement</i>	<i>5</i>
<i>6.Recommendation</i>	<i>5</i>

Appendix A	Assignment Status Schedule
Appendix B	Key Performance Indicators
Appendix C	Assurance Ratings

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1. Introduction

This progress report provides the Audit, Risk & Assurance Committee with the current position regarding the work to be undertaken by the Audit & Assurance Service as part of the delivery of the approved 2021/22 Internal Audit plan.

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

The plan for 2021/22 was agreed by the Audit Risk & Assurance Committee in April 2021 and is delivered as part of the arrangements established for the NHS Wales Shared Service Partnership - Audit and Assurance Services.

2. Outcomes from Completed Audit Reviews

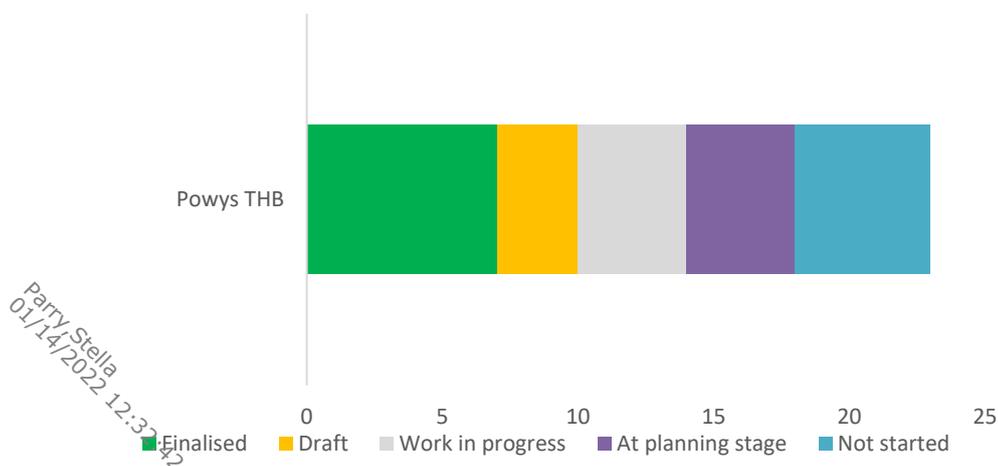
Since the November 21 meeting of the Committee, three reviews have been finalised. Details of these are included in the table below along with the allocated assurance ratings.

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

FINALISED AUDIT REPORTS	ASSURANCE RATING	
COVID Recovery and Rehabilitation Service	Substantial	
Theatres Utilisation	Reasonable	
Dementia Services – Dementia Home Treatment Teams		

3. Delivery of the 2021/22 Internal Audit Plan

There are a total of 23 reviews included within the 2021/22 Internal Audit Plan, and overall progress to date is summarised below.



From the graph above, it can be seen that seven audits have been finalised so far this year with another three at the draft report stage.

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

At the meeting in November 21, the Committee formally agreed the re-scheduling of a number of lower risk / less critical audits to the end of the 2021/22 plan, with the possibility that they could then be removed / deferred into the 22/23 plan if required. This was a result of delays in progressing delivery of the plan due to the pressures being faced by the Health Board and some resourcing issues within the Internal Audit team. It was agreed that the situation would continue to be monitored and the Committee updated accordingly.

Due to the ongoing pressures being faced by the Health Board, it is now anticipated that some of the identified audits will not be deliverable as part of the current plan and will therefore need to be removed and considered for deferral into the 2022/23 plan.

The position for each of the individual audits will be discussed and agreed with the lead Executives over the coming weeks and the overall proposals for removal / deferral will then be agreed with the Interim Board Secretary and Chief Executive. The updated position and proposals will then be reported to the Committee in March for formal approval.

As a reminder, the audits previously identified are as follows:

Audits Identified	Rational for rescheduling
Cancer Services	The Medical Director confirmed that the Mortality Reviews audit is the current priority. Cancer Services is viewed as a lower priority given the ongoing service changes and the fact that key issues are already known by the Health Board.
Looked After Children with Mental Ill Health	The Director of Nursing & Midwifery confirmed that the Concerns Tracking / Monitoring audit is the current priority. The Looked After Children audit would still be beneficial but would be appropriate to postpone.
Performance Management & Reporting	Ongoing update and implementation of the Health Board's performance reporting framework and the recent appointment of the new Assistant Director of Performance. Rescheduling would allow further time for the Framework to bed in before being audited.
North Powys Well-being Programme	The programme has already been subject to a number of recent reviews which will provide assurance to the Health Board. These include a Programme Assessment review by Welsh Government and a Finance audit by the Council.

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

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

4. Development of the 2022/23 Internal Audit Plan

Meetings have been arranged with the Health Board's Executive Directors during January to discuss potential areas for inclusion within the 2022/23 Internal Audit Plan.

We will then discuss an initial draft plan with the Interim Board Secretary, Chief Executive, Executive Team and Independent Members before submitting for Audit Committee approval at the March 2022 meeting.

5. Engagement

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

Board / Sub Committees

- Patient Experience, Quality & Safety Committee – 01 December
- Board – 24 November

Health Board Meetings

- Jamie Marchant, Director of Primary Community & Mental Health - 22 November
- Sarah Powell, Asst Director of Workforce & OD – 02 December
- Wendy Morgan, Asst Director Quality & Safety – 13 December
- Kate Wright, Medical Director – 14 December
- James Quance, Interim Board Secretary – 10 January

6. Recommendation

The Audit, Risk and Assurance Committee is asked to:

- Note the outcomes from the finalised 21/22 audits; and
- Note the progress with delivery of the 21/22 plan.

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ASSIGNMENT STATUS SCHEDULE

Planned output	Outline Timing	Start of Field work	End of Field work	Draft Report Issued	Management Response Received	Final Report Issued	Assurance Rating	Planned Audit Committee	Status
Access to Systems	Q1	07/06	16/07	21/07	19/08	19/08	Reasonable	September	Final
Estates Assurance – Control of Contractors	Q2	05/07	05/08	12/08	20/10	21/10	Limited	November	Final
Midwifery – Safeguarding Supervision	Q2	21/07	18/10	27/10	04/11	05/11	Reasonable	November	Final
Medical Equipment & Devices	Q2	15/07	12/10	19/10	28/10	29/10	Reasonable	November	Final
Theatres Utilisation	Q2	13/07	03/11	21/12	04/01	04/01	Reasonable	November	Final
Covid Recovery and Rehabilitation Service	Q2 Q3	04/10	15/12	17/12	07/01	10/01	Substantial	January	Final
Dementia Service	Q2	23/08	29/11	09/12			Reasonable	January	Final
Machynlleth (Bro Ddyfi Hospital)	Q2	27/09	22/11	23/11			Limited	January	Draft
Estates Assurance – Waste Management	Q4	15/11	16/12	17/12			Reasonable	March	Draft
Job Matching & Evaluation Process	Q3	03/11	05/01				Reasonable	January	Draft
Breath Well Programme	Q3							January	Planning
Occupational Health	Q3							January	Work in Progress
Mortality Reviews	Q2 Q4							March	Work in Progress
Financial Savings & Budgetary Control	Q4							March	Work in Progress

Planned output	Outline Timing	Start of Field work	End of Field work	Draft Report Issued	Management Response Received	Final Report Issued	Assurance Rating	Planned Audit Committee	Status
Concerns Tracking/Monitoring Assurance	Q4							March	Work in Progress
Network and Information Systems (NIS) Directive	Q4							March	Brief agreed
Risk Management & Assurance	Q4							June	Planning
Site Management (Advisory)	Q4							June	Planning
Cancer Services	Q4							June	
Performance Management & Reporting	Q4							June	
North Powys Well-being Programme	Q3 Q4							June	
Looked after children with mental ill health	Q3 Q4							June	
Follow-up Action Tracker	Q4							March	

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Key Performance Indicators

Indicator	Status	Actual	Target	Red	Amber	Green
Report turnaround: time from fieldwork completion to draft reporting [10 days]		100% 10 out of 10	80%	v > 20%	10% < v < 20%	v < 10%
Report turnaround: time taken for management response to draft report [15 days]		43% 3 out of 7	80%	v > 20%	10% < v < 20%	v < 10%
Report turnaround: time from management response to issue of final report [10 days]		100% 7 out of 7	80%	v > 20%	10% < v < 20%	v < 10%

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Assurance Ratings



Substantial assurance

Few matters require attention and are compliance or advisory in nature.

Low impact on residual risk exposure.



Reasonable assurance

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.



Limited assurance

More significant matters require management attention.

Moderate impact on residual risk exposure until resolved.



No assurance

Action is required to address the whole control framework in this area.

High impact on residual risk exposure until resolved.



Assurance not applicable

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

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

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Office details:

Audit and Assurance Services
1st Floor, Woodland House
Maes y Coed Road
Cardiff
CF14 4HH.

Contact details

Ian Virgill (Head of Internal Audit) - ian.virgil@wales.nhs.uk

COVID Recovery and Rehabilitation Service

Final Internal Audit Report

January 2022

Powys Teaching Health Board



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Contents

Executive Summary	3
1. Introduction	4
2. Detailed Audit Findings	5
Appendix A: Management Action Plan	8
Appendix B: Assurance opinion and action plan risk rating	9

Review reference:	PTHB-2122-12
Report status:	Final
Fieldwork commencement:	12 November 2021
Fieldwork completion:	15 December 2021
Debrief meeting:	15 December 2021
Draft report issued:	17 December 2021
Management response received:	7 January 2022
Final report issued:	10 January 2022
Auditors:	Lucy Jugessur, Internal Audit Manager Ian Virgill, Head of Internal Audit
Executive sign-off:	Claire Madsen, Executive Director of Therapies and Health Science
Distribution:	Owen Hughes, Head of Pain & Fatigue Management Catherine Quarrell, Service Development Manager
Committee:	Audit, Risk & Assurance Committee



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

Acknowledgement

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

Disclaimer notice - please note

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

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

Executive Summary

Purpose

The review focused on the COVID Recovery and Rehabilitation Service; and sought to provide the Health Board with assurance that the service has been set up effectively and associated systems and processes are managed appropriately.

Overview

We have issued substantial assurance on this area.

One matter requiring management attention was identified, relating to the Adferiad funding financial breakdown which is currently out of date. This needs to be addressed to ensure that the allocated funding is effectively utilised for the service.

Report Classification

Substantial Assurance



Few matters require attention and are compliance or advisory in nature.

Low impact on residual risk exposure.

Assurance summary¹

Assurance objectives	Assurance
1 The Health Board have set up a post covid-19 syndrome service	Substantial
2 The service is effectively publicised	Substantial
3 Patients are being referred to appropriate services and seen on a timely basis	Substantial
4 Funding received has been appropriately used	Reasonable
5 Robust management, monitoring and reporting is in place	Substantial
6 Summary data is being maintained	Substantial

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

Key Matters Arising	Assurance Objective	Control Design or Operation	Recommendation Priority
1 Adferiad financial breakdown is out of date	4	Design	Medium

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1. Introduction

- 1.1 Our review of the COVID Recovery and Rehabilitation Service was completed in line with the 2021/22 Internal Audit Plan for Powys Teaching Health Board (THB).
- 1.2 The Welsh Government have produced a "Supporting people to recover from long Covid" Policy and Strategy confirming how individuals will be assisted with symptoms of long covid.
- 1.3 The National Institute for Health & Care Excellence (NICE) has published guidelines which outline how individuals with symptomatic post covid-19 syndrome should be identified, assessed and managed by healthcare services.
- 1.4 Welsh Government set up a programme 'Adferiad' (Recovery) which is designed to stand by those who suffer from long covid. The Welsh Government have provided £5million to support the programme to expand the provision of diagnosis, treatment, rehabilitation and care for those suffering from long term effects of Covid-19, including long covid in Wales. Funding will be targeted at pathways where patients are able to receive personalised treatment for their needs, as well as ensuring care is provided as close to home as possible. Powys THB has received £0.221million of the £5million.
- 1.5 The Health Bodies are required to complete a validated tool, EQ5D5L by the 14 January 2022 including summary data against several criteria in respect of population 1 which includes:

Demand

- Number of people presenting to the service;
- % of those given advice/ self management;
- % of those referred to rehabilitation;
- Number referred to secondary care.

Quality

- Service user experience/ patient feedback.
- Responsiveness of service – referral to treatment times.

Recovery

- Completion of the validated tool, EQ5D5L.

In addition, the health bodies are required to provide two anonymised case studies/ patient journeys which can be published as part of the review.

- 1.6 The Lead Executive for the review is the Executive Director of Therapies and Health Science.

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1.7 The potential risks considered in this review were as follows:

- The post covid-19 syndrome service has not been set up in line with Welsh Government guidance.
- Post covid 19 patients are not able to access appropriate care within the Health Board.
- The Health Board are not monitoring the number of patients that are accessing the service within the Health Board.

2. Detailed Audit Findings

Objective 1: The Health Board have set up a post covid-19 syndrome service in line with Welsh Government guidance and NICE guidelines

- 2.1 The Health Board have set up a COVID Recovery and Rehabilitation Service including a GP, an Advanced Practitioner, Physiotherapist and a Psychologist. The service is part of the Health Board's Powys Living Well Service.
- 2.2 Individuals that are referred are required to complete a document to consider whether they are suitable for the service. This will be reviewed by those detailed above in conjunction with the individual to help people manage their symptoms and improve their quality of life.
- 2.3 An 'Invest in Your Health' programme is offered to individuals which provides one to one and group work for the individual and information on self-management.

Conclusion:

- 2.4 The Health Board have set up a COVID Recovery and Rehabilitation Service that has appropriate staffing and is in line with Welsh Government guidance and NICE guidelines. (Substantial Assurance)

Objective 2: The service is effectively publicised and appropriate pathways are in place for patients and staff to access the service.

- 2.5 The COVID Recovery and Rehabilitation Service is publicised via the Health Board website which provides a link to self-help and self-management guidance.
- 2.6 The Health Board sent an email to all the GPs practices within Powys on guidance for referring patients into the COVID Recovery and Rehabilitation Service. They now maintain data on the number of individuals referred by each of the GP Practices.
- 2.7 There was an article within the Powys Announcement staff newsletter confirming that the Health Board will support staff with suspected long covid. The Health Board are retaining numbers of staff that are using the service.

Conclusion:

- 2.8 The service has been publicised effectively, as evidenced by the fact that GP Practices are referring individuals into it and staff within the Health Board are also utilising the service. (Substantial Assurance)

Objective 3: Patients are being referred onto appropriate services where required and are being seen on a timely basis.

- 2.9 Individuals who are referred into the service should be contacted by the Advanced Practitioner within 14 days of being referred. There were some delays noted but these were due to the individuals or GPs not returning the required information in a timely manner. The reporting system has been altered and the individuals waiting time is now paused at this point.
- 2.10 The service maintains a spreadsheet to aid with performance monitoring of the service and it contains information such as the number of individuals that were referred and whether the referral was appropriate. Most individuals had been referred appropriately into the p COVID Recovery and Rehabilitation Service. However, there were some individuals that were not considered appropriate for the COVID Recovery and Rehabilitation Service and were discharged back to primary care for ongoing care or onward referral to another service.

Conclusion:

- 2.11 Individuals were referred to the appropriate services and in most cases were contacted by the Advanced Practitioner within 14 days. (Substantial Assurance)

Objective 4: Funding received from Welsh Government has been appropriately used to support the post covid-19 syndrome service.

- 2.12 The Welsh Government have provided Adferiad funding to support the long covid services for all Health Boards.
- 2.13 A Wellbeing and Long-Term Conditions financial breakdown is produced with details of funding sources and how they will be used, including Adferiad funding for long covid. Some of the Adferiad funding was ring-fenced to develop a long covid garden and outdoor space but we have been informed that this is no longer happening. The Finance breakdown is therefore no longer current, and Management need to update it to ensure that the funding is utilised within the required timeframe, specifically for the post covid-19 syndrome service. (Matter Arising – Medium Priority)

Conclusion:

- 2.14 Finance breakdown is in place detailing how the Adferiad funding is to be spent, however, it is out of date and Management need to ensure that it is updated, and the funding is used to support long covid services. (Reasonable Assurance)

Objective 5: Robust management, monitoring and reporting arrangements are in place for the service.

- 2.15 A COVID Recovery and Rehabilitation Service Review meeting is held every six weeks to discuss the development of the service and the statistics for the service.
- 2.16 The Clinical Service Group –weekly operational meeting is held and the COVID Recovery and Rehabilitation Service is discussed within the Powys Living Well Service section of the meeting.

2.17 There is an All Wales Covid Recovery and Rehabilitation Group in place and Powys Health Board's Head of Pain and Fatigue Management is the chair of the group. They meet to discuss the post-covid service within each of the Health Boards.

Conclusion:

2.18 There is a specific COVID Recovery and Rehabilitation Service review meeting within the Health Board that reviews the service and statistics. The Health Board participates in and chairs the All Wales Covid Recovery and Rehabilitation Group. (Substantial Assurance)

Objective 6: Summary data recording is being maintained to allow for timely reporting in line with Welsh Government requirements.

2.19 The Health Board have recruited Cedar, an independent Healthcare Evaluation centre, to collate the data that has been requested by Welsh Government. They are carrying out the review for all the Health Boards apart from one, so that the information will be reported consistently and in the same format.

2.20 The Health Board are maintaining monthly statistics of source of referral, who the individuals were seen by, was the referral appropriate, which GP Practice referred the individual, outcome of initial consultation and Adferiad questionnaires sent.

Conclusion:

2.21 The required data that is to be reported to Welsh Government is being maintained and the Health Board will report for the deadline in January. (Substantial Assurance)

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Appendix A: Management Action Plan

Matter Arising 1: Adferiad funding (Design)		Impact
<p>The Wellbeing and Long Term Conditions maintain a financial breakdown of the funding received for the COVID Recovery and Rehabilitation Service and how the funding will be spent, including funding received from Adferiad for long covid.</p> <p>Some of the Adferiad funding (£100k) was for the development of a long covid garden and outdoor space but it was agreed that this could no longer happen as this was capital expenditure, and they were not able to do that with revenue funding. We were advised that the team are in the process of reviewing the budgets and considering how the money can be spent specifically in relation to long covid.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> The post covid-19 syndrome service has not been set up in line with Welsh Government guidance. Post covid-19 patients are not able to access appropriate care within the Health Board.
Recommendations		Priority
<p>1.1 Management need to ensure that the budgets are reviewed and the £100k is appropriately utilised in support of long covid services.</p>		Medium
Agreed Management Action	Target Date	Responsible Officer
<p>1.1 The Long-Term Conditions Indicative Financial Plan will continue to be reviewed as part of the weekly meeting held between the service and the DOTH. This information will be shared with the Finance Business Partner to monitor spend against the budget.</p>	Ongoing	Owen Hughes, Head of Pain & Fatigue Management

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Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

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

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

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

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Theatres Utilisation Final Internal Audit Report

January 2022

Powys Teaching Health Board



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Contents

Executive Summary	3
1. Introduction	5
2. Detailed Audit Findings	7
Appendix A: Management Action Plan	11
Appendix B: Assurance opinion and action plan risk rating	17

Review reference:	PTHB 2122-15
Report status:	Final
Fieldwork commencement:	22 July 2021
Fieldwork completion:	8 November 2021
Draft report issued:	9 November 2021
Draft report meetings:	18 November & 22 November 2021
Management response received:	21 December 2021
Final report issued:	04 January 2021
Auditors:	Geoffrey Woolley, Principal Internal Auditor Ian Virgill, Head of Internal Audit
Executive sign-off:	Hayley Thomas, Director of Planning and Performance
Distribution:	Jason Crowl, Assistant Director, Community Services Group Nicola Kelly, Senior Manager, Planned Care
Committee:	Audit, Risk & Assurance Committee



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

Acknowledgement

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Executive Summary

Purpose

The aim of this review was to provide an opinion on theatre efficiency. The review focused on the in-reach services carried out within the Health Board's own theatres.

The impact of the Covid-19 Pandemic and the Health Board's recovery and renewal plans were taken into consideration in our assessment of the appropriateness of the arrangements in place.

We assessed the adequacy and effectiveness of internal controls in operation.

Overview

The matters requiring management attention include:

- Theatre utilisation is significantly impacted by the fragility of the staff resource due to reliance on in-reach staff from neighbouring Health Boards, for which the service level agreements in place are old and require reviewing and updating.
- There is no Clinical Director for Endoscopy and Theatres to oversee clinical issues and so this currently has to be undertaken by the Health Board's Medical Director.
- Achievement of access targets, including Referral to Treatment and National Endoscopy Programme Training Site re-accreditation, could potentially be at risk.

Other recommendations / advisory points are within the detail of the report.

Report Classification

Reasonable



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary¹

Assurance objectives	Assurance
1 Oversight and clinical leadership	Reasonable
2 Coordination of theatres resources	Limited
3 Theatre time used effectively	Substantial
4 Monitoring performance measures	Substantial
5 Theatre utilisation issues	Substantial

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising	Assurance Objective	Control Design or Operation	Recommendation Priority	
1	There is no Clinical Director for Endoscopy and Theatres to oversee clinical issues	1	Design	High
2.1	Fragility of delivery of the Theatres and Endoscopy Recovery Plan due to reliance on in-reach staff from neighbouring Health Boards	2	Design	High
2.2	Further work to be undertaken regarding repatriation and staffing of Theatres and Endoscopy services by the Health Board	2	Design	Medium
3.1	Service Level Agreements for in-reach staff are old and require reviewing and updating	2	Operation	Medium
3.2	Assumptions and calculations relating to funded theatre sessions need reviewing and updating	2	Operation	Medium
4	Achievement of access targets, including Referral to Treatment and National Endoscopy Programme Training Site re-accreditation, could potentially be at risk	2	Operation	Medium

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1. Introduction

- 1.1 The review of Theatres Utilisation was completed in line with Powys Teaching Health Board's (the 'Health Board') 2021/22 Internal Audit Plan.
- 1.2 In 2016, Audit Wales ('AW', previously Wales Audit Office) released their report on 'Operating Theatres: A Summary of Local Findings'. This report brought together the results of AW's work across NHS Wales (predominantly within the other six Health Boards) over the period 2011-2014. The report concluded that there was considerable scope to improve theatre utilisation and identified a number of recommendations to help achieve this.
- 1.3 The Health Board has theatres in the Brecon War Memorial and Llandrindod Wells hospitals providing day surgery across the following specialties: Orthopaedic, Ophthalmology, Occuplarplasty, Podiatric Surgery, Maxillofacial, Gynaecology, Urology, ENT, Endoscopy and General Surgery. Theatres form part of the Planned Care Programme within the Health Board's 2020/21-2022/23 Integrated Medium Term Plan, with objectives around enhancing clinical leadership for theatres and repatriation of elective services.
- 1.4 Theatre provision is wholly provided through in-reach services commissioned from English and Welsh providers, where Consultants and Anaesthetists from these providers perform surgery in the Health Board's theatres. The Health Board monitors such services via the Commissioning Assurance Framework, with the Executive Delivery & Performance Group monitoring fragile services. During 2019/20, performance reports to the Board identified issues with cancellations and postponements of procedures due to the fragility of in-reach services. Mitigating actions identified against risk 13 on the Corporate Risk Register include work to be undertaken over the fragility of in-reach services.
- 1.5 The Health Board's Annual Plan 2021/2022 includes fully costed recovery proposals for increasing day case theatre capacity.
- 1.6 This audit was originally scheduled to be undertaken during 2020/21. However, due to the impact of the Covid-19 Pandemic, it was agreed at the Audit Committee in January 2021 that it be deferred to the Internal Audit Plan for 2021/22.
- 1.7 The key risk considered in the review is the ineffective use of theatres, leading to:
 - patients unable to access theatres services on a timely basis, potentially resulting in poor patient experience or patient harm;
 - unnecessary or excessive financial costs incurred on theatre services; and
 - reputational damage to the Health Board.
- 1.8 We did not assess:
 - the efficiency or Health Board monitoring of theatre services carried out at provider organisation sites;

- compliance with operational procedures related to surgery and theatres use or pre/post-operative procedures;
- the reliability (accuracy and completeness) of any theatres performance data used by the Health Board (although we did consider how the Health Board has assurance over this); and
- aspects of the surgical pathway aside from theatres (although we did consider how these aspects are taken into account in theatres planning and in addressing issues with theatres utilisation).

1.9 All activity was stood down in March 2020 at the start of the Covid-19 Pandemic in accordance with Welsh Government guidance. It restarted from July 2020, initially limited to Endoscopy, Cataracts and Bowel Screening, and in December 2020 surgery lists were added on an ad hoc basis. However, the maximum number of cases will inevitably be lower going forward due to the impact of Covid-19 protocol requirements.

1.10 The number of endoscopy and theatre cases which have been performed by the Health Board, provided by the Health Board's reporting system, are as follows:

Number of cases	2021/22 to date (7 months to October 2021)	2020/21 (12 months)	2019/20 (12 months)
Endoscopy	526	563	1,429
Theatre	701	408	1,377
Total	1,227	971	2,806

1.11 The endoscopy and theatre utilisation and attendances per session for 2021/22 to date (October 2021) is:

Hospital	Held Sessions	Available Sessions	Utilisation %	Attendances per session
Brecon Theatre	83	280	30%	3.33
Brecon Endoscopy	150	280	54%	3.51
Llandrindod Wells Theatre	151	280	54%	2.81
Total	384	840	46%	3.20

2. Detailed Audit Findings

Objective 1: Robust, Board and executive oversight and clinical leadership of surgical pathways, with sufficient specific focus on theatres.

- 2.1 The Senior Manager for Planned Care is responsible for Theatres Utilisation and reports via the Assistant Director for Community Services Group to the Director of Primary, Community & Mental Health Services.
- 2.2 A Delivery & Performance Group, for which the Director of Planning & Performance is Executive Lead, submits reports to the Performance & Resource Committee.
- 2.3 An Endoscopy User Group and Theatre User Group are in place to support the quality, effectiveness and timeliness of Endoscopy and Theatre Services and Team Leader meetings are also in place to help the surgical services achieve their goals.
- 2.4 The work of the in-reach Consultants and Anaesthetists is currently overseen by the Health Board's Medical Director. However, appointment of a part time Clinical Director for Endoscopy and Theatres is being considered as this would improve the oversight and discussion of clinical issues. (Matter Arising 1 – Medium Priority).
- 2.5 There are two separate services, Theatres and Endoscopy, although they share the same overarching line management structure, and the Health Board has traditionally operated a blended model where staff work across both services. However, these are currently being split into separate teams as the blended roles may put registered staff off as Theatres and Endoscopy are such different specialties.
- 2.6 Endoscopy is part of the National Endoscopy Programme and as part of this the Endoscopy suite at Brecon hospital has been Joint Advisory Group (JAG) accredited since 2012. As such, governance around Endoscopy tends to be stronger than for Theatres.

Conclusion:

- 2.7 An appropriate oversight structure is generally in place. However, it would be improved by appointment of a part time Clinical Director for Endoscopy and Theatres to improve the oversight and discussion of clinical issues. (Reasonable Assurance)

Objective 2: Proactive and timely coordination of theatres resources.

- 2.8 The Health Board operates one theatre at each site, Brecon and Llandrindod Wells, and one Endoscopy Suite in Brecon. Only day surgery is offered.
- 2.9 Scheduling meetings are undertaken every two weeks which review waiting lists and are attended by senior representatives from Theatres, Endoscopy, Outpatients and Patient Services. The output from these meetings is an up to date calendar for each of the sites which indicates the name of the surgeon allocated on each date and the reason where sessions have been cancelled, which is usually due to Annual Leave.

- 2.10 The Health Board plans ahead by around six weeks and the process is very live, although planning may extend further ahead for known capacity issues e.g. if aware that a particular Consultant is taking an extended period of leave.
- 2.11 A new Endoscopy Suite has been developed in Llandrindod Wells which was intended to be used from 2021, although it is not currently in use due to staffing constraints. However, a workforce plan is in place to seek to address this. (Matter Arising 2.1 – High Priority)
- 2.12 Fragility of staffing arrangements is a challenge for the Health Board:
- Prior to the Covid-19 Pandemic and going forward, there are empty theatre lists as the Health Board has got the facilities but not the staff to cover all possible theatre sessions.
 - The Health Board's figures for Endoscopy and Theatres utilisation, as quoted within paragraph 1.12 above, confirm that utilisation is currently below 50%.
 - The Health Board is entirely reliant on in-reach Consultant and other surgical staff who are employed by neighbouring Health Boards but who undertake work for Powys on a contract basis. Hence, it is limited by the number of in-reach sessions it is able to commission and conflicting pressures between the two organisations can occur. Coming out of the Covid-19 Pandemic, this will include the ability to support additional sessions in Powys while addressing the employer Health Boards' Recovery Plans.
 - Only the nursing and support staff are employed directly by the Health Board. However, this resource has been enhanced by recruitment of a Senior Nurse Manager, a Trainee Clinical Endoscopist and two Team Leaders.
 - During the height of the Covid-19 Pandemic, up to 50% of theatre and endoscopy staff were unable to undertake their normal clinical work for a variety of reasons including redeployment and shielding.
 - To address this challenge, staffing models for the Theatres and Endoscopy Recovery Plan have been developed which are linked to the 2021/22 Renewal Priorities to reduce the treatment backlog.
 - The Health Board does not currently fund staff for 100% theatre utilisation i.e. the maximum possible 10 sessions per week.
- (Matter Arising 2.1 – High Priority)
- 2.13 The Service Level Agreements for the in-reach staff are mostly for named Consultants to provide a set number of sessions per year. However, they are old and require reviewing and updating. The Health Board intended to do this, but progress has been hindered by the Covid-19 Pandemic. Similarly, the assumptions and calculations relating to funded theatre sessions also need reviewing and updating. (Matters Arising 3.1/3.2 – High/Medium Priority)

- 2.14 The Health Board's medium-term aim is to repatriate theatre services directly into the Health Board where possible. However, the ability to do this is more difficult as the Health Board does not have District General Hospital facilities and so there's a limit to the type of surgery that can be carried out. (Matter Arising 2.2 – Medium Priority)
- 2.15 Achievement of access targets, including Referral to Treatment and National Endoscopy Programme Joint Advisory Group Training Site re-accreditation, could potentially be put at risk. However, the structural changes put in place, recent endoscopy recruitment, and succession planning requirements under development for endoscopists should reduce this risk. (Matter Arising 4 – Medium Priority)

Conclusion:

- 2.16 Scheduling meetings regularly occur resulting in up to date scheduling calendars being produced. However, these consistently include gaps due to the fragility of the staffing arrangements which the Health Board has in place, which demonstrates that there is clearly room for improvement in the utilisation of theatres. (Limited Assurance)

Objective 3: All theatre users are aware of how to use allocated theatre time effectively.

- 2.17 The scheduling meetings review the waiting lists when producing the scheduling calendars indicating that theatre users are aware of the need to use theatre time effectively.
- 2.18 The theatre lists are communicated to theatre staff on a daily basis by the Team Leaders.
- 2.19 However, while the Health Board has an up to date Covid-19 clinical protocol for theatre activity, it does not have a protocol which describes the administrative processes which are in place regarding theatre utilisation and so ensure their clarity, consistency of application and continuity in the event of staff changes. (Matter Arising 5 – Low Priority)

Conclusion:

- 2.20 The scheduling meetings review the waiting lists and theatre users are aware of the need to use theatre time effectively. However, the Health Board does not have a protocol which describes the administrative processes which are in place regarding theatre utilisation and so ensure their clarity, consistency and continuity. (Substantial Assurance)

Objective 4: Monitoring of identified key financial and non-financial performance measures (including patient experience and clinical outcomes) to provide a rounded picture of theatres utilisation.

- 2.21 Monitoring of waiting lists and referral to treatment times is undertaken by the Health Board.

-
- 2.22 The Endoscopy User Group, Theatre User Group and Team Leader meetings are used to monitor and consider the level of activity, cancellation rates, late starts and early finishes which provides a rounded picture of theatre utilisation.
- 2.23 The majority of theatre cancellations are due to lack of availability of in-reach staff which is reported within the Health Board and raised with the providers.
- 2.24 Endoscopy Demand & Capacity modelling work is undertaken each month and submitted to the NHS Wales Endoscopy Delivery Unit as part of a national review. This helps understand the number of cases that can be performed each month and how Powys can work with neighbouring Health Boards to maximise overall performance.
- 2.25 Where meetings were stood down during the Covid-19 Pandemic, informal updates were provided to the Director of Primary, Community & Mental Health Services by the Assistant Director, Community Services Group.

Conclusion:

- 2.26 A variety of monitoring is undertaken by the Health Board which provides a rounded picture of its Theatre and Endoscopy utilisation and how it can seek to maximise overall performance. (Substantial Assurance)

Objective 5: Appropriate escalation of issues identified with theatres utilisation (for example, cancellations, issues with late starts/early finishes, etc.) and timely action taken to address them.

- 2.27 The Endoscopy User Group, Theatre User Group and Team Leader meetings are used to monitor and explain the level of activity, cancellation rates, late starts and early finishes.
- 2.28 An appropriate escalation structure is in place where issues identified with Theatre and Endoscopy utilisation are escalated via the Delivery & Performance Group to the Performance & Resources Committee.
- 2.29 A Theatres and Endoscopy Recovery Plan has been developed which is linked to the 2021/22 Renewal Priorities to reduce the treatment backlog.

Conclusion:

- 2.30 The level of activity, cancellation rates, late starts and early finishes are monitored, issues identified regarding utilisation are escalated via the Delivery & Performance Group to the Performance & Resources Committee, and a Recovery Plan has been developed which is linked to the 2021/22 Renewal Priorities to reduce the treatment backlog. (Substantial Assurance)

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Appendix A: Management Action Plan

Matter Arising 1: There is no Clinical Director for Endoscopy and Theatres to oversee clinical issues (Design)		Impact
The work of the in-reach Consultants and Anaesthetists is currently overseen by the Health Board's Medical Director. However, appointment of a part time Clinical Director for Endoscopy and Theatres, covering a couple of sessions per week, is being considered as this would improve the oversight and discussion of clinical issues.		Potential risk of inadequate oversight and discussion of clinical issues.
Recommendation 1		Priority
Further work should be undertaken to take forward the consideration regarding appointment of a part time Clinical Director for Endoscopy and Theatres to improve the oversight and discussion of clinical issues.		High
Agreed Management Action 1	Target Date	Responsible Officer
To explore opportunities for a Clinical Director role for Planned Care (including Endoscopy and Theatres)	March 2022	Medical Director

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01/14/2022 12:32:42

Matter Arising 2: Fragility of Theatres and Endoscopy utilisation due to reliance on in-reach staff from neighbouring Health Boards (Design)	Impact
<p>The Health Board is entirely reliant on in-reach Consultant and other surgical staff who are employed by neighbouring Health Boards but who undertake work for Powys on a contract basis. Only the nursing and support staff are employed directly by the Health Board, although funding is not currently for 100% theatre utilisation i.e. the maximum possible 10 sessions per week. Hence, the Health Board is limited by the number of in-reach sessions it is able to commission and conflicting pressures between the two organisations can occur, which coming out of the Covid-19 Pandemic will include the ability to support additional sessions in Powys while addressing the employer Health Board's Recovery Plan.</p> <p>A new Endoscopy Suite has been developed in Llandrindod Wells which was intended to be used from 2021. However, it is not currently in use due to staffing issues, although a workforce plan is in place to seek to address this.</p> <p>The medium-term plan is to repatriate theatre services directly into the Health Board where possible. However, the ability to do this is more difficult as the Health Board does not have District General Hospital facilities and so there's a limit to the type of surgery that can be carried out.</p> <p>To address this challenge, staffing models for the Theatres and Endoscopy Recovery Plan have been developed which are linked to the 2021/22 Renewal Priorities to reduce the treatment backlog.</p>	Potential risk of inability to staff theatre sessions.
Recommendations 2	Priority
<p>2.1 Progress on delivering the Theatres and Endoscopy Recovery Plan should be appropriately controlled and monitored to ensure that the 2021/22 Renewal Priorities are achieved.</p>	High
<p>2.2 Further work should be undertaken to take forward the consideration regarding repatriation and staffing of Theatre and Endoscopy services by the Health Board.</p>	Medium

Agreed Management Action 2	Target Date	Responsible Officer
<p>Staffing Plan has been developed, rolling recruitment in place for Theatre staffing, awaiting further consideration for endoscopy and OPD. Recruitment conditions are challenging across NHS, highly competitive recruitment market, national shortage of e.g. scrub nurses, endoscopists.</p> <p>2021/22 Renewal Priorities focus on recovery clearing backlog this is reported monitored via the Diagnostics, Ambulatory Care & Planned Care Board Programme. Significant progress has been made in terms of recovery with 70% backlog cleared also progressing insourcing options to provide additional capacity.</p>	March 22	Assistant Director Community Service Group

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01/14/2022 12:32:42

Matter Arising 3: Service Level Agreements for in-reach staff and some management information requires reviewing and updating (Operation)	Impact	
<p>The Service Level Agreements for the in-reach staff are mostly for named Consultants to provide a set number of sessions per year. However, they are old and require reviewing and updating. The Health Board intended to do this, but progress has been hindered by the Covid-19 Pandemic.</p> <p>Similarly, the assumptions and calculations relating to funded theatre sessions also need reviewing and updating.</p>	Potential risk of inability to enforce delivery of in-reach staff.	
Recommendations 3	Priority	
3.1 The Service Level Agreements for the in-reach staff should be reviewed and updated as soon as possible.	Medium	
3.2 The assumptions and calculations within management information should be reviewed and updated as soon as possible.		
Agreed Management Action 3	Target Date	Responsible Officer
To review service level agreement with in reach providers, this is challenging due to current seasonal pressures focus and all providers re-aligning/transforming services and implanting recovery plans. Management reports will be aligned with updated SLAs as part of 2022/23 service planning.	Q1 2022/23	Assistant Director Community Services Group

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01/14/2022 12:32:42

Matter Arising 4: Achievement of access targets, including Referral to Treatment and National Endoscopy Programme Joint Advisory Group Training Site re-accreditation, could potentially be at risk (Operation)		Impact
Due to the fragility of the Health Board's Theatre and Endoscopy staffing structures, achievement of access targets, including Referral to Treatment and National Endoscopy Programme Joint Advisory Group Training Site re-accreditation could potentially be put at risk. However, the structural changes put in place, recent endoscopy recruitment, and succession planning requirements under development for endoscopists should reduce this risk.		Potential risk of failing to achieve access targets including Referral to Treatment and National Endoscopy Programme Joint Advisory Group Training Site re-accreditation.
Recommendation 4		Priority
The actions put in place should continue to be monitored to ensure that they mitigate the risk of failing to achieve access targets including Referral to Treatment and National Endoscopy Programme Joint Advisory Group Training Site re-accreditation.		Medium
Agreed Management Action 4	Target Date	Responsible Officer
Plans in place monitored via Delivery & Performance Committee and Diagnostics, Ambulatory Care & Planned Care Board Programme, PTHB Integrated Performance Report.	On-going	Assistant Director Community Services Group

Party Stella
01/14/2022 12:32:42

Matter Arising 5: The Health Board does not have a protocol covering the administrative processes regarding effective theatre utilisation (Design)		Impact
While the Health Board has an up to date Covid-19 clinical protocol for theatre activity, it does not have a protocol which describes the administrative processes which are in place regarding theatre utilisation and so ensure their clarity, consistency of application and continuity in the event of staff changes.		Potential risk of ineffective theatre utilisation if key staff leave the Health Board.
Recommendation 5		Priority
The Health Board should develop a protocol which describes the administrative processes which are in place regarding theatre utilisation.		Low
Agreed Management Action 5	Target Date	Responsible Officer
Terms of Reference for Theatre Planning Meeting will be formalised and admin processes for list planning added to the SOP.	Jan 2022	Planned Care Manager

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Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

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

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

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

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Dementia Services - Dementia Home Treatment Teams

Final Internal Audit Report

January 2022

Powys Teaching Health Board



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Contents

Executive Summary	3
1. Introduction	5
2. Detailed Audit Findings	5
Appendix A: Management Action Plan	8
Appendix B: Assurance opinion and action plan risk rating	19

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Executive sign-off:	Claire Madsen, Executive Director of Therapies & Health Sciences
Distribution:	Joy Garfitt – Assistant Director Mental Health Services
Committee:	Audit, Risk & Assurance Committee



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

Acknowledgement

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

Disclaimer notice - please note

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

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Executive Summary

Purpose

The review focused on the Dementia Home Treatment Teams (DHTT) in both North & South Powys; and seeks to provide the Health Board with assurance that systems and processes are managed appropriately.

Overview

We have issued a reasonable assurance rating for this audit reflecting existing practices in place and the requirement for enhancements in a number of key areas.

The identified matters requiring management attention include:

- Inconsistencies in the structure, skill mix of staff and operational activities undertaken by the teams.
- Policy and procedures not approved.
- Varying degrees of documentation contained within the patients' electronic records.
- Accuracy of submitted performance measures.

Other recommendations / advisory points are within the detail of the report.

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01/14/2022 12:32:42

Report Classification



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary¹

Assurance objectives	Assurance
1 Appropriate structures, policies and procedures are in place	Limited
2 Robust processes are in place for the tracing of patients	Reasonable
3 Effective monitoring and reporting processes are in place with accurate and reliable data sources	Reasonable

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising		Assurance Objective	Control Design or Operation	Recommendation Priority
1	Structure of Dementia Home Treatment Teams	1	Design	High
2	Policy and Procedural Management	1	Design	Medium
3	Documenting the Patient's Journey	2	Operation	Medium
4	Performance Measures - Crisis Resolution Home Treatment Data	3	Operation	Medium
5	Performance Measures - Integrated Care Funding	3	Operation	Medium

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01/14/2022 12:32:42

1. Introduction

- 1.1 The review of the Dementia Home Treatment Service was completed in line with Powys Teaching Health Board's (the 'Health Board') 2021/22 Internal Audit Plan. The review focussed on the Dementia Home Treatment Teams (DHTT) in both North & South Powys; and seeks to provide the Health Board with assurance that systems and processes are managed appropriately.
- 1.2 The service aims to deliver a community-based dementia assessment and treatment service via the DHTT.
- 1.3 The role of DHTT is to offer a service to people with dementia or a probable dementia who are either living in their own home or in a residential or nursing home setting. Their purpose is to provide rapid assessment, treatment, and review; to reduce the need for hospital admissions to mental health wards; to reduce inappropriate prescribing; and to enable the patient to be assessed and supported in their usual place of residence. The service also acts as the gatekeeper for in-patient beds for people with dementia within Powys Older Persons Mental Health (OPMH) Directorate and for commissioned beds in neighboring Health Boards.
- 1.4 The Lead Executive for this review is the Executive Director of Primary, Community and Mental Health Services.
- 1.5 The potential risks considered in this review are as follows:
 - A lack of clarity regarding processes, resulting in poor coordination of service provision.
 - Reputational implications associated with the failure to effectively manage the service.
 - Patients unable to access services on a timely basis, potentially resulting in poor patient experience, hospital admission or patient harm.
 - Monitoring and reporting processes fail to accurately reflect service outcomes.

2. Detailed Audit Findings

Objective 1: The Health Board has appropriate structures, policies, and procedures in place for the operation and management of the DHTT.

- 2.1 The creation of the North DHTT came as a result of a ward closure due to staffing issues and utilises existing Health Board funding. Staff who were employed to work on the ward were transferred to the team which continued to offer a service for such patients 7 days a week. The South DHTT is funded via the Integrated Care Fund which is temporary and only provides a service for 5 days a week. The skill mix of the team also varies as the Health Board was able to build on the experiences of the service being delivered by the North DHTT to set up a more multi-disciplinary team to meet the Patients' needs.

-
- 2.2 Good practices were identified in both the North and South Teams; however, significant differences were evident in the way services are delivered (Matter Arising 1 – High Priority)
 - 2.3 The Health Board has in place a draft policy for the DHTT. However, this does not accurately reflect the operating practices within both teams. Also, supplementary procedures surrounding documenting the patient's journey within the Welsh Community Care Information System (WCCIS) were not in place (Matter Arising 2 – Medium Priority).

Conclusion:

- 2.4 Governance arrangements within Mental Health require strengthening via the establishment of clear policy and procedures for the DHTT. An increased focus is also needed as to how the DHTT operates for both locations to ensure a consistent level of care is provided throughout the Health Board. We have provided Limited Assurance against this objective.

Objective 2: The DHTT have robust processes in place for tracking a patient journey through the pathway.

- 2.5 It's clear that a lot of work has been undertaken by both teams to support patients in their place of residence to prevent them being admitted to a hospital setting.
- 2.6 Testing undertaken also evidenced patients were reviewed regularly at weekly meetings in order to assess their ongoing needs.
- 2.7 Both the North and South teams utilise the WCCIS system for documenting the patient's journey. Whilst undertaking our testing we identified glitches within this system whereby documents would routinely be unavailable (Matter Arising 3 – Medium Priority)
- 2.8 Our review has also highlighted inconsistencies in the documentation used by the teams and the detail of the information contained within the system for each patient. (Matter Arising 3 – Medium Priority).

Conclusion:

- 2.9 Whilst the Health Board has in place processes for monitoring the patient's journey, a greater emphasis is required on maintaining an effective audit trail for each patient. We have provided Reasonable Assurance against this objective.

Objective 3: Effective monitoring and reporting arrangements for service delivery and outcomes are in place with accurate and reliable data.

- 2.10 Both the North and South teams collate and submit monthly performance information to the NHS Wales Delivery Unit as part of the Crisis Resolution Home Treatment Data Collection Template. Sampling of these measures highlighted data quality issues resulting in incorrect information being submitted over the period April – June 2021 (Matter Arising 4 – Medium Priority).
- 2.11 The South team also submits quarterly performance information as part of the funding they receive from the integrated Care Fund (ICF); there are eight

performance measures split over three categories. Our review identified confusion over the interpretation of two of these measures and a further two measures record the same information (Matter Arising 5 – Medium Priority).

- 2.12 Operational performance is discussed at regular team meetings and on a one to one basis within both the North and South teams.
- 2.13 The Senior Management Team within Mental Health receive regular performance reports on high level Mental Health activities, however, the reports do not give details of DHTT operational performance (Matter arising 6 – Low Priority)

Conclusion:

- 2.14 Processes are in place within both the North and South teams for collating and reporting performance information, however, the accuracy of the reported information requires improvement. We have provided Reasonable Assurance against this objective.

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01/14/2022 12:32:42

Appendix A: Management Action Plan

Matter Arising 1: Structure of the Dementia Home Treatment Teams (Design)		Impact
<p>Our review noted there are significant differences between the North team and the South team not just in terms of structure but also how they deliver services. By way of an example, please see below:</p> <p>The North team operates on a 7-day service, whereas the South team operates a 5-day service. This is due to the differing funding arrangements i.e. the North is funded internally and South is funded through the Integrated Care Fund. It is acknowledged by management that a 7 day a week service would be beneficial, however there are budgetary implications that need consideration.</p> <p>The Staff skill mix within the team's also differs significantly with the South team including Advanced Nurse Practitioners and Clinical Nurse Prescribers. These positions are not included within the North team.</p> <p>The current differences in service provision across the two Teams means that there may be a lack of equity in the services received by patients in the North and South of Powys.</p>		<p>A lack of clarity regarding processes, resulting in poor coordination of service provision.</p>
Recommendations 1		Priority
<p>1.1 The operating environment within both teams needs further evaluation, to ensure clients have consistent access to services throughout the Health Board and good practice can be shared and embedded.</p>		High
Agreed Management Action	Target Date	Responsible Officer
<p>1.1 The configuration of the North Powys team to match the clinical specialism of the South will require additional funding, as well as any move to the South Team matching the North's 7- Day working practices. Elements of this funding will be</p>	<p>September 2022 - subject to the availability of additional funds as this cannot be</p>	<p>Joy Garfitt, Assistant Director Mental Health Services</p>

considered as part of the Mental Health Service Improvement funding and any additional funding released by Welsh Government.	accommodated within core MH budget.	
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Matter Arising 2: Policy and Procedure Management (Design)		Impact
<p>The Health Board has in place a draft "Dementia Home Treatment Team Operational Policy (Older Adult Mental Health)". We reviewed this policy and noted there are aspects not in line with the current operating practices within both teams e.g., "Appendix 2 Core Hours Flow Chart" is not in line with the south team operational hours. We were informed that this draft policy is based on the processes undertaken by the North team (as this is the more established team).</p> <p>We also noted there are no operational procedures within the teams for the updating of the Welsh Community Care Information System (WCCIS). It was not clear to see what documentation is required to be maintained on the system (triage forms, care plans etc).</p>		A lack of clarity regarding processes, resulting in poor coordination of service provision
Recommendations		Priority
2.1 The draft policy should be updated to ensure it captures the operating environment of both teams and is approved by an appropriate forum/committee.		Medium
2.2 Consideration should be given to producing standard operating procedures within both teams that should clarify the process for the operational updating of the WCCIS System.		Medium
Agreed Management Action	Target Date	Responsible Officer
2.1 The draft policy will be finalised by April 2022, and until additional funds are available to operate the South Team on a 7 – day basis we will require two flow charts demonstration patient flow and the method of referral.	April 2022	Louisa Kerr, Operations Manager
2.2 The SOP requires finalisation and until full expansion of the service will require two sections, relating to North and South Powys. This will include an update on WCCIS forms to be utilised, however, it should be noted that this work is conducted	May 2022	Louisa Kerr, Operations Manager

on an all-Wales basis and all agencies using WCCIS are required to agree to the same forms and processes.		
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01/14/2022 12:32:42

Matter Arising 3: File Review – Patient Journey (Operation)	Impact
<p>Both DHTT teams utilise the Welsh Community Care Information System (WCCIS); which is a multimillion-pound IT investment supplied by the Welsh Government to fully integrate health and social care in Wales. It is meant to ensure that community nurses, mental health teams, social workers, and therapists have the digital tools they need to work better together. However, from our review we identified multiple glitches in the system e.g. documents attached to individuals' records would disappear and it would require multiple refreshes of the system for these documents to reappear. When the auditor spoke to staff about this, we were informed that this is common and the WCCIS system frequently does not work correctly.</p> <p>Through conversations with senior management, issues surrounding the WCCIS are known and have been escalated, however, this has not been communicated to operational staff.</p> <p>We reviewed the processes for documenting the patients' journey through the Dementia Home Treatment Team's pathway in both the North and South teams</p> <p><u>South Team</u></p> <p>We traced six clients who had received treatment during the period January – June 2021 and noted the following.</p> <ul style="list-style-type: none"> • One file did not have a care plan. • One file's case notes did not document the frequency of visits i.e., case notes only stated, "continue to support". Also, within the case notes the last entry was on the 29/4/21, however, the client was not discharged for a further 2 weeks. The last entry stated another visit was scheduled on the 4/5/21, but no evidence was available to support this. • One case file noted twice daily visits. However, on occasions there was only one entry per day, therefore, we were unable to evidence that the client had received the agreed support. There was also no evidence of a discharge summary being sent to client's General Practitioner. 	<p>Reputational implications associated with the failure to effectively manage the service.</p>

<p><u>North team</u></p> <p>We traced seven clients who had received treatment during the period January – June 2021 and noted the following</p> <ul style="list-style-type: none"> No triage forms were recorded on the files for three individuals. 		
<p>Recommendations</p>		<p>Priority</p>
<p>3.1 Operational issues regarding the WCCIS system should be formally escalated and feedback should be provided to staff on what steps are being taken to resolve the issues.</p>		<p>Medium</p>
<p>3.2 Management should ensure all appropriate documentation is maintained within the WCCIS and staff should be reminded of the importance of this.</p>		<p>Medium</p>
<p>Agreed Management Action</p>	<p>Target Date</p>	<p>Responsible Officer</p>
<p>3.1 Performance of the WCCIS system will continue to be formally escalated to the Director of Finance (Lead of IT and systems with PTHB) and representation made to lead commissioners and Welsh Government on the performance of the system.</p>	<p>January 2022</p>	<p>Pete Hopgood, Executive Director of Finance, Information & IT Services</p>
<p>3.2 Team managers will ensure that all client documentation is maintained within WCCIS as the primary patient information system.</p>	<p>March 2022.</p>	<p>Louisa Kerr, Operations Manager</p>

Party Stella
01/14/2022 12:32:42

Matter Arising 4: Performance Measures – Crisis Resolution Home Treatment Data Collection (Operation)

Impact

Both the North and South teams collate and submit (via the Mental Health’s performance team), monthly performance information to the NHS Wales Delivery Unit as part of the *Crisis Resolution Home Treatment Data Collection Template*. However, audit noted inconsistencies in the way this information was being collected e.g., the North team had a more automated process for producing the performance information.

Monitoring and reporting processes fail to accurately reflect service outcomes.

We reviewed the accuracy of the reported measures for six of the performance measures during the period April -June 2021.

South team

We identified issues in 4 of the 6 measures reviewed. By way of an example please see below:

Performance Measure	Submitted Data			Data Held by South Team		
	April	May	June	April	May	June
Discharge Destination – Mental Health Inpatient Services	0	0	0	0	2	0

Through conversations with management, we noted there had been recent changes to the administrative support function who produces the figures for submission.

Also, we did not identify any internal review and verification of the figures prior to submission.

North team

We also identified issues in five of the six measures reviewed. By way of an example please see below:

	Submitted Data	Data Held by North Team

Performance Measure	April	May	June	April	May	June
Number of Inappropriate Referrals	0	0	0	1	0	1

Many of these issues were caused by errors within the formulas of the monitoring spreadsheet.

We also did not identify any internal review and verification of the figures prior to submission within the North DHTT.

Recommendations

Priority

4.1 Management must ensure that the Performance measures are subject to appropriate independent review prior to submission.

Medium

4.2 Good practice in data collection should be shared between the teams.

Low

Agreed Management Action

Target Date

Responsible Officer

4.1 This process will be reviewed to ensure that Performance Measures are independently and rigorously tested prior to submission.

March 2022

MHLD Business Manager

4.2 The MHLD business manager will facilitate the sharing of good practice within data collection, including a common method to capturing and processing information.

May 2022

MHLD Business Manager

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01/14/2022 12:32:42*

Matter Arising 5: Performance Measures – Integrated Care Funding (Operation)	Impact
<p><u>South Team</u></p> <p>Audit reviewed the eight performance measures that are submitted on a quarterly basis, as part of the Integrated Care Funding (ICF); we focussed our testing on Quarter 1 of 2021/22 and highlighted the following:</p> <ul style="list-style-type: none"> • There was confusion over the interpretation of two measures, which has resulted in an absence of an effective audit trail to back up the figures being reported. We note there is no guidance on how the performance measure should be interpreted and what evidence should be maintained. • We identified that two of the performance measures reported duplicate each other i.e., they record the same information. • Another measure "<i>Reduction in length of stay within inpatient services</i>" was being recorded in terms of number of clients. A more meaningful measure would be recording the actual reduction in terms of days. <p><u>North Team</u></p> <p>These performance measures are not utilised within the team as they do not receive ICF funding.</p>	<p>Monitoring and reporting processes fail to accurately reflect service outcomes.</p>
Recommendations	Priority
<p>5.1 A review of the performance measures should be undertaken to ensure they are meaningful, and duplication is avoided.</p>	Medium
<p>5.2 Guidance on how to interpret and evidence the performance measure should be provided.</p>	Medium

5.3 Management should consider standardising the performance measures across both teams to ensure meaningful and comparable information is collected.	Low	
Agreed Management Action	Target Date	Responsible Officer
5.1 The review of performance measures will be undertaken as part of a wider MHL D service group's participation in Welsh Government's move to service user led outcomes and core data sets.	September 2022 – dependent on WG.	Joy Garfitt, Assistant Director Mental Health Services
5.2 Within the National move to service user led outcome and data sets, training for staff and managers on its collation and interpretation will be facilitated on a National Basis, and PTHB are currently involved in this work.	September 2022	Joy Garfitt, Assistant Director Mental Health Services
5.3 Local performance measurements will be developed and utilised on a pan Powys basis to improve performance and ensure that consistent, accurate and meaningful information is collected to improve performance.	October 2022	MHL D Business Manager

Parry Stella
01/14/2022 12:32:42

Matter Arising 6: Performance Measures – Internal Reporting (Operation)		Impact
<p>Performance is discussed at regular team meetings in the South and North DHTT; however, these meetings are not minuted.</p> <p>The Senior Management Team (SMT) within Mental Health receive performance reports at their formal meetings, however the reports do not break down to a level where performance information at a DHTT level is visible.</p>		<p>Monitoring and reporting processes fail to accurately reflect service outcomes.</p>
Recommendations		Priority
<p>6.1 Consideration should be given to providing the Mental Health SMT information on the performance of the Dementia Home treatment team.</p>		Low
Agreed Management Action	Target Date	Responsible Officer
<p>6.1 DHTT performance will be included in the SMT performance reporting on at least a quarterly basis.</p>	<p>April 2022</p>	<p>MHLD Business Manager</p>

Party Stella
01/14/2022 12:32:42

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

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

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

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

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

Date issued: January 2022

Document reference: 2001A2020-21

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01/14/2022 12:32:42

Contents

Audit, Risk and Assurance Committee update	
About this document	4
Accounts audit update	4
Performance audit update	5
Good Practice events and products	6
NHS-related national studies and related products	7

Parry Stella
01/14/2022 12:32:42

Audit, Risk & Assurance Committee Update

About this document

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

Accounts audit update

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

Exhibit 1 – Accounts audit work

Area of work	Current status
Audit of the 2020-21 Charitable Funds Account	Audit fieldwork has been completed. Officers are currently working through one residual issue in order for the accounts to be certified later this month. This issue relates to the valuation of a property previously omitted from the Charitable Funds Account in error.
Audit of the 2021-22 Accountability Report and Financial Statements	Audit planning and interim audit testing will commence in February 2022.

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**).

Parry Stella
01/14/2022 12:32:42

Exhibit 2 – Work completed

Area of work	Considered by Audit Committee
Structured Assessment (Phase 2) – Corporate Governance and Financial Management Arrangements	January 2022
<u>Review of Quality Governance Arrangements</u>	November 2021
<u>Structured Assessment (Phase 1) Report – Operational Planning Arrangements</u>	July 2021
<u>Rollout of the COVID-19 vaccination programme in Wales</u>	July 2021
<u>Welsh Health Specialised Services Committee Governance Arrangements</u>	June 2021

Exhibit 3 – Work currently underway

Topic and relevant Executive Lead	Focus of the work	Current status and Audit Committee consideration
Orthopaedic services – follow up Executive Lead – Medical Director	This review will examine the progress made in response to our 2015 recommendations. The findings from this work will inform the recovery planning discussions that are starting to take place locally and help identify where there are opportunities to do things differently as the service	Date of publication realigned with anticipated publication date of national planned care work March 2022

Topic and relevant Executive Lead	Focus of the work	Current status and Audit Committee consideration
	looks to tackle the significant elective backlog challenges.	
Renewal Programme Executive Lead – Director of Planning & Performance	This local work will examine the arrangements put in place to deliver the Health Board’s renewal programme.	Fieldwork underway TBC

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.	Whole system commentary and data analysis currently being completed Further work not yet started

Good Practice events and products

- 4 In addition to the audit work set out above, we continue to seek opportunities for finding and sharing good practice from all-Wales audit work through our forward planning, programme design and good practice research.
- 5 Details of future events are available on the [GPX website](#).

NHS-related national studies and related products

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

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

Title	Publication Date
<u>Care Home Commissioning for Older People</u>	December 2021

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01/14/2022 12:32:42



Audit Wales

24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

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

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01/14/2022 12:32:42

Annual Audit Report 2021 – Powys Teaching Health Board

Audit year: 2020-21

Date issued: December 2021

Document reference: 2773A2021-22

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01/14/2022 12:32:42

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

Party Stella
01/14/2022 12:32:42

Contents

Summary report	
About this report	4
Key messages	5
Detailed report	
Audit of accounts	8
Arrangements for securing efficiency, effectiveness, and economy in the use of resources	10
Appendices	
Appendix 1 – reports issued since my last annual audit report	17
Appendix 2 – audit fee	19
Appendix 3 – financial audit risks	20

Party Stella
01/14/2022 12:32:42

Summary report

About this report

- 1 This report summarises the findings from my 2021 audit work at Powys Teaching Health Board (the Health Board) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
 - examine and certify the accounts submitted to me by the Health Board, and to lay them before the Senedd;
 - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
 - satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
 - Audit of accounts.
 - Arrangements for securing economy, efficiency, and effectiveness in the use of resources.
- 3 This year's audit work took place at a time when public bodies continued responding to the unprecedented challenges presented by the COVID-19 pandemic, whilst at the same time recovering services. My work programme was designed to best assure the people of Wales that public funds are well managed. I have considered the impact of the current crisis on both resilience and the future shape of public services. I aimed to ensure my work did not hamper public bodies in tackling the crisis, whilst ensuring it continued to support both scrutiny and learning. On-site audit work continues to be restricted, and we continued to work and engage remotely where possible through the use of technology. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.
- 4 As was the case in 2020, the delivery of my audit of accounts work was not without its challenges, not only in how and where we undertook the work, but also in taking account of considerations for financial statements arising directly from the pandemic. The success in delivering it reflects a great collective effort by both my staff and the Health Board's officers to embrace and enable new ways of working and remain flexible to and considerate of the many issues arising.
- 5 I have adjusted the focus and approach of my performance audit work to ensure its relevance in the context of the crisis and to enable remote working. My programme of work has provided focus on themes, lessons and opportunities relating to NHS governance and NHS staff wellbeing. I have reviewed the Test, Trace, Protect programme and the rollout of the COVID-19 vaccine. My local audit teams have commented on how governance arrangements have adapted to respond to the pandemic, and the impact the crisis has had on service delivery. I have also reviewed the governance arrangements of the Welsh Health Specialised Services Committee.

- 6 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1**). I also include a summary of the status of planned work currently being re-scoped.
- 7 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2021 Audit Plan.
- 8 **Appendix 3** sets out the financial audit risks set out in my 2021 Audit Plan and how they were addressed through the audit.
- 9 The Chief Executive, Deputy Chief Executive and the Director of Finance have agreed the factual accuracy of this report. We presented it to the Audit, Risk and Assurance Committee on 20 January 2022. The Board will receive the report at a later Board meeting and every member will receive a copy. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 10 I would like to thank the Health Board's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

- 11 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 an Emphasis of Matter paragraph in my report to draw attention to disclosures in note 21.1 relating to the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government. I placed a substantive report on the Health Board's financial statements to provide further information on this matter. I also brought two important issues to the attention of officers, the Audit, Risk and Assurance Committee and the Board. These issues related to the overpayment of salary to a former senior officer, and arrangements for the collation and quality assurance of the Remuneration and Staff Report.
- 12 The Health Board achieved financial balance for the three-year period ending 31 March 2021 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 2020-21 accounts.

Party Stella
01/14/2022 12:32:42

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

13 My programme of Performance Audit work has led me to draw the following conclusions:

- the Test, Trace, Protect programme is making an important contribution to the management of COVID-19 in Wales. Whilst the programme struggled to cope with earlier peaks in virus transmission, it has demonstrated an ability to rapidly learn and evolve in response to the challenges it has faced.
- in relation to the Welsh Health Specialised Services Committee Governance Arrangements: since the previous reviews in 2015, governance, management and planning arrangements have improved, but the impact of COVID-19 will now require a clear strategy to recover services and there would still be benefits in reviewing the wider governance arrangements for specialised services in line with the commitments within 'A Healthier Wales'.
- the COVID-19 vaccination programme in Wales has been delivered at significant pace with local, national and UK partners working together to vaccinate a significant proportion of the Welsh population. A clear plan is now needed for the challenges which lie ahead.
- all NHS bodies have maintained a clear focus on staff wellbeing throughout the pandemic and implemented a wide range of measures to support the physical health and mental wellbeing of their staff during the crisis. It is vital that these activities are built upon, and that staff wellbeing remains a central priority for NHS bodies as they deal with the combined challenges of recovering services, continuing to respond to the COVID-19 pandemic, and also managing seasonal pressures.
- the Health Board has effective operational planning arrangements, underpinned with good arrangements to engage with staff members and the public, and to monitor delivery of operational plans.
- the Health Board has generally effective Board and committee arrangements, however, capacity gaps within the corporate governance team and the turnover of independent members are areas that need addressing. Plans have been developed for responding to COVID-19 and transformation of healthcare services. The Health Board will need to continue to utilise its good partnership working arrangements to ensure that Powys residents are appropriately prioritised by commissioned services.
- financial resources are managed well, however, delivering the required financial savings will be challenging.
- the Health Board is committed to ensure high quality, safe and effective services and has taken steps to improve its quality governance arrangements. There remains work to embed these arrangements, articulate the quality priorities of the organisation and ensure there are measures in

Part 1 Stella
01/14/2022 12:32:42

place to demonstrate and monitor achievement to drive improvements across the full range of services provided and commissioned.

14 These findings are considered further in the following sections.

Parry Stella
01/14/2022 12:32:42

Detailed report

Audit of accounts

- 15 This section of the report summarises the findings from my audit of the Health Board's financial statements for 2020-21. These statements are how the organisation shows its financial performance and sets out its net assets, net operating costs, recognised gains and losses, and cash flows. Preparing the statements is an essential element in demonstrating the appropriate stewardship of public money.
- 16 My 2021 Audit Plan set out the financial audit risks for the audit of the Health Board's 2020-21 financial statements. Exhibit 4 in **Appendix 3** lists these risks and sets out how they were addressed as part of the audit.
- 17 My responsibilities in auditing the Health Board's financial statements are described in my Statement of Responsibilities publications, which are available on the Audit Wales website.

Accuracy and preparation of the 2020-21 financial statements

- 18 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 an Emphasis of Matter paragraph in my report to draw attention to disclosures in note 21.1 relating to the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government, instructing her to fund NHS Clinicians' pension tax liabilities incurred by NHS Wales bodies in respect of the 2019-20 financial year. I placed a substantive report alongside my audit opinion to provide further information on this matter. I also brought two important issues to the attention of officers, the Audit, Risk and Assurance Committee and the Board. These issues related to the overpayment of salary to a former senior officer and the collation and quality assurance of the Remuneration and Staff Report.
- 19 I received the draft accounts on 30 April 2021 and the Annual Report and Accountability Report on 7 May 2021, both in accordance with Welsh Government deadlines. The draft accounts and supporting working papers were generally of a good standard, but I raised several issues on the Remuneration and Staff Report.
- 20 I must report issues arising from my work to those charged with governance before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues to the Health Board on 10 June 2021.

Party Stella
01/14/2022 12:32:42

- 21 In September 2021, my audit team held a shared learning session with officers, to reflect on the 2020-21 accounts preparation and audit process, and to agree areas for improvement in 2021-22. These mainly relate to the Remuneration and Staff Report.
- 22 I also undertook a review of the Whole of Government Accounts return (LMS 2) and reported that there were some inconsistent classifications between the accounts and the return. The Health Board should look to address any inconsistencies in 2021-22.
- 23 My separate audit of the Health Board's Charitable Funds Account is currently ongoing. Officers are currently undertaking some additional work and I expect to complete my audit in January 2022.

Regularity of financial transactions

- 24 The Health Board achieved financial balance for the three-year period ending 31 March 2021 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 2020-21 accounts.
- 25 The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive the income and incur the expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur.
- 26 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion. The Health Board achieved financial balance over the three years to 2020-21 as shown in **Exhibit 1**. The Health Board therefore met its statutory duty to breakeven over the three years.

Exhibit 1: financial position at year-end

Financial year	Revenue surplus £000	Capital surplus £000
2018-19	65	12
2019-20	55	3

Financial year	Revenue surplus £000	Capital surplus £000
2020-21	143	27
Total	263	42

27 The Health Board met both of its financial duties: to achieve financial balance (as set out above) and to have an approved three-year plan in place.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

28 I have a statutory requirement to satisfy myself that the Health Board has proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:

- examining how NHS bodies have responded to the challenges of delivering the Test, Trace, Protect programme.
- reviewing the governance arrangements of the Welsh Health Specialised Services Committee.
- reviewing how well the rollout of the COVID-19 vaccination programme was progressing.
- reviewing how NHS bodies supported staff wellbeing during the COVID-19 pandemic.
- undertaking a phased structured assessment of the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically.
- reviewing the effectiveness of the Health Board's quality governance arrangements.

29 My conclusions based on this work are set out below.

Test, Trace, Protect programme

30 My work examined how public services responded to the challenges of delivering the Welsh Government's Test, Trace, Protect Programme (TTP). As well as

commenting on the delivery of TTP up to and including December 2020, my report set out some key challenges and opportunities that will present themselves as part of the ongoing battle to control COVID-19.

- 31 I found that the different parts of the Welsh public and third sector had worked well together to rapidly build the TTP programme. The configuration of the system blended national oversight and technical expertise with local and regional ownership of the programme, and the ability to use local intelligence and knowledge to shape responses.
- 32 Arrangements for testing and contact tracing have evolved as the pandemic has progressed. But maintaining the required performance in these arrangements proved challenging in the face of increasing demand.
- 33 Despite increased testing and tracing activity, the virus continued to spread, and as in other parts of the UK and internationally, testing and tracing have needed to be supplemented with local and national lockdown restrictions in an attempt to reduce transmission rates.
- 34 While a range of support mechanisms exist, it remains difficult to know how well the 'protect' element of TTP has been working in supporting people to self-isolate.

Welsh Health Specialised Services Committee governance arrangements

- 35 In May 2021, I published my review on the governance arrangements of the Welsh Health Specialised Services Committee (WHSSC). WHSSC is a joint committee made up of, and funded by, the seven local health boards in Wales. On a day-to-day basis, the Joint Committee delegates operational responsibility for commissioning to Welsh Health Specialised Services officers, through the management team. WHSSC, which is hosted by Cwm Taf Morgannwg University Health Board, has an annual budget of £680 million and makes collective decisions on the review, planning, procurement, and performance monitoring of specialised services for the population of Wales on behalf of health boards.
- 36 In 2015, two separate reviews highlighted issues with WHSSC's governance arrangements. Considering the time passed since the two reviews, together with increasing service and financial pressures and the changing landscape of collaborative commissioning, I felt it was timely to review WHSSC's governance arrangements.
- 37 My review found a number of improvements have been made to the overall governance arrangements in WHSCC since 2015. Good progress has been made to strengthen arrangements for quality assurance of specialised services, although scope still exists to increase the attention given to finance, performance, and quality reporting at Joint Committee. There is also a need to review the arrangements for recruiting and remunerating independent members that sit on the Joint Committee given some of the challenges in filling these roles. Current Joint Committee members have a healthy working relationship and operate well

together. However, the current model creates potential conflicts of interest due to the fact some Joint Committee members are also the Chief Officers of the health bodies commissioned to provide specialised services.

- 38 My review found that arrangements for planning commissioned services are generally good and there is an improving focus on value. However, some key new services such as new service models for major trauma and thoracic surgery have taken a long time to agree and implement. My review also found that the COVID-19 pandemic has significantly affected the delivery of specialised services, and that the development of a plan for the recovery of specialised services should now be a priority. The Welsh Government's long-term plan for health and social care, A Healthier Wales, signals the intention to review a number of hosted national functions, including WHSSC, with the aim of 'consolidating national activity and clarifying governance and accountability'.
- 39 Whilst the governance arrangements for WHSSC have continued to improve, my report shows that there are still a number of facets of the WHSSC model that merit further attention.

Vaccination programme

- 40 My audit focused on the rollout of the COVID-19 programme in Wales up to June 2021, the factors that affected the rollout and future challenges and opportunities.
- 41 The vaccine programme has delivered at significant pace. At the time of reporting, vaccination rates in Wales were the highest of the four UK nations, and some of the highest in the world. The milestones in the Welsh Government's vaccination strategy provided a strong impetus to drive the programme and up to the time of reporting, the key milestones had been met.
- 42 The UK's Joint Committee on Vaccination and Immunisation (JCVI) guidance on priority groups was adopted but the process of identifying people within some of those groups has been challenging.
- 43 The organisations involved in the rollout have worked well to set up a range of vaccination models which make the best use of the vaccines available, while also providing opportunities to deliver vaccines close to the communities they serve.
- 44 Overall vaccine uptake to the time of reporting was high, but there was a lower uptake for some ethnic groups and in the most deprived communities. At the time of the audit, vaccine wastage was minimal, but concerns were emerging about non-attendance at booked appointments.
- 45 The international supply chain is the most significant factor affecting the rollout, with limited vaccine stock held in Wales. However, increasing awareness of future supply levels was allowing health boards to manage the vaccine rollout effectively.
- 46 As the programme moved into the second half of 2021, challenges presented themselves around encouraging take-up amongst some groups, vaccine workforce resilience and venue availability. A longer-term plan was needed to address these and other elements of the ongoing vaccination programme.

How NHS bodies supported staff wellbeing during the COVID-19 pandemic

- 47 My review considered how NHS bodies have supported the wellbeing of their staff during the pandemic, with a particular focus on their arrangements for safeguarding staff at higher risk from COVID-19.
- 48 NHS staff have shown tremendous resilience and dedication throughout the pandemic, despite facing huge strains to their mental and physical health. The NHS in Wales was already facing a number of challenges relating to staff wellbeing prior to the pandemic, and the crisis has highlighted the importance of supporting the mental and physical health of the NHS workforce.
- 49 Through my Structured Assessment work, I found that NHS bodies moved quickly at the beginning of the pandemic to enhance wellbeing initiatives to support staff through unprecedented times. As the pandemic unfolded, I found that NHS bodies in Wales implemented a range of measures to improve staff wellbeing, such as creating dedicated rest spaces, increasing mental health and psychological wellbeing provision, enhancing infection and prevention control measures, and enabling remote working.
- 50 My work also looked at how NHS bodies in Wales protected staff at higher risk from COVID-19. Amongst other safeguarding initiatives, I found that all bodies rolled out the All-Wales COVID-19 Workforce Risk Assessment Tool which identifies those at a higher risk and encourages a conversation about additional measures to be put in place to ensure staff are adequately protected. Although NHS bodies promoted and encouraged staff to complete the assessment tool, completion rates varied between NHS bodies.
- 51 While the crisis has undoubtedly had a considerable impact on the wellbeing of staff in the short term, the longer-term impacts cannot be underestimated. With a more emotionally and physically exhausted workforce than ever, NHS bodies in Wales must maintain a focus on staff wellbeing and staff engagement to navigate through the longer-term impacts of the crisis. My report, therefore, is accompanied by a checklist which sets out some of the questions NHS Board members should be asking to ensure their health bodies have good arrangements in place to support staff wellbeing.

Structured assessment

- 52 My structured assessment work was designed in the context of the ongoing response to the pandemic. I ensured a suitably pragmatic and relevant approach to help me discharge my statutory responsibilities, whilst minimising the impact on NHS bodies as they continue to respond to the pandemic. My team undertook the work into two phases this year:

- phase 1 considered the planning arrangements underpinning the development and delivery of the operational plan for quarters three and four of 2020-21.
- phase 2 considered how corporate governance and financial management arrangements adapted over the year. Auditors also paid attention to progress made to address previous recommendations.

Operational planning arrangements

- 53 My work considered the Health Board's operational planning arrangements underpinning the operational plan for quarters three and four of 2020-21. The planning framework covered the maintenance of effective and efficient operational planning arrangements in health bodies to guide their response to the pandemic as well as responding to winter pressures and laying the foundations for effective recovery of services.
- 54 My work found that the Health Board has effective operational planning arrangements, underpinned with good arrangements to engage with staff members and the public, and to monitor delivery of operational plans.
- 55 The Health Board's plan for quarters three and four was submitted to the Welsh Government within the required timeframe, covers the necessary areas within the planning framework guidance and received independent member scrutiny.
- 56 The Health Board's operational planning arrangements are robust, and plans were developed through extensive engagement with staff and the public. The Health Board had good arrangements for monitoring and reporting on the delivery of the operational plans to the Board, albeit that the use of delivery milestones was temporarily stood down which made assessment against delivery difficult.

Governance arrangements

- 57 My work considered the Health Board's ability to maintain sound governance arrangements while having to respond to the unprecedented challenges presented by the pandemic. The key focus of the work has been the corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. We also considered how business deferred in 2020 was reinstated and how learning from the pandemic is shaping future arrangements for ensuring continued good governance and recovery.
- 58 The Health Board has generally good Board and committee arrangements and has recently revised the committee structure following an internal review and informed by learning through the pandemic. However, there are a number of gaps within the corporate governance team which will need to be managed effectively. The transparency of Board business to the public is good, and the Health Board's Chief Executive has undertaken well publicised live public question and answer sessions. However, recently some agenda papers are provided late to Board and committees which could potentially affect the ability of independent members to

scrutinise them effectively. A number of independent members will be leaving the Health Board soon, and formal induction training is needed to help new members ease quickly into their roles.

- 59 My work also found that the Health Board has set out its plans for managing COVID-19 and renewal/transformation of healthcare services. Plans are supported with specific, measurable and timebound actions for delivery, and there is good oversight and monitoring of progress through the Health Board's committees. There is good evidence of partnership working with commissioned services, and oversight of this work is good.
- 60 Whilst there is good Board scrutiny of risks, the Board Assurance Framework needs to be updated to reflect risks to achieving new strategic priorities. There is further work to do to fully address recommendations from Internal Audit reports on risk management in 2019 and 2020. The Health Board is revising its risk management framework. The work will need to demonstrate that operational risks on departmental and directorate risk registers are escalated appropriately. Comprehensive training will need to be rolled out to staff. Although good arrangements are in place to monitor progress on audit and review recommendations, actions to address a number of recommendations which were reprioritised are now overdue.

Managing financial resources

- 61 I considered the Health Board's financial performance, financial controls and arrangements for monitoring and reporting financial performance.
- 62 I found that the Health Board has good arrangements to manage its financial resources and continues year on year to meet its financial duties. Financial controls are effective, and the Health Board uses clear, financial information to monitor and report its performance. However, the delivery of savings will be challenging this year, with all savings to be achieved profiled across the last six months of the financial year. Further work is also needed to ensure timely reporting to the Delivery and Performance committee.

Quality governance arrangements

- 63 My audit examined whether the organisation's governance arrangements support delivery of high quality, safe and effective services. The review focused on both the operational and corporate approach to quality governance, organisational culture and behaviours, strategy, structures and processes, information flows and reporting.
- 64 My work found that there is a clear commitment to ensure high-quality commissioned and provided services, supported by corporate frameworks, and improving risk management. The Health Board is committed to growing its quality improvement capacity, and there has been better use of clinical audit. There is a well-established values and behaviours framework in place and staff feel supported

to raise concerns. The Health Board has a range of formal mechanisms for capturing patient experience and work is underway to develop a new Patient Experience Engagement Framework and Strategy and implement a new real time system to capture patient feedback. The introduction of the new Clinical Quality Framework is positive, and its roll out is starting to strengthen operational governance, alongside an increase in resources. Recent developments have strengthened lines of accountability and oversight of scrutiny to improve flows of assurance.

- 65 However, the quality priorities and success measures need to be clearer in order to measure impact and improvement. Work on capturing patient feedback needs to be more consistent and there needs to be better systems for demonstrating learning. Health Board resources to support quality governance are limited, and historical capacity constraints within the concerns team are affecting the timeliness of responses to complaints. There is scope to broaden the current performance reporting to ensure a clearer focus on quality matters covering the breadth of services provided and commissioned, as well as developing a quality dashboard reflecting the unique nature of the Health Board. Due to the majority of healthcare being provided by commissioned services, the Health Board will need to continue to utilise its good partnership working arrangements to ensure Powys residents are appropriately prioritised by providers to ensure good patient outcomes.

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Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2021.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	June 2021
Opinion on the Financial Statements	June 2021
Performance audit reports	
Doing it Differently, Doing it Right? (Structured Assessment 2020 All-Wales themes, lessons and opportunities relating to NHS governance during COVID-19)	January 2021
Test, Trace, Protect in Wales: An Overview of Progress to Date	March 2021
Welsh Health Specialised Services Committee Governance Arrangements	May 2021
Rollout of the COVID-19 vaccination programme in Wales	June 2021
Structured Assessment 2021: Phase 1 Operational Planning Arrangements	June 2021
Taking care of the carers? (Structured Assessment 2020 All-Wales themes, lessons and opportunities relating to NHS staff wellbeing during COVID-19)	October 2021

Report	Date
Quality Governance Review	October 2021
Structured Assessment 2021: Phase 2 Corporate Governance and Financial Management Arrangements	December 2021
Other	
2021 Audit Plan	February 2021

My wider programme of national value for money studies in 2021 included reviews that focused 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. Reports are available on the [Audit Wales website](#).

Exhibit 3: performance audit work still underway

There are a number of performance audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Unscheduled care	Phase 1 – February 2022 Timing of further work included as part of the 2022 plan still to be confirmed.
Orthopaedics	March 2022
Review of the Health Board's Renewal Programme	March 2022

Appendix 2

Audit fee

The 2021 Audit Plan set out the proposed audit fee of £262,655 (excluding VAT). My latest estimate of the actual fee is in keeping with the fee set out in the outline

The estimated fee set out in the 2021 Audit Plan did not include the audit of the 2020-21 Charitable Funds Account. I will report the actual fee for this audit following completion of audit work, which is scheduled for January 2022.

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Appendix 3

Financial audit risks

Exhibit 4: financial audit risks

My 2021 Audit Plan set out the financial audit risks for the audit of the Health Board's 2020-21 financial statements. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
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].	The audit team will: <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.	I reviewed a sample of the accounting estimates and a sample of transactions that included journal entries. I did not identify any significant transactions outside the normal course of business. My audit findings were satisfactory.
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 breakeven position. This combined with the outputs 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.	As set out in this report, my audit confirmed that the Health Board met its financial duty to break even over a three-year period. I substantively tested a sample of transactions and balances. My audit findings were satisfactory.

Audit risk	Proposed audit response	Work done and outcome
<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>I did not identify any issues with your closedown process. I did however report errors in the draft Remuneration and Staff report and I raised a recommendation for improvement in the Health Board's quality monitoring 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>I substantively tested a sample of transactions and balances. My audit findings were satisfactory.</p>

Audit risk	Proposed audit response	Work done and outcome
<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>	<p>No expenditure was incurred during 2020-21, and the Health Board included a narrative contingent liability disclosure in its accounts. As set out in this report, I included an Emphasis of Matter paragraph in my audit opinion, and I issued a substantive report to provide further information on the matter.</p>

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Audit Wales
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500
Fax: 029 2032 0600
Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

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

Structured Assessment 2021 (Phase Two) – Corporate Governance and Financial Management Arrangements: Powys Teaching Health Board

Audit year: 2021

Date issued: December 2021

Document reference: 2688A2021-22

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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01/14/2022 12:32:42

Contents

Summary report	
About this report	4
Key messages	4
Recommendations	6
Detailed report	
Governance arrangements	7
Managing financial resources	20
Appendices	
Appendix 1 – management response to audit recommendations	26

Parry Stella
01/14/2022 12:32:42

Summary report

About this report

- 1 This report sets out the findings from phase two of the Auditor General's 2021 structured assessment work at Powys Teaching Health Board (the Health Board). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources under section 61 of the Public Audit (Wales) Act 2004. [Our 2021 structured assessment phase one report](#) considered the Health Board's operational planning arrangements and how these are helping to lay the foundations for effective recovery.
- 2 The COVID-19 pandemic required NHS bodies to quickly adapt their corporate governance and decision-making arrangements to ensure timely action was taken to respond to the surge in emergency COVID-19 demand and to ensure the safety of staff and patients. Our [2020 structured assessment report](#) considered the Health Board's revised governance arrangements and was published in November 2020.
- 3 NHS bodies have continued to respond to the ongoing challenges presented by COVID-19, whilst also starting to take forward plans for resetting and recovering services affected by the pandemic. Our 2021 structured assessment work, therefore, was designed in the context of the ongoing response to the pandemic thus ensuring a suitably pragmatic approach to help the Auditor General discharge his statutory responsibilities whilst minimising the impact on NHS bodies as they continued to respond to COVID-19.
- 4 Phase two of our 2021 structured assessment has considered how corporate governance and financial management arrangements have adapted over the last 12 months. The key focus of the work has been on the corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. We have also considered how business deferred in 2020 has been reinstated and how learning from the pandemic is shaping future arrangements for ensuring good governance and delivering value for money. We have also sought to gain an overview of the Board's scrutiny of the development and delivery of the Health Board's 2021-22 Annual Plan.
- 5 We have provided updates on progress against any areas for improvement and recommendations identified in previous structured assessment reports.

Key messages

- 6 Overall, we found the **Health Board has generally effective Board and committee arrangements, however capacity gaps within the corporate governance team and the turnover of independent members are of concern. Plans have been developed for responding to COVID-19 and transformation of healthcare services. The Health Board will need continue to utilise its good**

partnership working arrangements to ensure that Powys residents are appropriately prioritised by commissioned services. Financial resources are managed well, however, delivering the required financial savings will be challenging.

- 7 The Health Board has generally good Board and committee arrangements and has recently revised the committee structure following an internal review and informed by learning through the pandemic. However, there are a number of gaps within the corporate governance team which will need to be managed effectively. The transparency of Board business to the public is good, and the Health Board's Chief Executive has undertaken well publicised live public question and answer sessions. However, recently some agenda papers are provided late to Board and committees which could potentially affect the ability of independent members to scrutinise them effectively. A number of independent members will be leaving the Health Board soon, and formal induction training is needed to help new members ease quickly into their roles.
- 8 The Health Board has set out its plans for managing COVID-19 and renewal/transformation of healthcare services. Plans are supported with specific, measurable and timebound actions for delivery, and there is good oversight and monitoring of progress through the Health Board's committees. There is good evidence of partnership working with commissioned services, and oversight of this work is good.
- 9 Whilst there is good Board scrutiny of risks, the Board Assurance Framework needs to be updated to reflect risks to achieving new strategic priorities. There is further work to do to fully address recommendations from Internal Audit reports on risk management in 2019 and 2020. The Health Board is revising its risk management framework. The work will need to demonstrate that operational risks on departmental and directorate risk registers are escalated appropriately. Comprehensive training will need to be rolled out to staff. Although good arrangements are in place to monitor progress on audit and review recommendations, actions to address a number of recommendations which were reprioritised are now overdue.
- 10 The focus of the Health Board on staff wellbeing has been positive, and there are good plans in place to continue to develop wellbeing support. However, due to the unique nature of the Health Board with the majority of healthcare provided by commissioned services, there needs to be a continued focus on quality of care to ensure Powys residents are appropriately prioritised by providers to ensure good patient outcomes.
- 11 The Health Board has good arrangements to manage its financial resources and continues year on year to meet its financial duties. Financial controls are effective, and the Health Board uses clear, financial information to monitor and report its performance. However, the delivery of savings will be challenging this year and further work is needed to ensure timely reporting to the Delivery and Performance committee.

Recommendations

- 12 Recommendations arising from this audit are detailed in **Exhibit 1**. The Health Board's management response to these recommendations is summarised in **Appendix 1** [to be added following completion by the Health Board].

Exhibit 1: 2021 recommendations

Recommendations

Independent member induction

- R1 The Health Board is experiencing a period of significant change within its independent members cohort. Independent members must be appropriately supported to meet their responsibilities through the provision of an adequate induction programme and ongoing development so they can effectively scrutinise the information presented to them. To supplement the national induction programme, the Health Board should develop a local induction training programme as soon as possible to help new independent members ease quickly into their role.

Associate Board member appointment

- R2 The Health Board does not currently have any associate Board members to assist it in carrying out its functions. Previously the Corporate Director (Children and Adults) from Powys County Council was an associate Board member but has not attended. The Health Board should work with Powys County Council to identify a suitable replacement as soon as possible.

Board and committee agenda papers

- R3 Board and committee meeting agenda bundles are made available in advance of meetings. However, on occasions some papers are provided late and added to a separate bundle called 'supplementary papers'. Late papers do not allow adequate time for scrutiny, and the use of the term supplementary papers is misleading. The Health Board should ensure as soon as possible, that appropriate arrangements are in place to:
- reduce as far as possible inclusion of late papers;
 - stop the use of naming late papers 'supplementary'; and
 - to merge late papers into the main agenda bundle when publishing Board and committee papers on the website.

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Detailed report

Governance arrangements

- 13 Our structured assessment work considered the Health Board's governance arrangements while continuing to respond to the challenges presented by the pandemic.
- 14 We found that **the Health Board has generally effective Board and committee arrangements, although attention is needed to improve the timeliness of agenda papers, local induction training for independent members is required and there are three unfilled associate member posts. In addition, there are imminent gaps within the corporate governance team which are of concern. Plans for response to COVID-19 and transforming services to recover waiting times are in place and supported by good partnership working arrangements and effective scrutiny of delivery. Partnership working and engagement with commissioned providers will be key in delivering good outcomes for Powys residents. Work continues to strengthen risk management arrangements.**

Conducting business effectively

- 15 We found that **generally the Health Board has effective Board and committee arrangements, a new committee structure has been implemented this year and there is a commitment to continuous improvement. However, there are three unfilled associate member posts, as well as a number of capacity gaps within the corporate governance team and no formal induction training for independent Board members at a time when turnover is significant. There is work to do to improve the timeliness and management of some Board and committee agenda papers.**

Public transparency of Board Business

- 16 The Health Board has adapted well to virtual Board meetings, with individuals attending separately from remote locations. Virtual Board meetings are now well-established, and meetings are chaired effectively. Board meetings are livestreamed, and recordings are published on the organisation's external website for later viewing. The 28 July 2021 Annual General Meeting of the Board was virtual, and members of the public were able to join the session and participate.
- 17 The Health Board does not 'advertise' Board or meetings on its social media platforms, this is a missed opportunity to potentially increase the number of members of the public observing live meetings. However, the Chief Executive has undertaken live public question and answer sessions, which have been well publicised.
- 18 The Health Board is committed to livestreaming Board committee meetings to allow members of the public to observe. This will significantly increase public access to Board business. The Health Board told us that the resource implications

needed to achieve this commitment means it is unlikely it will be possible within the current financial year. In the meantime, the Health Board’s website provides an option for members of the public to request attendance by invite, although at the time of our review, no requests had been received.

- 19 The agenda and papers for each Board and committee meeting are published in advance of meetings. The Health Board produces good Board and committee meeting minutes which accurately summarise discussions. Approved minutes are published on the website within the next meeting’s agenda papers.
- 20 As part of our work, we reviewed the Health Board website, **(see Exhibit 2, 2018 R4)** and found that the website does not provide easy access to the Health Board’s policies.

Exhibit 2: progress made on previous year recommendations

Recommendation	Description of progress
<p>Internet Accessibility Structured Assessment 2018 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.</p>	<p>In progress The external website has a Health Board Policy section, however, the only policy available to be downloaded is the Putting Things Right Policy. Whilst the website includes links to ‘clinical policies’, ‘non-clinical policies’, each lead to a statement that policies must be requested from the Health Board (via a form or by phone).</p>

Board and Committee arrangements

- 21 Board and committee chairs set out clearly the purpose of each item of business and quickly reorder agendas to accommodate any connectivity issues that occur during meetings. At each meeting, chairs remind those attending of virtual meeting etiquette and set the tone for constructive debate. Some committees took longer to adapt and become proficient with using technology for virtual meetings, however our recent observations found that the initial difficulties had been resolved.
- 22 At the start of the pandemic and until November 2020 the Health Board held monthly Board meetings. In January 2021, the Board returned to meeting bimonthly, except for June 2021 when two meetings were held, one to agree the annual accounts and the other to approve the 2021-22 Annual Plan prior to submission to Welsh Government. Board Members have remained sighted of COVID-19 issues through regular Board briefing sessions.

- 23 Since our 2020 Structured Assessment, the Health Board has also held a series of Board development sessions on a wide range of topics including the South Powys Programme¹, safeguarding, domestic violence and children's rights, the socio-economic duty, the Social Care White Paper and renewal and recovery planning for 2021-22.
- 24 Although the Health Board maintained the schedule of the Audit, Risk and Assurance Committee and the Experience, Quality and Safety Committee, some meetings of other committees were cancelled and where required, business was taken directly to Board. During 2020 and up to April 2021, the Performance and Resources Committee and the Strategy and Planning Committee met only when needed.
- 25 The Health Board will be experiencing significant change within its independent members cohort. The Vice Chair will be leaving the Health Board in December 2021 and recruitment for a replacement is underway. The Chair will also leave in September 2022. The term for the Chair was extended for one year to minimise the risk of both key members leaving in quick succession. Two other independent members will leave during 2022. Two new independent members were appointed during 2021. Induction training and appropriate board development is critical to ensuring that new independent members ease quickly into their role. However, aside from the national induction programme and some local meetings, the Health Board does not have a formal local induction programme for independent members (see **Recommendation 1**).
- 26 The Health Board does not currently have any associate Board members to assist it in carrying out its functions. The Corporate Director (Children & Adults) of Powys County Council was appointed as an Associate Member of the Board (non-voting) but has not attended Board. Despite the importance of this role, the Health Board and the local authority have not identified a suitable replacement (see **Recommendation 2**).
- 27 The Welsh Government's Model Standing Orders include the requirement to establish a multi-disciplinary Healthcare Professionals' Forum to provide clinical insight and to advise the Board. The Health Board has not yet established such a forum (see **Exhibit 3, 2018 R2**). Once set up, the expectation is that the Chair of the Forum will become an associate member of the Board. Despite the omission of a formal clinical engagement forum to advise the Board, we have seen evidence of clinical engagement and clinical advice to the Board.
- 28 The Model Standing Orders also require that a Stakeholder Reference Group exists to provide independent advice on any aspect of Health Board business, with membership drawn from appropriate organisations within the community. While the Health Board established a Stakeholder Reference Group in 2018-19, it did not function as intended. Work to re-consider the remit and work of the Group was

¹ The South Powys Programme is a programme of work to redesign patient pathways resulting from the opening of the Grange University Hospital.

delayed by the pandemic. The Stakeholder Reference Group did not meet in 2020-21, and the role of Chair is vacant. The Stakeholder Reference Group is to be re-established in March 2022. Despite this, we have seen examples of stakeholder engagement within specific projects.

Exhibit 3: progress made on previous year recommendations

Recommendation	Description of progress
<p>Healthcare Professionals Forum Structured Assessment 2018 R2 Standing Orders include a 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.</p>	<p>Not Complete Discussions regarding the establishment of a clinical engagement group remain at an early stage. The Annual Governance Programme 2021-22 sets out that a draft term of reference for this clinical engagement group will be discussed at the March 2022 Board meeting.</p>

Board and committee information

- 29 Board and committee meeting papers are made available to Board members and placed on the website in advance of meetings. Our observations of Board and committee meetings found there is sufficient focus and discussion on key issues and chairs encourage contributions from all. However, we have noted that there have been a number of late additional papers submitted to the Board and some committees. This frequently includes the Chief Executives report. Where agenda papers are provided late this can put unreasonable time pressures on independent members to have sufficient time to effectively read and scrutinise the information in preparation for meetings.
- 30 Late papers are also confusingly described as 'supplementary papers' and placed on the website separately to the main meeting papers bundle, rather than merged into a single bundle. The use of 'supplementary' implies that the papers are additional supporting information to the main papers for the meeting, which is not the case (see **Recommendation 3**).
- 31 In the main, consistent use is made of the standard cover paper template for Board papers. The information provided in the report cover papers provides a useful summary of the key matters set out in agenda papers. Financial performance reports do not use the cover report template, however, the equivalent information is provided on the introductory page. However, there is still scope to improve cover reports, see **Exhibit 4, 2018 R6**.

- 32 The Board continues to receive an overview of performance against the NHS Delivery Framework 2020-21 instead of the fuller Health Board's regular Integrated Performance Reports. This is an interim pragmatic arrangement implemented during the pandemic to provide oversight on the most critical indicators, including those relating to COVID-19. The overview includes waits for directly provided and commissioned services as well as key primary care performance measures. The overview highlights areas of concern and risks to help focus scrutiny. The use of Statistical Process Control charts provides a clear picture of the Health Board's performance over time, and it is easy to see where performance is improving or off-track.

Exhibit 4: progress made on previous year recommendations

Recommendation	Description of progress
<p>Quality of Board Cover Papers Structured Assessment 2018 R6</p> <p>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.</p>	<p>On track but not yet complete</p> <p>Recent cover papers for Board reports in the main use a consistent template. While the template includes a place to indicate an equality impact assessment has been completed, there is no prompt to indicate where one is not needed. Therefore, it is not clear if the quality impact assessment is missing or not required.</p>

Board commitment to continuous improvement

- 33 In April 2021, the Board reviewed the effectiveness of its Board and Committee arrangements as part of its Board Development programme. A workshop was held to explore independent member views and identify strengths and weaknesses with current committee structure. A number of areas to address were identified, and together with learning from how committees operated during the pandemic, led to a new committee structure. The revised committee structure was approved by the Board in July 2021 and new terms of reference were subsequently approved at the Board in September 2021. A summary of the changes is provided in **paragraphs 34 to 38**.
- 34 The Board felt that strategy development needed to be undertaken collectively by the Board rather than delegated to a Board committee. Therefore, the Strategy and

Planning Committee has been renamed the Planning, Partnership and Population Health Committee. This group met in October 2021 for its inaugural meeting and will provide the Board with advice and assurance on its planning arrangements, partnership approach, and on how the Health Board is addressing population health and inequalities.

- 35 The Board also identified a need to ensure a more manageable remit for the Experience, Quality and Safety Committee with a greater focus on patient experience. The Experience, Quality and Safety Committee has become the Patient Experience, Quality & Safety Committee, emphasising its role in relation to patient experience. This Committee met for the first time in October 2021. The Health Board has also made improvements to mental health reporting and monitoring. The Committee now receives mental health reports as a matter of course, and in October 2021, it received the first Integrated Quality Report from the Directorate of Primary, Community Care and Mental Health.
- 36 A new Workforce and Culture Committee has been established to ensure that there is appropriate Board focus on the Health Board's culture and practice. This Committee, which held its inaugural meeting in October 2021, is designed to ensure that the implementation of the organisational development framework is aligned to strategic and planning objectives and priorities.
- 37 Finally, the Performance and Resources Committee has become the Delivery and Performance Committee, providing assurance on the effectiveness of arrangements to achieve the Health Board's aims and objectives. The Committee has a wide assurance remit including scrutiny of financial management, financial performance, performance of provided and commissioned services, information management and estates and support services.
- 38 The Audit, Risk and Assurance Committee, Charitable Funds Committee and Remuneration and Terms of Service Committee all remain unchanged from 2019, although their terms of reference have been updated to reflect the new committee structures.
- 39 The Health Board has concluded its review of the committee arrangements implemented in 2019 (see **Exhibit 5, 2019 R2**). However, in implementing a new committee structure in September 2021, the Health Board will need to ensure at an appropriate time that it is operating as planned. Given that the committee arrangements are relatively new, it is too early for us to comment on their effectiveness.

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Exhibit 5: progress made on previous year recommendations

Recommendation	Description of progress
<p>Committee Structure Structured Assessment 2019 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.</p>	<p>Complete The Health Board established a revised committee structure in July 2021 to ensure effective scrutiny and decision-making. This included due consideration of which committees will receive assurance on mental health, information governance and workforce.</p>

Ensuring organisational design supports good governance

- 40 Our Structured Assessment 2020 described the Health Board's Pandemic Governance Framework which was implemented on the 17 March 2020 based on the Powys Pandemic Framework and Civil Contingency Plan. Led by the Chief Executive, the Strategic Gold Group provided strong leadership to respond to COVID-19 and continue care for the population of Powys. No changes were made to the Board's Scheme of Reservation and Delegation of Powers.
- 41 The Health Board stood down the Strategic Gold Group on 5 May 2021. Since then, the Executive Committee has maintained oversight of the Health Board, and in particular the COVID-19 response. The Health Board has signalled its intention to review their pandemic response framework during 2022 to reflect and incorporate learning from the COVID-19 pandemic.
- 42 Last year, our Structured Assessment report concluded that the executive team had demonstrated strength, cohesion, and resilience throughout the pandemic period, and this has continued to be the case. There is a full complement of executive directors in place following the appointment of a substantive Medical Director in February 2021. The Director of Nursing and Midwifery will also retire in March 2022 and the recruitment process is underway.
- 43 However, the Board Secretary left the Health Board in November 2021. An interim arrangement has been made for a period of 9 months; however, the appointment will not start until January 2022 which leaves a capacity gap during this period. We are also aware a number of key staff within the corporate governance team have also signalled their intention to leave, including the Head of Risk and Assurance. Given the significant turnover to Board membership due to happen over coming months, gaps in the Health Board's corporate governance team are a concern.

Planning for recovery²

- 44 We found that **the Health Board has developed plans for continuing its response to COVID-19 and the transformation of healthcare services to begin recovery of waiting times. There is positive evidence of partnership working, plans set out specific, measurable and timebound actions for delivery and there is good Board oversight of progress of delivery plans.**
- 45 In 2017, the Health Board, together with Powys County Council via the Powys Joint Partnership Board developed a joint 10-year Health and Care Strategy for the Powys region.
- 46 The Health Board's Annual Plan 2021-22 (the Annual Plan) covers the ongoing response to COVID-19, the delivery and recovery of healthcare services and the Health Board's ambition for renewal/transformation of services to help support continued progress to deliver the 10-year Health and Care strategy.
- 47 The Board discussed the Health Board's draft Annual Plan during its in-committee meeting in March 2021. The immediate organisational priorities set out in the Plan remain the same as the previous year, however six new renewal organisational priorities were added.
- 48 The Health Board received feedback from Welsh Government on the draft Annual Plan. The Health Board addressed the feedback by adding:
- further detail on its capacity and capability to deliver the plan in partnership, including information on cross border arrangements, stakeholder engagement, and accountabilities;
 - further detail on renewal planning and its alignment with the ongoing COVID-19 response; and
 - further workforce modelling data.
- 49 The Board subsequently approved the final Annual Plan at its meeting on 29 June 2021. There was good scrutiny of both the draft and the final versions, with the Board seeking assurance that the plan was realistic and achievable.
- 50 The final Annual Plan is supported by a Delivery Plan which sets out the detailed actions underpinning the organisational priorities. The actions are specific, measurable, achievable, relevant, and time-bound and assigned to a responsible executive.
- 51 The Health Board has evaluated the extent to which population health and wellbeing has been affected by the pandemic, including the impact of the reduction

² NHS bodies are required to submit a three-year Integrated Medium-Term Plan (IMTP) to the Welsh Government on an annual basis. The IMTP process for 2020-23 was paused by the Welsh Government in March 2020, to allow NHS bodies to focus on responding to the COVID-19 pandemic. Instead, health bodies were required to submit quarterly plans during 2020-21 as well as prepare an annual plan for 2021-22 by 31 March 2021. Our 2021 structured assessment phase one report considered the Health Board's operational planning arrangements.

in NHS activity and the wider societal impacts due to COVID-19. It has identified six renewal priorities³ following a full appraisal of the impact of the pandemic. The Health Board has developed a Strategic Renewal Portfolio to drive transformation in these six areas, it has received non-recurrent funding of £2.5 million plus £0.5 million capital funding from the Welsh Government Planned Care Recovery fund. The Strategic Renewal Programme is ambitious and supports the delivery of the priorities in the 10-year Health and Care Strategy. At the time of our work implementation was underway with the development of programmes of activity, each assigned to a lead director.

- 52 Quarterly delivery progress updates against the Annual Plan and the Strategic Renewal Programme are provided to the Delivery and Performance Committee and the Board. The update for the Quarter 2 period (July 2021 to September 2021) was presented at the Delivery and Performance Committee at its meeting on 1 November 2021. The update sets out progress made during the quarter against each of the actions in both plans, including mitigating actions where progress was off-track and areas at risk. The latest update report identified some risks in relation to the Health Board's ability to recruit staff to posts and its ongoing response to the COVID-19 pandemic.
- 53 The Health Board has complex partnership arrangements. The small population size and wide geographical area, combined with a unique set of commissioning arrangements for acute and planned care means that planning, commissioning, and care pathways is complex. The Health Board also operates as a sub-region within the wider mid-Wales footprint, working in collaboration with other healthcare organisations through the Mid-Wales Joint Committee for Health and Care (formally the Mid-Wales Collaborative). As outlined in **paragraph 34 to 38** the Health Board has recently strengthened its committee structure, and the new Planning, Partnerships and Population Health Committee will scrutinise partnership working arrangements. In September 2021, as part of Board Development, the Health Board provided clarity on the complex partnership arrangements to independent members.
- 54 There are a number of partnership groups in which the Health Board participates, such as the Powys Regional Partnership Board, the Public Services Board and the Rural Health and Care Wales Programme. An update report on partnership activity is provided to Board each month by the Chief Executive informing on work undertaken by all partnership groups.

³ The six renewal priorities are: frailty and community models of care; long-term conditions and wellbeing; diagnostics, ambulatory and planned care; advice, support and pre-habilitation; children and young people; and tackling the Big 4 (respiratory, cancer, circulatory and mental health).

Systems of assurance

- 55 We found that **the Health Board needs to update its Board Assurance Framework and address weaknesses in operational risk management. However, the focus on staff wellbeing is positive, and there are good plans to support Health Board resilience through Winter 2021-22, but focus is needed to ensure Powys residents are appropriately prioritised by commissioned services**

Managing risk

- 56 **Whilst there is good scrutiny of risks by the Board, the Board Assurance Framework needs to be refreshed to ensure the Board appropriately scrutinises risks to achieving new strategic priorities. There continues work to do to improve risk management, and address weaknesses identified in previous Internal Audit reports, including appropriate escalation of risks. A new risk management framework is in development, and comprehensive training will be required to ensure its effectiveness.**
- 57 The Health Board has not updated its Board Assurance Framework to reflect the new strategic priorities of the organisation. Work to progress this has been affected by COVID-19. Therefore, the Board Assurance Framework has not been presented to the Board since January 2020. The Health Board told us it intends to update the Board on progress on revising the Board Assurance Framework in November 2021. However, the Health Board did identify the risks to achieving the strategic objectives in the Annual Plan and mitigating actions put in place. The Board continued to receive reports on the Corporate Risk Register during this period, providing some assurance in relation to the risk controls and mitigating actions that are in place. The Board recognises that the Board Assurance Framework must be a live tool which drives their meeting agendas and requires regular scrutiny and oversight.
- 58 The Corporate Risk Register is scrutinised by the Board at each meeting. All COVID-19 risks are now included in the Corporate Risk Register. The Health Board moved to the new Once for Wales Concerns Management System in June 2021 to manage concerns, complaints, and incidents. The Health Board is preparing to migrate all risk registers to the same system in April 2022. Currently, the risk registers are MS excel workbook format. This means that managing risk registers is cumbersome, with manual intervention required to escalate risks between differing levels of registers. The introduction of the new system will greatly strengthen oversight of risk management. However, there may be a large exercise needed to standardise information in differing risk registers, before migration to the new system.
- 59 Internal Audit reviews in 2019 and 2020 gave limited assurance on risk management. Findings included an absence of some directorate level operational risk registers and therefore a lack of understanding of how operational risks should

be appropriately escalated to the Corporate Risk Register⁴. Therefore, there was no assurance that all highest-level risks were appearing on the Corporate Risk Register. Internal Audit also highlighted an absence of risk management training and there were no records of risk discussions in directorate and departmental meetings.

- 60 There remains work to do to fully address the weaknesses identified in the Internal Audit reports, and Internal Audit will assess progress in 2022. Our 2021 Review of Quality Governance arrangements found that some risk mitigating actions were missing and the evidence supporting risk score reductions was not clear.
- 61 In 2021, the Health Board has been reviewing its risk management arrangements and is developing a new risk management framework for approval at Board in November 2021. The Board reviewed the risk management appetite in July 2021 and agreed that it should remain the same.
- 62 Despite risk management training being delivered at the request of service groups and teams throughout the pandemic, there is no formal risk management training yet. There are plans in 2021-22 to undertake a roll out comprehensive risk management training based on the new arrangements.

Quality and safety assurance⁵

- 63 We found that **the Health Board has made a commitment to staff wellbeing and plans are in place to develop further wellbeing support during the year. Quality and safety of services remains a focus, with key plans in place to support resilience of services through Winter 2021-22, but the Health Board will need to ensure Powys residents are appropriately prioritised by commissioned services to support good patient outcomes.**

Staff wellbeing arrangements

- 64 In June 2020, the Health Board undertook an internal wellbeing survey⁶. The recommendations resulting from the survey included the need to ensure consistent communications on COVID-19 and to improve access to wellbeing support and resources. Since then, the Health Board has developed a Wellbeing Hub internet site and has recently delivered wellbeing workshops and stress management training to staff.

⁴ The Corporate Risk Register should contain the highest-level operational risks from across the Health Board, deemed appropriate for Board level scrutiny.

⁵ We have limited the work we have undertaken on quality governance arrangements as part of our 2021 structured assessment as we have undertaken a separate review of quality governance arrangements at the Health Board. The review considered whether the organisation's governance arrangements support delivery of high quality, safe and effective services. We have reported our findings in November 2021.

⁶ The Health Board received responses from 279 members of staff.

- 65 The Annual Plan makes a commitment to enhance well-being support for staff as a key priority for 2021. The supporting Delivery Plan has identified a number of wellbeing actions which are profiled for delivery throughout the year. These actions include developing and implementing a high-level plan for staff wellbeing, for which the Wellbeing at Work Group will be responsible.
- 66 In 2021, the Health Board considered and refreshed the priorities in its Organisational Development Strategic Framework to incorporate learning from the COVID-19 pandemic. The Framework sets out the principles of organisational design, development, culture, and engagement across the organisation. The Framework is designed to support recovery from the pandemic and the renewal of services. There is a clear intent within the Organisational Development Strategic Framework to develop a multi-layer approach to staff engagement and wellbeing, and to support staff to recover from the pandemic. Progress will be monitored by the Workforce and Culture Committee as well as quarterly updates provided to Board.

Quality of Services

- 67 The Health Board is primarily a commissioning organisation, with the largest proportion of its budget devoted to securing health care services, including unscheduled and planned care, from neighbouring NHS organisations. The Health Board's plans recognise that renewal or transformation of healthcare heavily relies on services provided by other health and social care bodies within Wales and England.
- 68 To monitor the quality of services the Health Board developed a Commissioning Assurance Framework (CAF) in 2018. The CAF is a continuous assurance process to ensure that commissioned services are safe, personal, effective, and continuously improving. At each meeting, the Patient Experience, Quality and Safety Committee receives a Commissioning Escalation Report detailing any concerns with the quality of commissioned services. A report (**paragraph 32**) is presented to the Delivery and Performance Committee which outlines performance by commissioned providers to enable scrutiny. Due to the unprecedented challenges presented by the cessation of routine services early in the pandemic, there are extensive waiting times for planned care. The Health Board has been assured that commissioned providers are prioritising based on clinical need. The Health Board will need to ensure that they utilise the partnership arrangements set out in **paragraphs 53 to 54** to ensure that Powys residents are appropriately prioritised by commissioned providers.
- 69 The Health Board has made clear its commissioning intentions for 2021-22 include engaging with all providers to understand trajectories and their approach to addressing the planned care backlog. A recent report to the Delivery and Performance Committee in September 2021 on planned care performance also gave a high-level update of operational performance across a range of measures

including diagnostics, therapies, healthcare sciences and planned care within the Health Board.

70 The Health Board recognises that Autumn and Winter 2021-22 will be challenging, and there is a need to take appropriate steps to maintain service resilience. A paper to Board in September 2021 outlined a set of jointly developed and agreed actions by the Health Board and key stakeholders who provide care for Powys residents. The actions include:

- a public awareness campaign on how to access healthcare advice and support;
- agreement on implementing the Autumn/Winter COVID-19 & Flu vaccination programme
- rollout of frailty assessment and scoring across Powys, enabling earlier detection, planning, prevention and keeping people well and independent at home;
- accelerating proposals for the virtual ward and use of step-up beds (to increase bed numbers); and
- implementing a seven-day therapies service from November 2021.

Tracking progress against audit and review recommendations

71 We found that **the Health Board has good arrangements to monitor progress in responding to audit and review recommendations, although a number of medium priority recommendations now need focus as action is overdue.**

72 The status and stage of implementation of all recommendations arising from the work of Internal Audit, Audit Wales and Local Counter-Fraud Services is reported to the Executive Committee and the Assurance and Risk Group before being reported at each meeting of the Audit, Risk & Assurance Committee.

73 During the COVID-19 pandemic, the Audit, Risk & Assurance Committee agreed to adjusted timescales proposed by services for implementing recommendations. This was to help relieve the pressures on services as they managed unprecedented pressures, by allowing services to focus on implementing actions to address the highest priority recommendations and/or those that were essential to the organisation's response to COVID-19. Further adjustments were made as the pandemic evolved, allowing greater leniency where possible.

74 We observed good challenge of progress against implementing recommendations by the Audit, Risk and Assurance Committee. In September 2021, the Committee requested deep dive into progress against any overdue recommendations. Papers for the November 2021 Audit, Risk and Assurance Committee do not include the requested deep dive, and the tracker indicates that 15 medium priority recommendations, which were due to be implemented by 30 September 2021, are outstanding.

- 75 Inspection and review recommendations by Healthcare Inspectorate Wales and the Care Inspectorate Wales are placed on a separate tracker. Progress to implement actions is reported to the Patient Experience, Quality & Safety Committee on a quarterly basis. Our review of the Health Board's quality governance arrangements looked at oversight of its clinical audit programme in more detail.

Managing financial resources

- 76 Our work considered the Health Board's financial performance, financial controls and arrangements for monitoring and reporting financial performance.
- 77 **The Health Board manages its financial resources well, and there are good arrangements to monitor and report its financial activity. However, delivery of required savings will be challenging and there remains work to ensure timely reporting to the Delivery and Performance Committee.**

Achieving key financial objectives

- 78 **The Health Board achieved its financial duties at the end of 2020-21. However, achievement of 2021-22 savings targets will be challenging with all savings to be achieved profiled in the last six months of the financial year.**

Financial Performance 2020-21

- 79 In 2020-21, the Health Board reported a surplus of £143,000 against its revenue resource allocation. The Health Board also achieved its statutory financial duty to break-even over a rolling three-year period (2018-19 to 2020-21).
- 80 COVID-19 has had a considerable impact on the revenue costs the Health Board set out in its financial plan for 2020-21. During 2020-21, the Health Board received an additional £31.4 million revenue funding and £2 million capital funding from the Welsh Government. Additional funding supported the Health Board's response to the pandemic, including the establishment of the Test, Track, Protect and Mass Vaccination programmes.
- 81 The pandemic also impacted on the Health Board's ability to realise its planned savings target of £5.638 million as set out in its original financial plans for 2020-21⁷. The Health Board had identified a number of planned schemes to achieve most, but not all of the savings' target. However, throughout the year reports included narrative on the impact that COVID-19 was having on the ability to achieve the planned savings. At month 12, the Health Board had delivered £487,000 savings (pay and non-pay, primary care, and medicines management). The Health Board brought forward unmet savings of £5.1 million into 2021-22.

⁷ This was the savings target set out in the IMTP 2020-23, approved by the Health Board, but not subsequently approved by Welsh Government due to the pandemic.

Financial Performance 2021-22

- 82 The Health Board's draft financial plan 2021-22 was shared with the Board in March 2021 and approved in June 2021 prior to submission to Welsh Government. It sets out a balanced position for 2021-22. The financial plan includes an underlying deficit of £5.6 million brought forward from 2020-21 (the underachievement of £5.1 million savings and £0.5 million of increased cost pressures).
- 83 In the financial plan, the Health Board set an ambition to achieve savings of £1.7 million during the year. This is an ambitious savings target, and as at Month 6 the Health Board had confirmed plans for delivery of £1.3 million of the total target and profiled their delivery in the last six months of the year.
- 84 At the November 2021 Delivery and Performance Committee, the finance report for Month 6 highlighted concerns on overspends on continuing healthcare costs and ongoing increases in variable pay costs. Although the Health Board was continuing to forecast a balanced year-end position, there were a significant number of risks that needed to be managed in order for this to be delivered.
- 85 For 2021-22 at Month 6, the Health Board was anticipated additional funding of £36 million from Welsh Government to support the Health Board's COVID-19 response and recovery. £2.5 million revenue and £550,000 capital of non-recurrent monies have been allocated to the Health Board for its renewal strategic portfolio programme activities to support recovery from COVID-19.
- 86 Welsh Government confirmed in August 2021 there was agreement that block contract arrangements with English providers would remain in place until year-end to ensure continued financial stability during the pandemic. In the Month 6 financial report it was reported that due to the continuation of block contracts, the Health Board will not be able to deliver any savings linked to commissioning. At the time of our review, the Health Board, although not starting its formal financial planning process, had provided commentary as part of its mid-year review as to the longer-term financial position. The opening underlying deficit for 2022-23 is forecast to be £9.8 million.

Financial controls

- 87 **The Health Board continues to have good controls to monitor financial activity and COVID-19 expenditure.**
- 88 The Health Board has specific COVID-19 decision making and financial governance arrangements, and these were introduced at the start of the pandemic in 2020. The Health Board has separate COVID-19 cost control centres which enables specific spending to be identified and reported. Expenditure relating to COVID-19 is included on the monthly monitoring returns to the Welsh Government and reported in finance papers to the Board and committees. The financial controls relating to COVID-19 have been regularly updated to ensure they remain fit for purpose, with the last revision in September 2021 where additional cost centres for

recovery and renewal were added, as well as the reference to Gold Meetings being replaced by executive meetings. These updated financial control procedures have been scrutinised by the Audit Risk and Assurance Committee. No significant control weaknesses were identified from our 2020-21 accounts opinion work at the Health Board.

- 89 In September 2021, the Audit Risk and Assurance Committee also approved updated budgetary control procedures which outline the principles and processes of day-to-day management of the Health Board's budgets and summarised the responsibility of budget holders and the finance department. The Health Board has also updated its Standing Financial Instructions, in line with the national standards (See **Exhibit 6, 2018 R7**).
- 90 The Health Board regularly reports to the Audit Risk and Assurance Committee on procurement, losses and special payments and counter-fraud matters. Procurement reports clearly set out the number of Single Tender Actions and Single Quotation Authorisations and the reasons why officers did not follow standard procurement procedures.
- 91 Where Chair's actions out of committee have been necessary, there is a log of the decision, evidence of Board scrutiny and subsequent ratification by the Board. Although, no chairs actions were necessary in 2021-22.
- 92 The Health Board's Counter-Fraud Service presents regular updates on its work and progress to the Audit Risk and Assurance Committee. An ongoing programme of work is in place to raise awareness of fraud, bribery and corruption amongst all staff and practitioners across all sites. Since the start of the financial year the Counter-Fraud team have delivered 12 raising fraud awareness training sessions.
- 93 The Health Board has approved and supported the adoption of a values-based healthcare approach within its 2021-22 Annual Plan. It has set out a programme to be delivered in year, approved by the Health Board's Executive Committee. A Values Based Healthcare Programme Board has been established to manage the Programme. The Board has approved an Efficiency Framework as a first step in supporting the values-based healthcare programme. There are four workstreams, 'pathways and systems', 'non-pay, procurement and continued healthcare', 'workforce efficiency' and 'medicines management'. There are four specific savings schemes⁸ which have been projected to release savings of £316,000, and in Month 6 these were all rated as amber for delivery. An update to the Delivery and Performance Committee in November 2021 outlined progress to date. It highlighted that whilst varying posts associated with the programme were in recruitment, there was limited interest due to the posts being short-term.
- 94 Progress on the performance and delivery of savings will be reported monthly as part of the standard finance performance papers.

⁸ The four savings schemes are eye care, recovery and planned care, frailty model and diabetes.

Exhibit 6: progress made on previous year recommendations

Recommendation	Description of progress
Standing Financial Instructions Structured Assessment 2018 R7 The Health Board should review and update the Standing Financial Instructions given that the last update was in 2016	Completed The Health Board adopted the nationally updated Standing Financial Instructions in July 2021.

Monitoring and reporting

- 95 **The Health Board has clear and accessible information to monitor and report on its financial performance, work remains to ensure that committees receive timely information.**
- 96 The Health Board reports financial performance at every Board meeting, and we have observed good scrutiny of its content. Alongside verbal presentations from officers, the reports provide context on the reasons for over or under spends and the factors affecting realisation of planned savings. Information is published on the Health Board's website within Board papers. Our review of the financial reports reported to the Board found they provide high-quality and timely information on financial performance, including financial savings and cost drivers related to COVID-19 (see **Exhibit 7, 2019 R1c**). Financial reports also highlight key risks for consideration by independent members.
- 97 In our 2018 and 2019 Structured Assessments we identified that the timing of the Delivery and Performance Committee's predecessors could be amended so as to allow more timely financial information to be scrutinised, and to avoid late issue of financial reports to Committee members. The Health Board is reviewing the timing of Committees and also the content of both the committee and Board report to ensure that the right information to ensure assurance and scrutiny is received in a timely manner. (See **Exhibit 7, 2018 R5** and **Exhibit 7, 2019 R1a, b and c**).

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Exhibit 7: progress made on previous year recommendations

Recommendation	Description of progress
<p>Timing of Committees Structured Assessment 2018 R5</p> <p>The timing of the Finance, Planning and Performance Committee⁹ business cycle does not allow detailed scrutiny of the most recent financial report in advance of the Board meeting. The Health Board should review its arrangements to allow detailed scrutiny of the monthly financial reports.</p>	<p>Superseded</p> <p>By 2019 R1 (see below).</p>
<p>Performance and Resources Committee Structured Assessment 2019 R1</p> <p>There are some issues with the functioning of the Performance and Resources Committee¹⁰. The Committee does not always receive reports on finance and performance for scrutiny before the Board. Finance papers have also been issued after the main set of papers reducing the time available for preparation. Although the Committee's work plan indicates that it will receive reports on savings delivery at each meeting, this is not always the case. The Health Board should:</p> <p>a) review the schedule of meetings to ensure the timing of meetings supports effective detailed scrutiny of finance and performance by Committee; and</p>	<p>In progress</p> <p>a) The Health Board is considering the financial information reported to the Delivery and Performance Committee and the Board. The Committee is now receiving the most recent financial performance information, allowing the Board to take assurance from the Committee's scrutiny.</p> <p>b) The timeliness of financial papers for consideration by the Delivery and Performance Committee appears to be improving.</p> <p>c) Financial reports to the Board provide high-quality and timely information on financial performance, including financial savings and cost drivers related to COVID-19.</p>

⁹ In March 2019 this Committee changed to the Performance and Resources Committee and then in September 2021 changed again to the Delivery and Resources Committee.

¹⁰ The Performance and Resources Committee became the Delivery and Performance Committee in September 2021.

Recommendation	Description of progress
<p>b) ensure that finance papers are produced and distributed in a timely manner.</p> <p>c) provide reports on the delivery of savings to each meeting to support scrutiny of how the non-delivery of certain schemes will be mitigated to ensure that the 2019-20 break-even position is delivered.</p>	

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Appendix 1

Management response to audit recommendations

[Appendix x will be completed once the report and management response have been considered by the Audit & Risk Committee.]

Exhibit 8: management response

Recommendation	Management response	Completion date	Responsible officer
Independent member induction R1 The Health Board is experiencing a period of significant change within its independent members cohort. Independent members must be appropriately supported to meet their responsibilities through the provision of an adequate induction programme and ongoing development so they can effectively scrutinise the information presented to them. To supplement the			

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Recommendation	Management response	Completion date	Responsible officer
<p>national induction programme, the Health Board should develop a local induction training programme as soon as possible to help new independent members ease quickly into their role.</p>			
<p>Associate Board member appointment R2 The Health Board does not currently have any associate Board members to assist it in carrying out its functions. Previously the Corporate Director (Children and Adults) from Powys County Council was as associate Board member but has not attended. The Health Board should work with Powys County Council to identify a suitable replacement as soon as possible.</p>			

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Recommendation	Management response	Completion date	Responsible officer
<p>Board and committee agenda papers</p> <p>R3 Board and committee meeting agenda bundles are made available in advance of meetings. However, on occasions some papers are provided late and added to a separate bundle called 'supplementary papers'. Late papers do not allow adequate time for scrutiny, and the use of the term supplementary papers is misleading. The Health Board should ensure as soon as possible, that appropriate arrangements are in place to:</p> <ul style="list-style-type: none"> • reduce as far as possible inclusion of late papers; • stop the use of naming late papers 'supplementary'; and • to merge late papers into the main agenda bundle when publishing Board and committee papers on the website. 			

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Audit Wales
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

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telephone calls in Welsh and English.
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galwadau ffôn yn Gymraeg a Saesneg.



AGENDA ITEM: 3.7

AUDIT, RISK AND ASSURANCE COMMITTEE		DATE OF MEETING: 20th January 2022
Subject:	AUDIT WALES (EXTERNAL AUDIT) STRUCTURED ASSESSMENT 2021	
Approved and Presented by:	Associate Director of Corporate Business	
Prepared by:	Associate Director of Corporate Business	
Considered by Executive Committee on:	None at the time of reporting	
Other Committees and meetings considered at:	Executive Committee	

PURPOSE:		
The purpose of this paper is to present to the Audit, Risk and Assurance Committee the Health Board’s response to the Audit Wales Structured Assessment 2021.		
RECOMMENDATION(S):		
It is recommended that the Audit, Risk and Assurance Committee approves the Health Board’s Management Response to Audit Wales Structured Assessment 2021.		
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	✓

EXECUTIVE SUMMARY:

Structured Assessment 2021

Audit Wales' Structured Assessment work has been undertaken to help discharge the Auditor General's statutory requirement, under section 61 of the Public Audit (Wales) Act 2014, to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency and effectiveness in their use of resources.

The 2021 Structured Assessment work took place at a time when the organisation was continuing to respond to the ongoing challenges and engaging in planning for reset and recovery of services. The work was designed in the context of the ongoing response to the pandemic thus ensuring a suitably pragmatic approach to help the Auditor General discharge his statutory responsibilities whilst minimising the impact on NHS bodies as they continued to respond to COVID-19.

The findings of the Structured Assessment are grouped under two themes: governance arrangements and managing financial resources.

A key conclusion from 2021 structured assessment work is **"...the Health Board has generally effective Board and committee arrangements, although attention is needed to improve the timeliness of agenda papers, local induction training for independent members is required"**

and there are three unfilled associate member posts. In addition, there are imminent gaps within the corporate governance team which are of concern. Plans for response to COVID-19 and transforming services to recover waiting times are in place and supported by good partnership working arrangements and effective scrutiny of delivery. Partnership working and engagement with commissioned providers will be key in delivering good outcomes for Powys residents. Work continues to strengthen risk management arrangements.

Audit Wales also found that ***“The Health Board continues to have good controls to monitor financial activity and COVID-19 expenditure.”***

The Wales Audit Office’s Structured Assessment Report, attached at **Agenda item 3.7a**, outlines findings and makes three recommendations. Management has considered the improvement opportunities identified in the 2021 work and accepts these as required improvements with actions that are either underway or planned for implementation in the coming months. **Agenda item 3.7b** provides a summary of these for ease of reference.

Ongoing oversight of the delivery of all Audit Wales recommendations will be provided to the Audit, Risk and Assurance Committee via the Audit Recommendations Tracking System. Management oversight of progress will be monitored by the Executive Committee.

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Structured Assessment 2021 (Phase Two) – Corporate Governance and Financial Management Arrangements: Powys Teaching Health Board

Audit year: 2021

Date issued: December 2021

Document reference: 2688A2021-22

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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 to the Senedd 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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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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01/14/2022 12:32:42

Contents

Summary report	
About this report	4
Key messages	4
Recommendations	6
Detailed report	
Governance arrangements	7
Managing financial resources	20
Appendices	
Appendix 1 – management response to audit recommendations	26

Parry Stella
01/14/2022 12:32:42

Summary report

About this report

- 1 This report sets out the findings from phase two of the Auditor General's 2021 structured assessment work at Powys Teaching Health Board (the Health Board). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources under section 61 of the Public Audit (Wales) Act 2004. [Our 2021 structured assessment phase one report](#) considered the Health Board's operational planning arrangements and how these are helping to lay the foundations for effective recovery.
- 2 The COVID-19 pandemic required NHS bodies to quickly adapt their corporate governance and decision-making arrangements to ensure timely action was taken to respond to the surge in emergency COVID-19 demand and to ensure the safety of staff and patients. Our [2020 structured assessment report](#) considered the Health Board's revised governance arrangements and was published in November 2020.
- 3 NHS bodies have continued to respond to the ongoing challenges presented by COVID-19, whilst also starting to take forward plans for resetting and recovering services affected by the pandemic. Our 2021 structured assessment work, therefore, was designed in the context of the ongoing response to the pandemic thus ensuring a suitably pragmatic approach to help the Auditor General discharge his statutory responsibilities whilst minimising the impact on NHS bodies as they continued to respond to COVID-19.
- 4 Phase two of our 2021 structured assessment has considered how corporate governance and financial management arrangements have adapted over the last 12 months. The key focus of the work has been on the corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. We have also considered how business deferred in 2020 has been reinstated and how learning from the pandemic is shaping future arrangements for ensuring good governance and delivering value for money. We have also sought to gain an overview of the Board's scrutiny of the development and delivery of the Health Board's 2021-22 Annual Plan.
- 5 We have provided updates on progress against any areas for improvement and recommendations identified in previous structured assessment reports.

Key messages

- 6 Overall, we found the **Health Board has generally effective Board and committee arrangements, however capacity gaps within the corporate governance team and the turnover of independent members are of concern. Plans have been developed for responding to COVID-19 and transformation of healthcare services. The Health Board will need continue to utilise its good**

partnership working arrangements to ensure that Powys residents are appropriately prioritised by commissioned services. Financial resources are managed well, however, delivering the required financial savings will be challenging.

- 7 The Health Board has generally good Board and committee arrangements and has recently revised the committee structure following an internal review and informed by learning through the pandemic. However, there are a number of gaps within the corporate governance team which will need to be managed effectively. The transparency of Board business to the public is good, and the Health Board's Chief Executive has undertaken well publicised live public question and answer sessions. However, recently some agenda papers are provided late to Board and committees which could potentially affect the ability of independent members to scrutinise them effectively. A number of independent members will be leaving the Health Board soon, and formal induction training is needed to help new members ease quickly into their roles.
- 8 The Health Board has set out its plans for managing COVID-19 and renewal/transformation of healthcare services. Plans are supported with specific, measurable and timebound actions for delivery, and there is good oversight and monitoring of progress through the Health Board's committees. There is good evidence of partnership working with commissioned services, and oversight of this work is good.
- 9 Whilst there is good Board scrutiny of risks, the Board Assurance Framework needs to be updated to reflect risks to achieving new strategic priorities. There is further work to do to fully address recommendations from Internal Audit reports on risk management in 2019 and 2020. The Health Board is revising its risk management framework. The work will need to demonstrate that operational risks on departmental and directorate risk registers are escalated appropriately. Comprehensive training will need to be rolled out to staff. Although good arrangements are in place to monitor progress on audit and review recommendations, actions to address a number of recommendations which were reprioritised are now overdue.
- 10 The focus of the Health Board on staff wellbeing has been positive, and there are good plans in place to continue to develop wellbeing support. However, due to the unique nature of the Health Board with the majority of healthcare provided by commissioned services, there needs to be a continued focus on quality of care to ensure Powys residents are appropriately prioritised by providers to ensure good patient outcomes.
- 11 The Health Board has good arrangements to manage its financial resources and continues year on year to meet its financial duties. Financial controls are effective, and the Health Board uses clear, financial information to monitor and report its performance. However, the delivery of savings will be challenging this year and further work is needed to ensure timely reporting to the Delivery and Performance committee.

Recommendations

- 12 Recommendations arising from this audit are detailed in **Exhibit 1**. The Health Board's management response to these recommendations is summarised in **Appendix 1** [to be added following completion by the Health Board].

Exhibit 1: 2021 recommendations

Recommendations

Independent member induction

- R1 The Health Board is experiencing a period of significant change within its independent members cohort. Independent members must be appropriately supported to meet their responsibilities through the provision of an adequate induction programme and ongoing development so they can effectively scrutinise the information presented to them. To supplement the national induction programme, the Health Board should develop a local induction training programme as soon as possible to help new independent members ease quickly into their role.

Associate Board member appointment

- R2 The Health Board does not currently have any associate Board members to assist it in carrying out its functions. Previously the Corporate Director (Children and Adults) from Powys County Council was an associate Board member but has not attended. The Health Board should work with Powys County Council to identify a suitable replacement as soon as possible.

Board and committee agenda papers

- R3 Board and committee meeting agenda bundles are made available in advance of meetings. However, on occasions some papers are provided late and added to a separate bundle called 'supplementary papers'. Late papers do not allow adequate time for scrutiny, and the use of the term supplementary papers is misleading. The Health Board should ensure as soon as possible, that appropriate arrangements are in place to:
- reduce as far as possible inclusion of late papers;
 - stop the use of naming late papers 'supplementary'; and
 - to merge late papers into the main agenda bundle when publishing Board and committee papers on the website.

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Detailed report

Governance arrangements

- 13 Our structured assessment work considered the Health Board's governance arrangements while continuing to respond to the challenges presented by the pandemic.
- 14 We found that **the Health Board has generally effective Board and committee arrangements, although attention is needed to improve the timeliness of agenda papers, local induction training for independent members is required and there are three unfilled associate member posts. In addition, there are imminent gaps within the corporate governance team which are of concern. Plans for response to COVID-19 and transforming services to recover waiting times are in place and supported by good partnership working arrangements and effective scrutiny of delivery. Partnership working and engagement with commissioned providers will be key in delivering good outcomes for Powys residents. Work continues to strengthen risk management arrangements.**

Conducting business effectively

- 15 We found that **generally the Health Board has effective Board and committee arrangements, a new committee structure has been implemented this year and there is a commitment to continuous improvement. However, there are three unfilled associate member posts, as well as a number of capacity gaps within the corporate governance team and no formal induction training for independent Board members at a time when turnover is significant. There is work to do to improve the timeliness and management of some Board and committee agenda papers.**

Public transparency of Board Business

- 16 The Health Board has adapted well to virtual Board meetings, with individuals attending separately from remote locations. Virtual Board meetings are now well-established, and meetings are chaired effectively. Board meetings are livestreamed, and recordings are published on the organisation's external website for later viewing. The 28 July 2021 Annual General Meeting of the Board was virtual, and members of the public were able to join the session and participate.
- 17 The Health Board does not 'advertise' Board or meetings on its social media platforms, this is a missed opportunity to potentially increase the number of members of the public observing live meetings. However, the Chief Executive has undertaken live public question and answer sessions, which have been well publicised.
- 18 The Health Board is committed to livestreaming Board committee meetings to allow members of the public to observe. This will significantly increase public access to Board business. The Health Board told us that the resource implications

needed to achieve this commitment means it is unlikely it will be possible within the current financial year. In the meantime, the Health Board's website provides an option for members of the public to request attendance by invite, although at the time of our review, no requests had been received.

- 19 The agenda and papers for each Board and committee meeting are published in advance of meetings. The Health Board produces good Board and committee meeting minutes which accurately summarise discussions. Approved minutes are published on the website within the next meeting's agenda papers.
- 20 As part of our work, we reviewed the Health Board website, **(see Exhibit 2, 2018 R4)** and found that the website does not provide easy access to the Health Board's policies.

Exhibit 2: progress made on previous year recommendations

Recommendation	Description of progress
<p>Internet Accessibility Structured Assessment 2018 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.</p>	<p>In progress The external website has a Health Board Policy section, however, the only policy available to be downloaded is the Putting Things Right Policy. Whilst the website includes links to 'clinical policies', 'non-clinical policies', each lead to a statement that policies must be requested from the Health Board (via a form or by phone).</p>

Board and Committee arrangements

- 21 Board and committee chairs set out clearly the purpose of each item of business and quickly reorder agendas to accommodate any connectivity issues that occur during meetings. At each meeting, chairs remind those attending of virtual meeting etiquette and set the tone for constructive debate. Some committees took longer to adapt and become proficient with using technology for virtual meetings, however our recent observations found that the initial difficulties had been resolved.
- 22 At the start of the pandemic and until November 2020 the Health Board held monthly Board meetings. In January 2021, the Board returned to meeting bi-monthly, except for June 2021 when two meetings were held, one to agree the annual accounts and the other to approve the 2021-22 Annual Plan prior to submission to Welsh Government. Board Members have remained sighted of COVID-19 issues through regular Board briefing sessions.

- 23 Since our 2020 Structured Assessment, the Health Board has also held a series of Board development sessions on a wide range of topics including the South Powys Programme¹, safeguarding, domestic violence and children's rights, the socio-economic duty, the Social Care White Paper and renewal and recovery planning for 2021-22.
- 24 Although the Health Board maintained the schedule of the Audit, Risk and Assurance Committee and the Experience, Quality and Safety Committee, some meetings of other committees were cancelled and where required, business was taken directly to Board. During 2020 and up to April 2021, the Performance and Resources Committee and the Strategy and Planning Committee met only when needed.
- 25 The Health Board will be experiencing significant change within its independent members cohort. The Vice Chair will be leaving the Health Board in December 2021 and recruitment for a replacement is underway. The Chair will also leave in September 2022. The term for the Chair was extended for one year to minimise the risk of both key members leaving in quick succession. Two other independent members will leave during 2022. Two new independent members were appointed during 2021. Induction training and appropriate board development is critical to ensuring that new independent members ease quickly into their role. However, aside from the national induction programme and some local meetings, the Health Board does not have a formal local induction programme for independent members (see **Recommendation 1**).
- 26 The Health Board does not currently have any associate Board members to assist it in carrying out its functions. The Corporate Director (Children & Adults) of Powys County Council was appointed as an Associate Member of the Board (non-voting) but has not attended Board. Despite the importance of this role, the Health Board and the local authority have not identified a suitable replacement (see **Recommendation 2**).
- 27 The Welsh Government's Model Standing Orders include the requirement to establish a multi-disciplinary Healthcare Professionals' Forum to provide clinical insight and to advise the Board. The Health Board has not yet established such a forum (see **Exhibit 3, 2018 R2**). Once set up, the expectation is that the Chair of the Forum will become an associate member of the Board. Despite the omission of a formal clinical engagement forum to advise the Board, we have seen evidence of clinical engagement and clinical advice to the Board.
- 28 The Model Standing Orders also require that a Stakeholder Reference Group exists to provide independent advice on any aspect of Health Board business, with membership drawn from appropriate organisations within the community. While the Health Board established a Stakeholder Reference Group in 2018-19, it did not function as intended. Work to re-consider the remit and work of the Group was

¹ The South Powys Programme is a programme of work to redesign patient pathways resulting from the opening of the Grange University Hospital.

delayed by the pandemic. The Stakeholder Reference Group did not meet in 2020-21, and the role of Chair is vacant. The Stakeholder Reference Group is to be re-established in March 2022. Despite this, we have seen examples of stakeholder engagement within specific projects.

Exhibit 3: progress made on previous year recommendations

Recommendation	Description of progress
<p>Healthcare Professionals Forum Structured Assessment 2018 R2</p> <p>Standing Orders include a 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.</p>	<p>Not Complete</p> <p>Discussions regarding the establishment of a clinical engagement group remain at an early stage. The Annual Governance Programme 2021-22 sets out that a draft term of reference for this clinical engagement group will be discussed at the March 2022 Board meeting.</p>

Board and committee information

- 29 Board and committee meeting papers are made available to Board members and placed on the website in advance of meetings. Our observations of Board and committee meetings found there is sufficient focus and discussion on key issues and chairs encourage contributions from all. However, we have noted that there have been a number of late additional papers submitted to the Board and some committees. This frequently includes the Chief Executives report. Where agenda papers are provided late this can put unreasonable time pressures on independent members to have sufficient time to effectively read and scrutinise the information in preparation for meetings.
- 30 Late papers are also confusingly described as 'supplementary papers' and placed on the website separately to the main meeting papers bundle, rather than merged into a single bundle. The use of 'supplementary' implies that the papers are additional supporting information to the main papers for the meeting, which is not the case (see **Recommendation 3**).
- 31 In the main, consistent use is made of the standard cover paper template for Board papers. The information provided in the report cover papers provides a useful summary of the key matters set out in agenda papers. Financial performance reports do not use the cover report template, however, the equivalent information is provided on the introductory page. However, there is still scope to improve cover reports, see **Exhibit 4, 2018 R6**.

- 32 The Board continues to receive an overview of performance against the NHS Delivery Framework 2020-21 instead of the fuller Health Board's regular Integrated Performance Reports. This is an interim pragmatic arrangement implemented during the pandemic to provide oversight on the most critical indicators, including those relating to COVID-19. The overview includes waits for directly provided and commissioned services as well as key primary care performance measures. The overview highlights areas of concern and risks to help focus scrutiny. The use of Statistical Process Control charts provides a clear picture of the Health Board's performance over time, and it is easy to see where performance is improving or off-track.

Exhibit 4: progress made on previous year recommendations

Recommendation	Description of progress
<p>Quality of Board Cover Papers Structured Assessment 2018 R6</p> <p>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.</p>	<p>On track but not yet complete</p> <p>Recent cover papers for Board reports in the main use a consistent template. While the template includes a place to indicate an equality impact assessment has been completed, there is no prompt to indicate where one is not needed. Therefore, it is not clear if the quality impact assessment is missing or not required.</p>

Board commitment to continuous improvement

- 33 In April 2021, the Board reviewed the effectiveness of its Board and Committee arrangements as part of its Board Development programme. A workshop was held to explore independent member views and identify strengths and weaknesses with current committee structure. A number of areas to address were identified, and together with learning from how committees operated during the pandemic, led to a new committee structure. The revised committee structure was approved by the Board in July 2021 and new terms of reference were subsequently approved at the Board in September 2021. A summary of the changes is provided in **paragraphs 34 to 38**.
- 34 The Board felt that strategy development needed to be undertaken collectively by the Board rather than delegated to a Board committee. Therefore, the Strategy and

Planning Committee has been renamed the Planning, Partnership and Population Health Committee. This group met in October 2021 for its inaugural meeting and will provide the Board with advice and assurance on its planning arrangements, partnership approach, and on how the Health Board is addressing population health and inequalities.

- 35 The Board also identified a need to ensure a more manageable remit for the Experience, Quality and Safety Committee with a greater focus on patient experience. The Experience, Quality and Safety Committee has become the Patient Experience, Quality & Safety Committee, emphasising its role in relation to patient experience. This Committee met for the first time in October 2021. The Health Board has also made improvements to mental health reporting and monitoring. The Committee now receives mental health reports as a matter of course, and in October 2021, it received the first Integrated Quality Report from the Directorate of Primary, Community Care and Mental Health.
- 36 A new Workforce and Culture Committee has been established to ensure that there is appropriate Board focus on the Health Board's culture and practice. This Committee, which held its inaugural meeting in October 2021, is designed to ensure that the implementation of the organisational development framework is aligned to strategic and planning objectives and priorities.
- 37 Finally, the Performance and Resources Committee has become the Delivery and Performance Committee, providing assurance on the effectiveness of arrangements to achieve the Health Board's aims and objectives. The Committee has a wide assurance remit including scrutiny of financial management, financial performance, performance of provided and commissioned services, information management and estates and support services.
- 38 The Audit, Risk and Assurance Committee, Charitable Funds Committee and Remuneration and Terms of Service Committee all remain unchanged from 2019, although their terms of reference have been updated to reflect the new committee structures.
- 39 The Health Board has concluded its review of the committee arrangements implemented in 2019 (see **Exhibit 5, 2019 R2**). However, in implementing a new committee structure in September 2021, the Health Board will need to ensure at an appropriate time that it is operating as planned. Given that the committee arrangements are relatively new, it is too early for us to comment on their effectiveness.

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Exhibit 5: progress made on previous year recommendations

Recommendation	Description of progress
Committee Structure Structured Assessment 2019 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.	Complete The Health Board established a revised committee structure in July 2021 to ensure effective scrutiny and decision-making. This included due consideration of which committees will receive assurance on mental health, information governance and workforce.

Ensuring organisational design supports good governance

- 40 Our Structured Assessment 2020 described the Health Board's Pandemic Governance Framework which was implemented on the 17 March 2020 based on the Powys Pandemic Framework and Civil Contingency Plan. Led by the Chief Executive, the Strategic Gold Group provided strong leadership to respond to COVID-19 and continue care for the population of Powys. No changes were made to the Board's Scheme of Reservation and Delegation of Powers.
- 41 The Health Board stood down the Strategic Gold Group on 5 May 2021. Since then, the Executive Committee has maintained oversight of the Health Board, and in particular the COVID-19 response. The Health Board has signalled its intention to review their pandemic response framework during 2022 to reflect and incorporate learning from the COVID-19 pandemic.
- 42 Last year, our Structured Assessment report concluded that the executive team had demonstrated strength, cohesion, and resilience throughout the pandemic period, and this has continued to be the case. There is a full complement of executive directors in place following the appointment of a substantive Medical Director in February 2021. The Director of Nursing and Midwifery will also retire in March 2022 and the recruitment process is underway.
- 43 However, the Board Secretary left the Health Board in November 2021. An interim arrangement has been made for a period of 9 months; however, the appointment will not start until January 2022 which leaves a capacity gap during this period. We are also aware a number of key staff within the corporate governance team have also signalled their intention to leave, including the Head of Risk and Assurance. Given the significant turnover to Board membership due to happen over coming months, gaps in the Health Board's corporate governance team are a concern.

Planning for recovery²

- 44 We found that **the Health Board has developed plans for continuing its response to COVID-19 and the transformation of healthcare services to begin recovery of waiting times. There is positive evidence of partnership working, plans set out specific, measurable and timebound actions for delivery and there is good Board oversight of progress of delivery plans.**
- 45 In 2017, the Health Board, together with Powys County Council via the Powys Joint Partnership Board developed a joint 10-year Health and Care Strategy for the Powys region.
- 46 The Health Board's Annual Plan 2021-22 (the Annual Plan) covers the ongoing response to COVID-19, the delivery and recovery of healthcare services and the Health Board's ambition for renewal/transformation of services to help support continued progress to deliver the 10-year Health and Care strategy.
- 47 The Board discussed the Health Board's draft Annual Plan during its in-committee meeting in March 2021. The immediate organisational priorities set out in the Plan remain the same as the previous year, however six new renewal organisational priorities were added.
- 48 The Health Board received feedback from Welsh Government on the draft Annual Plan. The Health Board addressed the feedback by adding:
- further detail on its capacity and capability to deliver the plan in partnership, including information on cross border arrangements, stakeholder engagement, and accountabilities;
 - further detail on renewal planning and its alignment with the ongoing COVID-19 response; and
 - further workforce modelling data.
- 49 The Board subsequently approved the final Annual Plan at its meeting on 29 June 2021. There was good scrutiny of both the draft and the final versions, with the Board seeking assurance that the plan was realistic and achievable.
- 50 The final Annual Plan is supported by a Delivery Plan which sets out the detailed actions underpinning the organisational priorities. The actions are specific, measurable, achievable, relevant, and time-bound and assigned to a responsible executive.
- 51 The Health Board has evaluated the extent to which population health and wellbeing has been affected by the pandemic, including the impact of the reduction

² NHS bodies are required to submit a three-year Integrated Medium-Term Plan (IMTP) to the Welsh Government on an annual basis. The IMTP process for 2020-23 was paused by the Welsh Government in March 2020, to allow NHS bodies to focus on responding to the COVID-19 pandemic. Instead, health bodies were required to submit quarterly plans during 2020-21 as well as prepare an annual plan for 2021-22 by 31 March 2021. Our 2021 structured assessment phase one report considered the Health Board's operational planning arrangements.

in NHS activity and the wider societal impacts due to COVID-19. It has identified six renewal priorities³ following a full appraisal of the impact of the pandemic. The Health Board has developed a Strategic Renewal Portfolio to drive transformation in these six areas, it has received non-recurrent funding of £2.5 million plus £0.5 million capital funding from the Welsh Government Planned Care Recovery fund. The Strategic Renewal Programme is ambitious and supports the delivery of the priorities in the 10-year Health and Care Strategy. At the time of our work implementation was underway with the development of programmes of activity, each assigned to a lead director.

- 52 Quarterly delivery progress updates against the Annual Plan and the Strategic Renewal Programme are provided to the Delivery and Performance Committee and the Board. The update for the Quarter 2 period (July 2021 to September 2021) was presented at the Delivery and Performance Committee at its meeting on 1 November 2021. The update sets out progress made during the quarter against each of the actions in both plans, including mitigating actions where progress was off-track and areas at risk. The latest update report identified some risks in relation to the Health Board's ability to recruit staff to posts and its ongoing response to the COVID-19 pandemic.
- 53 The Health Board has complex partnership arrangements. The small population size and wide geographical area, combined with a unique set of commissioning arrangements for acute and planned care means that planning, commissioning, and care pathways is complex. The Health Board also operates as a sub-region within the wider mid-Wales footprint, working in collaboration with other healthcare organisations through the Mid-Wales Joint Committee for Health and Care (formally the Mid-Wales Collaborative). As outlined in **paragraph 34 to 38** the Health Board has recently strengthened its committee structure, and the new Planning, Partnerships and Population Health Committee will scrutinise partnership working arrangements. In September 2021, as part of Board Development, the Health Board provided clarity on the complex partnership arrangements to independent members.
- 54 There are a number of partnership groups in which the Health Board participates, such as the Powys Regional Partnership Board, the Public Services Board and the Rural Health and Care Wales Programme. An update report on partnership activity is provided to Board each month by the Chief Executive informing on work undertaken by all partnership groups.

³ The six renewal priorities are: frailty and community models of care; long-term conditions and wellbeing; diagnostics, ambulatory and planned care; advice, support and pre-habilitation; children and young people; and tackling the Big 4 (respiratory, cancer, circulatory and mental health).

Systems of assurance

- 55 We found that **the Health Board needs to update its Board Assurance Framework and address weaknesses in operational risk management. However, the focus on staff wellbeing is positive, and there are good plans to support Health Board resilience through Winter 2021-22, but focus is needed to ensure Powys residents are appropriately prioritised by commissioned services**

Managing risk

- 56 **Whilst there is good scrutiny of risks by the Board, the Board Assurance Framework needs to be refreshed to ensure the Board appropriately scrutinises risks to achieving new strategic priorities. There continues work to do to improve risk management, and address weaknesses identified in previous Internal Audit reports, including appropriate escalation of risks. A new risk management framework is in development, and comprehensive training will be required to ensure its effectiveness.**
- 57 The Health Board has not updated its Board Assurance Framework to reflect the new strategic priorities of the organisation. Work to progress this has been affected by COVID-19. Therefore, the Board Assurance Framework has not been presented to the Board since January 2020. The Health Board told us it intends to update the Board on progress on revising the Board Assurance Framework in November 2021. However, the Health Board did identify the risks to achieving the strategic objectives in the Annual Plan and mitigating actions put in place. The Board continued to receive reports on the Corporate Risk Register during this period, providing some assurance in relation to the risk controls and mitigating actions that are in place. The Board recognises that the Board Assurance Framework must be a live tool which drives their meeting agendas and requires regular scrutiny and oversight.
- 58 The Corporate Risk Register is scrutinised by the Board at each meeting. All COVID-19 risks are now included in the Corporate Risk Register. The Health Board moved to the new Once for Wales Concerns Management System in June 2021 to manage concerns, complaints, and incidents. The Health Board is preparing to migrate all risk registers to the same system in April 2022. Currently, the risk registers are MS excel workbook format. This means that managing risk registers is cumbersome, with manual intervention required to escalate risks between differing levels of registers. The introduction of the new system will greatly strengthen oversight of risk management. However, there may be a large exercise needed to standardise information in differing risk registers, before migration to the new system.
- 59 Internal Audit reviews in 2019 and 2020 gave limited assurance on risk management. Findings included an absence of some directorate level operational risk registers and therefore a lack of understanding of how operational risks should

be appropriately escalated to the Corporate Risk Register⁴. Therefore, there was no assurance that all highest-level risks were appearing on the Corporate Risk Register. Internal Audit also highlighted an absence of risk management training and there were no records of risk discussions in directorate and departmental meetings.

- 60 There remains work to do to fully address the weaknesses identified in the Internal Audit reports, and Internal Audit will assess progress in 2022. Our 2021 Review of Quality Governance arrangements found that some risk mitigating actions were missing and the evidence supporting risk score reductions was not clear.
- 61 In 2021, the Health Board has been reviewing its risk management arrangements and is developing a new risk management framework for approval at Board in November 2021. The Board reviewed the risk management appetite in July 2021 and agreed that it should remain the same.
- 62 Despite risk management training being delivered at the request of service groups and teams throughout the pandemic, there is no formal risk management training yet. There are plans in 2021-22 to undertake a roll out comprehensive risk management training based on the new arrangements.

Quality and safety assurance⁵

- 63 We found that **the Health Board has made a commitment to staff wellbeing and plans are in place to develop further wellbeing support during the year. Quality and safety of services remains a focus, with key plans in place to support resilience of services through Winter 2021-22, but the Health Board will need to ensure Powys residents are appropriately prioritised by commissioned services to support good patient outcomes.**

Staff wellbeing arrangements

- 64 In June 2020, the Health Board undertook an internal wellbeing survey⁶. The recommendations resulting from the survey included the need to ensure consistent communications on COVID-19 and to improve access to wellbeing support and resources. Since then, the Health Board has developed a Wellbeing Hub internet site and has recently delivered wellbeing workshops and stress management training to staff.

⁴ The Corporate Risk Register should contain the highest-level operational risks from across the Health Board, deemed appropriate for Board level scrutiny.

⁵ We have limited the work we have undertaken on quality governance arrangements as part of our 2021 structured assessment as we have undertaken a separate review of quality governance arrangements at the Health Board. The review considered whether the organisation's governance arrangements support delivery of high quality, safe and effective services. We have reported our findings in November 2021.

⁶ The Health Board received responses from 279 members of staff.

- 65 The Annual Plan makes a commitment to enhance well-being support for staff as a key priority for 2021. The supporting Delivery Plan has identified a number of wellbeing actions which are profiled for delivery throughout the year. These actions include developing and implementing a high-level plan for staff wellbeing, for which the Wellbeing at Work Group will be responsible.
- 66 In 2021, the Health Board considered and refreshed the priorities in its Organisational Development Strategic Framework to incorporate learning from the COVID-19 pandemic. The Framework sets out the principles of organisational design, development, culture, and engagement across the organisation. The Framework is designed to support recovery from the pandemic and the renewal of services. There is a clear intent within the Organisational Development Strategic Framework to develop a multi-layer approach to staff engagement and wellbeing, and to support staff to recover from the pandemic. Progress will be monitored by the Workforce and Culture Committee as well as quarterly updates provided to Board.

Quality of Services

- 67 The Health Board is primarily a commissioning organisation, with the largest proportion of its budget devoted to securing health care services, including unscheduled and planned care, from neighbouring NHS organisations. The Health Board's plans recognise that renewal or transformation of healthcare heavily relies on services provided by other health and social care bodies within Wales and England.
- 68 To monitor the quality of services the Health Board developed a Commissioning Assurance Framework (CAF) in 2018. The CAF is a continuous assurance process to ensure that commissioned services are safe, personal, effective, and continuously improving. At each meeting, the Patient Experience, Quality and Safety Committee receives a Commissioning Escalation Report detailing any concerns with the quality of commissioned services. A report (**paragraph 32**) is presented to the Delivery and Performance Committee which outlines performance by commissioned providers to enable scrutiny. Due to the unprecedented challenges presented by the cessation of routine services early in the pandemic, there are extensive waiting times for planned care. The Health Board has been assured that commissioned providers are prioritising based on clinical need. The Health Board will need to ensure that they utilise the partnership arrangements set out in **paragraphs 53 to 54** to ensure that Powys residents are appropriately prioritised by commissioned providers.
- 69 The Health Board has made clear its commissioning intentions for 2021-22 include engaging with all providers to understand trajectories and their approach to addressing the planned care backlog. A recent report to the Delivery and Performance Committee in September 2021 on planned care performance also gave a high-level update of operational performance across a range of measures

including diagnostics, therapies, healthcare sciences and planned care within the Health Board.

- 70 The Health Board recognises that Autumn and Winter 2021-22 will be challenging, and there is a need to take appropriate steps to maintain service resilience. A paper to Board in September 2021 outlined a set of jointly developed and agreed actions by the Health Board and key stakeholders who provide care for Powys residents. The actions include:
- a public awareness campaign on how to access healthcare advice and support;
 - agreement on implementing the Autumn/Winter COVID-19 & Flu vaccination programme
 - rollout of frailty assessment and scoring across Powys, enabling earlier detection, planning, prevention and keeping people well and independent at home;
 - accelerating proposals for the virtual ward and use of step-up beds (to increase bed numbers); and
 - implementing a seven-day therapies service from November 2021.

Tracking progress against audit and review recommendations

- 71 We found that **the Health Board has good arrangements to monitor progress in responding to audit and review recommendations, although a number of medium priority recommendations now need focus as action is overdue.**
- 72 The status and stage of implementation of all recommendations arising from the work of Internal Audit, Audit Wales and Local Counter-Fraud Services is reported to the Executive Committee and the Assurance and Risk Group before being reported at each meeting of the Audit, Risk & Assurance Committee.
- 73 During the COVID-19 pandemic, the Audit, Risk & Assurance Committee agreed to adjusted timescales proposed by services for implementing recommendations. This was to help relieve the pressures on services as they managed unprecedented pressures, by allowing services to focus on implementing actions to address the highest priority recommendations and/or those that were essential to the organisation's response to COVID-19. Further adjustments were made as the pandemic evolved, allowing greater leniency where possible.
- 74 We observed good challenge of progress against implementing recommendations by the Audit, Risk and Assurance Committee. In September 2021, the Committee requested deep dive into progress against any overdue recommendations. Papers for the November 2021 Audit, Risk and Assurance Committee do not include the requested deep dive, and the tracker indicates that 15 medium priority recommendations, which were due to be implemented by 30 September 2021, are outstanding.

- 75 Inspection and review recommendations by Healthcare Inspectorate Wales and the Care Inspectorate Wales are placed on a separate tracker. Progress to implement actions is reported to the Patient Experience, Quality & Safety Committee on a quarterly basis. Our review of the Health Board's quality governance arrangements looked at oversight of its clinical audit programme in more detail.

Managing financial resources

- 76 Our work considered the Health Board's financial performance, financial controls and arrangements for monitoring and reporting financial performance.
- 77 **The Health Board manages its financial resources well, and there are good arrangements to monitor and report its financial activity. However, delivery of required savings will be challenging and there remains work to ensure timely reporting to the Delivery and Performance Committee.**

Achieving key financial objectives

- 78 **The Health Board achieved its financial duties at the end of 2020-21. However, achievement of 2021-22 savings targets will be challenging with all savings to be achieved profiled in the last six months of the financial year.**

Financial Performance 2020-21

- 79 In 2020-21, the Health Board reported a surplus of £143,000 against its revenue resource allocation. The Health Board also achieved its statutory financial duty to break-even over a rolling three-year period (2018-19 to 2020-21).
- 80 COVID-19 has had a considerable impact on the revenue costs the Health Board set out in its financial plan for 2020-21. During 2020-21, the Health Board received an additional £31.4 million revenue funding and £2 million capital funding from the Welsh Government. Additional funding supported the Health Board's response to the pandemic, including the establishment of the Test, Track, Protect and Mass Vaccination programmes.
- 81 The pandemic also impacted on the Health Board's ability to realise its planned savings target of £5.638 million as set out in its original financial plans for 2020-21⁷. The Health Board had identified a number of planned schemes to achieve most, but not all of the savings' target. However, throughout the year reports included narrative on the impact that COVID-19 was having on the ability to achieve the planned savings. At month 12, the Health Board had delivered £487,000 savings (pay and non-pay, primary care, and medicines management). The Health Board brought forward unmet savings of £5.1 million into 2021-22.

⁷ This was the savings target set out in the IMTP 2020-23, approved by the Health Board, but not subsequently approved by Welsh Government due to the pandemic.

Financial Performance 2021-22

- 82 The Health Board's draft financial plan 2021-22 was shared with the Board in March 2021 and approved in June 2021 prior to submission to Welsh Government. It sets out a balanced position for 2021-22. The financial plan includes an underlying deficit of £5.6 million brought forward from 2020-21 (the underachievement of £5.1 million savings and £0.5 million of increased cost pressures).
- 83 In the financial plan, the Health Board set an ambition to achieve savings of £1.7 million during the year. This is an ambitious savings target, and as at Month 6 the Health Board had confirmed plans for delivery of £1.3 million of the total target and profiled their delivery in the last six months of the year.
- 84 At the November 2021 Delivery and Performance Committee, the finance report for Month 6 highlighted concerns on overspends on continuing healthcare costs and ongoing increases in variable pay costs. Although the Health Board was continuing to forecast a balanced year-end position, there were a significant number of risks that needed to be managed in order for this to be delivered.
- 85 For 2021-22 at Month 6, the Health Board was anticipated additional funding of £36 million from Welsh Government to support the Health Board's COVID-19 response and recovery. £2.5 million revenue and £550,000 capital of non-recurrent monies have been allocated to the Health Board for its renewal strategic portfolio programme activities to support recovery from COVID-19.
- 86 Welsh Government confirmed in August 2021 there was agreement that block contract arrangements with English providers would remain in place until year-end to ensure continued financial stability during the pandemic. In the Month 6 financial report it was reported that due to the continuation of block contracts, the Health Board will not be able to deliver any savings linked to commissioning. At the time of our review, the Health Board, although not starting its formal financial planning process, had provided commentary as part of its mid-year review as to the longer-term financial position. The opening underlying deficit for 2022-23 is forecast to be £9.8 million.

Financial controls

- 87 **The Health Board continues to have good controls to monitor financial activity and COVID-19 expenditure.**
- 88 The Health Board has specific COVID-19 decision making and financial governance arrangements, and these were introduced at the start of the pandemic in 2020. The Health Board has separate COVID-19 cost control centres which enables specific spending to be identified and reported. Expenditure relating to COVID-19 is included on the monthly monitoring returns to the Welsh Government and reported in finance papers to the Board and committees. The financial controls relating to COVID-19 have been regularly updated to ensure they remain fit for purpose, with the last revision in September 2021 where additional cost centres for

recovery and renewal were added, as well as the reference to Gold Meetings being replaced by executive meetings. These updated financial control procedures have been scrutinised by the Audit Risk and Assurance Committee. No significant control weaknesses were identified from our 2020-21 accounts opinion work at the Health Board.

- 89 In September 2021, the Audit Risk and Assurance Committee also approved updated budgetary control procedures which outline the principles and processes of day-to-day management of the Health Board's budgets and summarised the responsibility of budget holders and the finance department. The Health Board has also updated its Standing Financial Instructions, in line with the national standards (See **Exhibit 6, 2018 R7**).
- 90 The Health Board regularly reports to the Audit Risk and Assurance Committee on procurement, losses and special payments and counter-fraud matters. Procurement reports clearly set out the number of Single Tender Actions and Single Quotation Authorisations and the reasons why officers did not follow standard procurement procedures.
- 91 Where Chair's actions out of committee have been necessary, there is a log of the decision, evidence of Board scrutiny and subsequent ratification by the Board. Although, no chairs actions were necessary in 2021-22.
- 92 The Health Board's Counter-Fraud Service presents regular updates on its work and progress to the Audit Risk and Assurance Committee. An ongoing programme of work is in place to raise awareness of fraud, bribery and corruption amongst all staff and practitioners across all sites. Since the start of the financial year the Counter-Fraud team have delivered 12 raising fraud awareness training sessions.
- 93 The Health Board has approved and supported the adoption of a values-based healthcare approach within its 2021-22 Annual Plan. It has set out a programme to be delivered in year, approved by the Health Board's Executive Committee. A Values Based Healthcare Programme Board has been established to manage the Programme. The Board has approved an Efficiency Framework as a first step in supporting the values-based healthcare programme. There are four workstreams, 'pathways and systems', 'non-pay, procurement and continued healthcare', 'workforce efficiency' and 'medicines management'. There are four specific savings schemes⁸ which have been projected to release savings of £316,000, and in Month 6 these were all rated as amber for delivery. An update to the Delivery and Performance Committee in November 2021 outlined progress to date. It highlighted that whilst varying posts associated with the programme were in recruitment, there was limited interest due to the posts being short-term.
- 94 Progress on the performance and delivery of savings will be reported monthly as part of the standard finance performance papers.

⁸ The four savings schemes are eye care, recovery and planned care, frailty model and diabetes.

Exhibit 6: progress made on previous year recommendations

Recommendation	Description of progress
Standing Financial Instructions Structured Assessment 2018 R7 The Health Board should review and update the Standing Financial Instructions given that the last update was in 2016	Completed The Health Board adopted the nationally updated Standing Financial Instructions in July 2021.

Monitoring and reporting

- 95 **The Health Board has clear and accessible information to monitor and report on its financial performance, work remains to ensure that committees receive timely information.**
- 96 The Health Board reports financial performance at every Board meeting, and we have observed good scrutiny of its content. Alongside verbal presentations from officers, the reports provide context on the reasons for over or under spends and the factors affecting realisation of planned savings. Information is published on the Health Board's website within Board papers. Our review of the financial reports reported to the Board found they provide high-quality and timely information on financial performance, including financial savings and cost drivers related to COVID-19 (see **Exhibit 7, 2019 R1c**). Financial reports also highlight key risks for consideration by independent members.
- 97 In our 2018 and 2019 Structured Assessments we identified that the timing of the Delivery and Performance Committee's predecessors could be amended so as to allow more timely financial information to be scrutinised, and to avoid late issue of financial reports to Committee members. The Health Board is reviewing the timing of Committees and also the content of both the committee and Board report to ensure that the right information to ensure assurance and scrutiny is received in a timely manner. (See **Exhibit 7, 2018 R5** and **Exhibit 7, 2019 R1a, b and c**).

Party Stella
01/14/2022 12:32:42

Exhibit 7: progress made on previous year recommendations

Recommendation	Description of progress
<p>Timing of Committees Structured Assessment 2018 R5</p> <p>The timing of the Finance, Planning and Performance Committee⁹ business cycle does not allow detailed scrutiny of the most recent financial report in advance of the Board meeting. The Health Board should review its arrangements to allow detailed scrutiny of the monthly financial reports.</p>	<p>Superseded</p> <p>By 2019 R1 (see below).</p>
<p>Performance and Resources Committee Structured Assessment 2019 R1</p> <p>There are some issues with the functioning of the Performance and Resources Committee¹⁰. The Committee does not always receive reports on finance and performance for scrutiny before the Board. Finance papers have also been issued after the main set of papers reducing the time available for preparation. Although the Committee's work plan indicates that it will receive reports on savings delivery at each meeting, this is not always the case. The Health Board should:</p> <p>a) review the schedule of meetings to ensure the timing of meetings supports effective detailed scrutiny of finance and performance by Committee; and</p>	<p>In progress</p> <p>a) The Health Board is considering the financial information reported to the Delivery and Performance Committee and the Board. The Committee is now receiving the most recent financial performance information, allowing the Board to take assurance from the Committee's scrutiny.</p> <p>b) The timeliness of financial papers for consideration by the Delivery and Performance Committee appears to be improving.</p> <p>c) Financial reports to the Board provide high-quality and timely information on financial performance, including financial savings and cost drivers related to COVID-19.</p>

⁹ In March 2019 this Committee changed to the Performance and Resources Committee and then in September 2021 changed again to the Delivery and Resources Committee.

¹⁰ The Performance and Resources Committee became the Delivery and Performance Committee in September 2021.

Recommendation	Description of progress
<p>b) ensure that finance papers are produced and distributed in a timely manner.</p> <p>c) provide reports on the delivery of savings to each meeting to support scrutiny of how the non-delivery of certain schemes will be mitigated to ensure that the 2019-20 break-even position is delivered.</p>	

Parry Stella
01/14/2022 12:32:42

Appendix 1

Management response to audit recommendations

[Appendix x will be completed once the report and management response have been considered by the Audit & Risk Committee.]

Exhibit 8: management response

Recommendation	Management response	Completion date	Responsible officer
Independent member induction R1 The Health Board is experiencing a period of significant change within its independent members cohort. Independent members must be appropriately supported to meet their responsibilities through the provision of an adequate induction programme and ongoing development so they can effectively scrutinise the information presented to them. To supplement the			

Parry Stella
01/14/2022 12:32:42

Recommendation	Management response	Completion date	Responsible officer
<p>national induction programme, the Health Board should develop a local induction training programme as soon as possible to help new independent members ease quickly into their role.</p>			
<p>Associate Board member appointment R2 The Health Board does not currently have any associate Board members to assist it in carrying out its functions. Previously the Corporate Director (Children and Adults) from Powys County Council was as associate Board member but has not attended. The Health Board should work with Powys County Council to identify a suitable replacement as soon as possible.</p>			

Parry Stella
01/14/2022 12:32:42

Recommendation	Management response	Completion date	Responsible officer
<p>Board and committee agenda papers</p> <p>R3 Board and committee meeting agenda bundles are made available in advance of meetings. However, on occasions some papers are provided late and added to a separate bundle called 'supplementary papers'. Late papers do not allow adequate time for scrutiny, and the use of the term supplementary papers is misleading. The Health Board should ensure as soon as possible, that appropriate arrangements are in place to:</p> <ul style="list-style-type: none"> • reduce as far as possible inclusion of late papers; • stop the use of naming late papers 'supplementary'; and • to merge late papers into the main agenda bundle when publishing Board and committee papers on the website. 			

Party Stella
01/14/2022 12:32:42

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01/14/2022 12:32:42



Audit Wales
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

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

Appendix 1

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Exhibit 8: management response

Recommendation	Management response	Completion date	Responsible officer
<p>Independent member induction</p> <p>R1 The Health Board is experiencing a period of significant change within its independent members cohort. Independent members must be appropriately supported to meet their responsibilities through the provision of an adequate induction programme and ongoing development so they can effectively scrutinise the information presented to them. To supplement the</p>	<p>Review and strengthen the induction arrangements for Independent Members to improve early understanding of corporate business. To include:</p> <ul style="list-style-type: none"> • Background information on establishment of the health board • Good governance and structure of Committees • Board Assurance Framework • Cycle of meetings and Terms of Reference • Roles and responsibilities • Declarations of Interest and Standards of Behaviour • Strategic Plans • Role of Charity Trustees • Means of accessing further information on the Health Board 	<p>31 March 2022</p>	<p>Interim Board Secretary</p>

Party Stella
01/14/2022 12:32:42

Recommendation	Management response	Completion date	Responsible officer
<p>national induction programme, the Health Board should develop a local induction training programme as soon as possible to help new independent members ease quickly into their role.</p>			
<p>Associate Board member appointment R2 The Health Board does not currently have any associate Board members to assist it in carrying out its functions. Previously the Corporate Director (Children and Adults) from Powys County Council was as associate Board member but has not attended. The Health Board should work with Powys County Council to identify a suitable replacement as soon as possible.</p>	<p>Interim Board Secretary will engage with Powys County Council's Monitoring Officer to identify a replacement Associate Director.</p>	<p>31 March 2022</p>	<p>Interim Board Secretary</p>

Party Stella
01/14/2022 12:32:42

Recommendation	Management response	Completion date	Responsible officer
<p>Board and committee agenda papers</p> <p>R3 Board and committee meeting agenda bundles are made available in advance of meetings. However, on occasions some papers are provided late and added to a separate bundle called 'supplementary papers'. Late papers do not allow adequate time for scrutiny, and the use of the term supplementary papers is misleading. The Health Board should ensure as soon as possible, that appropriate arrangements are in place to:</p> <ul style="list-style-type: none"> • reduce as far as possible inclusion of late papers; • stop the use of naming late papers 'supplementary'; and • to merge late papers into the main agenda bundle when publishing Board and committee papers on the website. 	<p>The proactive identification of potential/scheduled 'late papers' will continue with the Chair of the Board/specific Committee; maintaining late papers to a minimum. Further actions include:</p> <ol style="list-style-type: none"> any 'late papers' are no longer named as 'supplementary' papers are merged into the main agenda bundle when publishing Board and committee papers on the website. <p>Recognising that on occasions late papers are required. The Associate Director of Corporate Business and Interim Board Secretary to work with Executive Team to review and embed the process and principles for submission of papers.</p>	<p>Immediate action</p>	<p>Associate Director and Corporate Business and Interim Board Secretary</p>

Party Stella
01/14/2022 12:32:42

Parry Stella
01/14/2022 12:32:42

Audit, Risk and Assurance Committee		Date of Meeting: 20th January 2022
Subject:	Counter Fraud Update Report	
Approved and Presented by:	Director of Finance and IT / Matthew Evans Head of Counter Fraud	
Prepared by:	Head of Counter Fraud	
Other Committees and meetings considered at:	N/a	

PURPOSE:

The purpose of this report is to update the Audit Risk & Assurance Committee on key areas of work undertaken by the Local Counter Fraud Specialists during 2021/22.

RECOMMENDATION(S):

It is recommended that the Audit Risk & Assurance Committee receive the report for discussion and note the content of this update report.

Ratification	Discussion	Information
	X	

Parry Stella
01/14/2022 12:32:42

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	✓

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age				
Disability				
Gender reassignment				
Pregnancy and maternity				
Race				
Religion/ Belief				
Sex				
Sexual Orientation				
Marriage and civil partnership				
Welsh Language				

Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical				
Financial				
Corporate				
Operational				
Reputational				

Parry Stella
01/14/2022 12:32:42



Item 3.8

Counter Fraud Update Report

20 January 2022

Parry Stella
01/14/2022 12:32:42



1. INTRODUCTION

1.1 The purpose of this report is to update the Audit Committee on key areas of work undertaken by the Health Board Local Counter Fraud Specialists since the last meeting.

2. BACKGROUND

2.1 Meetings are held on a regular basis with the Director of Finance, where progress against the annual work plan and with the LCFS case workload is discussed and monitored.

2.2 The following sets out activity under the Key Principles specified within the Fraud, Bribery and Corruption Standards for NHS Bodies (Wales).

3. RESOURCE UTILISATION

3.1 Resource utilised in line with the four Strategic Areas aligned to NHS Counter Fraud Standards is presented below. Figures are correct as of 31 December 2021.

Strategic Area	Resource Allocated	Resource Used
Strategic Governance	35	27
Inform and Involve	83	44
Prevent and Deter	90	80
Hold to Account	100	60
TOTAL	308	212

4. STRATEGIC GOVERNANCE

4.1 NHS Counter Fraud Authority have delivered a workshop relating to fraud risk assessments and local proactive exercises (LPE). Clarity was provided on the function and definition of what NHS CFA consider to be local proactive exercises. LPEs will represent a

5. INFORM AND INVOLVE

5.1 As detailed within the agreed Counter Fraud Work Plan, an on-going programme of work has been put in place to raise awareness of fraud, bribery and corruption amongst all staff and practitioners across all sites. Since the start of the financial year the Counter Fraud Team have delivered 18 sessions of fraud learning including attendance at 9 corporate inductions.

5.2 The Counter Fraud Team have taken part in Fraud Awareness Week in

Parry Stella
01/14/2022 12:32:42



November 2021 by disseminating a fraud awareness bulletin containing a range of awareness materials including:

- Ethical dilemmas posing staff questions and seeking feedback via a Microsoft Forms survey page
- NHS Fraud Awareness videos produced by NHS Counter Fraud Authority
- Printable posters and digital banners
- Cyber Security information on staying safe from cyber enabled fraud
- General NHS fraud information

Fraud Awareness Week was followed by a winter edition of the Counter Fraud newsletter released in the last week of November and a payslip message in December to consolidate this awareness event.

- 5.3 A staff survey is being drafted by the Counter Fraud Team. This year there will be an all-staff survey as usual but with additional bespoke surveys focusing on business areas at higher risk of exposure to fraud tailored to those risks to test understanding of fraud awareness and gain feedback on approach. It is anticipated the surveys will be released following winter pressures in mid to late Spring in order to maximise response.

6 PREVENT AND DETER

- 6.1 The Counter Fraud Team have commenced Local Proactive Exercises in areas identified as national risk or via local fraud risk assessment work. Areas LPEs have been undertaken include:
- Controlled Drugs Policy Framework compliance following a number of concerns being raised.
 - Gifts, Hospitality and Declarations of Interest compliance.
 - Overpayment of salary resulting in potential offences of theft and/or fraud.

Following NHS Counter Fraud Authority Workshop on LPEs a review will be undertaken to ensure that all LPE work that fits the Authorities definition are captured on the case management system.

- 6.2 In line with Counter Fraud Work Plan agreed action aimed at increasing compliance with GovS 013 component 2 and GovS 013 component 5 the Counter Fraud Team have progressed in undertaking comprehensive risk assessments in areas of identified fraud risk. This work is on track to produce a fraud risk profile for the Health Board by end of financial year. This profile will then be used to inform the 2022/23 Counter Fraud Work Plan to enable development on a risk based basis.

- 6.3 NHS Counter Fraud Authority's Fraud Prevention Unit are undertaking Fraud Prevention Guidance Impact Assessment (FPGIA) data collection survey, which relates to the period between October 2020-September 2021.

The FPU targets fraud risks identified through system weakness reporting by Local Counter Fraud Specialists (LCFSs) and NHSCFA Counter Fraud Specialists (CFSs) by issuing FPNs that outline recommended actions and provide new guidance (or signposts to existing guidance) for NHS organisations to address and mitigate the risks at a local level.

Party Stella
01/14/2022 12:32:42



This FPGIA is designed to measure the impact to NHS organisations who are taking action in response to the Fraud Prevention Notices (FPNs), through the implementation of appropriate fraud prevention measures, and identify the cost savings that this has brought to organisations. The Health Board has issued a return to this assessment.

7 HOLD TO ACCOUNT

7.1 The status of the LCFS investigative caseload at the time of reporting is summarised within Appendix 2 to this report for information.

8. RECOMMENDATION

8.1 The Audit Committee is asked to **note** the Counter Fraud Progress Report.

Parry Stella
01/14/2022 12:32:42

Item 3.7 Appendix 2 - Counter Fraud Investigations Update Report

Open Cases					
WARO Reference	Date Commenced	Fraud Type	Subject Type	Allegation	Status
INV/21/00239	22/09/2021	Working whilst sick	Ex-Staff	Information that the subject was working at a local petrol station and café whilst on sick leave and receiving sick pay.	Investigation revealed that the subject had taken on a job whilst on sick leave, and then resigned from the health board after commencing in their new role. During the time that they conducted their new job role, they received over £600 in sick pay from the health board. IUC took place and the subject admitted that there was a cross over period where they held two posts. The subject was under the impression they would not receive payments from the health board in the latter two months, but did not declare receipt of the money when it was paid into their bank. Subject stated they were willing to repay any monies outstanding but as of October 2021 there had been no contact or payments from the subject.
INV/21/00078	04/06/2021	Overpayment	Ex-employee	Subject retired from the health board but received an extra month payment for Lieu of termination. This amounted to over £11k.	Subject contacted and agreed to repay the monies, but has since failed to do so and has claimed no knowledge of the matter. Subject has been contacted on a number of occasions about the matter

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Item 3.7 Appendix 2 - Counter Fraud Investigations Update Report

Open Cases					
WARO Reference	Date Commenced	Fraud Type	Subject Type	Allegation	Status
					and is now disputing the amount. Ongoing with the department head, but there is no fraud offence to answer.

Closed Cases					
WARO Reference	Date Commenced	Fraud Type	Subject Type	Allegation	Outcome
INV/21/00118	05/07/2021	Timesheet	Staff	Allegation that working time was being used to conduct personal appointments and the staff member was asking colleagues to sign them in/out of fire register, which was used as an unofficial timesheet	IUC conducted; reasonable explanation given and information provided, and corroborated, that negated the allegation. Lack of evidence to progress, matter referred back to WOD for consideration of disciplinary.
INV/21/00300	26/10/2021	Abuse of position	Staff	Report from an anonymous source that alleged senior managers within the department were using their position to employ friends and acquaintances.	Matter thoroughly investigated and there was no evidence found to support the allegation. Relevant Director of department was notified at the conclusion of the investigations. Matter closed with no further action.
WARO/21/00030	09/02/2021	Abuse of position	Staff	Staff member returning from sick leave was alleged to have placed a bottle of Oramorph in a general waste bin, when the bottle was not empty, before removing said bottle from the ward.	Investigations on the ward conducted and IUC undertaken. Lack of evidence to proceed and matter referred to WOD for disciplinary process. Outcome of disciplinary hearing that there was

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01/14/2022 12:32:42

Item 3.7 Appendix 2 - Counter Fraud Investigations Update Report

Closed Cases					
WARO Reference	Date Commenced	Fraud Type	Subject Type	Allegation	Outcome
					no case to answer and matter concluded no further action.
INV/21/00103	21/06/2021	Working whilst sick	Staff	Staff member off sick but it came to the attention of their Manager that the employee was still working at their private dog grooming business. This business was not a declared interest on their personnel file	IUC conducted and full admission provided. Staff member willing to pay back any monies owed, and has since resigned from PTHB for personal reasons. Outstanding monies owed have been repaid. . It is not assessed as proportionate to pursue criminal charges in this case in line with CPS guidance.
INV/21/00406	07/12/2021	Payroll	Staff	Allegation that subject has received full pay for the duration of maternity leave as opposed to maternity pay and has not notified any relevant person.	Inquiries conducted. The original paperwork was completed and submitted according to procedure. It was not received/processed at payroll, and therefore is a HB error as oppose to a fraud. Matter concluded NFA
INV/21/00298	01/06/2021	Timesheet	Staff	Allegation that GPs within a practice were not fulfilling their contractual hours by completing too few sessions on a daily and weekly basis.	The relevant management was contacted and denied this was the case. They stated that the GPs complete a number of tasks that are not recorded on the computer system which would account for the "missing time". They were asked to provide evidence to support or negate the claim, and they were able to do so. No evidence to support the allegation

Parry Stella
01/14/2022 12:32:42

Item 3.7 Appendix 2 - Counter Fraud Investigations Update Report

Closed Cases					
WARO Reference	Date Commenced	Fraud Type	Subject Type	Allegation	Outcome
					made. Matter closed no further action.
INV/21/00139	23/07/2021	Payroll	Ex-staff	Allegation that subject received several months of salary payments after they had resigned from the health board.	Enquiries confirm that the subject made contact with her manager, and it was the manager that had completed the paperwork incorrectly. Agreement to repay the outstanding monies owed.

Parry Stella
01/14/2022 12:32:42

AUDIT, RISK & ASSURANCE COMMITTEE PROGRAMME OF BUSINESS 2021-22

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

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

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

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01/14/2022 12:32:42

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2021-2022						
		29 April	08 June	12 July	14 Sept	16 Nov	20 Jan	22 March
Governance & Assurance:								
Approach to 2021-22 Annual Accounts	DF&IT							✓
Annual Accountability Report 2020-21	BS	✓	✓					
Annual Accounts 2020-21, including Letter of Representation	DF&IT	✓	✓					
Annual Governance Programme Reporting	BS	✓		✓		✓		✓
Application of Single Tender Waiver	DF&IT	✓	✓	✓	✓	✓	✓	✓
Audit of COVID-19 Governance Arrangements	BS	✓						
Audit Recommendation Tracking	BS	✓		✓	✓	✓	✓	✓
Charitable Funds Annual Report and Accounts 2020-21	DF&IT						✓	
Losses and Special Payments Annual Report 2020-21	DF&IT		✓					
Losses and Special Payments Update report	DF&IT			✓		✓		
Policies Delegated from the Board for Review and Approval	BS/ DF&IT	As and when identified						
Register of Interests	BS				✓			
Review of Standing Orders	BS					✓		
Welsh Health Circulars	BS					✓		
Internal & Capital Audit:								
Head of Internal Audit Opinion 2020-21	HoIA	✓						
Internal Audit Progress Report 2021-22	HoIA	✓	✓	✓	✓	✓	✓	✓
Internal Audit Review Reports	HoIA	In line with Internal Audit Plan 2021-22						
Internal Audit Plan 2022-23	HoIA							✓
External Audit:								
External Audit Annual Report 2021	EAO						✓	

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2021-2022						
		29 April	08 June	12 July	14 Sept	16 Nov	20 Jan	22 March
External Audit of Financial Statements 2020-21	EAO		✓					
External Audit Plan 2022	EAO							✓
External Audit Progress Report 2021-22	EAO	✓	✓	✓	✓	✓	✓	✓
External Audit Review Reports	EAO	In line with External Audit Plan 2021-22						
External Audit Structured Assessment	EAO						✓	
Welsh Health Specialised Services Committee Governance Arrangements	EAO				✓			
Anti-Fraud Culture:								
Counter Fraud Annual Report 2020-21	HoLCF		✓					
Counter Fraud Update	HoLCF			✓			✓	
Counter Fraud Workplan 2022-23	HoLCF							✓
Post Payment Verification Annual Report 2020-21	PPVO		✓					
Post Payment Verification Workplan 2021-22	PPVO		✓					
Committee Requirements as set out in Standing Orders								
Annual Review of Committee Terms of Reference 2021-22	BS		✓					
Development of Committee Annual Programme of Business	BS	✓						
Review of Committee Programme of Business	BS		✓	✓	✓	✓	✓	✓
Audit, Risk and Assurance Committee Members to meet Independently with:								
External Audit Team						✓		
Internal Audit Team					✓			✓

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2021-2022						
		29 April	08 June	12 July	14 Sept	16 Nov	20 Jan	22 March
Local Counter Fraud Team							✓	
Post Payment Verification				✓				

KEY:

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

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01/14/2022 12:32:42