

Structured Assessment 2020 – Cwm Taf Morgannwg University Health Board

Audit year: 2020

Date issued: October 2020

Document reference: 2041A2020-21

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Summary report

About this report

- 1 This report sets out the findings from the Auditor General's 2020 structured assessment work at Cwm Taf Morgannwg University Health Board (the Health Board). The 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.
- 2 This year's Structured Assessment work took place at a time when NHS bodies were responding to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. On 13 March 2020, the Minister for Health, Social Services and Sport issued a framework of actions to help prepare the system for the expected surge in COVID-19 cases. The framework included the cessation of non-urgent planned activity and the relaxation of targets and monitoring arrangements across the health and care system. Emergency funding arrangements were also introduced to facilitate the wide range of actions needed to respond urgently to the COVID-19 pandemic.
- 3 Shorter planning cycles were agreed for 2020-21 and supported by quarterly guidance setting out key considerations for the planning of the next phase of the pandemic, for maintaining delivery of essential services, and a movement towards the gradual reinstatement of routine services.
- 4 Our work was designed in the context of the ongoing response to the pandemic to ensure a suitably pragmatic approach to help the Auditor General discharge his statutory responsibilities whilst minimising the impact on NHS bodies as they continue to respond to the next phase of the COVID-19 pandemic.¹ The key focus of the work is on the corporate arrangements for ensuring that resources are used efficiently, effectively and economically. Auditors also paid attention to progress made to address previous recommendations² where these related to important aspects of organisational governance and financial management especially in the current circumstances.
- 5 The report groups our findings under three themes:
 - governance arrangements;
 - managing financial resources; and
 - operational planning: to support the continued response to the pandemic balanced against the provision of other essential services.

¹ The conduct of our work was co-ordinated with Internal Audit's rapid governance review, which included testing of key controls noted in this report.

² Previous structured assessment recommendations can be found in [our 2019 report](#). The Health Board's management response to our 2019 recommendations can be found [here](#).

Key messages

- 6 We found that, in overall terms, the Health Board has maintained good governance arrangements during the pandemic. This has been assisted by a stable and resilient Board, and the rapid adjustment of governance arrangements to support agile decision making during the pandemic. There has been a commitment to conduct business in an open and transparent way and to use learning to help shape future arrangements.
- 7 Whilst there has been further development of elements of the Health Board's risk management system, the need to respond to the pandemic has understandably slowed progress. The Health Board has continued to maintain systems to oversee the quality and safety of services during the pandemic and to address recommendations from audits and external reviews.
- 8 The Health Board met its financial duties for 2019-20 but costs associated with responding to COVID-19 are having a significant impact on the financial position. A deficit of £58 million for 2020-21 is currently being forecasted. We found that the Health Board had established sound financial controls in respect of COVID-19, but there were some delays in recording key financial decisions.
- 9 Operational plans were developed quickly with the Board and informed by robust demand and capacity modelling. Plans demonstrate a commitment to staff wellbeing and adapting to new ways of work. The Board was updated on key achievements during quarter 1 and is continuing to develop processes for monitoring implementation, outcomes and impact and at the height of the pandemic information provided to the Board on workforce metrics and staff safety was limited.
- 10 We have not made any new recommendations based on our 2020 work but have noted improvement opportunities in the report. We will review progress against these and outstanding 2019 recommendations as part of our 2021 work.

Detailed report

Governance arrangements

- 11 Our structured assessment work considered the Health Board's ability to maintain sound governance arrangements while having to respond rapidly to the unprecedented challenges presented by the pandemic.
- 12 We found that **the Health Board maintained overall good governance, but strategic oversight of workforce metrics and wellbeing could have been strengthened and progress on implementing new risk management arrangements has slowed as a result of the pandemic.**

Conducting business effectively

A stable and resilient board led the organisation during the pandemic with steps taken to ensure the open and transparent conduct of business and rapid decision making

The Health Board took steps to conduct business in an open and transparent way assisted by a stable and resilient Board, and is using the learning to shape future arrangements

- 13 The organisation has had a stable Board during the pandemic with the appointments of four Independent Members, including the Vice Chair, extended, ensuring continuity and maintaining capacity. There has been continuity amongst executive directors with two executive directors in interim roles. A new Chief Executive will take up post in early September 2020 at which time recruitment for substantive posts will be arranged.
- 14 Deputies were assigned in the scheme of delegation to ensure resilience and business continuity for executive directors. The Board also identified deputies for the Chair and Vice Chair in the event of their absence to ensure continuity of board business.
- 15 The Board development sessions continued throughout the pandemic, but the Health Board did not take the opportunity to use them to brief Independent Members on its response to the pandemic. Routine weekly engagement with Independent Members was only established in late April at their request, but once established were valued by members. These engagement meetings were informal and not minuted, but Independent Members did receive the weekly Gold command COVID-19 risk register so were sighted of the risks and mitigation in relation to the Health Board's response to the pandemic. Despite the delays in establishing regular communication, board members cited good working relationships and we observed a cohesive Board.
- 16 The Health Board took steps to conduct business in an open and transparent way. The Board has been unable to hold meetings in public and quickly moved to virtual

meetings. To facilitate as much openness and transparency as possible, the Health Board is publishing agendas and papers as far as possible in advance on its website and social media. It also produced a summary of the May board meeting on the same day, although the summary was not well publicised. The Community Health Council continues to be invited to attend and contribute to virtual board meetings.

- 17 To improve efficiency, Independent Members send questions and observations about committee papers in advance of meetings. This approach is working well and responses to questions are presented to Committee members in advance of committee meetings to provide assurance.
- 18 Live streaming of monthly Board meetings is increasing transparency with social media channels used to publicise the meetings. However, web links to these meetings could be made more easily accessible on the homepage of the Health Board's website to enable the public to watch live or after the event.
- 19 Virtual meeting etiquette has been implemented, with software functionality used by Board members to raise questions during Board and committee meetings. The Board has adapted well to these new working arrangements.
- 20 The Health Board has also made extensive use of social media to engage with the public, for example running live question and answer sessions on important topics like restarting services.
- 21 The Board has reflected on new ways of working adopted during the pandemic and has indicated that it intends to:
 - retain virtual working and focussed agendas, including retaining the 'consent agenda' process whereby the board and committee approve items that do not require discussion or debate because they are either routine or already unanimously agreed. The Consent agenda is taken before the main agenda, and the Chair will ensure consent to these items, or if not, they will be moved to the main agenda.
 - build on the increased communication during COVID-19 both internally and externally, through use of Social Media and staff meetings.
- 22 The Health Board has demonstrated a good approach to learning, by capturing lessons learnt through the pandemic through the command and control structure. The output from this was captured in a formal Gold and Silver Closure report in May 2020, although this has not been shared with the board.

Governance arrangements were revised quickly to respond to the challenges of the pandemic and although the arrangements were broadly sound, some gaps were evident

- 23 The Health Board implemented its major incident plan and established a robust command and control structure in March 2020 to respond to the pandemic. This was in place for around ten weeks to the end of May 2020. The structure consisted of the following:

- **Gold Command** – which set the overarching strategy that all other plans must take account of;
 - **Silver Command** – which co-ordinated the tactical, individual strategies developed by the Bronze Command groups to ensure they reflected and contributed to Gold overarching strategies; and
 - **Bronze Command** – which was responsible operationally for individually agreed strategies and ensuring that tactical plans were developed to support them.
- 24 The Health Board proposed revisions to its governance framework based on Welsh Government guidance and advice, which the Audit Committee scrutinised at its April meeting. The revised governance framework and changes to the Scheme of Delegation were approved through Chair's Action in mid-March and subsequently ratified by the Board in May. These revisions include temporary variations to parts of the Standing Orders as well as the following:
- standing down all committee meetings for three months apart from the Audit and Risk Committee and Quality & Safety Committee;
 - identifying third and fourth delegated chairs to provide contingency in case the Chair or Vice Chair were absent, with similar arrangements for the Chief Executive; and
 - introducing a 'Consent Agenda' for all board meetings as explained in **paragraph 21**.
- 25 At the time governance arrangements were revised for the pandemic, the Health Board was in the process of changing the existing committee structure to refocus the balance of work. In January 2020, the Health Board had stood down its Finance and Performance and Workforce Committee to replace it with two new committees, the Planning, Performance and Finance Committee, and People and Culture Committee, which will focus on key workforce issues.
- 26 The Health Board has kept its governance arrangements under continual review with the aim of standing up committees that were stood down during the pandemic. The new Planning, Performance and Finance committee met for the first time in May to provide a retrospective review of the decisions made pertaining to COVID-19. The new People and Culture Committee met for the first time in late July 2020.
- 27 All Independent Members were invited to attend the inaugural meeting of the Planning, Performance and Finance Committee. At the meeting, Independent Members received, for the first time, a timeline and detail of the strategic and financial decisions taken by officers in response to COVID-19 up to the middle of May. Going forward, the Health Board intends taking COVID-19-related expenditure decisions to the Committee for scrutiny prior to Board approval. Up to this point in time, the Chair of the Health Board was kept informed daily by the Chief Executive Officer of expenditure commitments and key strategic decisions.
- 28 The work of the Quality and Safety Committee and the Audit and Risk Committee continued to focus on routine business. However, the Committees did not

scrutinise some key decisions, such as the closure in March of the Tirion Freestanding Midwifery Unit, ten days after opening, given a lack of staff due to COVID-19. Further, the Committees did not receive any information on the impact of closure on patients.

- 29 Given the constantly evolving public health emergency there were weaknesses in the systems for logging decisions through the command and control structures. Internal Audit's rapid governance review found weaknesses in relation to the decision logs developed during the pandemic, such as delays in timely implementation and decisions that should have been escalated up through the command structure. Internal Audit has highlighted opportunities for improvements.
- 30 The Board approved temporary changes to the scheme of delegation in relation to COVID-19-related matters (see **paragraph 58**) with one minor change relating to the approval of capital items over £1 million. No timeframe was set for reviewing the change to the scheme of delegation.
- 31 The Health Board has maintained its scheduled cycle of board meetings and those of the committees retained through the revised governance arrangements. The Health Board also implemented a new operating model in April 2020. Committees have been more focused on the key issues, however, there remains a significant workload for the Quality and Safety Committee which the Health Board are aware of and are working to address. Board and committee meetings have been fully attended and our observations of these meetings found effective scrutiny and challenge.
- 32 The Board approved changes to the frequency of board and committee meetings in June, which it will review in December 2020. The proposal approved is:
- the Board will meet monthly instead of bi-monthly to support timely decision making;
 - the Quality and Safety Committee and Audit and Risk Committee will meet bi-monthly as usual; and
 - all other committees meet quarterly except the Charitable Funds Committee which will revert to annual meetings.
- 33 The planned frequency of some committee meetings may limit opportunities to provide adequate scrutiny and assurance for the Board given it will meet monthly. For example, the Health Board intends to take COVID-19-related expenditure decisions to the Planning, Performance and Finance Committee for scrutiny prior to Board approval (see **paragraph 27**) yet the Committee will meet quarterly.

Managing risk

Development of elements of the risk management system is ongoing but COVID-19 has slowed progress

- 34 The Health Board aims to have one strategic approach to risk management and has been taking steps to address some areas of weakness. A new risk management strategy was implemented in March 2020 and an interim Board Assurance Framework (BAF) agreed. However, work to agree the principal risks and agree the risk appetite has been slightly delayed due to COVID-19 with work scheduled to resume in September 2020, although regular progress updates have been provided. Responsibility for risk management at an organisation corporate level sits with the Director of Corporate Governance as this better links risk to the Board Assurance Framework. We will follow up elements of the risk management system as part of our Joint Review Follow-up later in 2020.
- 35 The Health Board established a new operating model on 1 April 2020. One element of this was the establishment of the New Integrated Locality Groups (ILGs) which are accountable for the quality of care, population health, patient outcomes, and planning and delivery within a geographical area. The pandemic has understandably slowed down work that is needed to map relevant risks from the previous structure to the new ILGs, and to establish risk management frameworks for the new locality groups.
- 36 The organisational risk register was received by the Board in both March and May; however, it has not been presented since. At the time of our fieldwork, the register was reviewed by the Executive team prior to a Board Development session in September, the progress being slowed by COVID-19 and the limited capacity of the ILGs to undertake the detailed reviews needed to inform the corporate risk register.
- 37 The Health Board developed a COVID-19-specific Risk Register, which captured risks associated with the organisation's response to the pandemic. The COVID-19 risk register was monitored and reviewed weekly by Gold Command with risks escalated up from the Silver and Bronze meetings. The Gold Command risk register was shared via iBabs with Board (independent members) on a weekly basis to ensure IM scrutiny and assurance of risks, and so changes in risk scores could be observed/monitored on a weekly basis which was not possible with Board or Committee meeting frequency. However, the COVID-19-specific risk register was not shared or scrutinised by the Board or its committees. The Gold Command group was dissolved in May and the outstanding risks that were associated with the COVID-19 risk register were transferred to the organisational risk register.

Systems of assurance

A focus on quality and safety has been maintained, however, there have been notable gaps in the monitoring of workforce metrics

- 38 The Board and Quality and Safety Committee have generally taken relevant assurance of COVID-19-related matters receiving regular COVID-19 updates from the lead executive officer for the Gold Command group. These updates include high-level information on the pandemic, such as COVID-19 infection rates, numbers of deaths and commentary on the COVID-19-related activity like the roll out of Test, Track and Protect. Although the Gold Group was stood down in May, the COVID-19 update reports remain. These reports have continued to evolve and the latest update to the Quality and Safety Committee in September contained information on the early warning indicators used by the Health Board to monitor COVID-19, in order to understand if the Health Board needs to re-establish their emergency response (see **paragraph 68** for further details on the early warning indicators).
- 39 In May, the Welsh Government published a guidance note on discharging board committee responsibilities during the COVID-19 response phase, given many board committees had been stood down. The guidance note set out the types of matters that boards might consider delegating to the Quality and Safety Committee, including aspects of staff safety and wellbeing, absence levels due to COVID-19 and the impact on safe staffing and the delivery of essential services. The Health Board considered this guidance and presented their mapping at their May Board. The mapping also contained a detailed outline of the Health Board's position against each element of Welsh Government guidance, for example assurance on the non-COVID-19 essential services was reported at the Quality and Safety Committee in May 2020 and the capacity of other non-patient areas such as pathology in respect of COVID-19 and non-COVID-19 were presented to the Planning and Performance Committee in May.
- 40 The Board delegated oversight of staff safety, wellbeing and workforce metrics to the People and Culture Committee. However, the committee only met for the first time in July. These matters are not covered in the routine COVID-19 updates presented to the Board and Quality and Safety Committee and a planned report to the September Quality and Safety Committee on Personal Protective Equipment (PPE) was not produced. Although assurances were not received by the Board nor its committees, at an operational level, staff safety and wellbeing matters were monitored continually by the command and control groups and continues through operational management arrangements. When the People and Culture Committee met, it received a workforce metric report containing detailed information on sickness absence levels and staff isolation rates to inform the discussion on safe staffing levels.
- 41 At the outset of the pandemic the Health Board developed a risk assessment process for staff to identify staff most at risk from COVID-19. It has subsequently

implemented the all-Wales COVID-19 Workforce Risk Assessment Tool. Information presented to the Board in July indicated that 72% of staff had completed the self-assessment but work on outcomes has yet to be reported. Capturing information of the risk of the virus to staff was difficult initially, given that only one-third of staff records were held on the Electronic Staff record system at the start of the pandemic. This has improved considerably, and the Health Board now has complete workforce coverage which is extremely positive.

- 42 Arrangements to capture information on patient experiences continued throughout the pandemic period, with routine reports from localities and the quality dashboard on complaint themes that had been raised and identified and the actions taken as a result. Due to the COVID-19 pandemic real-time patient feedback has been suspended, however, the Health Board have been using 'have your say' feedback cards, which has enabled staff to identify the impact of the care experience and celebrate success but also address any issues. Patient stories have continued and at the most recent Quality and Safety Committee they received a patient story highlighting issues in relation to communication and the experience of being both a key worker, contracting COVID-19 and the risks associated with the potential lack of PPE in non-COVID areas.
- 43 The Quality and Safety Committee agenda is largely unchanged with the Committee continuing to receive the quality dashboard and regular assurance in key areas, such as Putting Things Right, compliance with the Nurse Staffing Levels Wales Act, and compliance with universal mortality reviews. In addition, the committee also considered in May a more detailed report on a nursing workforce plan to support the increased demand and consequences on Nurse Staffing Requirements. The work that the Health Board had started looking at on harm is also being adopted for COVID-19 reviews. The integrated performance dashboard continues details on harm caused by reduction in activity because of COVID-19. The committee has also received updates on non-essential services including an initial assessment of some areas where services were being affected because of the impact on waiting times due to COVID-19.
- 44 From an operational level the Gold Group oversaw the establishment of a clinical ethics committee to support clinicians in making decisions during the pandemic. The Health Board has also developed a policy and set of principles for end of life care during COVID-19 and the new deputy Medical Director will be taking forward work related to issues around DNACPR³.

³ Do not attempt cardiopulmonary resuscitation.

The Health Board continues to address recommendations from audits and external reviews but formal reporting on progress was paused during the pandemic

- 45 The Health Board has continued, where possible, to address recommendations from auditors and other regulators and inspectors, such as Healthcare Inspectorate Wales (HIW) and the NHS Wales Delivery Unit. During the pandemic, the Health Board suspended formal progress reporting, however, operational scrutiny by the executive teams has continued. Work will resume shortly with a report expected on progress to the Audit and Risk Committee expected this October.
- 46 The Health Board continues to monitor and report on progress against the HIW/Audit Wales joint review recommendations on quality governance. A recent update was shared with us and the Quality and Safety Committee. In response to recommendations from internal and external auditors, the Health Board has been working to improve systems and processes for tracking progress of audit recommendations. The Health Board recently took steps to seek updates with a view to presenting an updated tracker with revised implementation timescales to the Audit and Risk Committee in October.
- 47 The Audit Committee has continued to receive the findings of finalised audit reports, and management responses to these are being prepared. Other reviews have also been received, such as HIW reports.
- 48 In previous years, we have highlighted the absence of audit tracking for recommendations arising from other inspectorates, regulatory or Royal College reviews. Progress on this has been affected due to COVID-19, but work is underway.

Managing financial resources

- 49 Our work considered the Health Board's financial performance, changes to financial controls during the pandemic and arrangements for monitoring and reporting financial performance.
- 50 We found that **the Health Board met its financial duties for 2019-20 and has continued to demonstrate effective financial controls but costs associated with responding to COVID-19 are having a significant impact on the financial position.**

Achieving key financial objectives

The Health Board met its financial duties in 2019-20 but ongoing COVID-19 costs mean a risk to the financial position in 2020-21

The Health Board met its financial duties for 2019-20 making a large surplus

- 51 The Health Board has met its statutory requirement to break even over a rolling three-year period since it was first introduced. The recent certified 2019-20 financial statements show that the Health Board achieved a surplus of £883,000 against its revenue allocation and a three-year rolling surplus of £922,000. The Health Board met its capital resource limit and achieved a small surplus of £24,000 against its capital allocation and a three-year rolling surplus of £42,000.
- 52 The transfer on 1 April 2019 of responsibility for providing healthcare services for the people of the Bridgend County Borough Council area to the Health Board from Abertawe Bro Morgannwg University Health Board (now known as Swansea Bay) brought additional challenges, with the Health Board's reported recurring forecast being a 2020-21 deficit of:
- £17.9 million before the impact of the new funding formula; and
 - £23.3 million after the impact of the new funding formula.
- 53 The Health Board identified a savings target of £10 million for 2019-20 and achieved actual savings of £10.3 million for that year, of which £9.2 million were recurring savings. Savings were made on areas relating to Medicines Management in Primary and Secondary care, and the Health Board made savings in both non-pay and pay areas.

The financial plan currently forecasts a deficit of £58 million due to COVID-19

- 54 In March, the Board approved the financial plan set out in its draft Integrated Medium-Term Plan (IMTP) for 2020-21 to 2022-23. To achieve financial balance in 2020-21, the Health Board set a savings target of £20.6 million to support achievement of financial sustainability and service improvement.
- 55 At Month 4, the Health Board had achieved year-to-date savings of £0.58 million. The Health Board anticipates achieving most of its savings between October 2020 and March 2021. The Board recognises that it needs to work more closely with the Integrated Locality Groups (ILGs) but due to COVID-19 this has been affected. The finance teams reinstated their routine finance meetings in July as part of the new performance management framework to support the ILGs. These meetings provide a direct link between the corporate finance team and the ILGs to ensure that cost pressures are fully understood, and savings plans are identified and monitored.

- 56 At Month 4, the Health Board has a projected in-year deficit of £58 million for the financial year 2020-21 due to the ongoing costs of responding to COVID-19. The year-end forecast also takes into account operational expenditure reductions of £16.3 million for the year 2020-21 and slippage on planned investments and repurposing of development funding of £4.2 million, and additional funding from the Welsh Government of £10.3 million for COVID-19.
- 57 The Health Board is continually reviewing and adjusting its forecast COVID-19 costs and expenditure alongside its quarterly operational planning. However, the Health Board will be unable to cover the continuing COVID-19 costs without significantly increasing its deficit or reliance on additional funding to meet these costs.

Financial controls

The Health Board maintained its usual financial controls during the pandemic but there were delays in recording key financial decisions

- 58 The Health Board maintained its usual financial controls. There were no significant changes to Standing Financial Instructions with only a minor change to the Scheme of Delegation to enable the Gold, Silver and Bronze groups to commit expenditure quickly in response to the pandemic. All other financial controls remained the same, for example no changes were made to processes for approving overtime. The Health Board produced a clear one-page document outlining the financial delegated limits for the Gold, Silver and Bronze Command structure. This set out the delegated limits for both capital and revenue expenditure.
- 59 Chair's Action was also used for any urgent decisions on significant expenditure within authorised limits, for example, in relation to establishing field hospitals and the equipment needed.
- 60 Arrangements have been put in place to monitor COVID-19 spending, and some budgets are split between the two areas. Codes are available in Oracle to categorise spending. The recently reinstated monthly financial review meetings with the ILGs are being used to identify any inaccurate categorisation of spending between COVID-19 and non-COVID-19. The finance team also aims to improve consistency given there is a certain level of management discretion currently.
- 61 In **paragraph 29**, we refer to delays in implementing decision logs. Consequently, the Health Board had to compile retrospectively the decisions taken through the command and control structures into one document. In compiling the retrospective decision log, the Health Board found that some decisions should have been escalated up the command and control structure. Internal Audit's rapid governance review has also highlighted several issues with the information used to compile it. When the decision log was shared with the Performance, Planning and Finance

Committee in May, some members felt more detail was needed on the rationale for decisions.

- 62 While the Planning, Performance and Finance Committee was stood down for a short period at the height of the pandemic, the Board maintained oversight and scrutiny of the financial position. The Board and the Planning, Performance and Finance Committee from May received timely reporting for each of its meetings. Discussion has been open with good scrutiny from IMs.
- 63 Reporting is comprehensive with information consistent with that provided to the Welsh Government through monthly monitoring returns, although in **paragraph 33** we highlight a potential issue with the planned frequency of some committee meetings. The reports provide a clear picture of the financial position, challenges and risks, and the mitigating actions being taken.

Operational planning

- 64 Our work considered the Health Board's progress in developing and delivering quarterly operational plans to support the ongoing response to COVID-19 and to provide other essential services and functions in line with Welsh Government planning guidance. At the time of our work, the focus was on essential services with the aim of restoring normal and routine activities when it is safe and practicable to do so.
- 65 We found that **operational plans were informed by robust demand and capacity modelling and there is a clear commitment to staff wellbeing and adapting to the new ways of working with developing arrangements for reporting on progress.**

Developing the plans

The Health Board worked quickly with the Board to develop operational plans based on robust demand and capacity modelling and Welsh Government guidance

- 66 The IMTP process for 2020-2023 was suspended to allow organisations to focus on COVID-19 planning and to direct resources to operational challenges. The 2019-2022 IMTP remains extant given the IMTP process for 2020-2023 was suspended to allow organisations to focus on COVID-19 planning and to direct resources to operational challenges. In the short term, NHS bodies are required to develop iterative plans for each quarter setting out preparations for future peaks of COVID-19, the provision of essential services and the restart of routine services where safe to do so.
- 67 The Health Board worked well with its Board in developing the quarter one and quarter two plans, producing both quickly and submitting them on time. Board members had the opportunity to comment and challenge. Plans were generally

consistent with the operational planning framework. The quarter two plan provides more detail and includes appended recovery plans for some services such as mental health, GMS services, community pharmacy and the winter plan.

- 68 Data modelling has been an integral part of the Health Board's approach and decision-making during the pandemic. It has informed capacity/demand modelling for operational planning and continues to inform planning into quarters 3 and 4. In the Quarter 2 operational plan, the Health Board introduced a set of early warning indicators to enable it to prepare for a sudden surge in COVID-19 cases. These 17 indicators cover areas such as daily COVID-19 cases as well as cases within key worker groups and hospital infection rates and are monitored by the executive team and form part of reporting to key committees.
- 69 The Health Board has developed a six-weekly planning cycle to ensure the operating plan remains agile and relevant. The Executive team developed the Health Board's quarterly operating plans. Progress against this plan is monitored weekly by the 'Resetting CTM management team⁴', where an update is presented on each workstream featured in the operating framework. The plans have nine executive-led workstreams, which are helpfully aligned to the Health Board's four strategic wellbeing objectives. The Quarter 2 plan is also underpinned by a small number of sector delivery plans such as community pharmacy.
- 70 Throughout the pandemic the Health Board has made every effort to minimise the negative impact on essential and routine services. The Health Board's ILGs assessed its essential services against the Welsh Government's guidance. The Health Board has been able to maintain many essential services by adapting pathways and policies, running virtual clinics and through effective triage. Initially, during quarter 1, the Health Board could not maintain all essential services, including those for lower and upper GI cancers, thyroid cancer, endoscopy and pain services. By quarter 2, the Health Board was delivering all but one essential service, namely lung surgery. Because of an increase in demand, the Health Board was having issues accessing this service due to limited capacity from its service provider. Plans are now in place to resolve this issue.
- 71 The Health Board saw a drop in demand for routine, elective services during quarter 1. However, because there was a fall in referral rates the waiting list has not grown substantially, but waiting times have increased. The Health Board had also been reviewing patients during the period of reduced activity. The quarter 2 plan describes how the Health Board is taking a cautious and planned approach to increasing elective activity. For example, through continued and better co-ordinated use of the independent sector, managing urgent elective surgery at its district general hospitals and creating COVID-lite areas.
- 72 In line with Welsh Government guidance, the Health Board adapted the way primary care services were delivered during quarter 1. This included GPs triaging

⁴ Resetting CTM is name of the operating framework within which the Health Board has set out the steps being taken to manage services during this period.

patients by telephone, arrangements to proactively manage vulnerable groups in the community and reducing non-essential dental and optometry provision. Quarter 2 plans for resetting each of the primary care contractor services are in place. Given the need to ensure the public understand new service protocols, it is positive to see that Resetting CTM includes a good overview of the Health Board's COVID-19 communications and engagement strategy.

- 73 The plans are clear about how COVID-19 is being managed within care homes but more work is needed on how the Health Board and partners will ensure resilience across the social care sector, given the importance of social care in keeping vulnerable people well in their homes. There are opportunities to reflect the action the Health Board may take when developing its next plan.

Resources to deliver the plans

Operational plans prioritise staff wellbeing and the need to embed new ways of working

- 74 The Health Board has conducted extensive demand and capacity planning to manage the expected peaks and troughs in COVID-19 demand. The plans include several modelling assumptions and scenario planning, modelling demand for ICU, ward and community beds. Established daily and weekly dashboards ensure the Health Board is using the most relevant data in its planning assumptions. The plans are clear about how demand will be managed, for example, through patient zoning in all care settings and using available surge capacity. The Quarter 2 plan provides greater detail about the availability of resources such as critical care beds and the Health Board's approach to managing and flexing its workforce. The plans include extensive detail about how the Health Board is managing its financial resources during this period.
- 75 The Health Board recognises the benefits of working in collaboration with regional partners to minimise harm from COVID-19. Should the need arise for a regional approach for acute, specialist and rehabilitation services the Health Board has strong partnership arrangements with its neighbouring health boards (Cardiff and Vale and Swansea Bay), its Regional Partnership Board and South Central and East Wales Delivery Forum. The Health Board is already working with regional partners on many aspects. For example, to co-ordinate and deliver Test, Trace and Protect and manage and prevent local outbreaks, to improve community wellbeing through social prescribing and working with partners to ensure consistent public messaging.
- 76 The Health Board's quarterly plans clearly prioritise staff wellbeing. The Health Board engaged with staff side representatives and trade union representatives invited to regular meetings. Over this period the Health Board has taken steps to support the physical and mental wellbeing of staff. For example, the Health Board has introduced a programme of testing (including antibody testing), worked to

ensure a continued supply of personal protective equipment and is risk assessing vulnerable staffing groups. Effective workforce planning and modelling mean the Health Board can prepare its staff for predicted peaks as best it can by ensuring the right staffing levels and scheduling annual leave so staff are well rested. Whilst on shift, it is important for staff to have space to recoup: at the district general and community hospitals the Health Board has created wellbeing hubs and recharge rooms. And the Health Board's employee assistance programme has been and continues to be available alongside other counselling and psychological services.

- 77 The Health Board has embraced and adapted well to new ways of working. Whilst the Health Board feels positive about them, it acknowledges that some need further development, mainly in terms of technology support. A workstream has been established to focus on the development and implementation of new ways of working. Examples of new ways of working include home and virtual working and virtual clinical consultations through the 'Attend Anywhere' and 'Consultant Connect' platforms. The Quarter 2 plan highlights key areas the Health Board is looking to progress, including full rollout of the virtual clinical consultation platforms, developing a new digital strategy, and piloting the DrDoctor system to collect outcomes and identify and manage opportunities to improve pathways.

Monitoring delivery of the plans

The Board has been updated on key achievements during quarter 1, and is continuing to develop processes for monitoring implementation, outcomes and impact of quarterly plans

- 78 Whilst national performance monitoring arrangements have been largely stood down, the Board continued to receive routine performance reports. The integrated performance dashboard was mainly considered under the consent agenda, but Independent Members could ask questions before the meeting. The Board continued to receive assurance on national and local performance indicators such as referral to treatment times, cancer diagnosis and treatment and emergency department waiting times. This is positive and highlights the impact of the work being done to reset services and deliver during COVID-19. However, there is no information quantifying the potential harm to patients because of the reduction in healthcare activity during the pandemic.
- 79 In July, the Board received a high-level summary of achievements from the Quarter 1 Operational Plan. Each section of the Quarter 2 Plan looks back at quarter 1, although the detail varies by section. Both operational plans include high-level action points at the end of each section which will enable the Health Board to monitor delivery of the plan in terms of the actions set out. The Quarter 2 Plan also includes a set of proposed measures aligned to the Health Board's strategic wellbeing objectives. In June, the Board agreed that it would receive monthly reports against the quarterly operational plans and the Health Board has indicated

that a formal report will be presented to the September board meeting. There is opportunity for the Health Board to provide a clearer indication of the actions, milestones and outcomes it aims to achieve in its operational plan for quarters three and four, particularly in relation to the four quadrants of harm defined in the NHS Wales Operating Framework. This will make it easier for monitoring progress and delivery.



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