

Structured Assessment 2020 – Powys Teaching Health Board

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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 Powys Teaching 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 and Social Services 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 work¹ 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. Our work was carried out between June and August. The key focus of the work was on the corporate arrangements for ensuring that resources are used efficiently, effectively and economically. Auditors also paid attention to progress made to address previous 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 further testing of key controls.

² Previous recommendations can be found in [our 2019 report](#).

Key messages

- 6 Overall, we found that the Health Board has maintained good governance arrangements during the pandemic. The Board adapted its governance arrangements to maintain openness and transparency, support agile decision-making and ensure effective scrutiny and leadership during the pandemic. The Board is committed to using learning to help shape future arrangements.
- 7 The Health Board's risk management system ensured it was well placed to respond to COVID-19-related risks. The Health Board is strengthening its quality assurance arrangements, including updating key policies and adapting its commissioning assurance arrangements.
- 8 The Health Board continued to meet its financial duties in 2019-20. It also delivered £3.7 million of savings in 2020-21 but COVID-19 is affecting its ability to achieve the £5.6 million savings target it set for 2020-21. It continues to forecast breakeven for 2020-21 on the assumption that additional COVID-19 expenditure is funded in full. The Health Board's assessment of the net financial impact of COVID-19 for the year is estimated at £20.1 million. Financial control procedures were adapted to manage during COVID-19 in line with Welsh Government guidance.
- 9 Operational plans were informed by data modelling and provide a good platform for delivering on the Health Board's strategic priorities. Plans demonstrate a commitment to staff wellbeing. There is good oversight and scrutiny of overall performance and operational plan delivery but information on commissioned services is currently limited due to COVID-19.
- 10 We have not made any new recommendations based on our 2020 work but have noted improvement opportunities throughout this 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 An advisory review report by Internal Audit, **Governance Arrangements During COVID-19 Pandemic**, found the Health Board's temporary governance arrangements operated effectively during the period covered by their review (March to July 2020). We worked alongside Internal Audit and have drawn on the findings of their report to support our conclusions.
- 13 We found that **the Health Board maintained overall good governance during the COVID-19 pandemic.**

Conducting business effectively

The Board adapted its governance arrangements to maintain openness and transparency, support agile decision-making and ensure effective scrutiny and leadership during the pandemic

The Board is conducting business openly and transparently

- 14 Given restrictions on public gatherings and social distancing regulations due to the COVID-19 pandemic, the Board agreed that board and committee meetings would be held virtually from March. Members of the public were excluded from meetings, although an option to contact the Board Secretary to request to observe a virtual meeting was made available from July.
- 15 The Board made a commitment to produce a summary of meeting proceedings and to publish them on the Health Board's website within a week. This deadline was not always achieved, so it was extended to 10 days and the deadline is now met. The July Board meeting took place using Microsoft Teams; it was recorded and made available shortly afterwards. Future board meetings will take place in public facilitated by live streaming on Microsoft Teams and then uploaded onto the internet.
- 16 The Health Board has refreshed its public-facing website. Board and committee papers and minutes are published on the website along with a summary of the meeting. Written answers to questions submitted by Independent Members before the meeting are referred to in the meeting and published alongside the minutes.
- 17 The Health Board's legacy website had a form to enable members of the public to raise questions of the Board in advance of board meetings. This form is no longer available on the new website. Given little use was made of the facility, the Health Board is considering how to improve its engagement with the public in its Board meetings in future.

- 18 Board members are getting used to the virtual meeting environment and adapting to the new ways of working. Although there have been a few issues with the technology, these have not hampered the conduct of meetings, which have always run effectively and to time.

Emergency planning structures were established to respond to the pandemic with regular communication with the Board and Community Health Council

- 19 The Health Board implemented its COVID-19 Pandemic Governance Framework on 17 March 2020 based on the Powys Pandemic Framework and Civil Contingency Plan. Led by the Chief Executive, the COVID-19 Strategic Gold Group (referred to as the Gold Group in this report) provided strong leadership for the response to COVID-19 and continuation of care for the population of Powys. No changes were made to the Board's Scheme of Reservation and Delegation of Powers.
- 20 All Executive Directors were members of the Gold Group along with a military liaison officer and the Director of Adults' and Children's Services at Powys County Council. The Gold Group met daily until May and continues to meet regularly. The Executive Committee was stood down other than meeting for matters reserved to it but resumed regular meetings in July. There were no Chair's actions during this period, although a suitable process is in place should it be required in future.
- 21 A clear and appropriate programme and supporting infrastructure was established with the Director of Planning and Performance leading the central control and co-ordination function. Workstreams covered the clinical response model, core support services model and workforce model. A clinical leadership group, chaired by the Director of Public Health, was established to provide clinical direction, leadership and guidance. Members of the Gold Group provided daily briefings for senior managers with mechanisms for any matters arising to be escalated back to the Gold Group.
- 22 Independent Members were engaged throughout the early stages of phase one of the response to the pandemic with daily emails from the Chief Executive, briefings from the Chair and Board briefing sessions every two weeks. Informal communication between Executives and Independent Members was also facilitated as required.
- 23 The Health Board worked closely with the voluntary sector, Powys County Council and other stakeholders. Engagement included regular conversations between the Health Board's Chair and Chief Executive with representatives from the Powys Community Health Council (CHC) building on existing strong relationships. The CHC representatives were very positive about the engagement they had with the Health Board, in particular planning and primary care, and did not raise any concerns about services during this period. The Local Partnership Forum met more frequently with fortnightly meetings to ensure good engagement with staff and Trades Unions. However, 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 COVID-19.

- 24 The Gold Group continues to meet weekly supported by three strategic oversight groups (operations, care homes, and Test Trace Protect) and the clinical leadership group. The strategic oversight groups will deliver actions set out in the quarterly plans, as well as identify, manage and escalate progress, issues or risks to the Gold Group as appropriate.

The Board has maintained oversight of its governance arrangements with a commitment to learning and improvement

- 25 The Gold Group produced its first public report to Board in May providing an overview of the response to the pandemic, including a summary of decisions, reflections and learning. A detailed report on governance arrangements during the pandemic was also reported to the Board in May. Only temporary amendments were made to Standing Orders as required by the Welsh Government³ in July, covering the date of the Annual General Meeting and possible extension of tenure for Independent Members.
- 26 Temporary changes were made to some of the Board committee arrangements at the start of the pandemic. The April meetings of the Performance and Resources Committee and the Strategy and Planning Committee were cancelled. The Audit, Risk and Assurance Committee continued to meet as scheduled and approved the interim financial control procedure, which sets out the revised financial arrangements, at its meeting in May (see **paragraph 54**). The Experience, Quality and Safety Committee continued to meet as scheduled in April and three times in June and July to ensure coverage of activity relating to COVID-19, and other essential matters, including concerns around services provided by Shrewsbury and Telford NHS Trust. All committees resumed their meetings as scheduled in June.
- 27 All actions on the Experience, Quality and Safety Committee action log were reviewed in light of the pandemic and assigned one of three priority levels with priority one being progressed during the pandemic, priority two as soon as possible and priority three once business as usual could be resumed. Initial prioritisations were discussed in the April Committee meeting ahead of further discussion and ratification from other Executives. This resulted in five lower-priority actions being deferred to later in the year.
- 28 The Board remains committed to learning. In May, the Health Board prepared a paper, **Review of Phase 1 Response: Decisions, Reflections and Learning**. It

³ Welsh Health Circular 2020/011, **Temporary Amendments to Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards, NHS Trusts, Welsh Health Specialised Services Committee, Emergency Ambulances Services Committee and Health Education and Improvement Wales**, July 2020.

sets out the initial reflection and learning from the pandemic across the organisation, including the views of staff and trades unions on flexible working, the acceleration of digital solutions, clinical leadership, partnership working and communications.

- 29 The Health Board is undertaking a more comprehensive review of learning to understand what has been learned through re-engineering planning and delivery to respond to the pandemic. The Health Board recognised that there has been extraordinary innovation during the pandemic, across all organisations, sectors and communities in Powys. A four-tier approach is being used as set out in the quarter two operational plan. Stage one was a survey sent to all staff at the end of June requesting information on new tools, systems and innovations they have used to adapt to the rapid changes in response to the COVID-19 pandemic. The other stages sought to understand the changes undertaken in more depth through focus groups and engagement with stakeholders. Finally, the outcomes from the data gathering and thematic reviews will be disseminated across the Health Board to enhance planning and performance for the future.

A strong and resilient Executive Team supported by the Board led the organisation during the COVID-19 response

- 30 The Executive Team was strong, cohesive and resilient throughout the period of the pandemic. There were no vacancies or interim appointments with substantive appointments to the Executive Team filled in early 2020, including the Director of Nursing and Midwifery and Director of Therapies and Health Science. The Medical Director retired after the first phase of the pandemic with appropriate interim arrangements secured until a permanent successor can be recruited.
- 31 The Board is under pressure because it holds two Independent Member vacancies, while the Chair and five experienced Independent Members are due to step down during the next two years. The Public Appointments process was suspended during the pandemic but is scheduled to resume in October. To support the Board during this period of transition, one Independent Member's tenure was extended for a year. All committee meetings have been quorate, although with fewer Independent Members the risk of non-quorate increases. It will be important to plan and prepare for the induction of new members and their impact on the culture of the Board.
- 32 The Board development plan to support an effective Board was updated and reviewed by the Board in July. The plan is aimed at equipping members to collectively discharge their responsibilities across the breadth of the Board's business.

Systems of assurance

Systems of assurance essential during the COVID-19 response have been maintained

The Health Board's risk management system ensured it was well placed to respond to COVID-19-related risks

- 33 As set out in our Structured Assessment report in 2019, the Health Board has a maturing system of risk management with a revised risk management framework implemented in September 2019.
- 34 As part of the response to the pandemic, the Gold Group developed and regularly monitored a dedicated COVID-19 risk register. Risks contained within the COVID-19 risk register relate solely to the Health Board's arrangements for responding to COVID-19. Risks relevant to the achievement of the Board's strategic objectives are recorded through the Corporate Risk Register and risks related to service delivery are recorded through Directorate Risk Registers.
- 35 The highest scoring risks on the COVID-19 risk register were first presented to the Board in May as part of the Health Board's review of the phase one response. High-scoring risks at that time included system issues, such as the supply and fitting of personal protective equipment (PPE), testing and steps to mitigate the risk of transmission in closed settings. The COVID-19 risk register was first received in full by the Board in September. All risks scored lower in September than in March.
- 36 The Executive Committee reported to Board in May that they had reviewed the Corporate Risk Register, assessing whether any scores to existing risks needed to change due to the pandemic. The Board did not review or revise its risk appetite. A new risk was added in March 2020: CRR014 'potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)'. Two risks where the scores increased included risks to the sustainability of commissioned services and the impact on service models due to significant service reconfiguration in South Powys with the early opening of the Grange University Hospital at Cwmbran.

The Health Board continues to improve quality governance arrangements, although there is more to do

- 37 The Gold Group dashboard provided the Health Board with good data on where patients attended for care. The Health Board put in place mechanisms to reduce the risk of harm to patients not accessing the care they needed. Practitioners were available to speak to anyone with concerns about access to care. Digital consultations were rolled out and mental health services continued as far as practical. Waiting lists were triaged. The impact on people not presenting for care

during the pandemic is part of a national concern, although referrals were returning to pre-COVID-19 levels during the summer.

- 38 Data to inform the Health Board's commissioning assurance framework has been unavailable since March due to COVID-19. To mitigate this, the Health Board increased the frequency of meetings with its providers and is also part of the emergency response arrangements with providers in England.
- 39 The Health Board is strengthening its quality arrangements. A clinical quality framework 2020-2023 was agreed by the Board in January 2020 bringing together all the actions that support effective quality governance. An implementation plan was developed to deliver the framework and was shared with the Board in June 2020. Any areas of improvement will be addressed through the clinical quality framework implementation plan or the annual governance programme.
- 40 Three meetings of the Experience, Quality and Safety Committee were held in June and July to catch up on business and provide assurance on key issues. Agenda items expected to be covered under the Welsh Government's 'Guidance Note: Discharging Board Committee Responsibilities during COVID-19' were progressed. We have observed good use of in-committee sessions to cover sensitive quality issues.
- 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.
- 42 A revised Putting Things Right policy was approved by the Board in July 2019. A separate policy for addressing serious incidents was approved in June 2020 following a comprehensive retrospective review of serious incidents. The procedures for delivering the policies are underway as set out in the quality assurance framework implementation plan. Further work is underway to develop a robust approach to learning lessons. Progress has been slow in addressing weaknesses for both clinical audit and mortality reviews, although these areas are currently the focus of attention.
- 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.
- 44 While visiting was suspended during the pandemic, consideration was given to support a positive patient experience with provision made to connect patients and families virtually. The Health Board also accommodated visitors where this was essential, such as the birth of a child or for close family to visit family members who were receiving care at the end of life. The Health Board is undertaking a

programme of work to refresh its patient experience framework as part of the improving clinical quality assurance framework.

All audit recommendations were reviewed and prioritised with updates on progress reported to the Audit, Risk and Assurance Committee

- 45 The process for tracking the implementation of internal and external audit recommendations was strengthened significantly last year. While routine tracking was deferred during the initial COVID-19 response, Executive Directors subsequently reviewed and prioritised all recommendations.
- 46 The three recommendations from the 2019 Structured Assessment report have been partly actioned but full implementation has been delayed until quarter four due to COVID-19. In 2019, we reported that the Performance and Resources Committee was unable to provide detailed scrutiny of the most up-to-date financial position prior to board meetings and recommended the schedule of meetings was reviewed to ensure the timing of meetings supports effective detailed scrutiny. While the Health Board's aspiration is for the Committee to receive the finance reports prior to board meetings, meeting cycles do not yet support this aspiration.
- 47 As well as responding positively to the formal recommendations, the Health Board also set out its approach to addressing areas identified for improvement from the 2019 Structured Assessment report. The programme was largely suspended during COVID-19, although some work continues in key areas.

Managing financial resources

- 48 Our work considered the Health Board's financial performance, changes to financial controls during the pandemic and arrangements for monitoring and reporting financial performance.
- 49 We found that **the Health Board adapted its financial control procedures to manage during COVID-19 but there is an increasing risk to financial balance at the end of 2020-21.**

Achieving key financial objectives

The Health Board has consistently met its financial duties but the impact of COVID-19 on current savings plan delivery risks financial deficit at the end of 2020-21

- 50 The Health Board met its statutory financial duties for 2019-20 achieving breakeven and retaining a small surplus (£55,000). It also delivered £3.47 million (98%) of its planned savings, including income generation. The shortfall in savings was covered by operational underspends. The Health Board also met financial

duties to break even over a rolling three-year period from 2017-18 to 2019-20 and to have an approved integrated medium-term plan (IMTP) for the period 2019-20 to 2021-22.

- 51 The Health Board adopted a different approach to the allocation and management of savings for 2020-21 looking across whole pathways to secure real value change and improvements. It identified a savings target of £5.6 million in order to achieve financial balance. However, COVID-19 is affecting the Health Board's ability to achieve these savings. Temporary arrangements in relation to long-term agreements (LTAs) required the Health Board to agree block contracts arrangements with its English providers to ensure financial stability during the pandemic. These arrangements limit the Health Board's ability to move resources away from planned healthcare activity to offset COVID-19 expenditure. The Health Board is quantifying the potential impact of the temporary LTA arrangements to support discussions on future costs and funding requirements with the Welsh Government and NHS England given the likely non-delivery of elective or other planned care.
- 52 In the meantime, the Health Board continues to review its savings schemes at the end of each month. At month 5, it estimated a shortfall in savings of around £3.9 million because of the ongoing response to COVID-19 and has revised its savings target down to £1.8 million. The Health Board indicates that this figure could reduce further depending on the outcome of subsequent reviews. By the end of August, it had delivered £55,000 of savings with more than £1.2 million to be achieved in quarter four. It is unclear at this time how the Health Board will achieve them.
- 53 The Health Board continues to forecast breakeven for 2020-21. The assumption is that the Welsh Government will fund COVID-19 expenditure in full, including related pressures from non-delivery of savings. The Health Board's assessment of the net financial impact of COVID-19 for the year is estimated at £20.1 million with £4.7 million additional operational expenditure incurred up to the end of August. A small proportion (6%) of this additional expenditure was met from planned cost reductions and slippage on planned investments due to COVID-19. At the end of August, the Health Board was in deficit by £0.27 million against the IMTP with overspends attributed to costs of primary care drugs and Continuing Health Care costs, not COVID-19. The corporate risk register identifies the risk of not meeting its financial duty to achieve breakeven as moderate.

Financial controls

Changes to financial controls were made in line with Welsh Government guidance and monitored as required

- 54 The Health Board produced a detailed Interim Financial Control Procedure (FCP) based on Welsh Government financial governance principles and guidance issued in March 2020. The Interim FCP covers a broad range of financial controls, such as procurement requirements and delegated limits, as well as monitoring and reporting on the financial position, including savings delivery.
- 55 The Interim FCP Version 1 was approved by the Health Board's Gold Group on 13 April 2020 and approved by the Audit, Risk and Assurance Committee in May. The Interim FCP remains in place with changes made in response to Welsh Government guidance or requirements with version five approved by the Audit, Risk and Assurance Committee in September.
- 56 The Board's Standing Orders and Standing Financial Instructions (SFI) remain valid with minimal changes. The Interim FCP overrides some elements of the standard and normal control procedures to address the pace of change required for COVID-19. For example, the requirement to obtain three quotes for goods or services over £5,000 but under £25,000 was stood down. A list of orders processed outside the normal £25,000 procurement process was shared with the Audit, Risk and Assurance Committee on 25 July 2020. These cover items such as expenditure on infrastructure for additional oxygen capacity at the two main hospitals.
- 57 In addition, the Interim FCP also established procedures required to capture and manage expenditure due to COVID-19. A single cost centre was established at the start of the pandemic to capture the revenue costs for COVID-19. Internal Audit's rapid governance review found that these cost centres aligned with the Oracle approval limits set out in the Interim FCP.
- 58 The Health Board updated its Budgetary Control Procedure in line with Internal Audit recommendations. One of the key changes included clarifying timescales on the publication of the annual letter of accountability to principle budget holders given problems with timely sign off by executive officers in recent years. The 2020-21 accountability letters were ready in March 2020, but COVID-19 disrupted this process. At the time of our audit work, the accountability letters had yet to be signed by budget holders.
- 59 Financial reporting is aligned to the Welsh Government monitoring requirements. There have been improvements made to the presentation of information and more detailed commentary included in the regular financial reports that go to Board and Performance and Resources Committee. The Committee also reviewed and discussed in detail the capital and estates expenditure.

Operational planning

- 60 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.
- 61 We found that **operational plans are informed by data modelling and demonstrate a clear commitment to staff wellbeing and, although progress and performance is monitored and reported, information on commissioned services is currently limited.**

Developing the plan

Quarterly plans are informed by capacity and demand modelling and provide a good platform for delivering strategic priorities

- 62 The IMTP process for 2020-2023 was suspended to allow organisations to focus on COVID-19 planning and to direct resources to operational challenges. NHS bodies have, however, been required to develop iterative operational plans for each quarter. To assist in preparing for a significant surge in COVID-19 cases, the Health Board produced a plan for phase one of the pandemic based on the framework of actions for the health and social care system issued by the Minister for Health and Social Services on 13 March. This was followed by a phase two plan covering the whole of quarter one.
- 63 Quarterly plans reflected the requirements set out in the Welsh Government's Operating Framework. The quarter one plan was high level given the challenge of developing the plan at the same time as its service providers were developing their plans. The quarter two plan, which addressed Welsh Government feedback, is comprehensive and reflects providers' intentions.
- 64 The quarter one draft plan was approved by the Gold Group and submitted to the Welsh Government in line with the deadline of 18 May and approved by the Board at its meeting on 27 May. The quarter two draft plan was discussed at the Strategy and Planning Committee on 8 July, submitted to the Welsh Government by the agreed extended deadline of 9 July and approved by the Board on 29 July 2020.
- 65 To support emergency planning arrangements during the pandemic, the Health Board worked with its partners on the Dyfed Powys Local Resilience Forum and the Health Board was a member of the Silver command and control arrangements of its English providers.
- 66 The quarterly plans are underpinned by capacity and demand modelling. The modelling process was strengthened with the arrival of a specialist consultant for public health medicine. Capacity and demand modelling for Powys patients with or

without COVID-19 followed Welsh Government guidance and used the Warwick model and local short-term modelling assumptions.

- 67 Additional surge capacity as a provider and commissioner of services was identified in both the quarter one and two plans. In the first stage of the pandemic, some additional capacity was sourced from the private care sector but was not used. No field hospitals were built, although plans were drawn up for a field hospital at the Royal Welsh Showground, which can be actioned within six weeks if required. Plans based on the modelling assumptions provide for an increase in bed capacity if COVID-19 activity grows. The Health Board is working with Swansea Bay University Health Board as part of a regional approach to field hospital and independent sector commissioning. The development and implementation of the Test Trace Protect system are also underway.
- 68 The quarterly plans state that future planning will consider local learning, including the intelligence currently gathered as part of the 'Learning for the Future' exercise. The Health Board is also committed to ongoing communication and engagement with Powys CHC, feedback from patients and service users to feed into the clinical response model and service planning.
- 69 Planning for quarters three and four is underway with the ongoing response to COVID-19 still a priority alongside winter pressures, including flu. In addition, these plans will need to consider the early opening of the Grange University Hospital in Cwmbran from November 2020, which will affect roughly 46 clinical pathways across South Powys. The impact on the public will be considered within communications and engagement activities as part of the South Wales Programme in conjunction with Aneurin Bevan University Health Board.
- 70 The Welsh Government confirmed that the IMTP for the three years from 2020-21 could be approved before the process was suspended due to COVID-19. The milestones within the annual plan for 2020-21 were reviewed and revised in May. Alongside the quarter two plan, the Health Board revised its strategic priorities, which were approved by the Board in July. Twelve key areas were selected on the basis that if focused work is not undertaken to move them forward, or is deferred, the risks are significant in both the short to medium term. These areas include the North Powys Programme and implementing improved care pathways and outcomes for respiratory care. The Health Board is keeping its plans under review as the situation with COVID-19 changes.

Resources to deliver the plan

Staffing challenges are being addressed and there is a strong commitment to staff wellbeing

- 71 In January 2020, the Health Board approved Workforce Futures – A strategic framework for Powys Health and Care workforce. This provided a good framework at the start of the pandemic. The Gold Group is responsible for co-ordinating

strategic decision-making and the effective use of resources with one of the three workstreams focussed on the workforce model.

- 72 The Health Board experienced some workforce challenges in response to the pandemic, although these were less serious than anticipated due to low levels of COVID-19 experienced across the County. There was an increase in sickness absence rates, albeit at lower rates than expected. In addition, 445 staff were isolating or shielding between March and June. Recruitment to nursing and midwifery continues to be challenging with the Health Board carrying 46.66 whole-time equivalent nursing vacancies.
- 73 In response to workforce challenges the Health Board:
- undertook extensive workforce modelling to support the remodelling of services in line with the clinical response and changes to bed capacity;
 - established a central redeployment register to maximise flexibility;
 - recruited an additional 100 whole-time equivalent staff, including students;
 - fast tracked bank recruitment, engaging 55 healthcare support workers and 10 registered nurses;
 - provided tailored training for redeployed and newly recruited staff; and
 - strengthened the use of volunteers including implementation of a memorandum of understanding between the Health Board and Powys Association of Voluntary Organisations and development of specific role profiles for volunteers.
- 74 Staff wellbeing is a high priority for the Health Board with focussed attention on protecting staff safety and in ensuring their wellbeing including:
- undertaking a staff wellbeing survey with results published in an accessible format on YouTube and actions to improve wellbeing taken forward;
 - encouraging staff to take annual leave throughout the year;
 - encouraging staff to engage with the Health Board's Stay Well Facebook group;
 - enabling staff to receive automated wellbeing messages through the Florence self-management tool;
 - providing access for staff to the online cognitive behavioural therapy programme SilverCloud; and
 - workplace assessments reviewed by occupational health services with specific support for Black, Asian and Minority Ethnic (BAME) staff in line with the national staff risk assessment approach.
- 75 There are three workforce risks on the COVID-19 risk register. These risks covered COVID-19 transmission in the workplace, insufficient workforce capacity and expertise needed to implement the clinical response model. All the risk scores reduced by June due to mitigating actions.
- 76 The Health Board worked with Powys County Council to develop a fully costed model and governance plan for Test Trace Protect. Digital and new ways of

working have been embraced by the Health Board. Meanwhile, the Health Board has a good supply of PPE with an ongoing programme to ensure staff are fitted for FFP3 masks where required by a registered Fit2fit trainer.

Monitoring delivery of the plan

There is good oversight and scrutiny of overall performance and operational plan delivery, although information on commissioned services is currently limited due to COVID-19

- 77 The national performance monitoring arrangements were largely suspended by the Welsh Government at the start of the pandemic. The Performance and Resources Committee received a performance overview report in July setting out arrangements for performance monitoring of services provided by the Health Board and those commissioned from other organisations where information was available.
- 78 Arrangements for monitoring performance during the early stages of the pandemic was primarily through the Gold Group dashboard, which set out a range of metrics, a RAG rating and position updates. This dashboard ensures progress and areas of concern were easily identified and escalated for action. The Health Board's phase one implementation plan set out the workstreams and actions it aimed to deliver. Each section of the quarter two plan provides a summary of quarter one achievements and quarter two priorities against which to monitor delivery against the four harms.
- 79 In July, the Board received a high-level report for information setting out performance during quarter one covering Test Trace Protect and the four quadrants of harm set out in the Welsh Government's operating framework. The Performance and Resources Committee received more detailed reports on performance, workforce, digital and innovative environments. The Experience, Quality and Safety Committee discussed infection prevention and control, concerns and serious incidents and support for care homes. Both committees enabled adequate scrutiny and assurance to the Board.
- 80 The lack of performance information for commissioned services is particularly challenging during COVID-19 as providers are largely focused on responding to the pandemic. For example, 70% of outpatient activity occurs out of county and providers stopped providing data on waiting times. The impact was also felt on the referral to treatment times across different clinical pathways. Improving commissioning assurance arrangements has been a key strength of the Health Board in recent years. The pandemic provides challenges to the existing arrangements, although the relationships developed have helped to maintain communication and provide assurance.



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