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Governance Arrangements during Covid-19 Pandemic Follow Up

Advisory Review Report

2020/21

March 2021

Cwm Taf Morgannwg University Health Board

Audit and Assurance Services

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Review reference:	CTMU2021.44
Report status:	Final
Fieldwork commencement:	2 March 2021
Fieldwork completion:	18 March 2021
Final report issued:	06 April 2021
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Distribution:	Executive Board
Committee:	Audit and Risk Committee



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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.

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1. INTRODUCTION

The NHS in Wales continues to face unprecedented pressures in planning and providing services following another wave of the Coronavirus pandemic, the most severe to date, which peaked at the beginning of 2021.

At the time of this follow-up report over a million people in Wales (nearly 38% of the population) have received a first dose of an approved coronavirus vaccine. Whilst the number of cases of Covid-19 in Wales is again in decline, rates remain high in a few 'hotspot' areas such as Merthyr Tydfil. Wales remains in lockdown, with the emergence of virus mutations posing a significant threat to the full easing of restrictions.

Our rapid advisory review was undertaken during the summer of 2020, following the first peak of the pandemic. The work was carried out at the request of the All Wales Finance Directors' group and we assessed the adjusted financial and overall governance arrangements that were put in place to enable health organisations to maintain appropriate governance whilst enabling senior leadership teams to respond to the rapidly developing emergency.

We issued our original report to the Health Board in September 2020. Our report suggested a number of priorities for the organisation to consider going forward. These were reviewed by Health Board and a management response document was provided to the Audit and Risk Committee in October 2020.

This follow-up review has sought to verify the actions taken by the organisation in response to our original review. We have focussed on the four priority considerations and a sample of other considerations that were made in our original report.

2. EXECUTIVE SUMMARY

Our follow-up work has confirmed that the Health Board has implemented almost all the priorities suggested in our original review. Where implementation has not fully been carried out, this is due to external factors, such as waiting for the outcome of national reviews.

The work programmes were reviewed for stood down Committees to assess the information due to be taken to the next meetings and to determine if alternative reporting was required. The frequency of Board meetings was increased to ensure that business critical matters were received.

Although the Health Board's Emergency Procedures Escalation Protocol has progressed and the Integrated Locality Groups (ILGs) have created local action cards, approval has been paused whilst awaiting the outcome of a national work stream in relation to escalation processes.

The Health Board's Gold Command decision log is now far more comprehensive and, where relevant, incorporates the financial impact and the quality and safety impact of decisions made. A decision *pro forma* document is in place ensuring consistency in how decisions are presented

to the Gold Command meeting, with supporting information maintained by the Project Management Office (PMO). In addition, a decision matrix and Scheme of Delegation for Gold command has been approved by the Board.

Management have undertaken a review to ensure that named deputies are identified to represent all key members within the command structure.

Informal briefings with Independent Members (IMs) are held and these are now recorded via Microsoft Teams and posted on the relevant Teams 'chat' to enable IMs to refer back to them, or those that were not present to listen to the briefing.

New Information Governance (IG) guidance has been developed, as have other guidance documents such as 'Working from Home', which has been made available to staff via SharePoint and new staff are made aware of as part of their induction.

While savings and efficiency plans were not progressed due to the second peak, they have started again as part of the planning process for 2021/22.

The table in Appendix 1 sets out our original suggestions, the Health Board's responses to them, and the current position.

Appendix 1: Detailed Findings and Evidence

IA suggested considerations	CTMUHB Comments	Follow up Action
Priority Considerations		
<p>Undertaking a formal review of the forward work programmes and action logs of stood down committees to ensure that those committees that remain operational are receiving assurances for business-critical matters.</p>	<p>Committees have been re-established (approved Sept Board). All work programmes reviewed during agenda planning meetings and at the end of each Committee meeting.</p>	<p>As Committees of the Board were stood down, the Committee Chair, relevant Executive and the Board Secretary reviewed work programmes to assess whether they needed to be updated. They reviewed the previous meetings to assess whether the information needed to be brought back to the next meetings or be taken to Board.</p> <p>The frequency of Board meetings were increased as required to ensure any business critical matters were received.</p> <p>In February 2021, the Health Board scheduled a Planning, Performance & Finance Committee to consider business critical matters in relation to Finance and the development of the IMTP.</p>
<p>Refreshing business continuity plans throughout the Health Board to reflect changes required and lessons learnt because of the pandemic.</p>	<p>Learning and good practice from the first wave of the pandemic is being built into business continuity plans for the second wave. A more formal review of business</p>	<p>Work has progressed on updating the Emergency Pressures Escalation Protocol. ILGs have created local action cards as required, however final sign off has been paused pending the outcome of a national work stream currently ongoing in relation</p>

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	continuity plans is underway to reflect both this learning and the establishment of the new organisational structure.	to escalation processes, to ensure that the updated protocol aligns with the outcome of that.
A more robust and comprehensive log of all decisions made at each level in the command structure should be in place from the offset. Capturing of information in such a way will assist the Health Board in ensuring decisions are made in line with the revised scheme of delegation.	Decision log established and being maintained by PMO for Gold, Silver and Bronze, to ensure consistency of information capture. Bid underway to support the appointment of an archivist for COVID.	<p>Since September 2020 a comprehensive decision log has been established including financial impacts and quality / safety impacts. To ensure consistency of information captured, the log is maintained by the PMO for the decisions made during Gold, Silver and Bronze command meetings A decision <i>pro forma</i> document has been introduced meaning requests for decisions are taken to Gold Command meetings in a standard format.</p> <p>Additionally, a COVID Emergency Response timeline has been kept throughout the second wave to record week by week the situational context in which decisions have been made.</p>
To support the decision log, an evidence trail for all decisions made through the command structure should be retained. Whilst there is a balance between expedience and justification, it is	Decision matrix and Scheme of Delegation for Gold approved by Board, noting all key decisions are subject to risk assessment and QIA process.	The Board have approved a decision matrix and Scheme of Delegation for Gold command. All key decisions are recorded on the decision <i>pro forma</i> which forms part of the Gold Command slide deck and are subject to a risk assessment and Quality

IA suggested considerations	CTMUHB Comments	Follow up Action
important that all elements of this process are sufficiently documented ideally outlining financial and quality implications where necessary. This may vary between different types, values and levels of decisions, but there should be a clear link between what has been approved, what is recorded in decision logs and what is reported to the Board.	All documentation retained by PMO. Decision log includes rationale for decision making and link back to the Gold strategic objectives for all decisions.	Impact Assurance (QIA) process. All documentation is retained by the PMO who maintain the decision log. The decision log includes rationale for decision making and links back to the Gold strategic objectives for all decisions.
Scheme of Delegation and Decision Making		
The membership of the command structure should be reviewed to ensure that relevant individuals are identified early on to deputise for specific roles, thus allowing them to remain up to date with the development of that role and be able to step in and provide advice on appropriate decision making at short notice.	Review undertaken and roles clarified with deputies identified for all roles.	Our review of the Strategic, Tactical and Operational Response delivery document established that the key roles within the command structures are listed and named officers and deputies have been identified for each role.
Whilst regular briefings with IMs are informal, a short record could	We are keen to ensure that these continue and remain agile. We are planning on recording these sessions via	The informal briefings between the CEO and IMs have continued via Microsoft

IA suggested considerations	CTMUHB Comments	Follow up Action
be kept highlighting the key areas discussed.	Teams for any IMs who aren't able to attend to still access the updates.	Teams. The meetings are now recorded and are posted on Teams 'chat'. On a weekly basis, the Covid-19 Gold Command decisions and risk register were shared with IMs.
Risk Management		
Care should be taken to ensure that there is appropriate ownership to scrutinising risks and to give suitable oversight, especially where committees have been stood down.	Agreed and this is fundamental to the developments underway on the risk improvement programme. COVID Gold risk register will continue to be made available to IMs on secure file share via Admin Control for additional assurance and scrutiny as required.	As a number of committees have been stood down during the last year, and therefore cannot review the risks assigned to them, oversight has taken place through the Board and Audit & Risk Committee. The full Organisational Risk Register was taken to the Board in March, May, July, September, November 2020 and January 2021 with an update on the risks. In addition, the Audit & Risk Committee has received full the Organisational Risk Register and update report at each of its meetings. The Quality & Safety Committee has also received the revised organisational risk register at every meeting in relation to risks assigned to the Committee since November. The Gold Command Covid-19 risk log was held separately to the Organisational Risk Register due to the evolving position. This

IA suggested considerations	CTMUHB Comments	Follow up Action
		<p>was updated weekly following Gold Command meetings and shared with Board Members through the Admin Control portal. As Gold Command has now been stood down, any relevant legacy risks will be transferred to the Organisational Risk Register during April 2021.</p>
Financial Systems and Processes		
<p>The finance business continuity plan should be reviewed to ensure it is up to date in light of lessons learnt and the new operating model arrangements.</p>	<p>Agreed.</p>	<p>The Finance Academy has recently set up a Peer review group to review finance business continuity plans across NHS Wales. The Health Board has a representative on this group and Phase 1 of the project has been completed. They are awaiting further information on next steps and an expected Phase 2 of the project which will be the preparation of a Best Practice guide for business continuity plans.</p> <p>The Health Board are waiting for the Best Practice guide to inform the development of a new finance business continuity plan. This plan will span all of the different teams within the Finance directorate.</p>

IA suggested considerations	CTMUHB Comments	Follow up Action
		It is hoped this work can be concluded by June 2021.
Budget and savings		
<p>With the additional expenditure incurred because of Covid-19, the Health Board should refocus efforts onto savings and efficiencies plans, ensuring the new processes being set up for ILGs become embedded and effective as soon as possible. This will become even more pertinent if the request to the Welsh Government for additional funding is not fully granted.</p>	<p>Agreed and already underway.</p>	<p>We were informed that due to the second peak over the autumn and winter period, the re-engagement with departments on savings and efficiency plans did not happen as intended. This has now commenced as part of the planning process for 2021/22.</p> <p>A process of opportunities analysis and engagement with ILGs, drafted by the Chief Operating Officer and the Director of Finance, has been agreed by the Executive Team. The opportunity analysis work has started, and the process will be initiated in April 2021. In the meantime, ILGs have been asked to develop their own savings plans.</p>
<p>The pause in delivering services and efficiency programmes could be used as an opportunity to assess how services are delivered and what can be done differently going forward, potentially identifying new savings schemes</p>	<p>As above.</p>	<p>This will be addressed as part of the process described above. We have been informed that efficiency opportunities in planned care and diagnostics are likely to contribute to planned care recovery (by increasing the number of patients seen or enabling a focus on the patients for which</p>

IA suggested considerations	CTMUHB Comments	Follow up Action
or revised previously planned ones.		outcomes would be best), rather than delivering cash releasing savings.
Workforce		
Where committees have been stood down or are not in operation, consideration should be given as to how Members will be given assurance on key matters normally dealt with via those committees such as staff welfare and absence.	Sources of assurance for IMs was discussed with IMs and followed up with an email to ensure awareness was raised on how assurances can be gained from a variety of different sources during COVID. Key workforce metrics will continue to be shared regularly with IMs.	<p>The Planning, Performance and Finance Committee met in February 2021 during the 'step down' COVID governance arrangements to specifically review performance. The meeting received the performance report which was scrutinised by Committee members.</p> <p>Furthermore, we have been informed that the Director of People has met with the Chair and Vice Chair of the People & Culture Committee and Health & Safety Committee directly while committees have been stood down. At these meetings, updates were provided on key people issues, as well as metrics such as absence and return to work compliance and statutory and mandatory training compliance. In addition to these meetings, specific issues have been raised by IMs with the Workforce team.</p> <p>The Head of Health & Safety and the Director of People both met with the Chair and Vice Chair in February 2021 to brief</p>

IA suggested considerations	CTMUHB Comments	Follow up Action
		<p>them on a wide range of topics that would ordinarily go to the Health & Safety Committee.</p> <p>Weekly meetings between the Health Board Chair, CEO and IMs continue to be held, with various Executive colleagues joining each session to brief on topical issues.</p> <p>The above meetings are informal and as such no meeting minutes are in existence.</p>
Information Governance		
<p>The need to maintain privacy in the household when using video conference / telephone call or other applicable work from other household members.</p>	<p>This is built into the IG Training programme (over 70% UHB compliance) and will routinely and regularly included in the staff daily message.</p>	<p>The IG Team have developed a number of guidance documents that are available for staff on the Covid-19 SharePoint pages and shared with new starters in the absence of running classroom welcome day inductions.</p> <p>Home-working risk assessment documents have been shared with managers for them to issue to staff.</p> <p>IG training has been available via ESR. As at March 2021 the compliance rate was over 74%. This has been supported by the specific guidance available on SharePoint</p>

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		to support the home working arrangements during Covid-19.
Ensuring that laptops are locked when not in use / away from the desk. This is even more important in a public environment if agile working is to be promoted, for example, coffee shops. Consideration could be given to reducing the screen lock functionality within Windows.	This is built into the IG Training programme (over 70% UHB compliance) and will routinely and regularly included in the staff daily message. Screen lock out is an agreed national standard of 15 minutes.	As detailed above IG and ICT guidance has been issued to staff via briefings and is accessible via the Covid-19 intranet page.
How physical copies of information are held and how they should be securely stored away from other household members / visitors.	See above.	This has been addressed in the completed risk assessments received by managers if staff members considered that their home was not suitable for working securely.

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