

Structured Assessment 2022 – Velindre University NHS Trust

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Summary report

About this report

- 1 This report sets out the findings from the Auditor General's 2022 structured assessment work at Velindre University NHS Trust (the Trust). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources under section 61 of the Public Audit (Wales) Act 2004.
- 2 Our 2022 Structured Assessment work took place at a time when NHS bodies continued to respond to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. Health bodies were not only tackling the immediate challenges presented by the public health emergency but were also seeking to recover and transform services to respond to the significant numbers of people who are waiting for treatment and improve population health. NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to the public and key stakeholders that the necessary action is being taken to deliver high quality, safe and responsive services, and that public money is being spent wisely.
- 3 The key focus of the work has been on the Trust's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on the organisation's governance arrangements; strategic planning arrangements; financial management arrangements; and arrangements for managing the workforce, digital assets, the estate, and other physical assets. We have not reviewed the Trust's arrangements for hosting the NHS Wales Shared Services Partnership as part of this work. The approach we adopted to deliver our work is detailed in summarised in **Appendix 1**.
- 4 We have also provided updates on progress against recommendations identified in previous structured assessment reports.

Key messages

- 5 Overall, we found **that the Trust is generally well led and governed, with a clear strategic vision and priorities, improving systems of assurance, and effective arrangements for managing its finances and other resources.**
- 6 The Trust's Board and its committees continue to operate effectively and are actively using learning to drive improvement. However, opportunities remain to improve the public availability of key papers and documents on the Trust's website. The Trust continues to have a stable Executive Team and organisational structure. It has reviewed and strengthened its systems of assurance which should enable the Board and its committees to assess and improve organisational performance and effectiveness once fully operational. However, it needs to reinstate the log for

tracking recommendations relating to the quality and safety of services made by external inspection and regulatory bodies.

- 7 The Trust has good planning and stakeholder engagement arrangements. It has a clear strategic vision, supported by goals and objectives, which the Trust articulates in its new ten-year strategy (Destination 2032), enabling strategies, and Welsh Government approved 2022-25 Integrated Medium-Term Plan (2022-25 IMTP). However, whilst the Trust's strategic priorities as set out in the 2022-25 IMTP, are specific, measurable and timebound, they do not set out the intended outcome. Whilst reporting on delivery of the 2022-25 IMTP is good, opportunities exist to strengthen reports to provide greater detail on whether the intended outcome has been achieved.
- 8 The Trust has effective arrangements for managing its financial resources and continues to meet its financial duties. However, the Trust is aware that it faces risks to maintaining financial sustainability in the medium- to long-term. Financial controls are effective, and the Trust continues to produce clear and accessible financial reports to support effective monitoring and scrutiny.
- 9 Staff well-being continues to be a priority for the Trust. But its arrangements for measuring and reporting on the effectiveness of well-being interventions require strengthening. The Trust has ambitious plans in place to harness the potential of digital to transform service delivery, but some plans remain uncoded. Furthermore, arrangements for monitoring and reporting on the benefits of digital require strengthening. The Trust has a clear vision for its estates and environmental sustainability and has good arrangements in place for ensuring Board-level oversight and scrutiny of key estates related risks and matters.

Recommendations

- 10 Recommendations arising from this audit are detailed in **Exhibit 1**. The Trust's management response to these recommendations is summarised in **Appendix 2**.

Exhibit 1: 2022 recommendations

Recommendations

Improving administrative governance arrangements

- R1 We found that opportunities remain for the Trust to improve the public availability of key papers and documents on its website. This includes publishing:
- missing committee meeting papers;

Recommendations

- the Register for Gifts, Hospitality and Sponsorship and the Declarations of Interest Register; and
- the ten-year strategy and enabling strategies.

The Trust should establish a clear and robust process to ensure it publishes key papers and documents on its website in a timely and ongoing basis.

Reinstating arrangements for tracking recommendations made by external inspection and regulatory bodies

- R2 The Quality, Safety, and Performance Committee has not received the log which tracks recommendations relating to the quality and safety of services made by external inspection and regulatory bodies since early in 2020. The Trust should immediately reinstate the tracker to enable the committee to oversee, scrutinise, and challenge the progress it is making in addressing both quality and safety recommendations and any relating to performance.

Establishing measurable outcomes for strategic priorities

- R3 The Trust has translated its strategic priorities into specific objectives and actions in the 2022-25 IMTP (including timescales for delivery). The Trust should seek to articulate the intended outcomes for each strategic objective/action in future IMTPs, including what success would look like.

Enhancing reporting on 2022-25 IMTP delivery

- R4 The Trust's arrangements for reporting delivery of the 2022-25 IMTP are reasonable, but it needs to better describe the impact the actions are making. The Trust should report on the impact of actions delivered to date to allow the Board to better understand the extent that delivery of the IMTP is making a difference and determine any actions that need to be rolled forward to the 2023-26 IMTP.

Improving reporting on the benefits arising from digital investments

- R5 Whilst there is good reporting on progress in delivering key digital projects and programmes, the reports do not provide an assessment of what difference they are making, whether they are sufficiently resourced, and if digital is enabling wider service improvement as intended. The Trust should consider how best to monitor and report the benefits of its digital investment to demonstrate the extent that it is delivering the intended impacts and outcomes.

Detailed report

Governance arrangements

- 11 In this section of the report, we provide our views on the Trust's governance arrangements, with a particular focus on:
- Board and committee effectiveness;
 - the extent to which organisational design supports good governance; and
 - key systems of assurance.
- 12 Details of progress made on previous year recommendations relating to the Trust's governance arrangements are provided in **Exhibit 2** and **Exhibit 3**.
- 13 We found that **the Trust has good governance and leadership arrangements, supported by improving systems of assurance.**

Board and committee effectiveness

- 14 We considered the extent to which the Board and its committees conduct their business effectively and support good governance. In examining this, we have looked at whether:
- the Board and its committees demonstrate appropriate levels of public transparency;
 - meetings are conducted appropriately supported by clear Schemes of Delegation, Standing Orders, Standing Financial Instructions, and Registers of Interest;
 - there is an appropriate and well-functioning committee structure below the Board;
 - the Board and its committees receive the right information, including views from staff and service users; and
 - there is evidence of sufficient self-review by the Board and its committees.
- 15 We found that **the Board and its committees operate effectively and are actively using learning to drive improvement. However, opportunities remain to improve the public availability of key papers and documents.**
- 16 The Trust continues to demonstrate appropriate levels of public transparency. All public Board meetings are live-streamed to allow the public to observe virtually, with recordings made available on the Trust's website (see **Exhibit 2, 2021 R1**). The Trust, however, does not live-stream or record its committee meetings. The Trust minimises the use of private sessions, reserving these for confidential and sensitive matters only. Where it uses private sessions, the Trust publishes the 'minutes' on its website.
- 17 The Trust continues to circulate Board and committee papers to attendees in advance of meetings. However, the Trust does not always publish these on its website in advance of meetings and within the required timescales set out in the Standing Orders (**Recommendation 1**). For instance, the Trust did not publish

papers for the 4 October 2022 Audit Committee and the 13 October 2022 Strategic Development Committee prior to the meetings (see **Exhibit 2, 2021 Rec 1**). We also found that the papers for some committee meetings were still missing from the Trust's website long after they had occurred. A review of the Trust website (30 November 2022) found that the following committee papers were still not available:

- January, May, and October 2022 Audit Committee papers;
- January, February, and March 2022 Quality, Safety, and Performance Committee papers; and
- October 2022 Strategic Development Committee papers.

- 18 The organisation's governance arrangements support the effective conduct of Board and committee business. The Trust appropriately reviews its Standing Orders, Scheme of Reservation and Delegation, and Standing Financial Instructions on a frequent basis. It last updated the Standing Orders in January 2022, which included new terms of reference for four committees. It received Board approval in January 2022 following scrutiny by the Audit Committee. The Standing Orders and Standing Financial Instructions are available on the Trust website, and reflect the changes made in January 2022. The Audit Committee receives the Register for Gifts, Hospitality and Sponsorship and the Declarations of Interest Register on a quarterly basis, which it last reviewed in October 2022. Whilst these registers are available in Audit Committee papers, the Trust has not published them separately on its website (**Recommendation 1**). We routinely observe declarations of interest taken at the start of Board and committee meetings as a standing item on all agendas.
- 19 The Trust continues to have a stable Board. Two new Independent Members assumed their posts in August and November 2021. In general, Independent Members' terms are staggered, which minimises Board instability and helps reduce the risk of losing knowledge and experience when terms end. We found that Independent and Executive Board members continue to have a healthy relationship, which in turn facilitates informal and formal flows of information. We have observed Independent Members offering a good balance of challenge and support. From our observations, we note that Independent Members often scrutinise officers on the impact of decisions on patients and donors. We have observed robust scrutiny of waiting time performance for patient referrals for Systematic Anti-Cancer Treatment and Radiotherapy.
- 20 The Trust has a streamlined Board and committee structure, which appropriately reflects the organisation's business. The Board committee structure is well embedded and there is a commitment to review and amend, as necessary. The Trust reviewed its committee structure in March 2022, and there are plans to undertake a more detailed review of the effectiveness of committees during 2023.
- 21 The Trust has kept virtual Board meetings under review as COVID-19 restrictions have started to relax. In May 2022, it began a phased return to face-to-face meetings by holding a 'hybrid' Board meeting, with some members attending in-person and others attending virtually. Subsequent Board and committee meetings

have adopted this model, and these generally work well. Moving forward, the Trust envisages continuing with a hybrid model. We found that Board and committee meetings are well chaired, and members continue to observe good virtual etiquette.

- 22 There is good cross-referral of matters between committees and from committees to the Board. Cover reports clearly identify where papers have previously been scrutinised by a committee, and meeting chairs helpfully remind attendees of this to help avoid unnecessary repeat discussions. There is a shared intent to ensure that, in future, cover papers also include a summary of previous discussions, and that the Trust reflects the resulting agreed actions in papers. The Trust also intends to look at the scheduling of committee meetings to ensure Executive Directors have sufficient time to action any agreed changes to agenda items prior to them being considered for approval at a later meeting, where this applies.
- 23 In our 2021 structured assessment report, we found that the Quality, Safety, and Performance Committee agenda items often went into too much detail. The Trust fully recognises this view. Our review of the Trust's quality governance arrangements (reported in August 2022) found improvements during 2022, with committee meetings running to time, and more focused discussions on key matters. Once fully operationalised, the new Quality and Safety Governance Group should help further by triangulating and refining exception reporting to committee, and play a role in ensuring that the detail of committee papers is pitched correctly. The Trust recognises there is more work to do. It has set out further improvements in an action plan to address findings from the Quality, Safety, and Performance Committee's annual effectiveness review. There are also additional relevant actions set out in the Quality and Safety Framework Implementation Plan.
- 24 Our observations of the Board and committee meetings in summer and autumn 2022 have found that cover reports and verbal presentations are beginning to draw attention more concisely to key matters for escalation or assurance. The Trust fully recognises there is more work to do to ensure that discussions in all Board and committee meetings do not become impeded by too much detail in papers and cover reports. It is also encouraging to note that Trust is working to try and better triangulate workforce, performance, and finance information.
- 25 The Trust continues to provide good Board training and development opportunities and seeks opportunities for further improvements. The Board is required to undertake an annual self-assessment of its effectiveness. The Board concluded in its Accountability Report 2021-22 that it could define itself as "having well developed plans and processes and can demonstrate sustainable improvement throughout the organisation" and scored itself a four out of a possible five. The Trust is one of only two NHS bodies in Wales that uses this maturity assessment.
- 26 The Trust has continued to engage regularly with patient advocates from the Community Health Council. Representatives also regularly attend Board and committee meetings and provide views on service changes and public accessibility to Trust business. Quality, Safety, and Performance Committee meetings

commence with either a patient, a donor, or a staff story, which usefully sets the tone for the remainder of the meeting.

- 27 The Trust is engaging with staff across the organisation to understand how they feel and to address findings from the 2021 NHS Staff Survey. The Trust intends that the outputs of this work give a picture of the culture of the organisation and inform the next iteration of the Trust Behaviours and Values.

Exhibit 2: progress made on previous year recommendations

Recommendation	Description of progress
<p>Transparency of Board business 2021 R1</p> <p>Some committee meeting papers are missing from the website, as are links to recordings of Board meetings. The Trust should ensure that it strengthens the process for the collation, sign off and timely publication of:</p> <ul style="list-style-type: none"> • Board and committee meeting papers; and • recordings of Board meetings. 	<p>Superseded</p> <p>Our review found that recordings of most Board meetings are available on the Trust website. Similarly, the Trust ensures that Board papers are available in advance of meetings. However, we found that the Trust has not published some committee papers in advance of meetings, and some remain unpublished long after the meeting date. As a result, this recommendation is superseded by a new recommendation (see Exhibit 1 – R2 Improving administrative governance arrangements).</p>

Organisational design

- 28 We considered the extent to which the Trust’s organisational structure supports effective governance. In examining this, we have looked at whether:
- the responsibilities of Executive Directors are clear, and that they have balanced and equitable portfolios of work;
 - there is clarity on the role of the Board Secretary, and there are adequate resources in place to support the work of the Board and its committees; and
 - the organisational structure supports effective governance and facilitates whole-system working.
- 29 We found that the **Trust has a stable Executive Team and organisational structure.**
- 30 The Trust continues to have a stable Executive Team and organisational structure. Executive portfolios are appropriate and balanced. The role of Board Secretary is undertaken by the Director of Corporate Governance and Chief of Staff. Whilst

corporate governance and risk management resources are lean, the Trust told us that current capacity is adequate.

- 31 Due to the small size of the organisation, the Trust recognises it has limited capacity to support service improvement and transformational work programmes. The Executive Management Team has recently contracted an external consultant to design a prioritisation framework for core service delivery improvements and transformational activity. The Trust intends to use these outputs to populate and prioritise a roadmap of work programmes to inform the development of the 2023-26 IMTP. The Trust recognises it needs to ensure that the roadmap matches available capacity and that it puts sufficient change management capability in place to support delivery.

Systems of assurance

- 32 We considered the extent to which the Board and its committees oversee, scrutinise, and challenge organisational risks, performance, and quality of services. In examining this, we have looked at whether:
- there is an effective Board Assurance Framework (BAF) in place, which is actively reviewed and owned by the Board;
 - the BAF is underpinned by appropriate systems for managing risks and performance; overseeing the quality and safety of services; and handling information in a secure manner; and
 - effective action is taken to address audit and review findings and recommendations.
- 33 We found that **there has been extensive activity to renew and strengthen sources of assurance. Once fully operational, these sources of assurance should provide good coverage to enable the Board and its committees to assess and improve organisational performance and effectiveness.**
- 34 We considered the Trust Board Assurance Framework (TAF) and risk management arrangements as part of our review of the organisation's quality governance arrangements (reported in August 2022).
- 35 As part of our quality governance review, we said that Board committees need to review strategic risks more methodically. Committees, as part of their cycles of business, should consider the controls and gaps in assurance outlined in the TAF and receive and monitor progress against associated action plans. To date, scrutiny of the TAF has concentrated on its development, rather than the content. However, in November 2022, the Trust assigned each strategic risk to a committee and set out that each one would consider their cycle of business to ensure appropriate consideration of the associated controls and sources of assurance. The Trust plans to enhance the TAF by incorporating links to risks within the Corporate Risk Register, key performance measures, and audit recommendations. It also plans to further develop the articulations of strategic risks to ensure they align with the priorities set out in the 2023-26 IMTP (see **Exhibit 3, 2019 R2**).

- 36 In our quality governance review, we also reported that whilst the Trust had made progress to develop and improve risk management arrangements during 2020 and 2021, there were still outstanding areas of work. We found that risk registers presented to meetings do not always include enough information to allow good scrutiny and challenge. We recommended that the Trust should determine what information it needs to include in all risk registers (including the Corporate Risk Register) to enable good management and scrutiny. This should, for example include opening, current and target risk scores, and provide sufficient clarity on existing controls and effectiveness of mitigating actions.
- 37 The Trust has made positive progress with its operational risk management arrangements since our quality governance review. It has completed the migration of Welsh Blood Service risks to the new version of DATIX¹ and approved amendments to the Risk Management Framework (see **Exhibit 3, 2016 R7c**). Rollout of risk management training continues. A review of the information contained in risk registers is underway. Work is in progress to address risk management recommendations set out in our quality governance review and Internal Audit's 2021 Board Assurance Framework report. However, it is too early to assess the effectiveness of these arrangements and whether they are helping to reduce risk scores (see **Exhibit 3, 2019 R2**).
- 38 In our quality governance review, we found that there has been considerable progress to improve governance arrangements for quality and safety, with the approval of a new Quality and Safety Framework in July 2022. However, it was too early to assess the effectiveness of new arrangements in practice.
- 39 The Trust is in the process of revising and enhancing its performance management arrangements. It is developing a 'balanced scorecard' approach aligned to six domains of care – safe, effective, service user centred, timely, efficient, and equitable care. There will be specific performance scorecards for the Board; the Quality, Safety, and Performance Committee; the Executive Management Board; and the divisional senior management teams. The proposed approach is based on a hierarchy of performance measurements appropriate to the remit and scrutiny requirements at each organisational level. This will allow the Trust to develop a broader range of performance measures, such as the inclusion of more outcome measures. The Board will take assurance from the detailed review and challenge undertaken by each level below. The Trust intended that the Quality, Safety and Performance Committee and Board would receive the new and revised performance reports at the planned November 2022 meetings. However, it did not achieve this target due to operational pressures. Despite this, the Trust's performance management arrangements are helping to provide operational focus to improve performance.

¹ Datix is a web-based incident reporting and risk management system used by healthcare organisations.

- 40 The Trust has effective arrangements for overseeing information governance at a committee-level, but some operational arrangements require improvement. In 2020, Internal Audit completed a baseline review of the arrangements in place for the management and control of information governance and information communications technology using the COBIT 2019 Framework². As part of their assessment, Internal Audit scored the Trust's arrangements under each of the headings of the framework. The Trust scored well under many of the headings but particularly well in its information governance arrangements (94%). In terms of cyber security, the Trust scored 61% and 71% for managed security and managed security services, respectively. Internal Audit highlighted several opportunities for the Trust to strengthen its cyber security arrangements and will complete a further review of these arrangements by March 2023. The Quality, Safety, and Performance Committee receives information governance assurance reports on a quarterly basis, which provide a good overview of the Trust's activities in relation to data protection, physical security, and information security. At 82.59%, the Trust's compliance against mandatory information governance training is only slightly below the NHS Wales target of 85%³.
- 41 Improvements have been made to the Trust's arrangements for tracking internal and external audit recommendations. An Internal Audit review of the Trust's audit trackers in 2022 highlighted that the organisation did not have a procedure note in place to set a standard for responding to internal and external audit recommendations. The Trust subsequently developed a draft procedure which the Audit Committee endorsed in July 2022. The Audit Committee now reviews the full tracker twice a year and considers overdue and completed actions for closure at each meeting (see **Exhibit 3, 2018 R4b**). Prior to the pandemic, the Quality, Safety, and Performance Committee received a tracker for recommendations made by other external inspection and regulatory bodies, such as Healthcare Inspectorate Wales. However, the committee has not received the tracker since early in 2020 (**Recommendation 2**).

² COBIT (Control Objectives for Information and Related Technologies) is an IT management framework developed by the Information Systems Audit and Control Association to help organisations develop, organise, and implement strategies around information management and governance.

³ As reported in the July 2022 Information Governance Assurance Report to the Quality, Safety, and Performance Committee.

Exhibit 3: progress made on previous year recommendations

Recommendation	Description of progress
<p>Risk management 2016 R7c</p> <p>The Trust should standardise the format of its various risk registers, ensuring the good practice elements of each register are spread across the organisation.</p>	<p>Complete</p> <p>The Trust has completed the migration of all risk registers to DATIX.</p>
<p>Board assurance and risk management 2019 R2</p> <p>The Trust should complete the development of its Board Assurance Framework with pace, ensuring that it is appropriately underpinned by up-to-date risk management arrangements. Specifically, the Trust should</p> <ul style="list-style-type: none"> • review the principal risks to achieving strategic priorities and ensure the necessary assurances have been mapped and reflected in the new Board Assurance Framework; • update the Risk Management Framework, ensuring clear expression of risk appetite and arrangements for escalating strategic and operational risks; and • provide risk management training to staff and Board members on resulting changes to the risk management framework 	<p>On-track, but not complete</p> <p>The Trust has populated its Assurance Framework with strategic risks, and it intends to review these risks to ensure they align with the Integrated Medium-Term Plan. The Trust has updated its Risk Management Framework and Risk appetite, with the former articulating the escalation arrangements. The one outstanding area is the rollout of risk management training, which is not yet complete.</p>
<p>Tracking Internal and External audit recommendations 2018 R4b</p>	<p>Complete</p> <p>There is a mechanism in place for Audit Committee to agree to the closure of recommendations.</p>

Recommendation	Description of progress
<p>Implement a mechanism for ensuring that when Internal Audit and External Audit actions are completed, the responsible officer provides a brief summary of the actions taken to the Audit Committee, along with a request to close the action</p>	
<p>Clinical audit scrutiny 2018 R5a The Quality and Safety Committee should review and approve clinical audit plans, ensuring that clinical audit plans address any risks to achieving strategic priorities and organisational risks.</p>	
<p>Clinical audit scrutiny 2018 R5b Improvements should be made to the content of clinical audit reports from both VCC and WBS to clearly identify the audit findings, any associated risks and actions for improvement and follow-up.</p>	<p>We have not considered these recommendations as part of our 2022 structured assessment work as Internal Audit will be undertaking a clinical audit review. We will, therefore, consider them as part of our 2023 structured assessment work.</p>
<p>Clinical audit scrutiny 2018 R5c The Quality and Safety Committee should assure itself that clinical audit findings are addressed.</p>	
<p>Clinical audit scrutiny 2018 R5d Clinical audit scrutiny The Audit Committee should clarify how it assures itself that the clinical audit function is effective</p>	

Strategic planning arrangements

- 42 In this section of the report, we provide our views on the Trust's strategic planning arrangements, with a particular focus on the organisation's:
- vision and strategic objectives;
 - Integrated Medium-term Plan;
 - planning arrangements; and
 - arrangements for implementing and monitoring the delivery of corporate strategies and plans.
- 43 Details of progress made on previous year recommendations relating to the Trust's strategic planning arrangements are provided in **Exhibit 4**.
- 44 We found that **the Trust has a clear strategic intent supported by good planning and stakeholder engagement arrangements. However, opportunities exist to enhance delivery reporting arrangements.**

Vision and strategic objectives

- 45 We considered the extent to which there is a clear vision and long-term strategy in place for the organisation. In examining this, we have looked at whether:
- the vision and strategic objectives are future-focussed, and rooted in a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
 - the vision and strategic objectives have been developed and adopted by the Board; and
 - the long-term strategy is underpinned by an appropriate long-term clinical strategy.
- 46 We found **that the Trust has a clear vision and goals in its long-term strategy, supported by a suite of enabling strategies.**
- 47 The Trust's vision of 'Excellent Care, Inspirational Learning, Healthier People' is clearly set out in its new ten-year strategy, 'Destination 2032'. The strategy has five clear strategic goals which seek to address post-pandemic opportunities, challenges, and risks. Destination 2032 is supported by a series of enabling strategies, one each for sustainability, people, digital, and estates. Destination 2032 was approved by the Board in July 2022, and the enabling strategies in May. Whilst these strategies are available in Board papers, they are not published separately on the Trust's website (**Recommendation 1**).
- 48 The pandemic caused a delay to completing Destination 2032 and the enabling strategies, but work recommenced in 2021. Board members were actively involved in developing the strategies, and the Trust engaged well with a broad range of internal and external stakeholders as part of the planning process. Destination 2032, along with the enabling strategies, set a clear direction of travel for the organisation.

49 The Trust has separate strategies for Velindre Cancer Centre and the Welsh Blood Service, which are both framed in the context of Destination 2032. The Trust has delayed the establishment of a Clinical and Scientific Strategy Board while it determines the resources required to support these arrangements. The Executive Management Board has agreed the terms of reference for the Clinical and Scientific Board. The Trust recognises that it needs to establish the Clinical and Scientific Strategy Board without further delay to provide a formal route for clinicians to inform the development of its clinical and scientific plans and work in areas such as value-based healthcare, National Clinical Framework requirements, and the Duties of Candour and Quality.

Planning arrangements and the Integrated Medium-Term Plan

50 We considered the extent to which the Trust has been able to produce an approvable Integrated Medium-Term Plan (IMTP) for 2022-2025. We also considered the extent to which the Board maintains effective oversight of the process for developing corporate strategies and plans. In examining this, we have looked at whether:

- the IMTP was submitted within the required timeframes in line with Welsh Government guidance;
- the draft and final versions of the IMTP were discussed, challenged, and agreed by the Board prior to submission;
- the IMTP received approval from the Minister for Health and Social Services;
- the extent to which the Board maintains effective oversight of the process for developing corporate strategies and plans;
- whether corporate strategies and plans have been developed in liaison with relevant internal and external stakeholders; and
- whether prudent and value-based healthcare principles are considered and reflected in corporate strategies and plans.

51 We found that **the Trust has good planning arrangements. It also has an approved IMTP, which received appropriate Board-level input and scrutiny.**

52 The Trust was able to produce a balanced and Welsh Government approved IMTP for 2022-25 (the 2022-25 IMTP). The 2022-25 IMTP, which was prepared in accordance with Welsh Government planning guidance, describes the operating context, identifies the key factors influencing the priorities within the plan, and has appropriate coverage of the Trust's operations for the three-year period. The 2022-25 IMTP is available on the Trust's website.

53 An assessment of demand for blood and cancer services by commissioning Health Boards has also helped to inform the 2022-25 IMTP. However, demand for cancer services was higher than planned during 2022 due to ongoing impacts resulting

from the pandemic⁴. In addition, capacity for radiotherapy and Systematic Anti-Cancer Treatments is reduced due to factors including workforce pressures, the need to maintain social distancing, and ageing radiotherapy equipment 'downtime'. The Trust had planned to commission external capacity, but this option became unfeasible. The Trust has demonstrated flexibility in its planning arrangements to secure additional capacity via increasing workforce, equipment, and physical spacing. The Trust's actions are having a positive impact on waiting times in the latter stages of 2022.

- 54 There was good Board-level engagement throughout the development of the 2022-25 IMTP. The Strategic Development Committee provided appropriate scrutiny of the planning arrangements on behalf of the Board. We found that the Board and the Strategic Development Committee effectively scrutinised and challenged the 2022-25 IMTP prior to its submission. The Board formally approved the 2022-25 IMTP in March 2022 and submitted to Welsh Government within the required timeframe. The Minister for Health and Social Services approved the 2022-25 IMTP in July 2022 and set out accountability conditions which the Trust is actively addressing.
- 55 The Trust has effective planning arrangements. The planning process is co-ordinated by the Trust's Strategic Planning Team. They are supported by planning managers in each division as well as the finance team, and overseen by the Executive Management Board. The Trust is also effective at involving internal and external stakeholders in developing corporate strategies and plans. There is evidence of good engagement with the Community Health Council, commissioners, patients, donors, and other stakeholders in developing Destination 2032 and the supporting enabling strategies, and the 2022-25 IMTP.
- 56 The 2023-26 IMTP will set the context and actions to deliver the Trust's new vision and strategic goals. In addition, the work to prioritise improvement and transformation plans will help shape the 2023-26 IMTP (see **paragraph 31**). The 2023-26 IMTP will also need to set out the challenges, risks, and opportunities relating to the set up and running of the new Velindre Cancer Centre, including cost pressures and uncertainties associated with planning assumptions.
- 57 The Trust recognises that it is at an early stage in its value-based healthcare journey. It has a clear set of priorities and an implementation plan to guide its approach to embedding value-based healthcare across the organisation. Recent funding from Welsh Government should enable the Trust to move at pace to deliver on its ambitions by increasing capability and expertise in this area. This should also allow the Trust to ensure that value-based healthcare principles inform the Trust's overall approach to strategic planning.

⁴ During the earlier phases of the pandemic screening for cancer was lower than 'normal' levels, meaning that there was an element of catch-up occurring during 2022, in addition where patients are presenting later, cancer can be more progressed and requiring more intensive treatment.

Implementation and monitoring arrangements

58 We considered the extent to which the Board oversees, scrutinises, and challenges the implementation and delivery of corporate strategies and plans. In examining this, we have looked at whether:

- corporate strategies and plans contain clear milestones, targets, and outcomes that aid monitoring and reporting; and
- the Board receives regular reports on progress to deliver corporate strategies and plans.

59 We found that **whilst the IMTP contains clear objectives and actions, supported by timescales for delivery, it lacks supporting intended measurable outcomes. Progress reporting is reasonably effective, but reports should provide greater assurance that the Trust is taking appropriate action when delivery is off-track.**

60 In the 2022-25 IMTP, the Trust has set out its strategic priorities for the three years covered by the plan. Each strategic priority is translated into specific objectives and actions, with timescales for delivery. However, the Trust should better articulate what successful delivery of the strategic priorities set out in the 2022-25 IMTP will look like, the outcomes it wants to achieve, and how these will be measured (**Recommendation 3**). The benefit of doing so is to demonstrate that in delivering an action, the Trust has achieved the intended outcome, and if not, that further action may be necessary. We recognise it is difficult for the Trust to demonstrate the direct impact of its work on cancer service patient outcomes, especially as these are affected by factors outside its control. Nonetheless, this is an important part of demonstrating the Trust's impact of improving cancer patient outcomes.

61 The Trust has reasonably effective arrangements for reporting delivery of the 2022-25 IMTP. Officers presented the Quarter 1 and Quarter 2 2022-2023 progress report to the Board in November 2022, which used Red, Amber, Green (RAG) ratings to highlight progress. There was a good discussion in the Board meeting on additional information that would be useful to include in future reports to support scrutiny. For example, where delivery is off-track, reports should explain the reasons why and the remedial action needed and / or actions in-progress. In our view, there is also scope to provide greater detail on the impact of actions delivered to date (see **paragraph 60**), and the extent to which limited service improvement and change management capacity is inhibiting delivery (see **paragraph 31**). This would allow the Trust to understand the effectiveness of its actions and assess which actions it either needs to revise or roll forward to the 2023-26 IMTP (**Recommendation 4**). Going forward, the Quality, Safety, and Performance Committee will play a greater role in reviewing and monitoring progress in more detail.

Exhibit 4: progress made on previous year recommendations

Recommendation	Description of progress
<p>Articulation of strategic priorities 2021 R2</p> <p>Not all the Trust's strategic priorities in the Annual Plan are supported by specific, timebound actions for delivery, and the intended outcome. In future, the Trust should ensure that all strategic priorities are supported by discrete objectives, each underpinned with specific, timebound actions for delivery and the intended outcome.</p>	<p>Superseded</p> <p>In the 2022-25 IMTP, strategic priorities are supported by specific, measurable and timebound actions for delivery, but they lack intended outcomes.</p> <p>This recommendation is superseded by a new recommendation (see Exhibit 1 - R3 Establishing measurable outcomes for strategic priorities.)</p>

Managing financial resources

- 62 In this section of the report, we provide our views on the Trust's arrangements for managing its financial resources, with a particular focus on the organisation's:
- arrangements for meeting key financial objectives;
 - financial controls; and
 - arrangements for reporting and monitoring financial performance.
- 63 We found that **the Trust has effective arrangements for managing its financial resources but faces several risks to maintaining financial sustainability in the medium- to long-term.**

Financial objectives

- 64 We considered the extent to which the Trust has effective arrangements in place to meet its key financial objectives. In examining this, we have looked at whether the Trust:
- met its financial objectives for 2021-22, and is on course to meet its financial duties in 2022-23; and
 - has a clear and robust financial plan in place, which includes realistic and sustainable savings and cost improvement plans.
- 65 We found that **the Trust met its financial duties for 2021-22 and has a clear financial plan to deliver services in 2022-23.**
- 66 The Trust met its financial duties in 2021-22, reporting a small surplus of £41,000 at the end of the financial year. The Trust also achieved its statutory financial duty

to achieve break-even over a three-year rolling period (2019-20 to 2021-22), reporting an overall three-year surplus of £103,000.

- 67 The Trust's 2022-25 IMTP is underpinned by a comprehensive Strategic Financial Plan. The plan is based on a clear series of assumptions regarding the Trust's expected income from its commissioners and Welsh Government funding to support recovery from the COVID-19 pandemic, the cost pressures facing the Trust in terms of pay and non-pay inflation, and the cost saving potential of services. Financial risks to the successful delivery of the plan are clearly set out, as well as the actions the Trust is taking to manage and mitigate against them.
- 68 For 2022-23, the Trust has set a savings requirement of £1.3 million (a 2% target), of which £800,000 is recurrent and £500,000 non-recurrent. Of the £1.3 million, £750,000 are savings schemes and £550,000 are income generating schemes. As of Month 6 2022-23, the Trust reported that the ongoing implications of the pandemic and increased prices caused by current market conditions will impact on saving scheme delivery. As a result, the Trust has asked that where there is risk to delivery of savings, alternative savings and cost reductions are identified and implemented to ensure that the overall targets are met.
- 69 As of Month 6 2022-23, the Trust reported that it is on course to achieve financial balance by the end of the financial year. However, this assumes that:
- Welsh Government and the Trust's commissioners will fully reimburse all additional COVID-19 costs along with exceptional national cost pressures;
 - that the Trust receives all other planned additional income; and
 - that the Trust achieves its savings targets.

Financial controls

- 70 We considered the extent to which the Trust has appropriate and effective arrangements in place for allocating, authorising, recording, and managing the use of its financial resources. In examining this, we have looked at whether:
- there are effective controls in place to ensure compliance with Standing Financial Instructions and Schemes of Delegation;
 - the Audit Committee maintains appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
 - there are effective financial management arrangements in place; and
 - financial statements were submitted on time, contained no material misstatements, and received a clean audit opinion.
- 71 We found that **the Trust continues to have good controls for managing the use of its financial resources.**
- 72 The Trust continues to have effective controls in place to ensure compliance with its with Standing Financial Instructions and Scheme of Reservation and

Delegation. Since our last structured assessment report, Internal Audit has issued reasonable assurance ratings on the Trust's:

- financial systems relating to non-pay expenditure, fixed assets, and debt management (reported in May 2022);
- arrangements for scrutinising expenditure above the Chief Executive's limit (£100,000) (reported in May 2022); and
- processes underpinning financial and service sustainability, namely budgetary control (revenue budgets) and savings plans (reported in October 2022).

We did not identify any significant control weaknesses from our review of the Trust's 2021-22 financial statements.

- 73 The Trust continues to report regularly to the Audit Committee on procurement, losses, special payments, and counter-fraud matters to support effective oversight, scrutiny, and challenge. Procurement reports continue to clearly set out the number of Single Tender Actions and Single Quotation Authorisations and the reasons why officers did not follow standard procurement procedures. The value and reasons for deviation from standard procurement procedures also continue to be clearly set out in these reports. The Trust has recently enhanced these reports to provide additional context for members of the Audit Committee, and further improvements are planned by the Trust's new Head of Procurement to strengthen the assurances provided.
- 74 The Trust continues to log urgent decisions taken by the Chair between scheduled Board meetings. All urgent decisions are subsequently presented to the Board in writing for scrutiny and ratification.
- 75 The Trust has a good understanding of its cost pressures which are clearly set out in its Strategic Financial Plan. These include energy and fuel cost increases, the Employers National Insurance uplift (which was subsequently repealed by the UK Government), the living wage, and other extraordinary levels of cost inflation. However, these cost pressures alongside wider workforce costs and increased service demand may impede the Trust's ability to maintain financial sustainability in the medium- to long-term.
- 76 Financial management arrangements are effective. The Trust has set clear budgets and savings targets for each of the divisions and enabler functions. At Month 6 2022-23, the reported financial position of all divisions and enabler functions was breakeven (noting a small underspend in Corporate Services), and an expected outturn position of breakeven.
- 77 The Trust submitted good quality draft financial statements for audit by the Welsh Government imposed deadline of 29 April 2022. The Audit Committee considered these on 13 June 2022. Our audit identified no material misstatements, and we

issued an unqualified audit opinion, except for the regularity opinion, for which we issued a qualified opinion⁵.

Monitoring and reporting arrangements

78 We considered the extent to which the Board oversees, scrutinises, and challenges the organisation's financial performance. In examining this, we have looked at whether:

- reports to the Board provide a clear picture of the organisation's financial position, as well as the key financial challenges, risks, and mitigating actions taken; and
- Board members sufficiently challenge ongoing assessments of the financial position.

79 We found that **the Trust continues to produce clear and accessible financial reports that support effective monitoring and scrutiny.**

80 The Trust continues to report financial performance at every public Board meeting and Quality, Safety, and Performance Committee meeting. The Trust publishes this information on its website alongside its Board and committee papers. The finance reports provide timely and high-quality information and contain a good mixture of text and exhibits to convey key messages. The reports set out the revenue, capital, and savings position of the Trust, and clearly highlights key financial risks with their associated mitigating actions and cost implications. We have observed good scrutiny and challenge around the organisation's financial position at both Board and Quality, Safety, and Performance Committee meetings.

Managing the workforce, digital resources, the estate, and other physical assets

81 In this section of the report, we provide our high-level views on the Trust's arrangements for managing its wider resources, with a particular focus on the organisation's:

- arrangements for supporting staff wellbeing (please note we will be undertaking a separate review of the organisation's workforce planning arrangements);
- arrangements for managing its digital resources; and
- arrangements for managing its estate and other physical assets.

82 We found **that the Trust has clear plans in place to support staff well-being, harness the benefits of digital, and improve its estate. However,**

⁵ We issued a qualified regularity opinion to all Health Boards and the Velindre University NHS Trust due to clinicians' pension tax liabilities.

arrangements for monitoring and reporting on their outcomes require strengthening, particularly in relation to staff well-being and digital.

Supporting staff wellbeing

83 We considered the extent to which the Trust has appropriate and effective arrangements in place for supporting staff wellbeing. In examining this, we have looked at whether:

- mechanisms to seek staff views about their wellbeing needs are effective, and appropriate action is taken to respond to findings; and
- actions to support and improve staff wellbeing are actively monitored by the Board, including actions taken in response to our report on how NHS bodies supported staff wellbeing during the COVID-19 pandemic⁶.

84 We found that **the Trust continues to prioritise staff well-being, but its arrangements for measuring and reporting on the effectiveness of well-being interventions require strengthening.**

85 The Trust continues to prioritise staff well-being in line with its People Strategy and 2022-25 IMTP. The Trust recognises that having healthy, valued, and engaged staff will result in improved retention, increased innovation, lower levels of sickness absence, and have a positive effect on patient and donor experience. The People Strategy outlines key deliverables to achieve this⁷.

86 In September 2022, Internal Audit completed an advisory review of the effectiveness of staff well-being support and initiatives which found that:

- the Trust captures, monitors, and reports a range of staff related activity to assess well-being levels; and
- intervention effectiveness measurement is not prominent in Trust reporting and not sufficiently well-defined to effectively assess the impact on well-being.

Internal Audit recommended that the Trust should consider other interventions to further support improvements in staff well-being, and fully explore and develop the means and measures by which the success or effectiveness of its well-being initiatives will be determined. In our view, this should also include surveying staff directly to better understand how they are feeling and whether the well-being services and initiatives they access are meeting their needs.

⁶ [Taking care of the carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic.](#)

⁷ People Strategy key deliverables include developing a Health and Well-being Framework; appointing a Clinical Psychologist to support staff; improving staff engagement by developing an Engagement Strategy; and delivering a range of mental, physical, and financial well-being support.

- 87 In May 2022, the Audit Committee received the Trust's management response to our Taking Care of the Carers report. The Trust reported to the Audit Committee in July 2022 that it had fully addressed all six recommendations.
- 88 The Board and Quality, Safety, and Performance Committee continue to receive and consider key workforce metrics at every meeting, including staff sickness levels, Performance Appraisal and Development Review (PADR) completion rates, and statutory and mandatory training levels. Until July 2022, the report also included reasons for staff sickness. The latest report (November 2022) showed that the Trust was meeting the statutory and mandatory training target of 85%, its PADR completion rates were improving, but staff sickness, at 6.31%, remained above the organisation's target of 3.54%.

Managing digital resources

- 89 We considered the extent to which the Trust has appropriate and effective arrangements in place for managing its digital resources. In examining this, we have looked at whether:
- there is a Board approved digital strategy in place which seeks to harness and exploit digital technology to improve the quality, safety, and efficiency of services, as well as to support new models of care and new ways of working; and
 - benefits arising from investments in digital technology are actively monitored by the Board.
- 90 We found that **the Trust has ambitious plans to harness the potential of digital to transform service delivery, but some of its digital plans are not costed or funded and arrangements for monitoring and reporting on the benefits of digital require strengthening.**
- 91 The Trust has a clear digital vision as set out in its ten-year Digital Strategy, which the Board approved in May 2022. The strategy clearly sets out how digital technology and insight can support the drive to continually improve the quality, safety, experience, and outcomes of services to meet the ambitions described in the Trust's wider ten-year Trust strategy. The Trust also recognises the opportunities that exist to better harness data sources to provide greater insights into population needs and expectations with a view to challenging professional assumptions and support wider service improvement plans.
- 92 The Trust has fully costed its larger digital projects as part of the 2022-25 IMTP planning process. The Corporate Risk Register presented to the Audit Committee in July 2022 reflects the risk that the digital services team are unable to support agreed divisional/Trust strategic and operational digital objectives as a result of limited capacity within the team. It details a series of mitigating actions, including developing a digital financial strategy, regularly reviewing the digital work plan to ensure the Trust aligns digital 'delivery' to its overall strategic priorities, and using agile principles to prioritise digital services resources.

93 There is good reporting from the Digital Services Operational Group report to the Quality, Safety, and Performance Committee on key digital projects and programmes and significant IT business continuity incidents. Whilst the reports provide a good overview of progress, they do not provide an assessment of what difference digital projects and programmes are making, whether they are sufficiently resourced, and if digital is enabling wider service improvement as intended. As a result, the Quality, Safety, and Performance Committee is unable to actively monitor and scrutinise the benefits arising from the Trust's investment in digital programmes and projects and provide full assurance to the Board. The Trust, therefore, should consider how best to monitor and report the benefits of its digital investment to demonstrate to the Board the extent that it has achieved its intended impacts and outcomes (**Recommendation 5**).

Managing the estate and other physical assets

- 94 We considered the extent to which the Trust has appropriate and effective arrangements in place for managing its estate and other physical assets. In examining this, we have looked at whether:
- there are Board-approved strategies and plans in place for managing the organisation's estates and its wider physical assets;
 - there are appropriate arrangements in place for the Board to review, scrutinise, challenge, and approve significant capital projects and programmes; and
 - there are appropriate arrangements in place for the Board to maintain appropriate oversight of the condition of the estate and other physical assets.
- 95 We found that **the Trust has a clear vision for its estates and good arrangements for ensuring Board-level oversight and scrutiny of key estates related risks and matters.**
- 96 The Trust has a clear vision for estate as set out in its Estates and Sustainability Strategies, which the Board approved in May 2022. The Estates Strategy has a clear focus on having a safe and high-quality estate which provides a great experience for staff, patients, donors. The Sustainability Strategy has a clear focus on maximising the Trust's contribution to its communities and mitigating its environmental impact on the planet. The Sustainability Strategy includes a decarbonisation plan to support delivery of the Trust's ambitions to be Carbon Net Zero. The key deliverables are set out in the 2022-25 IMTP.
- 97 The Trust has an established process for prioritising competing capital cases, both in terms of submissions to the all-Wales Capital Fund and the Trust's Discretionary Capital Programme. The 2022-25 IMTP clearly sets out the Trust's capital schemes and sources of funding. The Trust's Board routinely receives business cases relating to significant capital projects and programmes for review, scrutiny, and approval.

- 98 The Trust has effective arrangements in place for the Board and its committees to maintain appropriate oversight of matters relating to the estate in terms of health and safety, fire safety, and environmental and statutory compliance. The Trust's Estates Assurance Group reports regularly to the Quality, Safety, and Performance Committee. The reports helpfully draw attention to the key matters requiring consideration by the committee. The Quality, Safety, and Performance Committee receive the Annual Estates Report and the Annual Health and Safety Report and consider overall progress. The Trust's Transforming Cancer Services⁸ Scrutiny Sub-Committee maintains effective oversight of all estates and capital matters, risks, and issues associated with the Transforming Cancer Services programme, including those associated with the development of the new Velindre Cancer Centre.
- 99 The Trust has an aging estate to manage in terms of the current Velindre Cancer Centre and there is a programme of work to upgrade Welsh Blood Service facilities. As at 2020-21, the Trust's risk adjusted cost for addressing all backlog maintenance is £1,875,521. Corporate risks relating to capital assets are scrutinised by the Quality, Safety, and Performance Committee. The Trust's challenge in the short- and medium-term will be achieving an appropriate balance between maintaining the current estate whilst investing in the future estate. The Trust is aware of this challenge and recognises that it will involve difficult investment decisions.

⁸ The Transforming Cancer Services programme aims to meet the increasing demand and complexity of cancer care and to deliver more care closer to home.

Appendix 1

Audit approach

Exhibit 5 sets out the approach we adopted for delivering our structured assessment work at the Trust.

Exhibit 5: audit approach

Element of audit approach	Description
Observations	We observed Board meetings as well as meetings of the following Committees: <ul style="list-style-type: none">• Quality, Safety, and Performance Committee;• Strategic Development Committee; and• Audit Committee.

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"> • Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes; • Key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interests, and Registers of Gifts and Hospitality; • Key organisational strategies and plans, including the IMTP; • Key risk management documents, including the Board Assurance Framework and Corporate Risk Register; • Key reports relating to organisational performance and finances; • Annual Report, including the Annual Governance Statement; • Relevant policies and procedures; and • Reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.
Interviews	<p>We interviewed the following Senior Officers and Independent Members:</p> <ul style="list-style-type: none"> • Chair of the Board; • Director of Strategic Transformation, Planning and Digital and (at the time of the review) Interim Chief Executive; • Director of Corporate Governance and Chief of Staff; and • Executive Director of Finance.

Appendix 2

Organisational response to audit recommendations

Exhibit 6 sets out the Trust’s organisational response to our audit recommendations.

Exhibit 6: organisational response

Recommendation	Organisational response	Completion date	Responsible officer
<p>R1 Improving administrative governance arrangements.</p> <p>We found that opportunities remain for the Trust to improve the public availability of key papers and documents on its website. This includes publishing:</p> <ul style="list-style-type: none"> • missing committee meeting papers; • the Register for Gifts, Hospitality and Sponsorship and the Declarations of Interest Register; and • the ten-year strategy and enabling strategies 	<p>Tracking has been implemented to ensure the completeness and timely publication of committee agenda bundles and other key governance papers as part of the weekly Corporate Governance Team meeting.</p> <p>An engagement and communications plan has been developed to support the launch of the Trust ten-year strategy in May 2023. This will include publishing the strategy on the Trust website.</p>	<p>22 March 2023</p> <p>31 May 2023</p>	<p>Operational Lead: Corporate Governance Manager</p> <p>Executive Lead: Director of Corporate Governance and Chief of Staff</p> <p>Director of Strategic Transformation, Planning and Digital</p>

Recommendation	Organisational response	Completion date	Responsible officer
<p>R2 Reinstating arrangements for tracking recommendations made by external inspection and regulatory bodies</p> <p>The Quality, Safety, and Performance Committee has not received the log which tracks recommendations relating to the quality and safety of services made by external inspection and regulatory bodies since early in 2020. The Trust should immediately reinstate the tracker to enable the committee to oversee, scrutinise, and challenge the progress it is making in addressing both quality and safety recommendations and any relating to performance.</p>	<p>The Quality & Safety Extract of the Trust wide Legislative & Regulatory Compliance Register will be received at each meeting of the Quality, Safety, and Performance Committee – together with the associated Improvement Plan using the seven levels of assurance template. The Trust wide Legislative & Regulatory Compliance Register is already established and received in full by the Trust Audit Committee.</p>	<p>31 March 2023</p>	<p>Operational Lead: Head of Quality and Safety and Head of Corporate Governance</p> <p>Executive Lead: Executive Director Nursing, Allied Health Professionals and Health Science</p>

Recommendation	Organisational response	Completion date	Responsible officer
<p>R3 Establishing measurable outcomes for strategic priorities</p> <p>The Trust has translated its strategic priorities into specific objectives and actions in the 2022-25 IMTP (including timescales for delivery). The Trust should seek to articulate the intended outcomes for each strategic objective/action in future IMTPs, including what success would look like.</p>	<p>The Trust IMTP 2023-2026 sets out a range of priorities which have specific objectives related to their delivery which are timebound. Further work will be undertaken to:</p> <ul style="list-style-type: none"> • Improve the SMART elements of the objectives • Align objectives to measurable outcomes/output key performance indicators within the Performance Management Framework (phase 2) 	<p>30 March 2023</p> <p>31 December 2023</p>	<p>Director of Strategic Transformation, Planning and Digital</p>

Recommendation	Organisational response	Completion date	Responsible officer
<p>R4 Enhancing reporting on 2022-25 IMTP delivery</p> <p>The Trust's arrangements for reporting delivery of the 2022-25 IMTP are reasonable, but it needs to better describe the impact the actions are making. The Trust should report on the impact of actions delivered to date to allow the Board to better understand the extent that delivery of the IMTP is making a difference and determine any actions that need to be rolled forward to the 2023-2026 IMTP.</p>	<p>The Trust IMTP 2023-2026 will outline the impact/benefits of actions we are taking as outlined in our IMTP. The process for developing the IMTP has included an assessment of actions which should be rolled forward to 2023-2026.</p> <p>In respect of reporting, we will ensure that progress updates are provided to:</p> <ul style="list-style-type: none"> • Senior Leadership Team at their monthly meetings; • Executive Management Board at their monthly meetings; • Quality, Safety and Performance Committee at their bi-monthly meetings; and • Trust Board at their bi-monthly meetings. 	<p>31 May 2023</p>	<p>Director of Strategic Transformation, Planning and Digital</p>

Recommendation	Organisational response	Completion date	Responsible officer
<p>R5 Improving reporting on the benefits arising from digital investments</p> <p>Whilst there is good reporting on progress in delivering key digital projects and programmes, the reports do not provide an assessment of what difference they are making, whether they are sufficiently resourced, and if digital is enabling wider service improvement as intended. The Trust should consider how best to monitor and report the benefits of its digital investment to demonstrate the extent that it is delivering the intended impacts and outcomes.</p>	<p>The further development of digital benefits will be undertaken in several ways:</p> <ul style="list-style-type: none"> • A range of key performance indicators that are reported to the Executive Management Board • Improving the clarity of benefits in projects/business cases on a case-by-case basis • Implementing the measures set out within the digital strategy and key service plans (for example, quality metrics) which will demonstrate the impact of digital services on service quality and outcomes and including an overall per cent spent on digital technology. 	<p>31 May 2023</p> <p>Not time bound</p> <p>29 February 2024</p>	<p>Director of Strategic Transformation, Planning and Digital</p>



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