

## Structured Assessment 2024 – 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 2024 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 under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources.
- 2 Our 2024 Structured Assessment work took place at a time when NHS bodies were continuing to respond to a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, 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:
  - board transparency, cohesion, and effectiveness;
  - corporate systems of assurance;
  - corporate approach to planning; and
  - corporate approach to financial management.We have not reviewed the Trust's operational arrangements as part of this work.
- 4 Our work has been informed by our previous structured assessment work, which has been developed and refined over a number of years. It has also been informed by:
  - model Standing Orders, Reservation and Delegation of Powers;
  - model Standing Financial Instructions;
  - relevant Welsh Government health circulars and guidance;
  - the Good Governance Guide for NHS Wales Boards (Second Edition); and
  - other relevant good practice guides.We undertook our work between July and October 2024. The methods we used to deliver our work are summarised in **Appendix 1**. Our work was conducted in accordance with the auditing standards set by the International Organisation of Supreme Audit Institutions.
- 5 We also provide an update in this report on the Trust's progress in addressing outstanding recommendations identified in previous structured assessment reports in **Appendix 2**.

## Key findings

- 6 We found that overall, the Trust continues to be generally well led and governed, with a clear strategic vision and priorities, improving systems of assurance, and effective arrangements for managing its finances. However, opportunities remain to ensure that Board and committee papers, the Trust Assurance Framework, and the Corporate Risk Register contain the information needed to support effective scrutiny and decision-making:
- we considered whether the Trust's Board conducts its business appropriately, effectively, and transparently. **We found that the Board and its committees operate well, with an ongoing commitment to public transparency, continuous improvement, and hearing from patients and donors. However, opportunities remain to increase public access to Board business and enhance the quality of Board and committee papers.**
  - we considered whether the Trust has a sound corporate approach to managing risks, performance, and the quality and safety of services. **We found that the Trust continues to strengthen its corporate systems of assurance. However, the Trust Assurance Framework and the Corporate Risk Register do not contain enough information about the mitigating actions in place and their impact, but there is a plan in place to address the information needs of the Board and its committees.**
  - we considered whether the Trust has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery. **We found that the Trust continues to have effective arrangements for producing, overseeing, and scrutinising the development and delivery of strategies and corporate plans.**
  - we considered whether the Trust has a sound corporate approach to managing its financial resources. **We found that the Trust continues to have a sound approach to financial planning and delivering savings.**

## Recommendations

- 7 Whilst we have not made any new recommendations this year, however, there remains work to do to ensure that recommendations from previous years are addressed (see **Appendix 2**).

# Detailed report

## Board transparency, effectiveness, and cohesion

- 8 We considered whether the Trust's Board conducts its business appropriately, effectively, and transparently.
- 9 We found that **the Board and its committees operate well, with an ongoing commitment to public transparency, continuous improvement, and hearing from patients and donors. However, opportunities remain to increase public access to Board business and enhance the quality of Board and committee papers.**

## Public transparency of Board business

- 10 We considered whether the Board promotes and demonstrates a commitment to public transparency of board and committee business. We were specifically looking for evidence of:
  - Board and committee meetings that are accessible to the public;
  - Board and committee papers being made publicly available in advance of meetings; and
  - Board and committee business and decision-making being conducted transparently.
- 11 We found that **the Board remains committed to conducting its business transparently, although a small number of opportunities remain to increase public access to Board business.**
- 12 All public Board meetings continue to be live streamed to allow the public to observe virtually, with recordings made available on the Trust's website. In 2024, the Trust has successfully introduced arrangements to simultaneously translate discussions in both Welsh and English.
- 13 The Trust's website sets out how members of the public can register to observe Board meetings. Last year, we found that the Trust rarely publicised Board meetings on its social media channels (see **Appendix 2 R1 2023**). This year, we found the Trust has established arrangements to publicise Board meetings via social media. The Trust continues to not live-stream or record its public committee meetings (other than for the purpose of minute taking).
- 14 Board papers are published on the Trust website in advance of meetings. In previous structured assessments, we highlighted that papers for some committee meetings were published on the Trust's website long after meetings had occurred. This year, we have found that committee papers are generally published at the same time they are made available to committee members in advance of meetings.
- 15 We continue to observe open and candid discussions in public Board and committee meetings. The Trust minimises the use of private Board and committee sessions, reserving these for confidential and sensitive matters only. In our 2023 Structured Assessment, we found that the Trust did not publicise in advance what

is to be discussed in private Board or committee meetings or publish summaries of what was discussed after meetings (see **Appendix 2 R2a and R2b 2023**). In 2024, the agenda of public Board and committee meetings have included a list of items to be discussed in private meetings. At the time of writing, the Trust was drafting a revised Corporate Governance Manual, which was due to be received for approval in the December 2024 Audit Committee meeting. The Manual sets out arrangements for publishing summaries of private Board and committee meetings going forward.

- 16 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.
- 17 Unconfirmed Board minutes are published on the Trust's website generally 22 days after meetings (once checked) and replaced once confirmed at the subsequent meeting. As noted earlier, members of the public can observe meetings live or watch recordings shortly after the meeting.
- 18 Last year, we reported that committee minutes were not generally available to the public until at least two months after meetings. We recommended the Trust should aim to publish unconfirmed committee minutes as soon as possible after each meeting (allowing time for accuracy checking by the meeting chair and relevant executive lead), whilst still retaining full confirmation of accuracy in the following meeting (see **Appendix 2 R3 2023**). Unconfirmed meeting minutes are now routinely produced following committee meetings, but not always published. Notably, unconfirmed minutes for the Audit Committee, the Quality, Safety and Performance Committee, and the Charitable Funds Committee have not been published<sup>1</sup>.

## Arrangements to support the conduct of Board business

- 19 We considered whether there are proper and transparent arrangements in place to support the effective conduct of Board and committee business. We were specifically looking for evidence of a formal, up-to-date, and publicly available:
  - Reservation and Delegation of Powers and Scheme of Delegation in place, which clearly sets out accountabilities;
  - Standing Orders (SOs) and Standing Financial Instructions (SFIs) in place, along with evidence of compliance; and
  - policies and procedures in place to promote and ensure probity and propriety.

<sup>1</sup> A website check on 18 November 2024 found that the unconfirmed minutes for the following meetings were not available on the Trust's website: Audit Committee (17 September 2024), Quality, Safety and Performance Committee meeting (12 September 2024) and Charitable Funds Committee (5 September 2024).

- 20 We found that **the Board continues to have effective arrangements to support the conduct of its business.**
- 21 The Trust's governance arrangements continue to support the effective conduct of Board and committee business. The Trust reviews its Standing Orders, Scheme of Reservation and Delegation, and Standing Financial Instructions on a regular basis. The Standing Orders were last updated in September 2024, which were endorsed by the Audit Committee and approved by the Board in their September meetings.
- 22 The Audit Committee generally receives the Register of Gifts, Sponsorship, Hospitality and Honoraria on a six-monthly basis. It last reviewed the register in September 2024. We routinely observed declarations of interest taken at the start of Board and committee meetings as a standing item.
- 23 The Trust has a policy and procedures in place for the management of Trust-wide policies and control documents. There is a Control Register to record the status of policies and their review dates. At the Quality, Safety, and Performance Committee's September 2024 meeting, it was reported that, of 108 policies, 71 (67.6%) were in date and 34 (32.4%) had passed their review date. Of the 34 policies that have passed their review date, 9 were all-Wales policies. Progress is being made to ensure policies past their review date are addressed, with policy compliance improving by 18% since September 2023. Whilst the action plan to address out-of-date policies was developed and shared with the committee, committee members identified a need to be clearer on the target date for completing the review for each policy. Our sample review found that new policies are routinely placed on the Trust's website following approval.

## Effectiveness of Board and committee meetings

- 24 We considered whether Board and committee meetings are conducted appropriately and effectively. We were specifically looking for evidence of:
- an appropriate, integrated, and well-functioning committee structure in place, which is aligned to key strategic priorities and risks, reflects relevant guidance, and helps discharge statutory requirements;
  - Board and committee agendas and work programmes covering all aspects of their respective Terms of Reference as well being shaped on an ongoing basis by the Board Assurance Framework;
  - well-chaired Board and committee meetings that follow agreed processes, with members observing meeting etiquette and providing a good balance of scrutiny, support, and challenge; and
  - committees receiving and acting on required assurances and providing timely and appropriate assurances to the Board.
- 25 We found that **the Board and committee structure is operating effectively. Meetings continue to be well-managed, with good scrutiny, challenge, and debate.**



- 26 There is an appropriate and integrated committee structure in place, which is aligned to key strategic priorities and risks and meets statutory requirements. Terms of reference for all committees are up to date and are reviewed regularly. Committees also review their cycles of business on a regular basis. Executive leads and committee chairs work together to develop cycles of business and agree meeting agendas.
- 27 During 2024, attendance in person has been encouraged for Board and committee meetings, but helpfully the option to attend virtually has been retained. This approach works well.
- 28 Board and committee meetings continue to be well chaired, and members observe good meeting etiquette. We have observed Independent Members offering robust scrutiny with a good balance of challenge and support. Helpfully, key matters for discussion continue to feature near the start of meetings to ensure adequate time for scrutiny when energy levels are higher, and appropriate use continues to be made of consent agendas.
- 29 There continues to be good cross-referral of matters between committees and from committees to the Board. Committees produce good quality highlight papers that effectively draw attention to key matters for escalation and assurance for discussion at Board meetings. The Trust holds bi-monthly meetings for independent members to support the triangulation of information received in meetings.

## Quality and timeliness of Board and committee papers

- 30 We considered whether the Board and committees receive timely, high-quality information that supports effective scrutiny, assurance, and decision making. We were specifically looking for evidence of:
- clear and timely Board and committee papers that contain the necessary/appropriate level of information needed for effective decision making, scrutiny, and assurance.
- 31 We found that **whilst we are beginning to see some improvements, Board and committee papers still need to give better focus on key matters. Where papers set out initiatives for improvements, they need to consistently be supported by SMART<sup>2</sup> actions and more assurance is needed on the impact of actions taken.**

<sup>2</sup> Specific, measurable, achievable, relevant, and time-bound.

- 32 Our sample review found generally consistent use of the standard Board and committee cover report. Where appropriate, the Board has set a desire for cover papers to include an assessment of the level of assurance<sup>3</sup> provided. This helps paper authors assess the adequacy of the assurance provided and whether further action may be necessary. Occasionally, papers have been scored too high, but where this occurred, it stimulated good scrutiny and challenge on scoring, and changes were made where appropriate. Board members told us the levels of assurance scoring system help them to focus their attention and scrutiny on the lower scored agenda items.
- 33 Board and committee cover reports clearly identify whether papers have already been scrutinised in previous meetings. However, last year, we found that sometimes the summaries of previous discussions were too brief and did not always set out the outcomes of discussions (see **Appendix 2 R4 2023**). Our sample review of 2024 cover reports found improvements. Generally, summaries provide an appropriately pitched outline of discussions held in previous meetings and resulting actions.
- 34 In previous structured assessments, we have drawn attention to difficulties running committee meetings to time due to the number of papers and detail provided within them. In our 2023 structured assessment report, we also said that some papers did not provide enough assurance on the impact of initiatives or actions taken, and there remained a need to ensure that Board and committee cover reports and papers focus on key matters.
- 35 Training has been provided to authors of Board and committee cover reports and papers, and we have seen evidence of some improvement. However, there is still more work to do to ensure that cover reports and papers consistently summarise and triangulate information to help provide focus on key matters. We note some committee papers being more than 800 pages long. There continues to be a need to ensure that areas of improvement included in Board and committee papers are consistently supported by SMART actions. Similarly, there continues to be a tendency for presentations and papers to provide detail about activity, but less clarity about whether the desired outcomes or impact have been achieved (see **Appendix 2 R6 2023**). The Trust's revised Corporate Governance Manual is explicit in relation to the responsibilities of the authors and executive leads regarding the report content and focus. The Trust has also issued a revised Board/committee cover report template with accompanying guidance for authors.
- 36 During 2024, lengthier conversations in committee meetings are because of discussions about improving the presentation of information, rather than the information itself. Our view is that improving the focus of papers and information

<sup>3</sup> The Trust adopted the seven levels of assurance model in 2023, with a zero-score meaning no actions have been agreed and no improvement is evident, through to a level seven score equating to all action taken to address the root causes agreed and implemented, with evident signs of improvement.

presented would help ensure meetings focus on what matters and run to time. During 2024, we have observed a clear steer from meeting chairs that items presented to Board and committee meetings should focus on key messages, provide clarity on the actions being taken to address areas for improvement, the impact of activity/decisions taken, and lessons learned. The second phase of the Trust's Governance, Assurance and Risk Work Programme<sup>4</sup> provides an opportunity for the Board to collectively agree Board and committee information needs and ensure that arrangements to meet them are embedded (see **Appendix 2 R6 2023**).

- 37 Positively, our review of the new quarterly Quality and Safety Reports produced by the Integrated Quality and Safety Group and reported to the Quality, Safety, and Performance Committee found they succinctly set out data and narrative to summarise and analyse key outcomes, activity, learning and improvement. The quarterly reports replace numerous lengthy operationally detailed reports and enable the reader to quickly identify key matters.
- 38 The Trust circulates Board and committee papers to attendees in advance of meetings, although we have noted on occasions some individual papers are made available only a day or two before committee meetings.

## **Board commitment to hearing from patients/service users and staff**

- 39 We considered whether the Board promotes and demonstrates a commitment to hearing from patients/service users and staff. We were specifically looking for evidence of:
- the Board using a range of suitable approaches to hear from a diversity of patients/service users, the public and staff.
- 40 We found that **the Board promotes and demonstrates a positive commitment to hearing from patients and donors.**
- 41 The Trust has continued to engage regularly with patient advocates via Llais<sup>5</sup>. Llais representatives are invited to attend Board and committee meetings and provide views on service changes and the public accessibility of Trust business.
- 42 Quality, Safety, and Performance Committee meetings continue to commence with either a patient, donor, or staff story, both positive and negative, which usefully sets the tone for the remainder of the meetings. The committee also receives regular service user feedback. From our observations, we note that Independent Members continue to give robust scrutiny on the potential impact of decisions on patients and donors, and the findings of service user feedback.

<sup>4</sup> A programme of work to develop and enhance the Trust's governance, risk and assurance mechanisms.

<sup>5</sup> Llais is a patient representative body.

- 43 The Board does not include service user and staff stories in its meetings. It should consider whether it would be useful to commence meetings with a story or take steps to enhance papers with more stories to provide all Board members with an opportunity to hear from a range of stakeholders to understand the impact of its decisions on service delivery.
- 44 The Trust launched 15-Steps Challenge Visits<sup>6</sup> in 2021. The visits are an opportunity for Independent Members and executives to visit and explore healthcare settings through the eyes of patients and their relatives/carers. The Trust intends for each Board member to participate in at least two 15-Steps Challenge Visits a year. Initially, opportunities to conduct 15-Steps Challenge Visits were limited due to social distancing requirements resulting from the COVID-19 pandemic. Between June 2021 and March 2024, only 14 visits took place. In March 2024, Independent Members requested a forward programme of visits to be shared with the Quality, Safety, and Performance Committee. A timetable has been established to allow a minimum of two visits per month over the following six months.
- 45 A record of 15-Steps Challenge Visits is kept and areas for improvement identified. For the visits undertaken between 2021 and 2024, the identified themes related to information made available for service users in clinical settings, ability to communicate in Welsh, and infection, prevention and control measures. Whilst most actions to address recommendations have been completed, there is variability in the reporting of progress to meet outstanding recommendations with revised target dates. We have been told that, going forward, progress to address areas for improvement will be tracked via the quality and safety audit tracker.
- 46 The Trust also has established a Velindre Voices group for patients, carers, and members of the wider community to engage with when developing services. There is also a Patient and Carer Partnership Board to represent the views of people with lived experience of cancer to input into service design.
- 47 The Trust has produced an analysis of the results of the NHS Staff Survey 2023 (the first since 2020). An initial analysis was provided on a Trust-wide basis and shared with the Quality, Safety, and Performance Committee in July 2024. The report provides analysis of Trust-wide key themes for discussion. In addition, the Trust has produced divisional/departmental level breakdowns of the results to identify hotspots and allow understanding of staff experience at a local level to stimulate discussion on potential actions to address findings. The Trust is developing a programme of work to address key findings from the NHS Staff and other forms of staff feedback. Our planned review of progress to address recommendations from our 2022 Review of Quality Governance Arrangements report will consider the arrangements for the Board to hear more broadly from staff.

<sup>6</sup> 15-Steps Challenge Visits explore healthcare settings through the eyes of patients and relatives.

## Board cohesiveness and commitment to continuous improvement

- 48 We considered whether the Board is stable and cohesive and demonstrates a commitment to continuous improvement. We were specifically looking for evidence of:
- a stable and cohesive Board with a cadre of senior leaders who have the appropriate capacity, skills, and experience;
  - the Board and its committees regularly reviewing their effectiveness and using the findings to inform and support continuous improvement; and
  - a relevant programme of Board development, support, and training in place.
- 49 We found that the **Board continues to demonstrate a positive commitment to ongoing improvement.**
- 50 The Trust has had a relatively stable Board in recent years. However, the retirement of the Chief Executive Officer in June 2024 necessitated interim changes to minimise instability and maintain business continuity. A member of the executive team stepped into the Chief Executive Officer role on an interim basis, and this led to subsequent interim backfill arrangements. The impact of the changes was minimised because there is a strong and experienced executive leadership team in place. Recruitment for a substantive appointment to the Chief Executive Officer role concluded in autumn 2024, with the new role holder due to start in December 2024.
- 51 Independent Members have a diverse portfolio of skills and experiences. Terms of office for Independent Members are staggered, which minimises Board instability and helps reduce the risk of losing knowledge and experience when terms end. A new Independent Member was appointed in 2024, although the vacancy for an Independent Member (Finance) remains open. However, the current terms of office for both the Board Chair and the Vice Chair are due to end in 2025. The Trust has drawn up recruitment plans but is waiting for agreement from the Welsh Government on the arrangements. The Board will need to keep its induction training and development programme under review to reflect the needs of new executive and non-executive Board members.
- 52 Board members are committed to reviewing the effectiveness of Board and committee meetings and make necessary improvements, with committees undertaking annual reviews and identifying improvements needed to address findings. A consistent theme is the need to address information needs, as discussed in **paragraphs 33 to 39**. Positively, the Trust continues to use a maturity assessment and in its Accountability Report 2023-24, the Board rated itself as level

four out of a possible five<sup>7</sup>. The Trust continues to be one of only two NHS bodies in Wales that uses this maturity assessment.

## Corporate systems of assurance

- 53 We considered whether the Trust has a sound corporate approach to managing risks, performance, and the quality and safety of services.
- 54 We found that **the Trust continues to strengthen its corporate systems of assurance. However, the Trust Assurance Framework and the Corporate Risk Register do not contain enough information about the mitigating actions in place and their impact, but there is a plan in place to address the information needs of the Board and its committees.**

## Corporate approach to overseeing strategic risks

- 55 We considered whether the Trust has a sound corporate approach to identifying, overseeing, and scrutinising strategic risks to the delivery of strategic priorities/objectives. We were specifically looking for evidence of:
- an up-to-date and publicly available Board Assurance Framework (BAF) in place, which brings together all the relevant information on the risks to achieving the organisation's strategic priorities/objectives; and
  - the Board actively owning, reviewing, updating, and using the BAF to oversee, scrutinise, and address strategic risks.
- 56 We found that **the Trust has continued to develop its Trust Assurance Framework, but work remains to ensure that it provides clarity on the actions in place to close gaps in controls and assurance and their associated impact.**
- 57 In our previous structured assessment report, we reported that the Trust had continued to make positive steps to develop and improve its Trust Assurance Framework (TAF)<sup>8</sup>, although progress to refresh the strategic risks was slow during 2023. Consequently, the TAF was not reviewed by the Board nor its committees in meetings held between April and November 2023.
- 58 Eight new strategic risks were approved by the Board in 2024, and the TAF was subsequently populated with the new risks and related controls and assurances (see **Appendix 2 R1a 2019**).

<sup>7</sup> Defined as 'having well developed plans and processes and can demonstrate sustainable improvement throughout the organisation'.

<sup>8</sup> The Trust Assurance Framework is what we would consider a Board Assurance Framework, a key document used to record and report an organisation's key strategic objectives, risks, controls, and assurances to the Board.

- 59 The Board and relevant committees have received and considered the TAF in each of their meetings in 2024. Quality, Safety, and Performance Committee meetings regularly select strategic risks for a deep dive in committee meetings.
- 60 In Board and committee meetings, we have observed good challenge and scrutiny of strategic risks, with appropriate responses. However, during 2024, Independent Members have drawn attention to the presentation of information contained in the TAF. There is variability in the information included and often the target date for closing gaps in controls and assurance is omitted, as is the details of progress being made to close them. There are also opportunities to be clearer on the impact of completed actions. Whilst strategic risks are articulated, these are not linked to the strategic objectives. In the summer of 2024, the Trust mapped the 2024-27 IMTP priorities to strategic risks in the TAF. The Trust has plans to review the strategic risks and map the priorities contained in the 2025-28 IMTP alongside the plan's development. Some refinement to the presentation of the information included would support better assurance.
- 61 Further changes are planned for the TAF. The Trust intends to migrate the TAF to software that will help automate updating the information and plans to highlight recent changes more clearly. There is broad agreement that collectively, the Board needs to agree what information needs to be included in the TAF, and to ensure the supporting arrangements required to ensure it is kept up to date.
- 62 The Board has agreed that going forward, the refresh of strategic risks will take place annually aligned to work to develop IMTPs and the business priorities contained within it. Also, when strategic risks are under review, existing risks will continue to be reported on until the new strategic risks have been agreed.

## Corporate approach to overseeing corporate risks

- 63 We considered whether the Trust has a sound corporate approach to identifying, overseeing, and scrutinising corporate risks. We were specifically looking for evidence of:
- an appropriate and up-to-date risk management framework in place, which is underpinned by clear policies, procedures, and roles and responsibilities; and
  - the Board providing effective oversight and scrutiny of the effectiveness of the risk management system and corporate risks.
- 64 We found that **through 2024 there have been gaps in the information presented in the Corporate Risk Register; however, there are signs of improvement and a plan to ensure information needs are met.**
- 65 In our 2023 Structured Assessment report, we recommended that cover papers for the Corporate Risk Register (CRR) include a rationale for why risks have been removed from the CRR, such as where risk mitigation is having a positive impact. This year, we found that cover reports for the CRR draw attention to new risks,

closed risks, and whether there has been a change (or not) to remaining risks (see **Appendix 2 R5 2023**).

- 66 Last year, we reported that improvements to the CRR had resulted in more information available to support the scrutiny of operational risks, including individual risk score trends and SMART actions to mitigate risk. During 2024, corporate risk management capacity decreased for several reasons. Consequently, since March 2024, the CRR shared at Board and committee meetings comprised a report extracted from Datix<sup>9</sup> rather than the manually produced report. As a result, the information included in each iteration<sup>10</sup> of the CRR has varied. However, whilst there is a lot of information included, some Independent Members have concerns that there have been crucial omissions, including information on risk owners, risk score trends, SMART actions, and information to demonstrate whether actions to mitigate risk are effective. Our review of the July 2024 CRR found it was difficult to understand whether each risk included planned actions to address the risk and the target date for completion. There appears to be confusion as to what information should be included in one data field in Datix<sup>11</sup> which may explain why the actions to address risks are often omitted.
- 67 The corporate risk management capacity challenge has meant that corporate oversight of risk information presented to Board and its committees has been less than the Trust desires or requires. However, we are assured by discussions on operational risks, that there are actions in place to address risk, albeit not always appropriately set out in the CRR.
- 68 Positively, the version of the CRR shared in the September cycle of Board and committee meetings shows signs of improvement. The Trust has acted to fill a key corporate risk management role, which should allow the Trust to re-establish the Trust-wide risk oversight group to further improve risk reporting. There is Board-wide recognition that further improvements are needed to ensure the CRR report meets scrutiny and assurance needs. The Trust plans to ensure the CRR consistently includes SMART actions and better describes the risk rather than the reason the risk has come to be. Independent Members have also set out the need to ensure that reporting draws attention to the cumulative effect of related risks, both above and below the threshold<sup>12</sup>.

<sup>9</sup> Datix is an incident reporting and risk management system used by healthcare organisations.

<sup>10</sup> By this, we mean for the March, May, and July versions shared at Board and committee meetings.

<sup>11</sup> In the extract report there is a column labelled 'description', but for some risks this column is a repeat of the current controls in place, for some further contextual information, for some a narrative update of progress, and for others it appears to include intended actions but without target dates.

<sup>12</sup> Safety and quality operational risks scoring above 12 are escalated to the Corporate Risks Register, for all other risks the threshold is 15.



69 Nonetheless, we have observed good scrutiny and challenge of corporate risks, with appropriate and full responses by appropriate leads. We have also observed discussions on risks triangulating other agenda items and performance as appropriate. The Board has set out a desire for papers and discussions on risk to focus on ensuring that proposed actions to reduce risk are having a demonstrable impact.

## Corporate approach to overseeing organisational performance

70 We considered whether the Trust has a sound corporate approach to identifying, overseeing, and scrutinising organisational performance. We were specifically looking for evidence of:

- an appropriate, comprehensive, and up-to-date performance management framework in place, underpinned by clear roles and responsibilities; and
- the Board and committees providing effective oversight and scrutiny of organisational performance.

71 We found that **the Trust continues to strengthen its approach to reporting, overseeing, and scrutinising organisational performance.**

72 In our previous structured assessment, we said that the Trust had continued to strengthen its approach to reporting, overseeing, and scrutinising organisational performance. The accountability and frequency for reviewing performance at service, management, committee, and Board levels continue to be appropriate.

73 The Board-level performance management framework cover report usefully focuses on areas needing more attention. The paper generally contains (where appropriate) nuanced data and narrative to explain performance, the immediate and longer-term actions planned to drive improvement, and the risks which may impact future performance.

74 We continue to observe in Board and committee meetings effective discussions and challenge where performance is off track, and full, open and appropriate responses.

75 Last year, we reported that the Trust intends to develop further measures in some areas, including patient outcome and experience, staff experience, diversity, and the Welsh language. This remains the case. The Trust is prioritising the development of more quality indicators to support the 'always on'<sup>13</sup> quality reporting requirement and to demonstrate quality improvement.

<sup>13</sup> 'Always on' means that organisations collate, monitor and make information about the quality of their services readily available to their population and stakeholders, both within the organisation and externally.

## Corporate approach to overseeing the quality and safety of services

76 We will consider the Trust's corporate approach to overseeing and scrutinising the quality and safety of services within our separate review of progress to address recommendations from our 2022 Review of Quality Governance Arrangements.

## Corporate approach to tracking recommendations

77 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising systems for tracking progress to address audit and review recommendations and findings. We were specifically looking for evidence of:

- appropriate and effective systems in place for tracking responses to audit and other review recommendations and findings in a timely manner.

78 We found that **the Trust continues to have good arrangements for overseeing and scrutinising progress in addressing audit and review recommendations.**

79 The Trust continues to have an effective system for tracking recommendations. The Executive Management Team reviews the full audit recommendations tracker each month. The tracker is reviewed at every Audit Committee meeting. It contains the overdue and closed recommendations. The Audit Committee is asked to approve the closed recommendations once it is assured that action taken is appropriate. Twice a year, the Audit Committee receives the full tracker, which also includes recommendations that are not overdue.

80 There is a separate Quality Safety Improvement tracker for tracking the progress of recommendations and actions relating to the quality, safety, and performance of services. The tracker was first received by the Quality, Safety, and Performance Committee in 2019, although it was not included on the agenda again until May 2023. Currently, it includes inspectorate and regulatory recommendations, although there are plans to include recommendations from other reports/reviews such as 15-Steps Challenge Visits, Llais visits, peer reviews and externally commissioned reports. Further work is being undertaken on the tracker, and it is planned that the Integrated Quality and Safety Group will maintain operational oversight, with the executive oversight provided by the Executive Management Team. The Quality, Safety, and Performance Committee will receive the tracker for assurance with focus on areas of non-compliance.

## Corporate approach to planning

81 We considered whether the Trust has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery.

82 We found that **the Trust continues to have effective arrangements for producing, overseeing, and scrutinising the development and delivery of strategies and corporate plans.**

## Corporate approach to producing strategies and plans

- 83 We considered whether the Trust has a sound corporate approach to producing, overseeing, and scrutinising the development of strategies and corporate plans. We were specifically looking for evidence of:
- a clear Board approved vision, appropriate objectives and a long-term strategy in place which are future focussed, rooted in population health, and informed by a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
  - appropriate and effective corporate arrangements in place for developing and producing the IMTP, and other corporate plans; and
  - the Board appropriately scrutinising the IMTP and other corporate plans prior to their approval.
- 84 We found that **the Trust continues to have effective arrangements for producing, overseeing, and scrutinising the development of strategies and corporate plans.**
- 85 The Trust's long-term strategy 'Destination 2033' is underpinned by enabling strategies (digital, estates, people, and sustainability) and separate strategies for Velindre Cancer Service, and the Welsh Blood and Transplant Service. Since October 2023, extensive work has been undertaken to engage with approximately 800 internal and external stakeholders to seek their views on the Trust's clinical and scientific priorities. The information generated informed the development of the Trust's Clinical and Scientific Strategy, approved by the Board in September 2024. The next step will be to develop a delivery plan to ensure that the aims and objectives set out in the strategy are met.
- 86 The Trust continues to have effective corporate planning arrangements. The planning process is coordinated by the Trust's Strategic Planning Team, supported by Planning Managers in each division as well as the Finance Team and overseen by the Executive Management Board. The Trust also involves internal and external stakeholders in developing corporate strategies and plans. Central planning guidance supports the development of plans, including the IMTP.
- 87 The Trust's 2024-27 IMTP was informed by engagement with key stakeholders, commissioners, and service users. It is framed within 'Destination 2033' and brings together the immediate, medium, and long-term ambitions of the organisation. The core principle is a commitment to quality and safety with the aim of putting patients and donors at the centre of everything the Trust does, working towards optimum quality, safety and experience, and continual learning and improvement.
- 88 There are numerous risks associated with the delivery of the 2024-27 IMTP and these are well understood by the Trust. Risks include balancing demand and capacity, ability to recruit workforce, staff wellbeing and having sufficient finances. The risks are set out clearly in the TAF.
- 89 The Trust has a good understanding of the demand for blood and cancer services. There is recognition that increasing levels of efficiency and productivity are

required, as is the identification and implementation of medical, scientific and technological advances to maintain a sustainable position. The 2024-27 IMTP also sets out the actions required to implement service transformation, to reduce inequalities, enhance digital services, increase outreach cancer service delivery, develop sustainable services and deliver infrastructure programmes.

- 90 There was Board-level engagement throughout the development of the 2024-27 IMTP. The Board and the Strategic Development Committee scrutinised and challenged the draft version. The Board formally approved the 2024-27 IMTP in March 2024, and it was submitted to the Welsh Government within the required timeframe. It was prepared in accordance with Welsh Government planning guidance and has appropriate coverage of the Trust's operations for the three-year period. The 2024-27 IMTP was approved by the Welsh Government and identified a small number of accountability conditions; these are to implement the recruitment and retention strategies, ensure patients' mental health and mental well-being are supported, ensure potential Infected Blood Inquiry<sup>14</sup> recommendations are enacted, and to collaborate to agree long-term agreement funding with organisations that fund the Trust's services.
- 91 Work to develop the 2025-28 IMTP is underway, and the timeframe for Board scrutiny agreed. Independent Members want to ensure that there is appropriate time for scrutiny in the earlier stages of development. The Clinical and Scientific Board will play a key role in clinically and scientifically informing the development of the IMTP and the priorities set out in it.

## Corporate approach to overseeing the delivery of strategies and plans

- 92 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising the implementation and delivery of corporate plans. We were specifically looking for evidence of:
- corporate plans, including the IMTP, containing clear strategic priorities/objectives and SMART milestones, targets, and outcomes that aid monitoring and reporting; and
  - the Board appropriately monitoring the implementation and delivery of corporate plans, including the IMTP.
- 93 We found that **the Integrated Medium-Term Plan contains clear objectives and actions, supported by timescales for delivery and intended measurable outcomes, with good arrangements for overseeing and scrutinising delivery.**

<sup>14</sup> The Infected Blood Inquiry is an independent public statutory Inquiry established to examine the circumstances in which people treated by national health services in the UK were given infected blood and infected blood products, in particular in the 1970s and 1980s.

- 94 Last year, we found that whilst the 2023-26 IMTP contained clear objectives and actions supported by timescales for delivery and intended measurable outcomes for blood and cancer services, the same clarity was not evident for cross-cutting corporate functions. We reviewed the objectives/actions set out in the 2024-27 IMTP. Positively, in respect of Velindre Cancer Service, and Welsh Blood and Transplant Services, we found that each objective/supporting action included appropriate measurable intended benefits. It also sets out clear Trust-wide quality priorities with clarity on how the Trust will achieve them and what the intended outcomes are. In respect of Trust-wide enabling services priorities, the priorities have been set out in the context of delivering the Trust's overarching strategic objectives. Whilst the 2024-27 IMTP did not include clarity on the intended outcomes for enabling services priorities, we note that these have been articulated in the quarter 1 2024-25 progress report (**Appendix 2 R3 2022**). The Trust told us that they plan to incorporate more visibility of enabling services priorities in the 2025-28 IMTP.
- 95 Quarterly progress reports for the IMTP are presented to the Quality, Safety, and Performance Committee and the Board. Progress reports use Red, Amber, Green (RAG) ratings to highlight whether progress is on track, and a summary of progress to date is provided against each action. Progress against the vast majority of actions has remained on track throughout the year.
- 96 Last year, we found that progress reporting on delivery of the IMTP was limited to objectives and supporting actions for Velindre Cancer Service, and Welsh Blood and Transplant Services. Reports did not include any of the objectives for Trust-wide enabling services' cross-cutting functions. This year, we found progress reports on delivery of the 2023-26 IMTP for the first three quarters of 2023-24 omitted progress reporting on the Trust-wide enabling services. However, the quarter four progress delivery report did include them, as did the quarter one 2024-25 progress report for the 2024-27 IMTP.
- 97 Whilst these developments are positive, the Trust still needs to consider how it provides clarity on whether the intended impacts have been achieved or not (**Appendix 2 R4 2022**).

## Corporate approach to managing financial resources

- 98 We considered whether the Trust has a sound corporate approach to managing its financial resources.
- 99 We found that **the Trust continues to have good arrangements for financial planning and for managing and monitoring its financial position.**

## Financial objectives

- 100 We considered whether the Trust has a sound corporate approach to meeting its key financial objectives. We were specifically looking for evidence of the organisation:
- meeting its financial objectives and duties for 2023-24, and the rolling three-year period of 2021-22 to 2023-24; and
  - being on course to meet its objectives and duties in 2024-25.
- 101 We found that **the Trust met its financial duties for 2023-24 and is forecasting to break even in 2024-25.**
- 102 The Trust met its financial duties in 2023-24, reporting a small surplus of £42,000 at the end of the financial year<sup>15</sup>. The Trust also achieved its statutory financial duty to achieve break even over the three-year rolling period 2021-24, reporting an overall three-year surplus of £159,000. The Trust's spending on capital programmes was in line with the capital allocation. On 31 July 2023, the NHS Wales Chief Executive wrote to all NHS organisations to reaffirm the requirement to outline the actions requested by the Minister for Health and Social Services to reduce the forecast NHS Wales financial deficit in 2023-24. With the Board's agreement, the Trust contributed £2.54 million in respect of a cost reduction to the overall NHS financial position.
- 103 As of Month 4 2024-25 (end of July 2024), the Trust was forecasting a year-end breakeven position. However, this assumes that all planned income is received, savings plan targets are achieved, and all financial risks are mitigated during 2024-25.

## Corporate approach to financial planning

- 104 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising financial planning. We were specifically looking for evidence of:
- clear and robust corporate financial planning arrangements in place;
  - the Board appropriately scrutinising financial plans prior to their approval;
  - sustainable, realistic, and accurately costed savings and cost improvement plans in place which are designed to support financial sustainability and service transformation; and
  - the Board appropriately scrutinising savings and cost improvement plans prior to their approval.
- 105 We found that **the Trust continues to have a sound approach to financial planning and delivering savings.**

<sup>15</sup> Of the £42,000 surplus, £30,000 relates to the Trust, and the remainder to NHS Wales Shared Services Partnership.

- 106 The Trust's core business Financial Plan for 2024-25 was scrutinised by the Strategic Development Committee and approved by Board in March 2024. The plan acknowledges the financial challenge within the Trust's internal and external operating environment. The plan identifies the significant challenges of responding to anticipated growing demand for services whilst dealing with several major strategic developments as part of the Trust's transformation programme. The plan is based on a clear series of assumptions regarding the Trust's expected income from its commissioners, Welsh Government funding, and pay inflation. 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.
- 107 Velindre Cancer Services are funded via health boards paying for the services they commission from the Trust. Ongoing discussions with the health boards to rebase the fees on current cost rates failed to achieve the full rebase the Trust asked for. However, a compromise position was achieved in the summer of 2024. This has led to a financial impact for the Trust against the 2024-25 Financial Plan of a £318,000 reduction in recurrent discretionary income and a £483,000 reduction in non-recurrent income. The shortfall in income has been recovered through a combination of increasing savings targets, pausing investment decisions, and mitigating cost pressures.
- 108 For 2024-25, the Trust originally set a savings requirement of £2.606 million, but this was increased to £2.875 million in July 2024 due to the shortfall of long-term agreement funding – £1.267 million is recurrent and £1.608 million is non-recurrent. Of the £2.875 million savings target, £1.193 million is categorised as savings schemes and the balance, £1.682 million, income generating schemes.
- 109 The Trust recognises that service redesign and supportive structures continue to be a key area of transformation for it to focus on to find efficiencies in the ways of working. Following an in-depth assessment of savings schemes, several workforce and supply chain schemes have since been assessed as non-deliverable. The Trust said that whilst it remains committed to redesigning services to find efficiencies, its ability to enact change is challenging due to the high levels of vacancies and sickness. The Trust's ability to find procurement supply chain savings has also been affected by both procurement team capacity and market conditions which have seen a significant increase in costs for materials and services. Consequently, the divisions were asked to review their planned savings schemes and establish implementation plans or identify alternative savings schemes, supported by implementation plans. Revised savings plans have been agreed and, as of Month 4 2024-25, savings delivery was on track.

## Corporate approach to financial management

- 110 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising financial management. We were specifically looking for evidence of:
- effective controls in place that ensure compliance with Standing Financial Instructions and Schemes of Reservation and Delegation;
  - the Board maintaining appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
  - effective financial management arrangements in place which enable the Board to understand cost drivers and how they impact on the delivery of strategic objectives; and
  - the organisation's financial statements for 2023-24 were submitted on time, contained no material misstatements, and received a clean audit opinion.
- 111 We found that **the Trust continues to have good controls for managing the use of its financial resources.**
- 112 The Trust continues to have effective controls in place to ensure compliance with its Standing Financial Instructions and Scheme of Reservation and Delegation.
- 113 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 standard procurement procedures have not been followed.
- 114 Financial management arrangements are effective. The Trust has set clear budgets and savings targets for each of the divisions and corporate cross-cutting functions. The Trust has a good understanding of its cost pressures which are clearly set out in its Financial Plan. These include issues with ensuring that activity data is fully captured and reimbursed, and operational cost pressures that may be greater than could normally be managed through budgetary control pressures or through utilisation of the Trust's reserve.
- 115 The Trust submitted good quality draft 2023-24 financial statements for audit by the Welsh Government deadline. The Audit Committee considered these on 26 July 2024. However, we issued a qualified audit opinion due to a settlement payment to a former member of staff. Whilst the payment was listed within the Remuneration Report as part of the financial accounts, it did not receive approval from the Welsh Government as required. The Trust has acted to ensure that appropriate controls are put in place.



## Board oversight of financial performance

- 116 We considered whether the Board appropriately oversees and scrutinises financial performance. We were specifically looking for evidence of the Board:
- receiving accurate, transparent, and timely reports on financial performance, as well as the key financial challenges, risks, and mitigating actions; and
  - appropriately scrutinising the ongoing assessments of the organisation's financial position.
- 117 We found that **the Trust continues to produce clear and accessible financial reports that support effective monitoring and scrutiny.**
- 118 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. 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 highlight key financial risks with their associated mitigating actions and cost implications.
- 119 We continue to observe good scrutiny and challenge around the organisation's financial position at both Board and Quality, Safety, and Performance Committee meetings.

# Appendix 1

## Audit methods

Exhibit 1 below sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Element of audit approach	Description
Observations	We observed Board meetings as well as meetings of the following committees: <ul style="list-style-type: none"><li>• Quality, Safety, and Performance Committee;</li><li>• Strategic Development Committee; and</li><li>• Audit Committee</li></ul>
Interviews	We interviewed the following Senior Officers and Independent Members: <ul style="list-style-type: none"><li>• Chair of the Board;</li><li>• Chair of the Quality, Safety, and Performance Committee;</li><li>• Chair of the Audit Committee;</li><li>• Interim Chief Executive Officer;</li><li>• Executive Director of Nursing, Allied Health Professionals and Health Science;</li><li>• Interim Executive Director of Strategic Transformation, Planning and Digital; and</li><li>• Interim Director of Corporate Governance.</li></ul>

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"> <li>• Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes;</li> <li>• key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interest, and Registers of Gifts and Hospitality;</li> <li>• key organisational strategies and plans, including the Integrated Medium Term Plan;</li> <li>• key risk management documents, including the Trust Assurance Framework and Corporate Risk Register;</li> <li>• key reports relating to organisational performance and finances;</li> <li>• Annual Report, including the Annual Governance Statement;</li> <li>• relevant policies and procedures; and</li> <li>• reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter Fraud Service, and other relevant external bodies.</li> </ul>

# Appendix 2

## Progress made on previous-year recommendations

**Exhibit 2** sets out the progress made by the Trust in implementing recommendations from previous structured assessment reports.

Recommendation	Description of progress
<p><b>Transparency of Board business (2023)</b> R1 The Trust rarely publicises its Board meetings on its social media channels. The Trust should establish a process to ensure more frequent reminders about Board meetings are posted on social media.</p>	<p><b>Completed</b> – see paragraph 13</p>
<p><b>Transparency of Board business (2023)</b> R2 The Trust does not publicise what is to be discussed in private Board or committee meetings or publish summaries of what is discussed. The Trust should:</p> <ul style="list-style-type: none"><li>• include a list of the items to be discussed in private sessions on public Board and committee meeting agendas; and</li><li>• provide (and publish) brief summaries of private Board and committee discussions.</li></ul>	<p><b>Completed</b> – see paragraph 15</p> <p><b>Ongoing</b> – see paragraph 15</p>

Recommendation	Description of progress
<p><b>Transparency of Board business (2023)</b></p> <p>R3 Committee minutes are published on the Trust’s website when included in papers for the next meeting, usually two months later. The Trust should publish unconfirmed minutes as soon as possible after committee meetings, following accuracy checking, whilst still retaining full confirmation of accuracy by committee members in the following meeting.</p>	<p><b>Ongoing</b> – see paragraph 18</p>
<p><b>Board and committee reports (2023)</b></p> <p>R4 In Board and committee cover papers, the summary of previous discussions undertaken in other fora often do not make evident what the outcome was and whether any agreed actions have been implemented. The Trust should establish a process to ensure that summaries of previous discussions include the resulting agreed actions, and whether they have been implemented.</p>	<p><b>Completed</b> – see paragraph 34</p>
<p><b>Operational risk assurance (2023)</b></p> <p>R5 Recent cover papers on the Corporate Risk Register did not include the reasons why some risks are no longer featured. This means that meeting members have no assurance that the reason for any omissions is a result of risk mitigation having a positive impact. In future Corporate Risk Register cover reports, the Trust should provide a summary on the reasons why risks have been removed from the Corporate Risk Register.</p>	<p><b>Completed</b> – see paragraph 66</p>

Recommendation	Description of progress
<p><b>Board and committee reports (2023)</b></p> <p>R6 Often, Board and committee cover reports, papers and presentations are operationally detailed, and activity focused but provide less clarity on the impacts of initiatives or actions taken. The Trust should establish a process to ensure that Executive Lead sponsors review to make sure that cover reports, papers and presentations are focused on key issues and impacts.</p>	<p><b>Completed</b> – see paragraph 37</p>
<p><b>Establishing measurable outcomes for strategic priorities (2022)</b></p> <p>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 priority/action in future IMTPs, including what success would look like.</p>	<p><b>Completed</b> – see paragraph 95</p>
<p><b>Enhancing reporting on IMTP delivery (2022)</b></p> <p>R4 The Trust's arrangements for reporting delivery of the 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 next IMTP.</p>	<p><b>Ongoing</b> – see paragraph 98</p>

Recommendation	Description of progress
<p><b>Board assurance and risk management (2019)</b></p> <p><b>R1a</b> The Trust should complete the development of its Trust Assurance Framework with pace, ensuring that it is appropriately underpinned by up-to-date risk management arrangements. Specifically, the Trust should review the principal risks to achieving strategic priorities and ensure the necessary assurances have been mapped and reflected in the new Trust Assurance Framework.</p>	<p><b>Completed</b> – see paragraph 59</p>
<p><b>Clinical audit scrutiny (2018)</b></p> <p><b>R5c</b> The Quality and Safety Committee should assure itself that clinical audit findings are addressed.</p>	<p>Not assessed, to be considered in our review of progress to address recommendations from our 2022 Review of Quality Governance Arrangements.</p>



Audit Wales

1 Capital Quarter

Cardiff CF10 4BZ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: [info@audit.wales](mailto:info@audit.wales)

Website: [www.audit.wales](http://www.audit.wales)

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