Structured Assessment 2019 – **Velindre University NHS Trust**

Contents

Summary report

About this report

1   This report sets out the findings from the Auditor General's 2019 structured assessment work at Velindre University NHS Trust (the Trust). The work has been undertaken to help discharge the Auditor General's statutory requirement, under section 61 of the Public Audit (Wales) Act 2014, to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency and effectiveness in their use of resources.

2   Our 2019 structured assessment work has included interviews with officers and Independent Members, observations at board and committees and reviews of relevant documents, performance and financial data.

3   The key focus of structured assessment is on the corporate arrangements for ensuring that resources are used efficiently, effectively and economically. This year, auditors paid critical attention to the progress made to address recommendations and opportunities for improvement identified in 2018 and previous years. The report groups our findings under four themes – the Trust's governance arrangements, strategic planning, managing financial resources and managing the workforce.

Background

4   Our 2018 structured assessment found that whilst the Trust was strengthening its governance arrangements and developing strategic planning arrangements, the capacity to deliver and manage strategic change was limited, and a greater understanding of the costs of services was required.

5   During 2018-19, the Trust remained on routine monitoring under the NHS Wales Escalation and Intervention Framework. The Trust achieved a break-even financial position, reporting a £31,000 surplus at the year-end (£14,000 of which related to NWSSP) and achieved the requirement to break even over the rolling three-year period between 2016-17 and 2018-19. The Trust secured an approved Integrated Medium Term Plan (IMTP) for 2019-22 within the timeframe required by the Welsh Government.

6   The Trust's two specialist services (divisions), are undergoing transformation programmes to modernise service delivery and improve service quality and outcomes.

7   Velindre Cancer Centre (VCC) provides non-surgical specialist cancer services for the population of South East Wales. The Transforming Cancer Services programme (TCS) commenced in 2014 to keep pace with the increasing demand and complexity of cancer care and to deliver more care closer to home. The TCS comprises seven projects;

- construction of a new cancer centre;

- enabling works to deliver access and facilities to the new cancer centre site (pre-build);

- decommissioning of the existing cancer centre;

- development of a new radiotherapy satellite centre at Neville Hall Hospital[1];

- procurement of clinical and digital equipment;

- delivery of more outreach services; and

- clinical service transformation.

8   The Welsh Government has funded most of the TCS project development costs[2] and will fund the enabling works, the purchase of equipment and decommissioning of the existing cancer centre. The new cancer centre will be funded by the Mutual Investment Model[3].

9   A site for the new cancer centre has been identified and outline planning permission secured. The Trust has instructed various studies and investigations to underpin the development of outline business cases and a planning application for the enabling works[4]. The outline business cases for the enabling works and the new cancer centre were submitted to the Welsh Government in July 2019 and are pending a decision. The Trust is also supporting the planning for the satellite centre and is preparing for major procurement exercises for the new hospital and equipment.

10   The Welsh Blood Service (WBS) collects, processes and distributes blood components to hospitals across Wales. WBS's transformational programme, the Blood Supply Chain 2020, has delivered service improvements and efficiencies and is entering its third and final stage of the programme. WBS is also delivering the NHS Wales Blood Health Plan.

11   The Trust hosts three organisations, Health Technology Wales, the NHS Wales Shared Services Partnership (NWSSP) and the NHS Wales Informatics Service (NWIS)[5].

12   As this report provides a commentary on key aspects of progress and issues arising since our last structured assessment, it should be read with consideration to our 2018 structured assessment report.

[1] This project will be led by Aneurin Bevan University Health Board.

[2] The Trust and VCC's commissioners are providing additional funding.

[3] A partnership between the Welsh Government and the private sector to deliver infrastructure projects, funded by the Welsh Government.

[4] The enabling works will provide access and utilities to the new cancer centre site.

[5] In September 2019, the Welsh Government announced that NWIS will become a standalone NHS Wales special health authority during 2020.

Main conclusions

13   Our overall conclusion from our 2019 structured assessment work is: **the Trust continues to strengthen its strategic planning arrangements, but risks and related controls and assurances are not mapped to strategic priorities. Positive progress has been made to redesign the organisational structure to better support transformation and there are effective financial arrangements. However, important gaps remain in clinical audit assurance.**

- The Board is generally effective and seeks opportunities to improve. Work to develop a Board Assurance Framework (BAF) and update the risk management framework is two years behind schedule due to capacity issues and in part linked to the secondment of key staff. Positively, in November 2019, the Board adopted an interim BAF and work commenced on a permanent framework to be in place by May 2020. No progress has been made to address our 2018 recommendations to improve the scrutiny of clinical audit planning and reporting, but the Trust has plans to address our recommendations in 2020. However, the Trust has strengthened and increased the capacity of leadership and is making positive changes to the organisational structure to better support the transformation of services.

- The Board is developing a five-year strategy for the Trust. Progress has been made in developing strategic plans, and the Trust's 2019-22 IMTP is a more cohesive plan than in previous years. The Trust has arrangements to operationally monitor delivery of the IMTP. However, whilst the Board has begun to scrutinise the delivery of the IMTP, it needs to determine the information it requires to support effective scrutiny.

- **Financial planning arrangements continue to work well,** and the Trust has completed the development of a new costing model. Accounting and financial control arrangements are sound. The Trust has well-established financial monitoring arrangements, and improvements to Board reports are supporting effective scrutiny. The Trust has identified more realistic (achievable) financial savings, reducing reliance on non-recurrent savings and has strengthened financial savings monitoring arrangements.

- The Trust has developed an Education Strategy to support the development of its workforce and is developing new career pathways with the aim of increasing staff retention and recruitment. The Trust has a comprehensive suite of tools to promote wellbeing in the workplace.

14   Our findings are considered in more detail in the following sections.

Recommendations

15   Recommendations arising from this audit are detailed in Exhibit 1. The management response to these recommendations is available on our website. The Trust should also ensure that outstanding recommendations from previous

structured assessments are also actioned. The outstanding recommendations are set out in this report.

Recommendations
Transparency of Board business
R1   Currently, the Trust publishes the agendas for public committee meetings in advance of meetings, but not the full set of papers. The Trust should publish all committee papers in advance of public meetings.
Board assurance and risk management

R2   The Trust should complete the development of its BAF with pace, ensuring that it is appropriately underpinned by up-to-date risk management arrangements. Specifically, the Trust should;
 	
    a) review the principle risks to achieving strategic priorities and ensure the necessary assurances have been mapped and reflected in the new BAF;
    b) update the risk management framework, ensuring clear expression of risk appetite and arrangements for escalating strategic and operational risks; and
    c) provide risk management training to staff and Board members on the resulting changes to the risk management framework.

Monitoring delivery of strategic priorities
R3   The Board should agree the information it requires to support its scrutiny of progress made to deliver all strategic priorities (and supporting actions) set out in the IMTP. Information should include as a minimum, progress to date and, where milestones are not met, resulting remedial actions.

Detailed report

Governance

16   As in previous years, our structured assessment work has examined the Trust's governance arrangements. We looked at the way in which the Board and its sub-committees conduct their business, and the extent to which organisational structures are supporting good governance and clear accountabilities. We considered the information that the Board and its sub-committees receive to help them oversee and challenge performance and for monitoring risks to achieving organisational objectives. We also reviewed the progress made in addressing our recommendations.

17   In 2019, we found **the Board and its sub-committees are generally effective, but risks and related controls and assurances are not mapped to strategic priorities and there are gaps in information flows relating to clinical audit. Positive progress is being made to redesign the organisational structure to better support the transformation of cancer and blood services.** Our findings are set out below.

Conducting business effectively

18   **The Board and its sub-committees are generally effective.**

19   The Board and its committees undertake annual self-reviews and act upon findings. We observed good levels of scrutiny and challenge at Board and committee meetings and suitable responses from executive directors. There is a constructive relationship between executive officers and independent members (IMs).

20   The Board continues to review its committee structures and how it organises its work to support good governance. In 2018, the Trust achieved university status, and decided to establish a new Board committee, the Academic Partnership Board (APB), with the purpose of ensuring strategic collaboration between the Trust and its academic partners. The terms of reference for the APB state it will explore opportunities for research and innovation in collaboration with academic partners and monitor teaching/training delivered to students. During 2019, the Trust has met with university partners to prepare for the establishment of the APB, and the APB will meet for the first time in March 2020. The Board needs to ensure that the there is no duplication of work undertaken by the APB and the Research, Development and Innovation Committee (responsible for oversight of innovation and research activities).

21   The Board is establishing an Integrated Governance Group (IGG) to correlate intelligence received by committees and receive triangulated performance data to identify trends, 'hot spots' and areas of good practice. At the time of writing it was proposed that IGG meetings would be bi-monthly, chaired by the Board Vice-Chair and attended by the Board Chair, IMs and the Chief Executive Officer. The IGG should ensure that it enhances existing scrutiny of performance rather than duplicate work undertaken by Board committees.

22   The Trust has an effective board development programme and is seeking opportunities to collaborate with other health bodies and external organisations to learn from others' approaches to improve Board effectiveness. The Trust will appoint three new IMs between autumn 2019 and spring 2020 when existing IMs reach the end of their tenure. At the time of writing, IM induction training and guidance were being prepared. The Board development programme will need to take account of new IM development needs.

23   Board and committee reports continue to provide a good summary of matters for discussion and clearly present risks, assurances, suggested actions, timescales for delivery and intended outcomes. However, board and committee cover papers should more clearly identify how the report content aligns to strategic priorities, and thus the reason for making a decision, and how decisions taken may impact on delivery of the Trust's strategic priorities.

24   The Trust has not addressed our 2018 recommendation to make board papers available to the public in advance of board meetings (see Exhibit 2, 2018 R3). While committee meeting agendas are generally published in advance of public meetings, committee papers are not (Recommendation 1). The Trust has addressed our recommendations to ensure that a clear rationale is provided for private board and committee sessions (Exhibit 2, 2018 R2) and to ensure that all required policies and documents are published (Exhibit 2, 2016 R3).

Exhibit 2: progress on conducting business effectively recommendations

Previous-year recommendation	Description of progress
2018 R3 Transparency of Board business The Trust should ensure that board papers are made available to the public in advance of board meetings.	**Limited progress (overdue)** During 2019, the Trust published agendas in advance of Board meetings. The Trust told us it is continuing work to ensure that agenda papers are also published on the Trust website in advance of meetings.
2018 R2 Transparency of decision making The Trust should ensure that there is a mechanism to check that any agenda items considered for private Board and committee sessions are appropriate for private (and not public meetings).	**Complete** Since November 2018, the Trust requires Board and committee report authors to indicate whether the topic should be heard in public or private. Clear justification must support agenda items deemed necessary for consideration in private.
2016 R3 Transparency of public reporting The Trust should ensure it complies with all requirements of the 2016 Welsh Health Circular on transparent public reporting.	**Complete** All documents required to be publicly available are on the Trust's website.

25 **Risks and related controls and assurances are not mapped to strategic priorities. Work to develop a Board Assurance Framework is behind schedule, the risk management framework has passed its review date and there is limited risk management and corporate governance capacity.**

26 Work is ongoing to develop a Board Assurance Framework (BAF)[6]. The Trust is planning to conclude work on the BAF by May 2020, two years behind schedule. We were told that limited capacity within the corporate governance team prevented further progress in 2019[7], however, the Trust told us it sees the development of a BAF as a priority.

27 Positively, in November 2019, the Board adopted an interim BAF based on current best practice within NHS bodies in Wales until the Trust's bespoke BAF is completed.

28 The Board and the Executive Management Board (EMB) consider and review the risks to achieving strategic priorities. However, as a consequence of the absence of a BAF, the Board does not systematically discuss the risks to achieving strategic priorities. Risks, the controls needed to mitigate against them and sources of assurance are not mapped to strategic priorities. We have seen no evidence that risks to achieving strategic priorities are discussed by the Board as part of the IMTP planning process.

29 The Board should ensure it owns the development, review and application of the BAF and lead on mapping the principle risks to achieving strategic priorities. The BAF should help shape the Board work plan by targeting discussions where confidence in achieving strategic priorities is the lowest. The IGG could be a useful forum for steering the BAF. Our recommendation to provide training to Board members on the BAF is superseded (Exhibit 3, 2017 R7).

30 The Trust mapped the sources of assurance it relied upon in 2018 to functional areas, rather than strategic priorities. Work remains to map the sources of assurance to controls to mitigate against the risks to achieving strategic priorities and to identify any gaps in assurance and how to address them.

31 In 2017, we recommended the Trust undertake a review to identify whether all risks to achieving strategic priorities are included on the corporate risk register (CRR). The review, reported to the EMB in August 2018, found that not all qualifying strategic risks were escalated to the CRR and that new arrangements were needed to address the finding (Exhibit 3, 2017 R8). Whilst we note that strategic

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[6] A key document for recording and reporting the risks to achieving strategic priorities, the controls needed to mitigate against risks, sources of assurance, responsible executive officers and committee scrutiny arrangements.

[7] In part, progress to develop the BAF was hampered by the secondment of the Director of Corporate Governance to a neighbouring health board on an expedited basis in July 2019. The Trust acted to secure an interim replacement as quickly as possible, who commenced work in December 2019.

risks associated with the TCS, radiotherapy capacity and financial risks (relating to the new contracting model) have been included in the CRR during 2019, the Trust has not yet put in place arrangements to ensure that all qualifying strategic risks are escalated to the CRR.

32   The divisions have processes for assessing operational risks, and divisional risk registers are actively maintained. Divisional senior management teams review operational risks regularly. However, an Internal Audit report on risk management (May 2019) found there was no assurance that all qualifying risks were escalated from divisional registers to the CRR in line with requirements set out in the risk management framework. In response, the Trust undertook a retrospective review of risks on divisional risk registers and increased the regularity of reviews of divisional risk registers.

33   In 2016, we recommended that the Trust standardise its various risk registers. Whilst the Trust does not agree that a one-size-fits-all approach is appropriate for all risk registers, some degree of standardisation will follow the wider roll out of Datix (Exhibit 3, 2016 R7c).

34   The Risk Appetite Statement approved by the Board in September 2017 sets out the Trust's risk appetite in nine domains[8]. At interview, some Board members told us they felt that risk appetite is overly risk adverse, with too many domains attributed with no appetite or low appetite for risk. More granularity in scoring may be required to represent a better balance between the potential benefits of managed risk taking and avoidance of risk.

35   The Trust has postponed a review to determine whether risk levels set out in the risk appetite statement are consistently applied to decisions on mitigating actions to manage operational and strategic risks, to link with the development of the BAF.

36   The current risk management strategy and supporting policies have passed their review date (September 2018), and the new risk management framework is draft. The Trust has transferred risk management to the new interim Director of Corporate Governance's portfolio, who commenced in December 2019 and has begun to review the risk management framework and arrangements. In our view, a concurrent and aligned review of all risk management components, including the BAF, risk appetite, assurance mapping, risk registers and the overarching risk management framework is necessary (Recommendation 2). This would ensure that strategic and operational risks are managed appropriately and consistently, with key controls and sources of assurance identified, along with mitigating actions appropriate to risk appetite scoring.

37   Given the update to the risk management framework and the pending BAF implementation, risk management guidance and training for staff and Board

members will be required. However, there are limited risk management and corporate governance resources. The Trust does not have a dedicated risk manager, and risk management resources are limited to administrative support and designated time provided by members of the Quality and Safety function.

Exhibit 3: progress on managing risks to achieving strategic priorities recommendations

Previous-year recommendation	Description of progress
2017 R7 Board Assurance Framework Given the low level of awareness of the BAF amongst Independent Members, the Trust should develop a plan to increase Board ownership, involvement and awareness of the programme.	**Superseded** See 2019 Recommendation 2. We have made a new recommendation that Board training should cover wider aspects of risk management as well as the BAF.
2016 R7c Risk management The Trust should standardise the format of its various risk registers, ensuring the good practice elements of each register are spread across the organisation.	**No progress (overdue)** The Trust has plans to transfer the VCC risk register to the same platform as WBS (Datix[9]), which will help standardise the divisional risk registers.
2017 R8 Risk management As part of the board assurance programme the Trust should review its CRR, to ensure it covers risks relating to the delivery of the Trust's strategic priorities, as well as the top operational risks. The review should include a retrospective element to see whether the risks that have materialised in-year could and should have been described more effectively in the CRR.	**Complete, but follow-up work is necessary** In 2018, the Trust undertook a review of the Trust's 2017 Board and committee minutes and performance reports to see if risks discussed were escalated to the CRR where appropriate. The review concluded that not all qualifying strategic risks were escalated to the CRR, and further work is needed to develop and implement arrangements to ensure qualifying strategic risks are escalated to the CRR.

Embedding a sound system of assurance

38   **Limited progress has been made to address gaps in information flows relating to clinical audit and work continues to strengthen mechanisms to track progress against recommendations and ensure organisational learning needs are addressed following investigations of complaints and incidents.**

39   The Trust's integrated performance report continues to draw the Board's attention to key performance matters. During 2019, the Trust improved the way in which reports present information about performance against targets to distinguish targets set by the Welsh Government and targets that it aspires to achieve. However, there remains scope to improve the presentation of exhibits and improve

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

descriptions of the reasons for performance below target and associated implications[10].

40   The Trust does not have a dashboard to pull together data on interdependent factors which affect performance. The Trust has invested in information reporting capacity but is unable to provide us with a timetable for the development of plans for an online information portal with performance and activity dashboards. The Trust does not routinely triangulate performance data for the Board. However, in July 2019, the Trust trialled an approach to triangulate radiotherapy performance, workforce, finance and patient experience data to provide a better understanding of interdependent factors which affect service delivery. Once appraised, the Trust plans to undertake similar exercises in other areas.

41   The Quality and Safety Committee receives timely information on concerns, incidents and quality metrics. Quarterly reports provide a summary of actions to respond to findings arising from investigations of complaints and incidents. At interview we were told the Organisational Learning Sub-Committee had not fulfilled its core function to ensure that learning needs identified following investigations of complaints and incidents are addressed, and so stopped meeting in 2018. The Board has since re-established and re-purposed the sub-committee, now named the Shared Listening and Learning Sub-Committee. The sub-committee will be responsible for ensuring that identified development and training needs arising from investigations of complaints and incidents, and findings from patient/donor experience surveys and clinical audit findings are addressed. The sub-committee met for the first time in December 2019 and will continue to meet on a quarterly basis.

42   In 2018, we identified weaknesses in the scrutiny of clinical audit planning and reporting. Each year, the VCC participates in each of the relevant clinical audits within the national programme of clinical audits and reviews; while WBS is subject to routine external audits to ensure compliance with regulatory requirements. The Trust must also agree a programme of local clinical audit in both divisions to provide assurance about the quality and safety of services and compliance with expected standards of care.

43   In 2018, we made four recommendations to improve clinical audit scrutiny, but our recommendations have not yet been addressed. Whilst there are appropriate mechanisms within both divisions for deciding the scope of local clinical audits[11],

[10] During our observations of Board and committee meetings in 2018 and 2019, it has been a reoccurring feature that IM Board members have requested improvements to the narrative included in performance reports.

[11] Local audit plans are determined and prioritised by the cancer site teams and linked to national standards set by the National Institute for Health and Care Excellence, findings arising from the review of significant incidents or complaints and the introduction of new technologies.

we found no evidence that local clinical audit plans were presented to the Quality and Safety Committee in 2019 for review or approval (Exhibit 4, 2018 R5a).

44   Progress in delivering the clinical audit programme is reported to the Quality and Safety Committee quarterly by WBS, and annually by VCC. WBS clinical audit reports still do not clearly identify audit findings and any associated risks and actions for improvement. VCC's annual clinical audit report 2018-19 was presented to the December 2019 Quality and Safety Committee; our assessment is that whilst the report summarises the findings of each audit undertaken, the report does not clearly identify key actions for improvement. If both divisions' clinical audit reports clearly highlighted the key actions arising from each clinical audit, this would enable the Shared Listening and Learning Sub-Committee and/or Quality and Safety Committee to track progress against implementing identified actions (Exhibit 4, 2018 R5b). Our recommendation for the Quality and Safety Committee to ensure that clinical audit findings and any resulting actions are addressed is dependent on the reporting of clinical audit outcomes improving (Exhibit 4, 2018 R5c).

45   The Audit Committee has a role in providing assurance to the Board on the effectiveness of the clinical audit function. During 2019, the Audit Committee did not receive any in-year commentary on progress made or resulting impacts in respect of clinical audit at WBS. However, we note that the VCC annual clinical audit report will be presented to the Audit Committee in 2020. Our 2018 recommendation for the Audit Committee to ensure that the clinical audit function is effective remains unmet (Exhibit 4, 2018 R5d).

46   At interview we were told that delivery of the divisional clinical audit programmes was on track, but capacity to address our recommendations was limited. Positively, in July 2019, the EMB approved a plan to make improvements to clinical audit assurance in 2020. In VCC, there has been no clinical audit lead since early 2018. However, following an increase in the number of consultants employed by the Trust, the Trust has identified a consultant clinical audit lead to implement improvements. A clinical audit lead has also been identified at the WBS. Until our recommendations are addressed, the Audit Committee and Quality and Safety Committee cannot discharge their functions relating to clinical audit assurance.

47   The Wales Audit Office will undertake a more detailed examination of the Trust's quality governance arrangements in 2020.

48   In 2018, we concluded that the Audit Committee has a well-established approach for tracking progress against audit recommendations, but no mechanism to satisfy itself that actions taken were satisfactory in order to remove recommendations from the tracker. At the time of writing, the Audit Committee was planning to make changes to the audit tracker (Exhibit 4, 2018 4b).

49   In 2019, the Quality and Safety Committee developed and implemented a tracker to monitor progress against external quality and safety recommendations not tracked by other committees, such as recommendations identified in Health Inspectorate Wales and Delivery Unit reports (Exhibit 4, 2018 4a).

50	During 2019, the Trust created an Information Governance Peer Working Group (IGPWG). The group co-ordinates a Trust-wide approach to compliance requirements relating to Data Protection, Caldicott, Freedom of Information requests, Confidentiality and Records Management. An Internal Audit report on the General Data Protection Requirement (May 2019), provided a reasonable assurance rating for the Trust. The Trust is undertaking further work to assess the extent to which Data Protection Impact Assessments are embedded within assurance processes. However, action to address our 2017 recommendation to track personal data shared by the Trust is not yet complete. Whilst an Information Asset Register (IAR) has been developed to record personal data processed by the organisation, work remains to fully embed the IAR to ensure continual review and update, and training is required for those responsible for maintaining the IAR (Exhibit 4, 2017, R9). In 2019, the Trust agreed a Cyber Security Strategy and workplan for implementing actions to mitigate the risks posed by cyber security threats and align with best practice guidelines.

Exhibit 4: progress on managing risks to embedding a sound system of assurance recommendations

Previous-year recommendation	Description of progress
2018 R5a Clinical audit scrutiny 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.	**No progress (overdue)** See paragraph 43.
2018 R5b Clinical audit scrutiny 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.	**No progress (overdue)** See paragraph 44.
2018 R5c Clinical audit scrutiny The Quality and Safety Committee should assure itself that clinical audit findings are addressed.	**No progress (overdue)** See paragraph 44.
2018 R5d Clinical audit scrutiny The Audit Committee should clarify how it assures itself that the clinical audit function is effective.	**No progress (overdue)** See paragraphs 45 and 46.

Previous-year recommendation	Description of progress
2018 R4b Tracking Internal and External audit recommendations 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.	**Limited progress (overdue)** During 2019, the Trust has been preparing to implement new audit tracking software. However, additional functionality is required to enable the inclusion of a summary of the actions taken, along with a request to Audit Committee to close the action.
2018 R4a Tracking Internal and External audit recommendations Implement an audit tracker for the Quality and Safety Committee to monitor progress against findings and recommendations made by other external regulators where they are not tracked by other committees.	**Complete** The Quality and Safety Committee implemented a tracker in April 2019 to track progress made against findings and recommendations made by external regulators that are not tracked by other committees. The tracker presented to the June 2019 meeting included 16 recommendations, four of which were completed on time, and none were overdue or not on track to be delivered within the agreed timescale.
2017 R9 Information governance Alongside the creation of its information asset register, the Trust should develop a record of information sharing protocols and data disclosure agreements to make sure it is tracking the ways in which it shared personal information.	**In progress but not yet complete (overdue)** See paragraph 50.

Ensuring organisational design supports effective governance

51 **The Trust is making positive progress to increase capacity and redesign the organisational structure to better support the transformation of cancer and blood services. The Trust is reviewing change management arrangements to engage and support staff through service transformation.**

52 In 2018, the Trust identified that senior leadership capacity to manage change was limited. During 2019, there has been significant change in the leadership team, in terms of membership and lines of accountability across individual portfolios. Several key appointments have strengthened and increased the capacity of the leadership team. These appointments include an Executive Director of Nursing, Allied Health Professions and Health Science, an Interim Director of Corporate Governance and an Interim Chief Operating Officer (COO), the latter being a new role to oversee operational performance and delivery of both VCC and WBS. Further changes to senior leadership are set out in Exhibit 5, 2017 R11.

53 The Trust has made amendments to director portfolios to better balance the spread of responsibilities and align them to existing accountabilities. Further changes to the lines of accountability beneath the COO are planned. The Trust will need to ensure that changes are reflected in the Scheme of Delegations. The rebalancing

of portfolios along with the appointment of a Director of Service Development for the TCS programme has been particularly important for ensuring that there is focus on strategic planning and transformation programmes whilst not compromising day-to-day service delivery. However, reforming NWIS as a special health authority will require focus from the Trust and may impact on leadership capacity.

54   The Trust is making progress to address gaps in capacity and/or capability in some support functions by starting to align support services currently sat within the two divisions and by making some key appointments (Exhibit 5, 2018 R8). The Trust intends to make further changes to structures in operational teams to allow staff the time to support transformational projects.

55   The Trust recognises that there is considerable change in terms of leadership and organisational design at the same time as delivering major transformation projects. Change management arrangements are being put in place (Exhibit 5, 2018 R9) but the Trust will need to make sure the change management capacity is adequate to support staff through service change.

56   In 2014, the Trust has engaged with the Welsh Government and VCC's health board commissioners to develop the TCS programme. Since 2016, the Welsh Government has commissioned several reviews into the TCS. The reviews have identified several recommendations to improve financial controls, monitoring and governance, processes supporting the engagement of external advisors, the clarification of roles and responsibilities of TCS project members, engagement with VCC commissioners and the Welsh Government and overall TCS governance. The Trust has acted to address recommendations. In 2018, the Welsh Government commissioned a review by the NWSSP Specialist Estates Service due to an escalation of costs of the design investigations for the enabling works. The review identified several issues with the Trust's management of the enabling work project.

57   The most recent review, undertaken in early 2019, by the NWSSP Audit and Assurance Service considered the Trust's governance, risk management and contract management arrangements underpinning the planning of the new cancer centre. The report (issued in September 2019) identified that the Trust's Board could take limited assurance that arrangements to secure governance, risk management and internal control within the areas reviewed, were suitably designed and applied effectively. The report identified 10 recommendations[12]. A follow-up report undertaken in November 2019 found that all recommendations have been addressed. However, given the scale and complexity of the TCS programme, the Trust needs to ensure that there are appropriate governance and risk management arrangements and internal controls arrangements to underpin the next phases of the work, with appropriate assurances provided to the Board.

[12] Eight recommendations were accepted by the Trust and two were partially accepted.

Previous-year recommendation	Description of progress
2017 R11 Leadership capacity Given the extent of change ongoing within the organisation, the Trust should, as a matter of urgency, implement our 2015 recommendation on risk assessing the adequacy of senior leadership and change management capacity.	**Complete** On top of the appointments set out in paragraph 52, there are new interim appointments for the Director of VCC and Director of WBS posts. New senior leadership posts have also been created in the charities and engagement functions and in the TCS.
2018 R8 Closing capacity and capability gaps The Trust should prioritise a review of support services in the two divisions to identify areas that could be integrated to reduce the duplication of effort, increase organisational learning and to inform plans to address capacity and capability gaps.	**In progress but not yet complete (overdue)** The Trust is beginning to align some business support functions where services provided are similar but currently provided in separate teams within the two divisions. The Trust told us that aligning support functions will enable it to work more efficiently and ensure organisational learning across the divisions.
2018 R9 Staff engagement The Trust should prioritise a review of its change management and staff engagement arrangements to identify improvements. The review should identify how to best articulate the reasons for transformation, identify appropriate support for staff, ensure that communication is regular and is informed by learning from the Blood Supply Chain 2020.	**Complete** The Trust is appointing a Business Change Lead to help manage change and has published a change toolkit to support staff and managers when implementing, or going through, periods of change. The Trust has also appointed an Assistant Director of Engagement and Communications who will be responsible for internal communications. Both divisions have engagement plans to support communications with staff about the transformation.

Strategic planning

58   Our work considers how the Board sets strategic objectives/priorities for the organisation and how well the Trust plans to achieve these, using the resources that it has, or can, make available. We also examine the Trust's arrangements for monitoring progress against its objectives and the difference it is making. We also reviewed the progress made in addressing our recommendations.

59   In 2019, we found **the Trust continues to strengthen its strategic planning arrangements, however, whilst the Board is beginning to scrutinise delivery against plans, the effectiveness of scrutiny is limited by the absence of signposting of progress made against delivering strategic priorities.** Our findings are set out below.

Setting the strategic direction

60 **The Board is developing a five-year strategy.**

61 We reported last year that the Board had begun considering its vision and strategic direction. In September 2019, the Board started to consider its overarching mission and strategic objectives. The Trust has indicated it will engage with stakeholders, including partner organisations, patients and donors, with the aim of developing a 2020-25 Trust strategy by April 2020.

62 The Trust told us that population health and wellbeing will shape its strategy alongside key legislation such as the Well-being of Future Generations Act (WFG), and Welsh Government strategies, such as A Healthier Wales. Whilst currently WFG objectives are broadly aligned to strategic objectives, the Trust indicated that it may merge strategic and WFG objectives into a single set.

63 The Trust strategy will be a high level, organisational strategy. VCC and WBS have separate detailed clinical service plans and strategies.

Developing strategic plans

64 **The Trust continues to strengthen its strategic planning arrangements.**

65 In 2018, we reported that the Trust was improving its approach to developing the IMTP. As in previous years, divisional heads of service led the development of supporting service delivery plans with integrated specialist planning support provided by finance and workforce staff. Service delivery plans are informed by demand and capacity modelling to identify gaps in capacity or resources, as well as actions to close gaps, for instance by changing skill mix.

66 The Board approved the IMTP 2019-22 in January 2019 having reviewed and influenced the emerging draft through Board meetings and development sessions. The Trust submitted the IMTP within the required timeframe and secured approval from the Minister in March 2019. The Trust's IMTP 2019-22 draws together the service plans for VCC, WBS and the corporate enabling service into a more cohesive Trust-wide plan than in previous years and an Internal Audit report gave substantial assurance in relation to the way the Trust developed the IMTP (May 2019).

67 The IMTP has a strong focus on system leadership, regional working and identifying how the Trust can be involved in improving population health. The focus of year one of the IMTP is stabilising core services and identifying what can be delivered with current core funding. The focus of years two and three is to generate choice about where to invest in services, deliver transformation programmes, develop plans to deliver more cancer care in the community and to identify areas where the Trust can work with partners to improve population health.

68 The VCC IMTP service delivery plan provides focus on responding to increasing demand, providing better outcomes for patients, changing the clinical model to support the new VCC hospital and providing more care closer to home.

69   Since autumn 2018, VCC has experienced a sustained increase in demand for radiotherapy and Systemic Anti-Cancer Therapies (SACT), which has affected compliance with waiting times targets for radical, palliative and emergency radiotherapy and non-urgent physiotherapy and dietetic therapies[13]. VCC is actively monitoring and taking action to address waiting time breaches and has received additional funding from commissioners to increase capacity and waiting time performance has improved. The number of outpatient attendances at VCC outpatient clinics has also increased in 2018[14]. The Trust is working with health boards to understand the reasons for increases in activity but believes they are due to the availability of new treatments and changes to cancer diagnostic patient pathways[15]. The Trust anticipates that increased outpatient activity and demand for radiotherapy and SACT services will result in greater demand for other services in VCC, such as radiology and therapy support for living with cancer. The Trust has undertaken capacity and demand planning to see how best to respond to the potential impacts on activity that the rationalisation and shortening of diagnostic cancer pathways may have. The implementation of the new costing model is crucial for VCC to ensure that increases in activity are appropriately funded (see paragraphs 84 and 85).

70   The WBS IMTP service delivery plan sets out a three-year roadmap for delivering the NHS Wales Blood Health Plan and the final phase of the Blood Supply Chain 2020.

71   The IMTP 2019-22 is supported by a balanced financial plan, focused on eliminating the underlying deficit and identifying cost improvements to fund new cost pressures and investments in service changes.

72   Workforce planning has been better supported this year by the development of a workforce toolkit and by building expertise within the two divisions. During 2019, both divisions have been working to update their workforce plans. Workforce plans currently do not extend beyond the life of the IMTP, but the Trust is considering developing five-year workforce plans. Whilst skill-mix redesign is a key component of the Blood Supply Chain 2020 programme, in VCC more pace in progressing workforce redesign is needed to support delivery of extended working hours and the delivery of more care in the community.

73   The Trust's five-year digital strategy (March 2017) identified the information management and technology capital and revenue needed to support delivery of transformational programmes. The Trust reviews the digital strategy alongside

[13] Data reported at the Trust's September 2019 Planning and Performance Committee, indicates that the number of patients affected are small, and waiting times are not excessive (days rather than weeks beyond target waiting times).

[14] Data reported at the Trust's September 2019 Planning and Performance Committee.

[15] The Single Cancer Pathway came into effect in June 2019. It brings into line the non-urgent cancer pathway with the urgent cancer pathway. The aim being to reduce the waiting time for diagnosis and commencement of treatment for patients with unclear symptoms, who previously could wait months before diagnosis.

developing IMTPs and reprioritises projects in line with its priorities and available budget. The IMTP 2019-22 sets out the digital priorities, but additional finances are required to deliver all schemes. The Trust has indicated that there are significant dependencies between service developments and the availability of discretionary capital, which influences the scope and pace of progress with digital developments.

74 The overall planning framework for the IMTP 2020-23 has steps in place to align supporting plans and allow adequate scrutiny by the Board. There is sufficient time for meaningful commissioner engagement and to enable them to build in corresponding commissioning intentions and planning assumptions into their IMTPs.

Monitoring delivery of the strategic plan

75 **Operational arrangements for monitoring delivery of the IMTP are in place. Whilst the Board is beginning to scrutinise delivery against the plan, the effectiveness of scrutiny is limited by the absence of signposting of progress made against delivering strategic priorities.**

76 The IMTP sets out the specific divisional strategic priorities, five for VCC and eight for WBS. Underpinning each strategic priority are key actions to support delivery.

77 Divisional management teams regularly monitor progress in delivering IMTP priorities and supporting actions. The divisional trackers use RAG ratings to identify whether delivery is on track or otherwise, but the trackers differ:

- the WBS tracker clearly sets out the strategic priorities and supporting actions. However, we identified on several occasions where supporting actions have not been met or are not forecast to meet delivery timescales, the tracker omits to provide a summary of progress made to date, reasons for slippage or any remedial action.

- VCC's trackers provide clarity on progress made to date, reasons for slippage against timescales (where applicable) and any remedial action taken. However, VCC trackers report against sub-level actions, and it is not clear how these align to the high level actions that underpin the strategic priorities set out in the IMTP.

78 The EMB monitors in-year delivery of the Trust-wide IMTP deliverables each month. We reported in 2018 that Planning and Performance Committee and Board scrutiny of IMTP progress focuses on monitoring performance management metrics. Performance reports do not identify which strategic priorities each performance metric relates to. Our review of committee and Board papers in 2018 and 2019 did not identify any scrutiny of the delivery of wider actions set out in the IMTP. During our 2019 interviews, we asked Board members their views of existing arrangements to scrutinise the progress against the strategic priorities set out in the IMTP. Responses were mixed and we did not receive a consistent explanation of how the Board scrutinises delivery of the IMTP.

79   However, in September 2019, the Planning and Performance Committee instigated quarterly reviews of IMTP progress. The September meeting comprised a review of the WBS IMTP tracker, VCC's SACT and outpatient trackers, and the Trust's quarterly report to the Welsh Government. However, our opinion is that the divisional trackers do not support good scrutiny of progress against strategic priorities set out in the Trust IMTP due to the reasons set out in paragraph 78. We are unsighted of any other VCC IMTP trackers, but the SACT and outpatient IMTP trackers do not cover all of the actions set out in VCC's service delivery plan (for instance actions relating to research and the TCS). WBS and VCC trackers do not indicate the extent to which the expected impact or outcomes have been delivered. In our view, the Board should agree the information (and format) it requires to support its scrutiny of progress made to deliver strategic priorities (Recommendation 3).

Managing financial resources

80   We considered the action that the Trust is taking to achieve financial balance and create longer-term financial sustainability. We have assessed the financial position of the organisation, the approach to financial planning, financial controls and stewardship, and the arrangements for financial monitoring and reporting. We also reviewed the progress made in addressing our recommendations.

81   In 2019, we found **the Trust has effective financial planning, management and monitoring arrangements and has identified more realistic and sustainable financial savings**. Our findings are set out below.

Financial planning

82   **Financial planning arrangements are sound and are moving towards increasing sustainability.**

83   VCC's costing model has been in place since 2002-03 and does not reflect current clinical practice. In 2018, we reported that there was scope to improve the extent to which the Trust's financial plans are informed by an understanding of the true cost of VCC's services. We highlighted that the Trust was developing a new financial costing model to provide better, more accurate analysis of the cost of cancer services provided.

84   During 2019, the Trust continued to work with VCC's commissioners via their Collective Commissioning Group. This work involved agreeing new contract currencies (activities) and prices that reflect the range and complexity of the specialist cancer services provided by the Trust and that are sufficiently flexible to accommodate treatment changes over time. As well as agreeing new prices based on time driven activity-based costing, more realistic marginal rates for activity variances from contracted volumes have also been agreed. The Trust is running the new costing model in shadow form during 2019-20 alongside the existing model and aims to go live in 2020-21 (Exhibit 6, 2018 R7 and 2017 R5). This will

enable evaluation of the impact on Long Term Agreements (LTAs) of using the new prices and marginal rates. Any investment in additional capacity for further activity increases (stepped changes) will still be subject to a business case process and commissioner agreement on the additional activity they want to invest in. The activity trigger points for key services at which additional infrastructure investment are required are yet to be agreed with commissioners.

85 Benchmarking data for cancer services is limited and, therefore, to compare its efficiency and value for money, the Trust has agreed to establish a non-surgical cancer services benchmarking work stream. This workstream aims to compare costs with partners within the Welsh Cancer Network, initially focussing on radiotherapy and SACT.

Exhibit 6: progress on financial planning recommendations

Previous-year recommendation	Description of progress
2018 R7 Engaging with commissioners While the Trust continues to develop a new cost model for service delivery, it should ensure that there is: a) an agreed timetable and set of arrangements in place to share assessments of the impact of the new costing model during the pilot with commissioners; and b) an agreed timetable for the formal sign-off of the new cost model.	**Complete** The Collective Commissioning Group and sub groups have met on a regular basis over two years to discuss the costing model and agree principles. A Trust paper setting out the principles and key aspects of the new costing model with recommendations was presented to the Directors of Finance of commissioning health boards in July 2019. The Trust has shared the impact of the new contract model with its commissioners at an all-Wales level. At the time of writing, the Trust was planning to share more detail of the impact of new contract currencies on LTA values with individual commissioners and will seek formal sign-off from commissioning health boards by the end of February 2020.
2017 R5 Better data on cost and demand The current work on a financial contracting model is essential to the Trust being able to strengthen its negotiating position on its funding, and in strengthening its planning of savings. The Trust should set out a clear timescale for completing this work and should provide routine reports on progress to the Board.	**Complete** The Trust's monthly finance report sets out progress on the costing model. The report is discussed at each Board meeting. The Trust is aiming for the Board to formally sign off the costing model by the end of January 2020, followed by sign off from commissioning bodies, and for the new costing model to go live in April 2020.

Financial management and controls

86 **Financial management and control arrangements are effective.**

87   Our annual accounts work has consistently found that accounting and financial control arrangements are sound. Financial controls are designed to ensure clear lines of delegated budgetary responsibility, ensure accuracy of operational financial reporting and drive compliance to required financial standards and legislation.

88   The finance business partner model continues to provide effective support to budget holders. The financial position is monitored against budgets monthly and corrective actions agreed to manage risks and recover overspends. There is appropriate monitoring to ensure agreed actions are implemented. In 2019, the Trust introduced executive flash reports which provide a summary of financial performance by day six or seven each month, which allows the Trust to take early corrective actions.

89   The Trust told us that over the last few years, staff awareness of the need to comply with finance team endorsement of single tender actions (STAs) and single quotation actions (SQAs) has increased. Although the Trust has very few STAs and SQAs, activity is summarised and routinely reported to the Audit Committee along with corrective actions taken.

90   The National Fraud Initiative (NFI) is a biennial data-matching exercise that helps detect fraud and overpayments by matching data across organisations and systems to help public bodies identify potentially fraudulent or erroneous claims and transactions. Last year, we concluded that whilst the Trust had made progress to review matches from the 2017-18 exercise, the Trust had not recorded evidence to indicate how matches were reviewed. Satisfactory progress has been made during 2019 to review NFI matches (Exhibit 7, 2018 R6).

91   The Auditor General will be undertaking work to examine the effectiveness of counter fraud arrangements across the public sector in Wales and will publish his findings in summer 2020.

Previous-year recommendation	Description of progress
2018 R6a Internal controls The 2018-19 NFI data matches will be released in January 2019. The Trust should put in place an action plan to ensure that the data matches it receives from that exercise are reviewed, and where necessary investigated in a timely manner, the plan should include: a) commencing the review of the data-matches as soon as possible following release; b) reviewing all high-risk matches, and in addition, carrying out a review of a sample of the remaining data matches; c) ensuring that where data-matches have been reviewed, the NFI web application is updated to clearly record how matches were reviewed and the outcomes of those reviews; and d) ensuring that there is a mechanism to check for queries received from other bodies and providing timely responses.	**Complete** Early in 2019, the Trust agreed responsibilities for NWSSP and Trust staff to review NFI matches and record evidence on the NFI web application. The Trust now reviews progress on a monthly basis to ensure appropriate progress has been made to review the matches, and ensure required information is recorded in the web application.

Oversight and scrutiny of financial performance

92   **Oversight of financial performance continues to be robust and improvements to Board level reports are aiding effective scrutiny.**

93   In 2018, we reported that the Trust had well established monthly financial monitoring arrangements, whereby the financial position is scrutinised internally (by the divisions, Executive Management and the Board), as well as by the Welsh Government. We also found that financial reporting to the Board had improved.

94   The Trust's arrangements for the oversight and scrutiny of financial performance continue to be robust. Further improvements have been made to the format and narrative of the finance reports to the Board which now provide more detailed analysis of variances and savings achievements together with any corrective actions needed. The reports have also been expanded to monitor balance sheet and cashflow positions.

Financial performance

95   **The Trust continues to deliver against its financial targets and savings identified are more realistic.**

96   The Trust has a track record of achieving financial balance, reporting a small surplus of £31,000 (£14,000 of which related to NWSSP) in 2018-19 and broke even for the three-year period 2016-19.

97   The Trust's 2018-19 financial strategy included a savings requirement of £2.506 million, reduced by £306,000 through the planned use of contingency reserves[16]. Against this, the Trust delivered £1.425 million in savings, and achieved the year-end surplus through non-recurrent measures such as the sale of blood to NHS Blood and Transplant England and the additional use of unallocated Trust contingency reserves. The Trust's reliance on non-recurrent measures to mitigate against unmet savings targets has meant that an underlying deficit of £1.362 million was carried forward into 2019-20.

98   The Trust is forecasting to break even for 2019-20 and at month six reported a small underspend of £18,000. The Trust's baseline funding for VCC from its commissioners was uplifted by 3% in 2019-20 (2% for inflation and 1% to take forward the priorities set out in a Healthier Wales) and the Trust's 2019-20 financial plan identified a savings requirement of £1.883 million. £1.504 million of the savings target is to be met through a combination of identified savings and income generation plans, and the balance from additional income targets specifically for the research, development and innovation function (£129,000) and non-recurrent financial support from accountancy gains (£200,000). The Trust has set a target to reduce the underlying deficit to carry forward to 2020-21 to £539,000.

99   In 2018, we reported that the Trust recognised it needed to identify realistic sustainable savings options and to strengthen its financial savings arrangements. Of the savings identified for 2019-20, £1.135 million are recurrent (75%) and as at month six, the Trust was reporting that savings targets were being achieved and anticipates that most of the savings required will be realised by the year-end.

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[16] As part of the annual planning process, the Trust determines how much funding to hold back as in-year contingency reserves to support unplanned increases in costs.

Exhibit 8: progress on financial performance recommendations

Previous-year recommendation	Description of progress
2017 R2 Formal evaluation of savings The Trust should annually evaluate the success and failure of savings schemes and use lessons learned to improve its approach to savings planning. The evaluation results should be included as supporting information to the savings plan approved by the Planning and Performance Committee every year.	**Complete** The Trust completed an evaluation of savings schemes in 2018. In response, the Trust created a financial savings scheme tracker and established a Financial Recovery Board to scrutinise performance in VCC. The Trust is also identifying savings schemes earlier and reducing reliance on non-recurrent savings. At month six the Trust was reporting a significant improvement in achieving planned savings; in VCC 93% compared to 42% in 2018-19, and in WBS 97% compared to 93% in 2018-19.

Managing workforce productivity and efficiency

100   We considered the action that the Trust is taking to ensure that its workforce is well managed and productive. We also assessed arrangements for addressing training and development needs and action to engage and listen to staff and address wellbeing needs.

101   In 2019, we found **the Trust is taking positive steps to improve staff retention and recruitment and has a comprehensive and proactive approach to staff health and wellbeing.** Our findings are set out below.

102   Recruitment remains a challenge for some staff groups, including informatics, scientists and medical physics staff. VCC successfully filled the five medical oncology consultant vacancies advertised in 2019. The staff turnover rate[17] is higher than the Welsh average (11.4% and 7.1% respectively) and increased by 0.9% over the last 12 months. The Trust's vacancy rate has increased marginally from 2.2% in July 2018, to 2.5% in July 2019[18]. The Trust is taking positive action to improve staff recruitment and retention by developing apprentice, undergraduate, graduate and post graduate career entry pathways. It is too early to comment on the impact of these initiatives. The Trust is also developing an advanced practice framework to support clinical skills development, deliver efficiencies, and support skillmix redesign to support service transformation.

103   During 2018, the Trust revised Personal Appraisal and Development Review (PADR) guidance and policies with the aim of improving compliance with the PADR

[17] Staff turnover for the 12-month period August 2018 to July 2019, NHS Wales Workforce Dashboard, Health Education and Improvement Wales.
[18] July 2019, NHS Wales Workforce Dashboard, Health Education and Improvement Wales.

process. In July 2019, overall PADR compliance was 78.6%[19], a slight improvement on the previous year (74% in July 2018). Compliance remains below target (85%), and varies across the Trust: Corporate Services 67.2%, Research, Development and Innovation 52.5%, VCC 77.9% and WBS 85.5%. The Trust monitors PADR compliance and is working with managers in areas where compliance rates are lower than average.

104   In 2018, the Trust's Workforce and Organisational Development Team (WOD) worked with managers to undertake skills mapping to assess future skills needs. In 2019, the Trust developed an Education Strategy to ensure there are education opportunities for staff to develop competencies to help improve their prospects of career progression within the Trust, such as developing leadership and management skills. Another key aim of the strategy is to ensure that staff develop required digital skills.

105   Training budgets are managed within the departments. The Trust recognises it has more work to do to understand the overall training budget and costs. Compliance with statutory and mandatory training improved over the last 12 months. Overall compliance was 82% in July 2018 compared with 78% in July 2017[20].

106   In 2018, the Trust acted to increase compliance with its sickness absence procedures and was monitoring the reasons for sickness absence. During 2019, the Trust trained 120 managers in managing sickness absence and continues to monitor compliance with policies. However, despite efforts, the Trust's sickness absence rate in July 2019 was the same as 12 months previously (4.1%) and remains above target (3.54%)[21].

107   The most commonly cited cause of sickness absence is stress, anxiety, depression or another psychiatric illness. In 2018, the Trust was implementing a pro-active approach to support staff with mental health issues and improve wellbeing. The Trust now has a comprehensive Health and Wellbeing Framework, which sets out the suite of policies, support, training and information to promote wellbeing in the workplace. Of note, in 2019, the Trust has identified and trained wellbeing champions, is rolling out mental health first aid training, has launched a Menopause Café with accompanying guidance, and has developed support for staff with financial concerns that may affect their wellbeing.

[19] The Trust's PADR performance reported in September 2019 Board papers.

[20] July 2018 Mandatory and statutory training compliance rates, NHS Wales Workforce Dashboard, Health Education and Improvement Wales.

[21] Rolling sickness 12-month average at July 2019, NHS Wales Workforce Dashboard, Health Education and Improvement Wales.