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Structured Assessment 2015

Velindre NHS Trust

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The team who assisted me in the preparation of this report comprised Ann-Marie Harkin, David Thomas, Tracy Veale, Stephen Lisle and Gillian Gillett.

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Arrangements to support good governance and efficient, effective and economical use of resources continue to evolve, with good progress in many areas. Financial management is sound and whilst the Trust anticipates it will break even, there are financial challenges that require further attention.

Summary report

Context

1. Velindre NHS Trust (the Trust) is a specialist centre of excellence for cancer and blood services. The Trust has two divisions, Velindre Cancer Centre (VCC) and the Welsh Blood Service (WBS), as well as corporate departments. The Trust also hosts a range of external organisations[1] on behalf of NHS Wales. Our Structured Assessment covers the Trust's own governance arrangements, not the governance of hosted organisations.

2. The Structured Assessment has examined the robustness of the Trust's financial management arrangements, the adequacy of its governance arrangements, and the progress made since last year's Structured Assessment. The audit work was structured under the following areas:

   - **governing the business**: including strategic and operational planning, governance structures and committees, risk management and internal controls, performance management;

   - **financial management**: including financial health, financial planning and cost improvement; and

   - **enablers of efficient, effective and economic use of resources**: change management, workforce and organisational development, partnerships and engagement, and information systems and technology.

3. We delivered the Structured Assessment using a more continuous approach this year and in July 2015 we provided the Trust with a letter containing our interim findings (included in Appendix 1). The Audit Committee considered the letter in October 2015. Appendix 2 summarises the progress made towards implementing the recommendations.

Main conclusions

4. In 2014, our Structured Assessment concluded that the Trust had sound arrangements for governance and financial management which it could improve further by strengthening management information and scrutiny, and making sure all parts of the organisation are taking key steps to improve value for money.

5. In 2015, we have seen continued progress within the Trust and our overall conclusion from the Structured Assessment is that financial management is sound and whilst the Trust forecasts that it will break even, there are financial challenges that require further attention. Arrangements to support good governance and efficient, effective and economical use of resources continue to evolve, with good progress in some areas.

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[1] The hosted organisations are NHS Wales Shared Services Partnership, NHS Wales Informatics Service (NWIS), National Institute for Social Care and Health Research Clinical Research Centre (NISCHR CRC) and National Collaborating Centre for Cancer (NCC-C).

6. In relation to governing the business, we concluded: governance and Board assurance continue to evolve with good progress made in strengthening approaches to risk management and performance management:

    - **Strategic and operational planning**: the Integrated Medium Term Plan (IMTP) is becoming more embedded in the Trust's normal ways of working. The Trust has deliberately set ambitious objectives although some actions will not be delivered on time.

    - **Governance structures and committees:** committees provide sound scrutiny and assurance with work ongoing to optimise agendas. The Trust recognises the need to review the governance arrangements of the Transforming Cancer Services (TCS) programme and address succession planning for Independent Members (IMs).

    - **Risk management and internal controls**: risk management is improving – registers are more prominent and more frequently considered, but valuable committee time can be used discussing minor inaccuracies in the risk register.

    - **Performance management**: there is good progress in further improving the performance management framework and making delivery of the IMTP more embedded in the Trust's day-to-day work.

7. In relation to financial management, we concluded: the Trust's financial management is sound and breakeven is likely this year. Challenges remain, particularly in relation to funding and demand pressures at the cancer centre, and at the Trust level there is further scope to improve the approach to savings.

8. In relation to key enablers of efficient, effective and economic use of resources, we concluded: the Trust invests well in ICT and is working hard to engage with others although it has a small number of workforce challenges and there are risks to the delivery of large-scale change due to leadership capacity issues:

    - **change management:** the Trust is undergoing a period of prolonged and profound change and whilst change programmes are progressing well, the considerable additional workload presents risks to delivery;

    - **workforce and organisational development:** while the Trust is continuing to experience a small number of performance difficulties in relation to workforce issues, the forthcoming Organisational Development Strategy has significant potential to drive improvement;

    - **partnerships and engagement:** the Trust is engaging with a range of stakeholders in relation to its major change programmes and recognises the importance of improving partnership working with staff given the extent of organisational change that is planned; and

    - **information systems and technology:** the Trust invests comparatively well in ICT and current ICT resources are largely effective in supporting the delivery of services, although there are a small number of systems problems that impact on service delivery.

Recommendations

9. Our Structured Assessment this year has noted good progress in a number of areas. Our work has also highlighted further improvement opportunities and therefore we make the following recommendations:

R1	**Strategic and operational planning**. The Trust should: a. strengthen Board-level scrutiny of the aspects of the IMTP that are behind schedule, to build on the considerations of these matters at committee-level, and ensure early decisions are taken on any actions required.
R2	**Governance structures and committees.** The Trust should: a. ensure the Board decides on the actions required following the review of governance in the TCS programme; and b. revise the template cover page for Board and committee papers to improve clarity about the outcomes sought from each paper.
R3	**Performance management**. The Trust should: a. further improve the performance report to address the issues raised in this Structured Assessment report; b. develop an action plan that sets out how and when the Trust will strengthen its approach to benchmarking; c. further expand the range of methods it uses to collect feedback from patients and donors, using as a reference source our 2013 report on service user experience; and d. strengthen its donor experience report by building on the positive changes made to the cancer centre's patient experience report.
R4	**Risk management**. The Trust should: a. improve the process for reporting the risk register to Board and committees to ensure valuable time is not used discussing minor inaccuracies in the register.
R5	**Financial management**. The Trust should: a. reduce its reliance on non-recurrent savings and identify longer-term plans for savings and funding.
R6	**Change management**. The Trust should: a. carry out a risk assessment regarding the adequacy of senior leadership capacity to deliver large-scale change; and b. develop an action plan for improving the effectiveness of the Local Partnership Forum to ensure better engagement with staff.

Detailed report

Governing the business

Governance and Board assurance continue to evolve with good progress made in strengthening approaches to risk management and performance management

10. This section of the report considers our work on governance and Board assurance. We have focused our work on the areas for improvement highlighted in previous structured assessments and we present our findings under the following themes:

- Strategic and operational planning
- Governance structures and committees
- Risk management and internal controls
- Performance management

Strategic and operational planning: the IMTP is becoming more embedded in the Trust's normal ways of working. The Trust has deliberately set ambitious objectives although some actions will not be delivered on time

11. In last year's Structured Assessment, we said that the Trust had produced an inclusive and clinically-led IMTP with strong involvement of its committees.

12. This year, we noted that the Trust's IMTP process for 2015-16 to 2017-18 continues to evolve. In our interviews, staff and IMs told us that the IMTP refresh process took an inclusive bottom-up approach, where teams developed their priorities, which fed into divisional plans, which in turn fed into the overall IMTP. Each division completed self-assessments to reflect on the approach taken to develop the IMTP in 2014-15. An executive summary of these assessments was formally scrutinised by the Planning and Performance Committee in September 2015. Involvement from the Trust's committees in scrutinising the plan was again comprehensive.

13. The refreshed IMTP provides a clear vision that has been approved by the Welsh Government. The plan was also subject to external assessment via a peer review process facilitated by the Good Governance Institute. Whilst the plan and its appendices are nearly 300 pages long, the document is well structured and explained. The plan clearly sets out the Trust's direction of travel and the plan's six strategic themes are prominent throughout the document.

14. In last year's Structured Assessment, we stated that workforce issues did not receive sufficient prominence within the IMTP. This year, we found that the Trust still has work to do to ensure it is taking a systematic and strategic approach to workforce planning. The January 2015 meeting of the Board discussed the need for better links between the service planning and workforce aspects within the IMTP. Similarly, our review of the IMTP concluded that whilst the IMTP includes all of the workforce-specific sections of the plan set out in the national template, the main body of the plan does not systematically consider workforce issues. For example, in the Delivering Our Plan section of the IMTP there are examples of specific, workforce-related objectives and actions but in relation to some other objectives that relate to planned increases in activity or provision of additional services, there is scope to more specifically consider the workforce-related actions required.

15. The Trust recognises that it needs to improve workforce planning and through the IMTP process, divisions are now being challenged to focus more on whether they can deliver their intended priorities with their existing staff and skills. Through the ongoing restructuring of the Workforce and Organisational Development Team the Trust is also hoping to strengthen its workforce planning expertise. These developments will be important for future years as the new NHS Planning Framework 2016-17 places an increased emphasis on the importance of workforce planning.

16. Last year's Structured Assessment highlighted that while detailed action plans for the IMTP were being monitored at divisional level, there was scope to improve monitoring in-year performance against the plan at the corporate level.

17. The Trust has implemented a number of actions to strengthen arrangements for monitoring progress against the IMTP. These new arrangements are continuing to bed in and involve each division submitting monthly returns to describe progress in implementing the IMTP. These submissions are scrutinised by the Trust Planning Group and are considered at meetings of the Executive Management Board (EMB).

18. Importantly, the Trust is implementing a corporate mechanism for tracking and driving implementation of the IMTP, called the IMTP Delivery and Monitoring Framework. Development of the framework has been difficult, complicated work. The work has involved considerable change to the performance reporting approach as well as allocating responsibility for monitoring each of the IMTP's objectives to specific committees. We conclude that the framework is a positive step forward in efforts to embed the IMTP within the normal workings of the organisation. Further detail on the framework is contained in the Performance Management section of this report.

19. Staff and officers we interviewed recognised that the Trust's approach to strategic planning has sometimes been overly ambitious, resulting in plans that set out to do too much within limited time and resources. The September 2015 meeting of the Trust Board was told that several actions from the IMTP will not be delivered on time and the monitoring report presented at that meeting highlighted 'critical' risks in delivering nine IMTP objectives[2]. We commend the Trust's ambitious approach to medium-term planning, however, there needs to be a clear focus on ensuring that future years of the IMTP are realistic in terms of the objectives the Trust sets itself compared to available resources. Evidencing delivery of the plans is also emphasised as a priority within the new NHS Planning Framework 2016-17.

20. In relation to the IMTP actions that will not be delivered on time, it is important that the Board reflects on these matters and decides on any specific action required. We note that at committee level there have been discussions of these matters, and the Information Governance and Information Management and Technology Committee has specifically discussed the IT-related aspects of the plan that are behind schedule, with a brief description of these discussions being reported to Board. However, we consider that in future there needs to be stronger Board scrutiny of these matters so that it can come to decisions on items in the IMTP that are off trajectory and decide on any reprioritisation or reprogramming of actions required.

21. Whilst the IMTP is the Trust's key organisational planning document, work is ongoing in the Trust to finalise a number of important enabling strategies that underpin the IMTP. For example, the final version of the Organisational Development Strategy, **Building Excellence**, is due to go to Trust Board in December 2015[3]. The Organisational Development Strategy has significant potential to drive improvement in the Trust, particularly through its focus on values and behaviours. Further detail on the strategy can be found in the Workforce and organisational development section of this report.

22. Work is also continuing on the Estates Strategy. The strategy had been due to be finalised in October 2015 but is now scheduled to be completed in May 2016 subject to the completion of a condition survey in WBS. The Risk Management Strategy was approved by the Quality and Safety Committee and the Board in September 2015. Further details are provided in the Risk Management section of this report.

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[2] The monitoring report details progress against approximately 50 objectives and higlights nine critical risks.

[3] A Board development session on the Organisational Development Strategy was held in November 2015.

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23.   The Trust is aware of the importance of the Wellbeing of Future Generations (Wales) Act 2015 and has assigned this agenda to the Director of Planning and Performance. There has not yet been any significant progress in establishing a programme of work or set of actions in relation to implementing the legislation. The Trust will need to reflect upon how the broad, all-encompassing principles of the Act, will influence its decision making and it will need to take full account of the Act as it refreshes its IMTP. The Board is due to consider the Act in its December meeting.

Governance structures and committees: committees provide sound scrutiny and assurance with work ongoing to optimise agendas. The Trust recognises the need to review the governance arrangements of the TCS programme and address succession planning for IMs

24.   Last year's Structured Assessment concluded that the Trust had good arrangements to support Board effectiveness. This year, we have again noted strengths in the arrangements for scrutiny and Board assurance. Our observations at numerous meetings of the Trust Board and committees have highlighted positive arrangements with open and frank discussions. The behaviours displayed in committees are positive and supportive, with congratulatory notes sent to staff involved in successful projects and positive audit reports.

25.   We noted an appropriate level of challenge from IMs, who clearly support the organisation's direction of travel and appear to have constructive relationships with senior officers. Our work highlighted risks regarding succession planning as the terms of two IMs will end in March 2017. The Trust is also considering options for rotating the IM membership of committees, to ensure each IM is exposed to, and can provide scrutiny upon, a broader range of issues. The Trust is also aware that rotating members in this way risks losing the expertise that each IM has developed through their membership of specific committees.

26.   The Trust has a positive culture and good arrangements for learning lessons. The Organisational Learning Sub Committee reports to the Quality and Safety Committee and while this appears to provide a sound mechanism for spreading learning across the organisation, the Trust is currently reviewing the role of the subcommittee.
The Audit Committee also demonstrates a keen appetite to learn organisational lessons. For example, the Audit Committee requested and considered a report that aimed to learn lessons from the procurement problems that were involved in the Dafen estates project. This issue has led the Audit Committee to plan a series of agenda items related to procurement. The Trust is also planning to share the positive learning from the implementation of the Blood Establishment Computer System at WBS.

27.   The Trust reviews the terms of reference for each committee every year and committee assurance schedules[4] have been completed for the Audit Committee and Charitable Funds Committee. Work is ongoing to complete the assurance schedule for the Quality and Safety Committee.

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[4] These schedules define how each committee should discharge its responsibilities.

28. The Board and its committees have agreed programmes of work, however, managing busy agendas is challenging, particularly for the Quality and Safety Committee and the Planning and Performance Committee. The Trust is taking the following pragmatic steps to maximise the benefits of meeting times:

- Board meetings are currently held six times per year but the Trust is actively considering more frequent meetings. The Trust has also increased the duration of Board meetings in an attempt to ensure sufficient time is dedicated to important agenda items.

- The 'consent agenda'[5] appears to be an effective mechanism for ensuring sufficient Board and committee time is dedicated to the most important issues. This has been in place in Board meetings for approximately two years and has been gradually introduced into committee agendas.

29. Our observations and meetings and our document reviews suggest there is scope to improve the cover pages of Board and committee papers. The Good Governance Guide for NHS Wales Boards[6] states that cover sheets for Board papers should include: the name of the author, a brief summary of the issue, the organisational forums where the paper has been considered, the strategic objective or regulatory requirement to which it relates, and an explicit indication of what is required of the Board or committee. Whilst the Trust has a template that guides the drafting of these cover pages, we found that there is little standardisation in the way that papers describe the purpose and outcome sought from agenda items. Many cover pages are also repetitive, with the content in the Purpose and action required section often duplicating that in the section called Actions/recommendations to the Board/committee. Addressing these matters would be relatively simple and would have the benefits of reducing the size of the papers and providing greater clarity about the outcomes being sought from each agenda item.

30. Whilst we observed that the chairing of Board and committee meetings was consistently strong, there is scope to improve the formal closure of agenda items. We observed examples where important documents were put on the agenda for approval or decision purposes but discussion did not conclude with specific confirmation that members were satisfied with the proposed course of action. We do not think that current practices have had any impact on collective decision making, we just consider there is scope for greater clarity for the purposes of good governance.

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[5] Documents for noting/information are included early in agendas and to minimise discussion time; these documents are automatically ratified unless committee members request a specific discussion.

[6] Academi Wales, **The Good Governance Guide for NHS Wales Boards**, 2014.

31. Our document review looked at the issue of whether the two main divisions of the Trust, VCC and the WBS, receive balanced levels of scrutiny within the Board and key committees. Our review of agenda items for the Trust Board, Audit Committee and Quality and Safety Committee during 2015 showed that VCC-specific agenda items were more common than WBS-specific items.[7] We were told that the balance between WBS and VCC items is an issue that is considered routinely when chairs and lead executives meet to set committee agendas.

32. The TCS programme is a highly complex plan to design and implement a new model of cancer services for South East Wales. The governance arrangements of the TCS programme are also complex. Two IMs sit on the TCS Programme Management Committee, which has been established to ensure more regular and in-depth scrutiny than can be provided in Trust Board meetings. There are governance risks associated with the Programme Management Committee because the two IMs also sit on the Trust Board, which scrutinises the Programme Management Committee. The two IMs are, in effect, scrutinising themselves. These issues have been debated openly in senior committees and the Trust Secretary was due to carry out a detailed review of the management committee and its functions during November 2015. Given the importance and complexity of the TCS programme, this report makes a recommendation that following the Trust Secretary's review of governance in the TCS programme, the Board should discuss and decide upon the required actions. The Board should also consider whether more than two of its IMs should be involved in the Programme Management Committee.

33. The hosting arrangements within the Trust add further complexities to the governance arrangements. The Board Secretary has met the Welsh Government to discuss and clarify some aspects of the Trust's governance responsibilities in relation to hosted bodies. The Green Paper, **Our Health, Our Health Service**, provides a key opportunity for the Trust to influence change in these arrangements.

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[7] Our review of the 2015 papers up to and including 6 October showed that the Trust Board had considered 10 items that were VCC-specific, whilst it considered two WBS-specific items. The Audit Committee considered three VCC-specific items compared to two WBS-specific items. The Quality and Safety Committee considered 13 VCC-specific items and seven WBS-specific items.

Risk management and internal controls: risk management is improving – registers are more prominent and more frequently considered, but valuable committee time can be used discussing minor inaccuracies in the risk register

34. The Trust has made good progress this year in improving the way it identifies and manages risks. Officers and IMs interviewed as part of our work confirmed that there is a much greater emphasis on risk than 18 months ago, with quarterly divisional reviews and conversations at committees now focusing more on risk registers. The Trust is planning a Board development session on risk appetite and tolerance and is introducing an annual process of formally reviewing its risk appetite.

35. The Risk Management Strategy 2015-2018 was approved by the EMB and Quality and Safety Committee in September 2015. The strategy is a clear, concise document that sets out a framework for articulating its risk appetite and a matrix to support risk sensitivity in decision making. However, there is currently some inconsistency in the way that risks are assessed and discussed at operational levels. The strategy is a positive step towards ensuring all parts of the organisation have a common language in relation to risk and the next steps are about improving consistency in the way that risks are assessed.

36. On a number of occasions during our observations at the Board and committees, we noted that different versions of the risk register were available on the day of the meeting to the version provided in advance of the meeting. There were occasions when the narrative related to risks was inaccurate or had not been updated appropriately. We recognise the difficulties the Trust faces in trying to provide papers in advance of meetings and at the same time provide an up-to-date picture of the major risks. However, the current approach causes potential confusion and uses up valuable time at meetings and there is scope for further improvement.

37. Our document review of the corporate risk register shows that the average age of the eight risks in the version considered by the Board in September 2015 was 725 days.[8] We were only able to repeat this analysis at two other health bodies in Wales because the other bodies do not record the dates of identification on their risk registers. At these two health boards, the average age of risks was 595 days and 545 days. Only three of the eight risks on Velindre's register have had their risk rating reduced since they were originally identified. It is difficult to draw conclusions from these data, and we recognise that some of the Trust's risks relate to complicated, long-term issues but we have presented this information as food for thought and reflection.

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[8] When the oldest risk is removed from this analysis, the average age falls to 595 days. The oldest risk was identified in April 2011 and relates to asbestos standards within the cancer centre.

38. An Internal Audit report presented to the July Audit Committee highlighted some remaining issues with the approach to risk. The Corporate Services report showed that four out of five departments did not have a risk register in place. We understand that risk registers have now been re-established in all corporate departments although work is ongoing to align the registers to ensure there is no unnecessary overlap and duplication. The Trust is also yet to decide whether or how it will integrate the risks relating to IMTP implementation set out in performance reports, with the Trust risk register.

39. As well as reviewing risk management, our work considered other aspects of the Trust's internal control environment. We concluded that the Audit Committee's administrative process for tracking the implementation of audit recommendations appears generally sound and the Trust Secretary has actively sought to learn from the tracking approaches of other organisations. The committee has also increased its level of scrutiny in situations where audit actions are not completed within required timescales or where extended deadlines are requested.

40. The Trust complies with Welsh Government requirements in relation to the public reporting of its governance and quality arrangements. The internal audit review of the 2014-15 Annual Quality Statement (AQS) was reported to the Audit Committee in October 2015. The audit was given a 'substantial assurance' rating and the report concluded that the AQS had been produced using a well-structured and appropriate process and on a timely basis, well in advance of the national deadline of September 2015. We provided feedback to support the drafting of the Annual Governance Statement (AGS) in April 2015 and the final document was approved by the Audit Committee in June 2015.

41. In last year's Structured Assessment, we recommended that in the interests of public transparency, the Trust should ensure its website provides access to all up-to-date committee papers, agendas and reports. We reviewed the website to see if committee papers were available within two weeks of meetings. As at 15 October 2015, none of the committees' webpages were up to date. The Planning and Performance Committee site was the least up to date, with the papers missing for five meetings.

42. The Trust has strengthened its Hospitality and Declarations of Interest Register during 2015 to ensure clear labelling of the dates that hospitality was offered, noted and approved or declined. The hospitality section of the register has been improved by including values of all hospitality items and the declarations of interest forms used to populate the register now require approval from the relevant director. The hospitality register used by the Trust in relation to the NHS Wales Informatics Service is also due to be updated to mirror the improvements in the Trust's own register. Scrutiny of these documents could be further assisted by highlighting in bold text the items of hospitality that were received before they were approved.

43. In last year's Structured Assessment, we concluded that the Trust had an effective internal audit programme. This year, we noted positive working relationships between the Trust, NHS Wales Shared Services Partnership (Audit and Assurance Services)

and Local Counter Fraud Services. The Trust's decision to ask internal audit to carry out forward-looking audit work related to the TCS programme demonstrates proactive thinking about the benefits of audit.

Performance management: there is good progress in further improving the performance management framework and making delivery of the IMTP more embedded in the Trust's day-to-day work

44. Last year's Structured Assessment concluded that performance management arrangements were improving and provided sufficient assurance of high-level performance measures. Further work was required to strengthen corporate oversight of divisional delivery of the IMTP.

45. This year, we have noted considerable work within the Trust to improve performance management, particularly in overseeing the delivery of the IMTP. As noted in the Strategic and operational planning section of this report, the Trust has carried out difficult, complicated work in developing an IMTP Delivery and Monitoring Framework. The framework attempts to bring the IMTP to life by ensuring performance measurement in operational delivery is more linked to the Trust's strategic aims.

46. As part of the new framework, the Trust is implementing a new performance report for Board and committee meetings. We have observed positive changes related to the new performance reporting approach. Committees are now assigned specific aspects of the IMTP to monitor, which prevents committees from being overwhelmed with information covering the entirety of the IMTP. The new report is much shorter than previous versions, provides trend data spanning 12 months, uses a traffic light system to highlight areas of concern and provides clear linkages to the IMTP. The report also uses an exception reporting approach to give greater prominence to issues where performance is below expected levels.

47. Feedback about the new reporting approach from committee members is positive. The new approach appears to be resulting in better, more focused discussions and more specific consideration of progress against the IMTP. The Trust is continuing to strengthen this framework and we identified scope for improvement to address the following issues:

- The contents page and signposting of the report could be improved to ensure readers are clear about the purpose of each section of the report.

- The report uses three different colour-coding systems to highlight levels of performance, progress against the IMTP and status of risks. The Trust should ask the opinions of Board/committee members and potentially the Community Health Council regarding this colour coding to ensure it is as clear as possible.

- As is common in many organisations, the Trust sometimes finds it difficult to balance the need to ensure that the data provided to the Board and committees is up to date with the need to ensure that papers are provided to members sufficiently in advance of Board and committee meetings. For example, the Board meeting in late September was presented with data from July.

- The September Board meeting discussed the need to strengthen the narrative provided within the exception reports. The report may also benefit from explaining the criteria that govern whether or not a metric should be subject to an exception report.

- The report does not explain the context or importance of each performance indicator. This approach has been taken to ensure the report remains a manageable size. However, some of the indicators are difficult to understand without any further information and the Community Health Council has previously raised concerns about whether the Trust's performance information is sufficiently explained for the public. There may be scope for the report to provide further information through electronic links, or some other mechanism.

48. The Trust has a cycle of quarterly divisional reviews where the Executive Team meets with each division's senior management team to scrutinise performance. We were told that these reviews are challenging yet supportive and provide a good forum for focused discussion on the risks and issues affecting each division.

49. We note some limitations in the management information available within the organisation. Poor accessibility to the data within the Cancer Network Information System Cymru (CANISC) system is a barrier to using data for improvement within the cancer centre, although work within the TCS programme is producing more detailed data on activity and demand. There is also doubt about the accuracy and completeness of data for some performance metrics related to the completion of staff appraisals and recruitment timescales. These metrics are derived from data input to the national Electronic Staff Record (ESR) system and our work in health boards across Wales has noted similar doubts about the accuracy and completeness of certain ESR data.

50. The Trust is progressing work to improve its performance indicators, particularly at WBS and in relation to the IMTP. The Trust recognises that many of the performance measures related to WBS do not focus on the most relevant and important performance issues. Similarly, as the IMTP framework evolves, the Trust is recognising that it needs to improve the linkages between some of the objectives within the IMTP and the related performance measures. For example, the performance report that was considered by the September 2015 meeting of the Quality and Safety Committee included a red-rated objective that aimed to 'continue to improve donation experience'. Whilst the report gives the impression that donation experience may be deteriorating, in reality, the red rating relates to a lack of progress in actions specifically designed to improve donation experience.

51. Whilst work is ongoing to increase benchmarking activities with Clatterbridge Cancer Centre, the new performance report would benefit from more benchmarking information. For example, the September Board meeting noted that it was unclear from the new performance report whether the Trust's sickness absence performance was better or worse than other organisations. We recognise that the Trust must strike a balance between providing benchmarking information and keeping reports to a manageable size. One solution might be to provide benchmarking information for all exception reports, where possible.

52. It is a very positive development that patient experience features prominently in the new performance report. The patient experience section can be further strengthened by ensuring a more representative, broader picture of patient experience, rather than presenting the experiences of a small number of people.

53. A specific report on patient experience is now provided to the Quality and Safety Committee. The report sets out how the cancer centre is attempting to comply with the all-Wales requirements for monitoring service user experience. The report is well presented and provides a good mix of narrative and data. The next steps should focus on further increasing the sample size of views represented, by expanding the methods for collecting people's feedback. There is also scope to provide more detail on the direct actions taken to address people's views. When addressing these matters, the Trust should use as a reference source our 2013 report on Service User Experience.

54. The donor experience report provided to the Quality and Safety Committee would benefit from learning from the approach taken in the cancer centre's patient experience report. The donor experience report relies on a small number of metrics and has very limited narrative. Work is ongoing between WBS and other blood services to discuss the potential to compare donor experience.

55. The Trust has decided it needs to have a more formal process for monitoring the performance of NWSSP in delivering services to the Trust. In June 2015, the Trust and NWSSP commenced twice annual meetings to discuss the performance of the services provided to Velindre. These are positive developments.

56. In reviewing the Trust's performance reporting information, we have concluded that the picture of performance within the organisation is largely positive. The main areas where performance is below expected levels relate to workforce issues and these matters are discussed further in the Workforce and organisational development section of this report. The Trust's performance reports note particularly successes in the following areas:
    - providing timely blood results to hospitals across Wales;
    - meeting demand for blood services;
    - ensuring good levels of patient and donor satisfaction;
    - minimising healthcare-associated infections;
    - preventing unexpected inpatient deaths; and
    - ensuring rapid commencement of emergency chemotherapy/radiotherapy.

Financial management

The Trust's financial management is sound and breakeven is likely this year. Challenges remain, particularly in relation to funding and demand pressures at the cancer centre, and at the Trust level there is further scope to improve the approach to savings.

57.   The Trust has sound in-year financial management arrangements and continues to forecast a breakeven position for the current 2015-16 financial year.

58.   The Trust's financial plans have been developed to achieve strategic priorities, financial balance and to meet required quality and outcome levels. A robust and balanced plan has been set for 2015-16 which includes a savings requirement of £3.636 million. There is a three-year IMTP in place which has been approved by the Board and the Welsh Government. Further details of the IMTP can be found in the Strategic and operational planning section of this report.

59.   The Trust monitors its financial position monthly in a transparent and consistent manner and there is no evidence that financial decisions have impacted on the levels or quality of services.

60.   Appropriate arrangements are in place to identify potential savings at the start of the financial year which are subject to scrutiny and challenge. As at month six, 83 per cent of planned savings to date have been realised. Achievement of the cost improvement plans is monitored monthly and is reported to the Board. The Trust recognises the need to reduce the level of non-recurrent savings from previous years but is finding this challenging.

61.   As at month six, the Trust is on course to achieve an overall financial balance in 2015-16. Although it is acknowledged that the cancer centre will overspend, WBS is anticipating an underspend in 2015-16 partly due to a slight reduction in demand for red-blood products and partly due to impacts of the ongoing change programme within WBS.

62.   Despite the positive findings above, our work did identify areas that require further attention from the Trust. VCC faces significant financial challenges going forward due to demand pressures that it is currently absorbing, and the identification of achievable and recurring savings is proving challenging. The cancer centre will not break even during 2015-16 and is unlikely to realise its entire £2.6 million savings target although the Trust as a whole is forecast to break even.

63.   A challenging cost improvement plan was set at the beginning of 2015-16 within the cancer centre, which incorporated the value of some of the non-recurring savings made in previous years.

64.   Service demand on the cancer centre continues to increase and the level of core baseline funding has not changed over the last four years although there has been some increase each year for the provision of specific additional services. The Trust is currently in discussions with commissioners about the level of funding provided. The

Trust has also set up a project to develop a cancer centre costing model/mechanism to ensure all costs associated with the patient pathway are captured. The Trust needs to complete these pieces of work as part of developing a longer-term funding strategy.

65. In response to the financial challenges faced by the cancer centre, the Centre's Sustainability Group, which is chaired by the Chief Executive, now meets fortnightly to monitor and discuss financial performance. Whilst there remains a reliance on savings generated from vacant posts, this is primarily due to natural turnover and the delay between a post becoming vacant and being filled. In 2014, we recommended that the Trust should review its approach for classifying non-recurrent savings in relation to staff. This is still under review; however, the Trust does now have definitions to help differentiate between recurrent vacancy savings and non-recurrent vacancy savings.[9]

66. There is scope to further improve the Trust's approach to planning and securing longer-term savings. The IMTP identifies savings requirements spanning more than one year but future schemes have yet to be identified.

67. Budget holders are engaged in the development of cost improvement plans but there is no evidence of engagement with external stakeholders although this is due to change going forward.

68. The Trust has recognised other cost pressures and is managing these through the risk management framework. The Trust must continue to focus on reducing reliance on non-recurrent savings and must ensure that it continues to carefully monitor the delivery of planned savings at divisional level. Non-recurring savings brought forward from previous years will continue to make the extent of savings required greater.

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[9] The Trust considers recurrent vacancy savings as those being the 'regular gap between the resignation and recruitment, delays while managers redesign roles, maternity, sickness etc'. Similarly, the Trust defines non-recurrent vacancy savings as those being the 'posts that are temporarily open for non-recurring reasons such as specific recruitment difficulties, to achieve financial savings, offset other costs, deliberate project slippage etc'.

Enablers of efficient, effective and economic use of resources

The Trust invests well in ICT and is working hard to engage with others although it has a small number of workforce challenges and there are risks to the delivery of large-scale change due to leadership capacity issues

69. This section of the report considers my findings on managing resources, presented under the following themes:

    - Change management
    - Workforce and organisational development
    - Partnerships and engagement
    - Information systems and technology

Change management: the Trust is undergoing a period of prolonged and profound change and whilst change programmes are progressing well, the considerable additional workload presents risks to delivery

70. Last year's Structured Assessment said that the Trust was committed to further strengthening capacity, capability and change but it noted that capacity for change was stretched.

71. The Trust is now going through a period of large-scale, prolonged and profound change. The transition to the All Wales Blood Service is a major change involving multiple organisations, and the work involved in planning, delivering and scrutinising this change is considerable. Similarly, the TCS programme is a vital development for the Trust and is requiring significant focus and attention from senior staff. Finally, there has been significant time and resource involved in creating the Organisational Development Strategy but implementation of the strategy will involve considerable cultural change and additional workload at all levels. These matters are discussed further in the Workforce and organisational development section of this report.

72. Whilst we have not carried out a detailed review of these change programmes, our fieldwork suggests they are progressing well. The All Wales Blood Service remains on track to go live in May 2016, despite some significant risks recorded on the corporate risk register. The TCS programme is also progressing quickly with an external company employed as a technical advisor and programme manager and work is ongoing with the Welsh Government to ensure the programme's numerous business cases are in line with national expectations.

73. The extent of change in the organisation is substantial and is greatly increasing the demands on senior staff. The Executive Team has therefore taken action to strengthen the senior leadership of the organisation and increase specific areas of expertise. The Trust now has assistant directors for Informatics, Planning, Nursing and Service Development, Research and Development, Workforce, Organisational Development and Modernisation, in addition to posts at this level in Finance. Despite the additional support provided through these assistant director posts, risks remain and we recommend that the risk associated with limitations in senior management capacity is formally assessed and kept in view.

74. The EMB is now meeting twice a month with the aim of ensuring more focused discussions on key issues by providing separate focus on performance/delivery and quality/development/service improvement. This approach is yet to be evaluated.

75. The Trust has recognised that there would be benefits from strengthening management and leadership skills throughout the organisation. Approximately 40 staff have now completed the new leadership development programme. The programme also has the important, potential benefits of promoting more joint working and lesson learning between staff from the different divisions.

Workforce and organisational development: while the Trust is continuing to experience a small number of performance difficulties in relation to workforce issues, the forthcoming Organisational Development Strategy has significant potential to drive improvement

76. In last year's Structured Assessment, we said that more work was needed on priority areas of workforce planning and organisational development. We noted that the work commenced since the arrival of the new Director of Organisational Development and Workforce was beginning to strengthen gaps in workforce capacity and capability and was progressing the reshaping of HR services.

77. The restructure of HR aims to ensure that the team is aligned with the needs of the organisation. The first phase of the restructure is now complete with appointments made to senior business partner posts.

78. As mentioned earlier in this report, the Organisational Development Strategy, **Building Excellence**, is due to go to Trust Board in December 2015. The strategy aims to engender a culture in the Trust that embraces transformational change while continuing to provide high-quality care. The Trust has carried out extensive work to support the strategy in relation to values and behaviours. A paper presented to the September 2015 Trust Board included a neat, memorable set of organisational values that were demonstrably linked to the views expressed by staff during the preceding consultation phase. Staff and IMs we interviewed spoke very positively about the Organisational Development Strategy. We consider that the strategy has significant potential to drive improvement and cultural change that will be needed as the Trust continues its prolonged period of transformational change.

79.   The Trust has set up a working group to plan and lead the work required to prepare for the forthcoming introduction of nurse revalidation. The Trust appears to be preparing appropriately with actions taken including discussions at committees about the potential risks, completion of a risk assessment and the designation of a resource for administration of revalidation processes.

80.   Last year's Structured Assessment drew attention to continued problems with sickness absence levels in the Trust. In February 2015, we carried out a review called **Maximising staff health and wellbeing** and we concluded that the Trust's approach to staff health and wellbeing was in the formative stage and appeared to be on the right track. We said that a stronger strategic approach underpinned by a robust evaluation framework would help the Trust prioritise its actions and make the most of its many opportunities for improvement. We came to this conclusion because:

- there were solid foundations for leading change through the refreshed Executive Team, a funded facilitator post and refreshed committee responsibilities;

- the Trust recognised the need for a more strategic approach to help prioritise and tie together its activities;

- management training was a relative weakness, there were opportunities to further enhance occupational health and there were encouraging aspects of new approaches to staff engagement; and

- the Trust was open to learning and there were some good examples of using data for improvement.

81.   The Trust's sickness absence rate remains above target. Whilst the sickness absence rate remains typically lower than other NHS Wales bodies, the Trust Board has discussed concerns about continuing deterioration in performance over the past year. The Trust has previously used invest to save funding to recruit a Health and Wellbeing Facilitator. However, the facilitator has left the organisation and their responsibilities have been taken on by one of the business partners within HR. The Trust may want to revisit the recommendations from our work on **Maximising staff health and wellbeing** to assure itself that appropriate actions are underway.

82.   In addition to the issues with sickness absence levels, we note that the Trust is experiencing four other workforce-related issues, as described below:

- Since October 2013, committee papers have noted that the proportion of staff recorded as having received a performance appraisal and development review is well below expected levels. The Trust has now set up a monthly working group to address this issue.

- Difficulties in recruitment are causing complications for service developments and delivery. The Trust risk register notes a critical risk related to complications in recruiting junior doctors to work at the cancer centre, although these are difficulties being experienced across Wales. There have also been particular delays in recruiting staff for the TCS programme team. The Trust is reviewing its internal recruitment processes and is engaging with the NHS Wales Shared Services Partnership to discuss possible improvements in the parts of the recruitment process that are external to the Trust.

- Several of the metrics related to access and timeliness vary considerably on a month-by-month basis. One explanation of this performance profile may be that the comparatively small workforce of the Trust has only limited capacity to manage fluctuations in capacity and demand.
- The Strategic and operational planning section of this report has already noted the need to strengthen workforce planning in the Trust.

Partnerships and engagement: the Trust is engaging with a range of stakeholders in relation to its major change programmes and recognises the importance of improving partnership working with staff given the extent of organisational change that is planned

83. Last year, we concluded that the Trust had effective partnership working on specific projects and was developing more proactive partnerships to support its ambitions for changes in cancer and blood services.

84. This year, the Trust has recognised the importance of broad partnership and engagement in relation to the TCS programme. Stakeholder engagement events have been held this year that have involved around 400 people including members of the public and representatives of between 20 and 30 different stakeholder organisations. Whilst engagement in TCS from the rest of NHS Wales has been positive, particularly in relation to clinical matters, maintenance of these strong partnerships will be important to the ongoing success of the programme, particularly when agreeing the financial aspects of the programme.

85. The Trust has also engaged extensively with partner organisations in relation to the planning and implementation of the All Wales Blood Service (AWBS). The process has involved an iterative programme of engagement to develop a service plan, business case and implementation plan for the AWBS. The organisations involved include community health councils, NHS Blood and Transplant (NHSBT) in England, Betsi Cadwaladr University Health Board, the Welsh Governement and the Welsh Health Specialised Services Committee (WHSSC).

86. Given the extent of cultural and organisation change that will happen within the Trust in coming years, it is essential that staff are involved and engaged. The results of the recent Pulse Survey revealed good staff support for the need for change but less positive results about staff feeling involved in planning the next steps for change.

87. The production of the Organisational Development Strategy involved a distinct consultation phase that secured around 1,300 comments from staff. The Trust is currently developing an Engagement and Communication Plan to support implementation of the strategy.

88. The organisation produces **Trust Talk**, a bi-monthly staff newsletter. This is an engaging way of keeping staff abreast of important developments in the organisation. The Trust also took the positive step of holding a Partnership Working Workshop in September 2015. This aimed to build on existing relationships between the Trust and its staff.

89. Our observation at the September 2015 meeting of the Local Partnership Forum noted good representation from the executive team. This reflects the importance with which the team considers staff engagement. However, the meeting was attended by only two staff representatives and if this low level of attendance continues, the forum is unlikely to deliver its intended outcomes. Work is now planned to review and revise the group's membership and terms of reference.

90. Previous structured assessments have commented on the need to improve internal partnership working by further integrating the two main divisions. The Trust has taken some positive steps this year including sharing staff expertise on social media, further integrating IT teams, aligning some service improvement activity across the divisions, and the leadership programme is also supporting networking across the divisions. At the September meeting of the Local Partnership Forum, it was noted that there is scope for the senior management teams of the divisions to become more familiar with one another and during our interviews staff recognised that there is more work to do to improve the sharing of resources and skills across divisions. A simple step to improve understanding between the divisions, as well as public understanding of who is who within the Trust's structure, would be to develop a structural diagram to highlight individual responsibilities down to at least the level of assistant directors.

91. Last year, we said that the Trust engages well with patients and donors. This year, we have again found that the Trust's arrangements for engaging and involving the public are good. The cancer centre's Patient Liaison Group and the Community Health Council both expressed positive views about the willingness to listen to patient and service user views and respond to them. The introduction of a specific patient experience lead at the cancer centre is a further positive step towards further strengthening the approach to listening to patients.

92. The Trust's **Putting Things Right** annual report clearly sets out the arrangements and lines of responsibility for addressing complaints, claims and concerns and was approved by the Quality and Safety Committee in September 2015. A report from internal audit in April 2015 gave the Trust a 'substantial assurance' rating in relation to concerns management. Similarly, a report from Welsh Risk Pool Services in June 2015 noted particularly good performance in managing claims and concerns and it highlighted scope for further improvement in managing redress matters (although the Trust has so far only managed one complaint under the redress arrangements), improving consistency of concerns letters and defining a pathway for learning identified as a result of concerns.

Information systems and technology: the Trust invests comparatively well in ICT and current ICT resources are largely effective in supporting the delivery of services, although there are a small number of systems problems that impact on service delivery

93.   Our local audit work this year involved a **Diagnostic review of ICT capacity and resources** which concluded that in Velindre NHS Trust there is a proportionally higher level of investment in ICT than most other NHS bodies and our diagnostic work indicated that the current ICT resources in Velindre NHS Trust are largely effective in supporting the delivery of healthcare. We concluded this because:

- the level of investment in ICT is above the recommended level and one of the highest in Wales;

- staffing levels for ICT compare higher than most other health bodies in Wales although many staff only cover the WBS and there are no in-house information management staff;

- overall, there is a positive commitment to ICT within the Trust and doctors' perception of IT facilities is better than the rest of Wales;

- the Trust has a good level of IT devices available to staff and physical access to PCs and clinical information systems is good;

- the Trust's ICT equipment is managed well and reliability of systems is generally adequate;

- the current arrangements for training are generally supporting proficiency in the use of systems and the quality of the information contained on them; and

- doctors are maximising the use of mainstream clinical ICT systems to provide patient care far more than many others across Wales.

94.   In addition to our diagnostic ICT review, our Structured Assessment work has highlighted the following issues in relation to ICT and the broader use of technology:

- The complicated implementation of the Blood Establishment Computer System has been recognised as a success by the Trust and the planning of the project was praised by the Medicines and Healthcare Products Regulatory Agency.

- The WBS is dedicating significant resource and attention to the national project to update the Laboratory Information Management System (LIMS). This is an essential system for the blood service although we note some concern within WBS about project delays and the amount of time being required of the blood service's senior leadership team.

- VCC continues to suffer difficulties associated with the system performance of CANISC. Trust committees have discussed long-running problems with instability and loss of access to the system, at a local and national level, and the impact that this instability has on service delivery. In December 2015, work is due to begin on the infrastructure supporting CANISC that aims to improve system resilience and reliability.

- The Board has also discussed problems with the cancer centre's linear accelerator (LINAC) machines. Service delivery has been disrupted several times during the year because of problems with LINAC machines. The September 2015 meeting of the Board noted the need to improve the narrative contained in the performance report to be able to monitor the impact of such problems.

Appendix 1

Interim Structured Assessment findings from July 2015

The appendix shows the interim findings from Structured Assessment that we provided to the Trust in a letter in July 2015.

Strategic and operational planning

Work is ongoing to finalise important strategies and whilst the Trust's Integrated Medium Term Plan has been approved, the Trust recognises it needs to continue to deliver against the objectives it has set itself

- The Welsh Government has approved the Trust's IMTP 2015-16 to 2017-18. Year one of the plan is detailed enough to be used as a delivery plan.

- There was recognition in interviews that the Trust may have set out to do too much in previous years and that there now needs to be a clear focus on ensuring that the plan is as realistic as possible in terms of the objectives the Trust sets itself compared to available resources.

- As a consequence of restructuring its workforce and organisational development team, and developing and extending its broader planning skills, the Trust will be looking to extend its consideration of workforce planning issues.

- Work is ongoing to complete supporting strategies on Organisational Development, Estates and Risk Management.

Senior management arrangements

The senior leadership team has reconfigured its meeting to provide clear focus on key areas and has grown its capacity but there are remaining capacity risks due to the additional workload from large change projects

- There have been appointments to the Trust's senior team and there is recognition that the organisation now needs to continue to build on the contribution that this resource provides through a development programme which is in the process of being implemented.

- However, senior management capacity remains a potential barrier to delivery in the Trust due to the additional workload involved in current change programmes, such as the creation of the All Wales Blood Service and the Transforming Cancer Services (TCS) programme.

- The Executive Management Board (EMB) is now meeting twice a month in an attempt to ensure more focused discussions on key issues by providing separate focus on performance/delivery and quality/development/service improvement. This approach is yet to be evaluated.

- There is recognition that more can be done to share skills and expertise between the Welsh Blood Service (WBS) and Velindre Cancer Centre (VCC). Ongoing work on the Organisational Development Strategy has potential to improve skills sharing.

Governance structures and committees

Committee meetings involve a balance of celebrating successes and learning lessons. The Trust is keeping under review the governance of the TCS programme

- Observations at Board and committees have highlighted positive arrangements, with open discussions and appropriate challenge from Independent Members.
- We observed a positive culture of celebrating successes, with congratulatory notes sent to staff involved in successful projects and positive audit reports.
- The Trust has demonstrated an appetite to learn lessons when appropriate, such as from the procurement problems that were involved in the Dafen estates project.
- The Trust is planning to share learning from the implementation of the Blood Establishment Computer System at WBS, the planning of which was praised by the Medicines and Healthcare Products Regulatory Agency.
- The Audit Committee's tracking of recommendations appears generally good but nevertheless, the Board Secretary is actively seeking to learn from the tracking approaches of other organisations. The Committee has also discussed the need to strengthen the process for delaying recommendation implementation dates.
- Risk registers and recommendation tracking vary between NHS Wales Informatics Service (NWIS) and the Trust. The Trust and NHS Wales Shared Services Partnership (NWSSP) Audit Committees have carried out self assessments but used different documentation. There may be benefits from reviewing these approaches and then standardising the best practices across the organisation.
- Governance of the TCS programme is complicated. Independent Members sit on the Programme Board but also sit on the Trust Board, which scrutinises the Programme Board. The risks have been debated openly and arrangements will be reviewed in six months.

Performance management

The Trust is undertaking challenging work to reform its performance management framework and make delivery of the IMTP a more obvious focus of day-to-day work

- There are limitations in the management information available for managers to use to improve services. Limitations include poor accessibility to CANISC data and doubt about the accuracy and completeness of data in some areas ie, in completion of staff appraisals and recruitment timescales.

- The Trust is trialling new approaches to address performance reporting issues including difficulties in ensuring timely data is reported to committees, duplicated reporting of data to different committees and equal prominence given to metrics that constantly achieve targets with those showing that performance is below expected levels.

- The Trust is working hard to improve performance reporting through the IMTP Delivery and Monitoring Framework. The framework attempts to bring the IMTP to life by ensuring performance measurement in operational delivery is more linked to the Trust's strategic aims.

- The Trust is monitoring IMTP implementation more frequently than last year, requiring monthly returns from divisions and monthly consideration of progress by the EMB.

- Positive work is ongoing to increase benchmarking activities with Clatterbridge Cancer Centre. There would be benefits from using benchmarking information more frequently in committee reports, as well as using benchmarking at operational level.

- The Trust has decided it needs to have a more formal process for monitoring the performance of NWSSP in delivering services to the Trust. The Trust and NWSSP now regularly meet to discuss the performance of the services provided to Velindre.

- The Trust is also now more closely involved in monitoring the estates performance of its hosted bodies.

Risk management:

Risk management approaches are changing with greater prominence and more frequent consideration of risk registers

- The Trust is evolving the way it manages risks by re-assessing the organisation's risk appetite, planning a Board development session on risk, and by developing its processes to ensure risk registers are more robustly constructed from the bottom up.

- Views were expressed to us that there is a much greater emphasis on risk than 18 months ago, with quarterly divisional reviews and conversations at committees now focusing more on risk registers.

- There remains scope to improve risk management with some staff saying that the scoring of risks does not always result in the most appropriate risks being escalated.

Partnerships and engagement:

The Trust is attempting to engage with a range of stakeholders in relation to the TCS programme and there are positive examples of listening to patients and users

- The co-design events related to the TCS programme are examples of proactive engagement with staff, patients, carers and families.
- The VCC Patient Liaison Group expressed positive views about the willingness to listen to patient views and respond to them.
- The introduction of a specific patient experience lead at VCC is a positive step towards further strengthening the approach to listening to patients.
- We were told that more needs to be done to secure involvement and engagement from the rest of NHS Wales when the Trust develops future IMTPs and plans related to the TCS programme. The development of stronger partnerships will be important to the success of these plans.
- Further work is required to make Trust minutes and papers available on the website within two weeks. As at May 2015, four committees' webpages were not up to date.

Performance and use of resources

The Trust's performance profile is largely positive. The most significant issues relate to its workforce

- Performance reports give a largely positive picture including success in meeting demand for blood services, high patient/donor satisfaction and avoiding all healthcare infections since October 2014.
- The Trust has been working with the Delivery Unit to consider improvements in service delivery and efficiency in radiotherapy.
- The proportion of staff that are recorded as having received a performance appraisal and development review is well below expected levels, and sickness absence levels are above target.
- Delays in the recruitment process are causing complications for service developments and delivery.

Appendix 2

Recommendations from 2014 Structured Assessment

The table below sets out the 2014 Structured Assessment recommendations and a summary of progress made against each.

Recommendation		Summary of progress
R1	Agree with the Wales Audit Office an appropriate approach for classifying non-recurrent savings in relation to staff.	The Trust has put in place definitions to help differentiate between recurrent vacancy savings and non-recurrent vacancy savings. However, the Trust is further considering its approach.
R2	Complete key strategies related to Organisation Development, Risk Management and Estates.	The Risk Management Strategy was approved by the Trust Board in September 2015. The Organisational Development Strategy is due to be approved by the Trust Board in December 2015. The Estates Strategy has been due to be finalised in October 2015 but is now scheduled to be completed in May 2016.
R3	Develop a corporate-level approach for monitoring delivery of the Integrated Medium Term Plan that considers delivery of overall objectives, not just delivery of the planned actions.	There has been good progress in developing a corporate approach to monitoring IMTP delivery. This year's report makes a new recommendation about strengthening Board level scrutiny of actions in the IMTP that are behind schedule.
R4	Ensure the Trust website provides access to all up-to-date committee papers, agendas and reports.	This recommendation has not yet been fully implemented. Our review of the website shows that further work is required to ensure access to committee papers, agendas and reports.

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