

## Structured Assessment 2022 – Public Health Wales NHS Trust

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# Summary report

## About this report

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

## Key messages

- 5 Overall, we found that **the Trust has a strong commitment to good governance but could tighten up its Board administration arrangements and strengthen its systems of assurance. Plans to review the Trust's long-term strategy present an opportunity to strengthen these arrangements by revisiting strategic risks and strengthening assurance frameworks to ensure they drive delivery of its strategic priorities.**
- 6 The Trust continues to have a clear vision, and long-term strategy which it is updating to reflect the impact of the pandemic and the cost-of-living crisis. The Trust has a Welsh Government approved Integrated Medium-Term Plan (IMTP) which was developed with good engagement from the Board. The Trust calls its IMTP its Strategic Plan. Although the Trust has good internal arrangements for developing and aligning its corporate plans and strategies, there is scope to strengthen Board-level oversight of the Trust's strategic planning arrangements.

The Trust has good arrangements for monitoring and scrutinising delivery of its corporate plans and strategies but needs to further consider how it can best measure and demonstrate the overall impact of its work and services.

- 7 Despite positive sources of assurance for performance, quality, and information governance, the Trust could strengthen its systems of assurance by developing a more comprehensive Board Assurance Framework. The review of the Trust's long-term strategy provides an opportunity to consider this. The Board and its committees continue to operate well but there are opportunities to further improve transparency, to enhance arrangements for hearing staff and user feedback, and to make greater use of a Board Assurance Framework to shape committee business. The Trust has good leadership arrangements and is continuing to develop its arrangements to support good governance across the organisation.
- 8 The Trust achieved its financial duties for 2021-22 and is on track to achieve its financial duties for 2022-23 supported by clear financial objectives underpinning its IMTP. The Trust has good financial controls, but some financial policies are out of date. Assurance should also be provided to the Board on the actions being taken to address the issues we identified in our audit of the 2021-22 accounts. The Trust has good arrangements to monitor and report its financial performance.
- 9 The Trust has good operational arrangements to manage its buildings and physical assets, and to engage with staff on well-being matters. The Trust also has clear ambitions for its use of digital technology and is developing its strategic approach to achieving them. However, there are opportunities to strengthen arrangements to demonstrate the impact of its staff well-being initiatives. In addition, the Trust could strengthen the assurance provided to the Board on its strategic approach to managing the estate and to indicate whether its assets are fit for purpose to enable delivery of its strategy.

## Recommendations

- 10 Recommendations arising from this audit are detailed in **Exhibit 1**. These recommendations are designed to support the Trust to enhance its existing arrangements and fully capitalise on the opportunities presented by the refresh of its long-term strategy to strengthen them further. The Trust's organisational response to these recommendations is summarised in **Appendix 2**.

## Exhibit 1: 2022 recommendations

### Describing the strategic planning process

- R1 We identified opportunities for the Trust to more articulate the process more explicitly for developing its IMTP to the Board. The Trust should share its process for developing the IMTP for scrutiny and challenge at Board, and discussion around when in the process, the Board should engage in the draft versions.

### Improving systems of assurance

- R2 The Trust currently lacks a comprehensive Board Assurance Framework and there are currently several gaps in the Trust's sources of assurance. As part of the review of its long-term strategy, the Trust should develop a clear Board Assurance Framework. The Board Assurance Framework should:
- address current gaps by including assurances relating to the Trust's approach to enabling better population health through preventative and sustainable measures, partnership working, and estates and other physical assets;
  - include all relevant controls and sources of assurance for Board and committees;
  - be regularly reviewed by the Board; and
  - be used to inform Board and committee workplans.
- R3 There is duplication in the terms of reference for the Audit and Corporate Governance Committee (ACGC) and the Knowledge, Research, and Information Committee (KRIC) with respect to information governance and security. The Trust should consider which is the most appropriate committee to maintain oversight of information governance and security and update terms of reference accordingly. The Trust should factor in the heavy workload of the ACGC into its considerations. More broadly, the Trust's review of its long-term strategy presents opportunities to review the current committee structure to ensure that workloads are balanced.
- R4 There are opportunities to include staff and user feedback more routinely in committee meetings, incorporating feedback from broader users of the Trust's services, such as NHS and local government bodies. In developing its approach to seeking, and providing assurance on, feedback, the Trust should incorporate capturing a broader perspective of views on how its services are received.

### **Improving oversight of progress addressing audit recommendations**

R5 The audit log does not include the recommendations arising from our audit of the Trust's financial statements for 2021-22. The Trust should update its audit log accordingly to ensure that the ACGC can oversee progress in addressing these recommendations.

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### **Improving transparency of Board and committee business**

R6 We identified opportunities for the Trust to improve its administration of Board and committee business. The Trust should:

- a) ensure that all key governance, financial, policy and strategic documents are updated and published in a timely manner on its website;
- b) ensure that arrangements are in place to note in public where items set out in Board and committee workplans are not considered;
- c) ensure that cover sheets are used for all Board and committee papers to summarise key issues and explain what Board members are being asked to do; and
- d) ensure that briefings provided outside of the formal Board meetings are put in the public domain.

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### **Improving oversight of asset management**

R7 The Trust has not set out its strategic approach to managing its buildings (both owned and leased) and other physical assets. As part of the long-term strategy review, the Trust should set out its strategic approach to ensuring that its buildings and assets support delivery of its strategic priorities, maximising efficiency, and effective use.

# Detailed report

## Strategic planning arrangements

- 11 In this section of the report, we provide our views on the Trust's strategic planning arrangements, with a particular focus on the organisation's:
- vision and strategic objectives;
  - Integrated Medium-Term Plan;
  - planning arrangements; and
  - arrangements for implementing and monitoring the delivery of corporate strategies and plans.
- 12 We found that **the Trust has good strategic planning arrangements and opportunities exist to strengthen these further through the refresh of its long-term strategy.**

## Vision and strategic objectives

- 13 We considered the extent to which there is a clear vision and long-term strategy in place for the organisation. In examining this, we have looked at whether:
- the vision and strategic objectives are future-focussed, and rooted in a detailed and comprehensive analysis of needs, opportunities, challenges, and risks; and
  - the vision and strategic objectives have been developed and adopted by the Board.
- 14 We found that **the Trust continues to have a clear vision and long-term strategy, which it is updating to reflect the impact of the pandemic and the cost-of-living crisis.**
- 15 The Trust continues to have a clear focus on its long-term vision which is set out in its strategy, [Working to achieve a healthier future for Wales, 2018-30](#). The strategy is based on a detailed and comprehensive analysis of population health at the time and provides the overall direction for the Trust through seven agreed strategic priorities.
- 16 The Trust is currently updating its strategy to ensure that it fully reflects the operating environment following the COVID-19 pandemic and the current cost-of-living crisis. The review exercise started in 2021-22 with a Board workshop, internal and external engagement, and a review of evidence. Due to the Omicron outbreak, the Trust extended the timetable for the review and is now aiming to finalise it by the end of the current financial year. The review will consider whether the Trust needs new strategic priorities, which will also act as its well-being objectives as required under the Well-being of Future Generations Act (Wales) 2015, thus appropriately integrating different legislative requirements into its overall strategic thinking. Whilst the ongoing review exercise of the long-term strategy concludes, the Trust has set out five transitional strategic themes in its Integrated



Medium-Term Plan for 2022-25. These themes were developed through a collective planning process across the organisation, including the Board.

## Integrated Medium-Term Plan

- 17 We considered the extent to which the Trust has been able to produce an approvable Integrated Medium-Term Plan (IMTP) for 2022-2025. In examining this, we have looked at whether:
- the IMTP was submitted within the required timeframes in line with Welsh Government guidance;
  - the draft and final versions of the IMTP were discussed, challenged, and agreed by the Board prior to submission; and
  - the IMTP received approval from the Minister for Health and Social Services.
- 18 We found that **the Trust has a Welsh Government approved IMTP which was developed with good engagement from the Board.**
- 19 The Trust was able to produce a Welsh Government approved IMTP for 2022-25. The Trust started developing its IMTP in October 2021, with the publication of its own internal guidance which has a focus on integrated planning. The Trust's planning guidance and the IMTP itself are developed through close working with members of the People and Organisational Development and Finance teams and lead directors. The Business Executive Team provided clear oversight of the IMTP process from the outset. Consolidation meetings and peer challenge arrangements were also put in place to ensure that the contents of the IMTP were robust and achievable. The IMTP appropriately reflects Welsh Government's Planning Framework 2022-2025 guidance.
- 20 There was good involvement of Non-Executive Members in the development of the IMTP, linking in the development of the five transitional strategic themes as noted in paragraph 16. Draft versions of the IMTP were discussed at Board development sessions with formal approval by the Board in March 2022. The IMTP was submitted to Welsh Government within the required timeframe and received ministerial approval in July 2022.

## Planning arrangements

- 21 We considered the extent to which the Board maintains effective oversight of the process for developing corporate strategies and plans. In examining this, we have looked at whether:
- corporate strategies and plans have been developed in liaison with relevant internal and external stakeholders; and
  - prudent and value-based healthcare principles are considered and reflected in corporate strategies and plans.

- 22 We found that **although the Trust has good internal arrangements for developing and aligning its corporate plans and strategies, Board-level oversight of strategic planning arrangements should be strengthened.**
- 23 The Trust's corporate strategies and plans are aligned to its IMTP to support the delivery of the long-term strategy. Several corporate strategies have been developed relating to specific aspects of the organisation's business, including an Engagement Strategy, the Quality and Improvement Strategy, and the People Strategy. There are also digital, and research and evaluation strategies in development. These strategies are clearly referenced in the IMTP.
- 24 The Trust has good internal development processes for its IMTP, as noted in paragraph 20. However, it recognises it needs to do more generally to engage with external stakeholders. The Trust's Engagement Strategy and IMTP describe its ambitions to engage effectively, strengthen existing relationships, and better understand roles and responsibilities at a local and national level. An important first step in this process is to better communicate the Trust's final IMTP to its external stakeholders. The Trust, therefore, should ensure future versions are published promptly on its website as the 2022-25 IMTP was not uploaded to the 'Our Priorities' section of the website until October 2022 due to delays with translation. **(Recommendation 6a).**
- 25 Whilst there was good engagement in developing the 2022-25 IMTP, there is scope to improve oversight of the Trust's overall IMTP planning arrangements at Board level. Other NHS bodies routinely set out the intended process for developing their IMTPs for consideration by their respective Boards. This provides opportunities for scrutiny and challenge, and also discussion around when the Board should engage in the process. To improve Board-level oversight of IMTP planning arrangements, the Trust should share its intended approach for developing the IMTP with the Board and its committees prior to undertaking any detailed work. This would also clarify to internal and external stakeholders how decisions have been made and the likely engagement going forward **(Recommendation 1).**
- 26 The Trust recognises the importance of value-based healthcare but is making slow progress in applying the principles locally. The IMTP makes explicit reference to the Trust's role in promoting value-based healthcare and notes plans to report on value-based healthcare across wider NHS Wales strategic plans and decision-making. However, the Trust has made slow progress in developing its own approach to value-based healthcare due to the pandemic and delays in recruiting to two new posts in the Trust's value and performance team. The Trust's current focus is on the financial value of its investment, but it plans to explore ways to demonstrate value more broadly in future by drawing on its research on social return on investment. In developing its IMTP for 2023-26, the Trust could reflect on how it can apply value-based healthcare more broadly to its delivery of services.

## Implementation and monitoring arrangements

- 27 We considered the extent to which the Board oversees, scrutinises, and challenges the implementation and delivery of corporate strategies and plans. In examining this, we have looked at whether:
- corporate strategies and plans contain clear milestones, targets, and outcomes that aid monitoring and reporting; and
  - the Board receives regular reports on progress to deliver corporate strategies and plans.
- 28 We found that **the Trust has good arrangements for monitoring and scrutinising delivery of its plans but needs to consider further how it can best measure and demonstrate overall impact.**
- 29 Whilst the Trust has set out objectives in its IMTP, there is scope to strengthen how it measures and demonstrates its overall impact. The IMTP sets out 58 objectives to support the delivery of the five transitional strategic priorities. Each of the objectives have several actions and milestones. The IMTP also contains numerous intended outcomes, but there is no indication of how these will be measured. The Trust acknowledges that the number of outcomes need to be reduced. The review of the Trust's long-term strategy provides opportunities to develop these into a smaller set of outcomes and related performance measures. We recognise that demonstrating impact is difficult for the Trust, as there are wider contributory factors affecting health outcomes that are beyond its control. However, the Trust recognises it needs to be able to demonstrate its valuable role and impact within the wider healthcare system given the expected squeeze on public finances.
- 30 The Trust has good arrangements for monitoring delivery of its IMTP. The Business Executive Team are responsible for delivery of the objectives, whilst the Board and committees monitor and scrutinise their delivery. Progress against IMTP milestones is reported monthly to the Board and Business Executive Team via the Performance Assurance Dashboard. The dashboard is accompanied by commentary on the progress to date and an assessment of strategic risks. The Trust has also recently developed Directorate and Divisional Dashboards which are considered by the Business Executive Team, and Directorate and Divisional management boards monthly. These arrangements provide clear insight into the delivery of milestones and enable the Board to track progress. More broadly, the Trust also has good arrangements to monitor other plans via relevant committees including Our Approach to Engagement, the People Strategy and Data and Digital Strategy.

## Governance arrangements

- 31 In this section of the report, we provide our views on the Trust's governance arrangements, with a particular focus on:

- key systems of assurance;
  - Board and committee effectiveness; and
  - the extent to which organisational design supports good governance.
- 32 Details of progress made on previous year recommendations relating to the Trust's governance arrangements are provided in **Exhibit 2**.
- 33 We found that **the Trust's Board and committees' function well but there is scope to strengthen current systems of assurance. Refreshing the long-term strategy presents an opportunity to better align structures and systems of assurance to strategic priorities and risks.**

## Systems of assurance

- 34 We considered the extent to which the Board and its committees oversee, scrutinise, and challenge organisational risks, performance, and quality of services. In examining this, we have looked at whether:
- there is an effective Board Assurance Framework (BAF) in place, which is actively reviewed and owned by the Board;
  - the BAF is underpinned by appropriate systems for managing risks and performance; overseeing the quality and safety of services; and handling information in a secure manner; and
  - effective action is taken to address audit and review findings and recommendations.
- 35 We found that **whilst the Trust has positive sources of assurance relating to performance, quality and information governance, there are weaknesses in the Trust's approach to systems of assurance. The review of the long-term strategy provides an opportunity to revisit and reshape systems of assurance.**
- 36 The Trust does not have a comprehensive Board Assurance Framework. Instead, it has a Strategic Risk Register (SRR) which sets out the principal risks that could impact on the delivery of its current long-term strategy. The SRR sets out the controls, sources of assurance, gaps in assurance and actions to address those gaps for each risk. However, sources of assurance for some risks are not comprehensive or robust. For example, we identified an over-reliance on operational meeting minutes and gaps in third-level sources of assurance, such as Internal Audit. Any changes to the strategic risk register are scrutinised by Board. Strategic risks are also allocated to individual committees for oversight, where they are considered regularly. However, committees only receive assurance from one source for some risks, despite additional sources of assurance being provided at an operational level. This approach limits opportunities for full scrutiny and assurance by the committees.
- 37 We also found that the lack of a Board Assurance Framework means that there are gaps in Board and committee work programmes. For example, we found gaps in

assurance at Board and committee level on the Trust's approach to managing its buildings (both owned and leased) and other physical assets (see paragraph 88). From a review of the strategic themes in the Trust's IMTP, we also identified further gaps in relation to the Trust's approach to enabling better population health through preventative and sustainable measures, as well as on the effectiveness of the Trust's approach to partnership working. Much of the Trust's strategic approach depends on successful collaboration with others, but there is little focus on collaboration in its governance arrangements. The review of the long-term strategy provides opportunities to take a fresh look at the Trust's strategic risks, and to develop a more comprehensive Board Assurance Framework which sets out a complete set of sources of assurance (**Recommendation 2**).

- 38 The Board considers the Trust's approach to risk management, with both the SRR and the Corporate Risk Register (CRR) scrutinised at both Board and committee level. The Board's risk appetite was considered in April 2022, and a revised risk protocol, setting out the review processes for both registers was considered in October 2022. The Trust's Corporate Risk Register (CRR) however does not link clearly to the SRR, and corporate risks have not been formally mapped and allocated to individual committees for oversight. Our review of the Trust's quality governance arrangements<sup>1</sup> identified weaknesses in the Trust's approach to risk management and pressure on staff resources. In response to our recommendations, the Trust reviewed its staff arrangements and is splitting the role of Chief Risk Officer into two posts: a Head of Information Governance and a Head of Risk Management. It has recently secured investment for additional staff resources in risk management and is about to start recruitment. More broadly, the Trust intends to address issues in risk management through its risk management development plan. A recent paper to the ACGC provided an update on the risk management development plan.
- 39 The Trust has generally effective performance management arrangements. The Performance Assurance Dashboard continues to be reported regularly to the Board. It provides clear, accessible, and meaningful data on key performance indicators, and is supported by the Performance and Insight Report. As mentioned in paragraph 30, this year the Trust has also developed Directorate and Divisional Dashboards which support internal performance and financial reviews. The Board continues to refine the approach to ensure performance information gets the right level of focus in the most appropriate committee. We observed good scrutiny of performance by the Board and committees, including questions about whether the Trust is monitoring the right things to ensure effective delivery of its strategic priorities. The Trust's key performance challenges relate to delivery of some of its screening programmes. Whilst some programmes have recovered to pre-pandemic activity levels following a temporary pause in 2020, recovering backlogs in Breast Test Wales and Diabetic Eye Screening is more difficult. The Trust has recovery

<sup>1</sup> [Review of Quality Governance Arrangements](#), August 2022

plans for each service, which are considered by the QSIC. We are currently reviewing the Trust's recovery arrangements and will publish a report in the new year.

- 40 Our review of the Trust's quality governance arrangements found that an appropriate quality governance framework is in place. Structures and lines of accountability for quality, safety and improvement are clearly set out and there is good oversight at the QSIC. The Trust is currently developing its strategic approach in several areas including quality improvement, clinical audit, and user experience. The Trust provided a thorough management response to our report and has already started to address our recommendations.
- 41 The Trust has effective oversight arrangements for information governance and security. The ACGC receives clear quarterly information governance reports. We observed good scrutiny in committee meetings, particularly in relation to recent personal data breaches and staff resources for information governance. The most recent report (October 2022) showed improvements in key risk indicators for information governance, all of which had moved out of the red category. At 88%, organisational compliance against mandatory information governance training was higher than the NHS Wales target of 85%. However, compliance in the Corporate and People and Organisational Development Directorates was still below target. The Trust is analysing training requirements for information governance to decide whether the current mandated all-Wales training is meeting its needs.
- 42 There is scope however to clarify which committee is ultimately responsible for overseeing information governance and cyber security. The terms of reference for the ACGC and the KRIC suggest both committees have a role. However, there is no reference to information governance and cyber security in KRIC's workplan for 2022-23. Cyber security is included as a risk on the SRR and has been considered in private Board and ACGC meetings. The ACGC's workplan has a strong focus on cyber security, including updates on specific and several deep dives. At the October 2022 meeting, the Trust agreed to provide even more regular cyber security updates to assure the committee it is managing risks to information security effectively. Whilst this is positive, ACGC already has a heavy workload. the Trust, therefore, should consider which committee is the most appropriate to maintain oversight of information governance and security and update the terms of reference accordingly. The Trust should factor in the heavy workload of the ACGC into its considerations (**Recommendation 3**).
- 43 The Trust continues to have effective arrangements in place to track its progress in addressing internal and external audit recommendations. The ACGC has used an internal and external audit log to monitor progress for several years. However, the log does not include the recommendations we made in June 2022 resulting from our audit of the Trust's 2021-22 accounts (see paragraph 70) (**Recommendation 5**). The Trust has now also established a central log to track progress against clinical audit recommendations in response to gaps we identified during our review of its quality governance arrangements.

## Board and committee effectiveness

- 44 We considered the extent to which the Board and its committees conduct their business effectively and support good governance. In examining this, we have looked at whether:
- the Board and its committees demonstrate appropriate levels of public transparency;
  - meetings are conducted appropriately supported by clear Schemes of Delegation, Standing Orders, Standing Financial Instructions, and Registers of Interest;
  - there is an appropriate and well-functioning committee structure below the Board;
  - the Board and its committees receive the right information, including views from staff and service users; and
  - there is evidence of sufficient self-review by the Board and its committees.
- 45 We found that **the Board and its committees continue to operate well but there are opportunities to further improve transparency and enhance arrangements for listening to staff and user feedback. The review of the long-term strategy provides an opportunity to revisit and strengthen committee arrangements.**
- 46 The Trust continues to demonstrate a strong commitment to public transparency. Board meetings continue to be livestreamed, with recordings uploaded to the Trust's website shortly after the meeting. Plans are also in place to livestream committee meetings when staff resources allow. We observed a constructive, open, and inclusive culture in Board and committee meetings with Non-Executive Directors providing strong scrutiny and challenge. The Trust is candid about its mistakes and keen to learn from them. For example, it discussed criticism of its approach to changing cervical screening intervals at both Board and KRIC meetings. The Chair gave a public apology, and the Chief Executive committed to providing a full debrief identifying areas for improvement to the Board. The Trust lists future meeting dates on its website and continues to promote Board meetings via social media. Items discussed in private Board are kept to an absolute minimum and reserved for sensitive items only. In line with its own protocol, the Chair presents a summary of matters discussed privately to the public Board. Chairs actions are also kept to a minimum and noted in writing at the next available meeting.
- 47 However, opportunities exist for the Trust to tighten up and further enhance transparency. The Trust also does not publish its agendas for private Board meetings. Although key issues from committees are reported to Board, minutes are not made available until after they are confirmed at the next meeting, which could be several months. When uploaded, confirmed minutes do not always appear next to the relevant meeting on the Trust's website despite having been confirmed in the



subsequent meeting<sup>2</sup>. The minutes themselves, however, continue to be well-written, and provide clear records of discussion and resulting decisions.

- 48 The Trust's arrangements support the effective conduct of Board and committee business. Standing Orders, Schemes of Delegation, and Standing Financial Instructions are in line with Welsh Government models but have not been reviewed annually by the ACGC as required. The most recent versions were formally approved by the Board in May 2021 and are available on the Trust's website, although these need to be updated (**Recommendation 6a**). Declarations of interest are taken at the start of every Board and committee meeting. Appropriate arrangements are also in place for declaring, registering, and handling interests, gifts, hospitality, and sponsorship which are scrutinised annually by the ACGC. The registers are available on the Trust's website, although the register for gifts and hospitality is also not the most recent (**Recommendation 6a**).
- 49 The Trust has a strong Board with a diverse portfolio of skills and experience across different sectors. It manages the risks associated with turnover well and has had a full quota of Non-Executive members for several years. Non-Executive members are well supported by mentoring arrangements and a learning and development programme. More broadly, the Board demonstrates its commitment to improvement by reviewing Board and committee effectiveness annually and implementing improvements as a result. Committee chairs also routinely seek feedback at every meeting.
- 50 The Board and committees are generally working well but there are gaps in assurance due to the lack of a clear Board Assurance Framework as mentioned in paragraph 36. Terms of Reference are reviewed and approved annually, and workplans are in place. Whilst Board and committee business usually reflects workplans, we found instances where scheduled items were omitted from agendas without explanation<sup>3</sup> (**Recommendation 6b**). Meetings are well chaired and there are clear flows of information across committees and from committees to Board. Committees are well served by action logs to monitor progress in addressing actions from previous meetings. The logs explain the reasons why each issue went to committee, responsible officers, due dates, and status.
- 51 The Trust intends to review the role of the ACGC because its workload has become unmanageable. In doing so, the Trust should also consider the scheduling

<sup>2</sup> Our spot check on 9<sup>th</sup> June 2022 found that minutes of the QSIC on 15<sup>th</sup> February were not on the Trust's website despite being agreed on the May 2022 meeting. Similarly, the minutes of the PODC on 16<sup>th</sup> February were not on the website despite being agreed in the April meeting.

<sup>3</sup> For instance, the ACGC workplan for 2021-22 scheduled the bi-annual review of policies for the March 2022 meeting but the review was not on the agenda. The 2021-22 board workplan scheduled both the Corporate and Strategic Risk Registers for discussion on 29<sup>th</sup> September 2022 but neither were covered in the meeting. The PODC was due to receive an update on its response to our Taking Care of the Carers report in October 2022, but it did not happen.



of ACGC meetings if it is to retain oversight of financial performance between Board meetings. Current schedules mean that commentary on financial performance can repeat assurance provided at Board. More broadly, there are opportunities for the Trust to review its committee structure to reflect its revised long-term strategy (once completed).

- 52 The Board and its committees continue to receive timely, clear information that supports effective scrutiny, assurance, and decision-making. Papers are usually accompanied by a cover sheet, helpfully summarising key areas of concern and what is required of the Board or committee. However, we found examples where papers going to the KRIC, and PODC did not include cover sheets (**Recommendation 6c**). Where written papers are not provided, verbal presentations are clear and effective. Information is also shared with Board via briefings which are not in the public domain. Many briefings provide useful context for Board members, but some of the information, such as the Month 12 2021-22 financial report, provides a layer of assurance that should be in the public domain (**Recommendation 6d**).
- 53 The Board has appropriate arrangements to hear from staff and users. However, opportunities exist to enhance these arrangements and better embed staff and user views in committee business. Staff representatives are invited to attend all Board and committee meetings. We saw active engagement with staff representatives and found good examples of the Board taking staff views seriously and acting on concerns. Our review of the Trust's quality governance arrangements identified positive examples of the Trust adapting its approach based on user feedback. However, we said it could do more to triangulate and share learning from user feedback from different sources. We also recommended that the Trust should include user experience in its 'deep dives' to the QSIC. Staff and user feedback have also been discussed by the KRIC and PODC on an ad hoc basis. There are also opportunities to include staff and user feedback more routinely in committee meetings, and more broadly, to consider incorporating feedback from other users of the Trust's services such as NHS and local government bodies (**Recommendation 4**).

## Organisational design

- 54 We considered the extent to which the Trust's organisational structure supports effective governance. In examining this, we have looked at whether:
- the responsibilities of Executive Directors are clear, and that they have balanced and equitable portfolios of work;
  - there is clarity on the role of the Board Secretary, and there are adequate resources in place to support the work of the Board and its committees; and
  - the organisational structure supports effective governance and facilitates whole system working.

- 55 We found that **the Trust has good leadership arrangements and is continuing to develop its arrangements to support good governance across the organisation.**
- 56 The Trust has good leadership arrangements based on clear roles and responsibilities at Executive level and effective operational structures. It made several changes to its organisational structure this year, most notably transferring its local public health staff to health boards in September 2022. The Trust has good arrangements to oversee its change programmes, including regular updates to the PODC which also oversees the Trusts' management of a specific strategic risk on organisational change. The Director of Policy and International Health / World Collaborating Centre, and the Board Secretary are both leaving the Trust at the end of the year. The Trust has interim arrangements to cover both roles until it can appoint permanent replacements. The Trust has adequate resources to support current board and committee business.
- 57 The Trust is committed to understanding governance approaches and behaviour across the organisation. As a result, improvements are being made via the Trust's integrated governance model. It aims to join-up governance arrangements across the organisation, improve lines of sight, and instil a culture of good governance so that all staff understand what good governance is and their role in achieving it. The Trust has used the results of a pilot to develop a plan to implement the model and aims to complete most of the actions by the end of 2022. With the right implementation, the Trust's model could be exemplary. However, effective implementation will be challenging, especially with a tired workforce, some of whom are already affected by major organisational change.
- 58 Welsh Government is currently developing an NHS Executive<sup>4</sup> which will be hosted by the Trust. Developing effective hosting arrangements will create significant work for the Trust, particularly in terms of financial management and oversight of the NHS Executive functions. Similarly, Welsh Government will need to be clear about how it will oversee the NHS Executive's performance. We will review the Trust's progress in establishing appropriate hosting arrangements as part of our 2023 structured assessment work.

<sup>4</sup> The Welsh Government intends the NHS Executive to drive improvements in the quality and safety of care across Wales. The Executive will comprise small team of senior Welsh Government officials and bring together existing national functions into a single structure. The NHS Delivery Unit, Financial Delivery Unit and NHS Collaborative will all be part of the Executive.

## Exhibit 2: progress made on previous year recommendations

Recommendation	Description of progress
<p><b>Public access to Board meeting recordings (2021)</b></p> <p>R1 At the time of our review, one video recording of a Board meeting was missing from the Trust's website. The Trust should ensure that it strengthens the process for the timely publication of recordings of Board meetings.</p>	<p><b>Complete</b></p> <p>The missing recording was uploaded following our previous report. The Board Business Unit now has an allocated team member who ensures recordings are made available on the Trust's website within two working days of the meeting. In 2022, we found that all recordings of Board meetings were available on the Trust's website.</p>

## Managing financial resources

- 59 In this section of the report, we provide our views on the Trust's arrangements for managing its financial resources, with a particular focus on the organisation's:
- arrangements for meeting key financial objectives;
  - financial controls; and
  - arrangements for reporting and monitoring financial performance.
- 60 We found that **the Trust has good arrangements to manage its finances, but some administrative processes could be improved.**

## Financial objectives

- 61 We considered the extent to which the Trust has effective arrangements in place to meet its key financial objectives. In examining this, we have looked at whether the Trust:
- met its financial duties for 2021-22, and is on course to meet its financial duties in 2022-23; and
  - has a clear and robust financial plan in place, which includes realistic and sustainable savings and cost improvement plans.
- 62 We found that **the Trust achieved its financial duties for 2021-22 and is on track to achieve its financial duties for 2022-23 supported by clear financial objectives underpinning its IMTP.**
- 63 The Trust met its financial duties to break-even for the financial year 2021-22 and for the rolling three-year period 2019-22, with a small surplus of £143,000 revenue and £158,000 capital. In 2021-22, the Trust delivered planned savings of £1.05

million resulting from savings to non-pay expenditure. The Trust also met the NHS Wales target to pay 95% of non-NHS contracts within 30 days.

- 64 The Trust is forecasting and is on-track to deliver another break-even position at the end of 2022-23 and for the rolling three-year period 2020-23. The Trust has a savings scheme in place totalling £1.091 million which has created an internal investment fund and is currently forecasting a surplus of £150,000 resulting from underspends. Rather than reinvesting these savings, the Trust has agreed to return any surplus back to Welsh Government to help ease financial pressures across NHS Wales.
- 65 The Trust has a clear and balanced financial plan for 2022-25 and reviews it regularly to keep the plan up to date. Roles, responsibilities, and lines of accountability are clear. The plan underpins the Trust's IMTP and clearly sets out directorate budget allocations. The Trust also has good arrangements to support investment in priority areas via its self-generated internal investment fund and associated bidding process which requires directorates to demonstrate how their proposals meet strategic criteria.

## Financial controls

- 66 We considered the extent to which the Trust has appropriate and effective arrangements in place for allocating, authorising, recording, and managing the use of its financial resources. In examining this, we have looked at whether:
- there are effective controls in place to ensure compliance with Standing Financial Instructions and Schemes of Delegation;
  - the Audit and Corporate Governance Committee maintains appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
  - there are effective financial management arrangements in place; and
  - financial statements were submitted on time, contained no material misstatements, and received a clean audit opinion.
- 67 We found that **the Trust has good financial controls, but some policies are out of date and assurance should be provided on actions to address issues identified in our audit of the 2021-22 accounts.**
- 68 The ACGC provides good oversight of procurement, losses and special payments, and fraud. Five Internal Audit reports have provided reasonable or substantial assurance on the Trust's financial management arrangements over the last year<sup>5</sup>. The Trust takes corrective action where issues are raised. Financial policies are in place and available on the Trust's website although some are out of date,

<sup>5</sup> On the Trust's financial systems (substantial assurance); stock management (substantial assurance); additional hours and overtime payments (reasonable assurance); Welsh Risk Pool (reasonable assurance); and collaborative procurement (an advisory report).

including the recovery of salary overpayments and underpayments policy, and the counter fraud policy. The Standing Financial Instructions on the Trust's website are also out of date (**Recommendation 6a**).

- 69 The Trust has good controls to manage its finances and maintain oversight of the financial position at a directorate level. A key financial challenge for the Trust is ensuring all budgets are spent during the year. Arrangements include quarterly financial review meetings with the finance team and individual directorates, and bi-annual reviews with the Chief Executive.
- 70 The Trust submitted its draft financial statements within the required timescales, which were considered by the ACGC and the Board in June 2022. We issued an unqualified opinion on the 2021-22 Financial Statements, except for the regularity opinion, for which we issued a qualified opinion<sup>6</sup>. Our audit also identified two significant issues around the administration and governance of human resources, and non-NHS payables and accruals. We made two recommendations for improvement which the Trust accepted in full. These recommendations, however, are not included in the Trust's audit log, nor has progress been considered at Board or committee level (see paragraph 43).

## Monitoring and reporting arrangements

- 71 We considered the extent to which the Board oversees, scrutinises, and challenges the organisation's financial performance. In examining this, we have looked at whether:
- reports to the Board provide a clear picture of the organisation's financial position, as well as the key financial challenges, risks, and mitigating actions taken; and
  - Board members sufficiently challenge ongoing assessments of the financial position.
- 72 We found that **the Trust has good arrangements to monitor and report its financial performance, but not all information is in the public domain.**
- 73 The Trust continues to use clear and accessible information to monitor and report its financial performance at Board and Committee level through the Finance Position Report. The report sets out a clear overview of revenue, the forecast position, capital spend, and payment of non-NHS invoices. The Trust also continues to seek ways to evolve the way in which financial information is presented. For instance, it has refined its interactive Performance Assurance Dashboard in respect of finance performance, and recently adapted procurement reports following feedback from the ACGC. However, as mentioned in paragraph

<sup>6</sup> This year, the Auditor General qualified his regularity opinion at eight of eleven NHS bodies due to the accounts including expenditure and funding in respect of clinicians' pension tax liabilities.

52, some financial reporting is through briefing papers to Board members which are not in the public domain.

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

- 74 In this section of the report, we provide our high-level views on the Trust's arrangements for managing its wider resources, with a particular focus on the organisation's:
- arrangements for supporting staff well-being (please note we will be undertaking a separate review of the organisation's workforce planning arrangements);
  - arrangements for managing its digital resources; and
  - arrangements for managing its estate and other physical assets.
- 75 We found that **the Trust could do more to assure the Board that it is managing staff well-being, its buildings, digital resources, and other physical assets effectively.**

## Supporting staff well-being

- 76 We considered the extent to which the Trust has appropriate and effective arrangements in place for supporting staff well-being. In examining this, we have looked at whether:
- mechanisms to seek staff views about their well-being needs are effective, and appropriate action is taken to respond to findings; and
  - actions to support and improve staff well-being are actively monitored by the Board, including actions taken in response to our report on how NHS bodies supported staff wellbeing during the COVID-19 pandemic<sup>7</sup>.
- 77 We found that **the Trust has good arrangements to support staff wellbeing and engage staff, but there are opportunities to strengthen oversight arrangements and demonstrate impact.**
- 78 The Trust has taken significant action to develop its staff wellbeing offer, with an action plan in place which is overseen by the Leadership Team and reported to the Business Executive Team. However, unlike other NHS bodies, actions to address staff wellbeing are not reported to the Trust's Board and committees.
- 79 The Trust has also good arrangements to engage with staff via its Staff Partnership Forum and various staff networks. It collects staff views via surveys, its web forum and Facebook group. The Trust however recognises it could do more to encourage

<sup>7</sup> [Taking care of the carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic.](#)

feedback from certain parts of the organisation and is implementing a workplan to address the recommendations of an Internal Audit report on staff well-being (July 2021). The audit found that the Trust had not done anything to understand why response rates from some areas of the business were low. It also found that attendance at the Trust's Well-being and Engagement Partnership Group from some parts of the business was also low.

- 80 The Trust continues to monitor and report staff well-being via key indicators in its Performance Assurance Dashboard to Board and the PODC. The Committee also receives reports on staff safety, incidents, near misses, concerns and grievances and scrutinises the Trust's approach to managing two workforce-related strategic risks. A 2022 Internal Audit report focusing on arrangements for managing staff absence, identified inconsistencies in what was being recorded, and the timeliness of information being uploaded on the Electronic Staff Record (ESR) by line managers. This impacts the reliability of absence data presented through the dashboard and makes it difficult to understand trends over time and demonstrate that staff well-being initiatives are having an impact. In response to Internal Audit's recommendation, the Trust is working through an action plan which will increase consistency and compliance with processes surrounding sickness absence management. This in turn will lead to more reliable data being produced.
- 81 The Trust includes questions about the effectiveness of its well-being support in staff surveys but has not systematically reviewed the impact of its support package to understand whether its investment is making a difference. It would be helpful for the Trust to consider the impact of its support in the context of sickness absence and staff retention figures.
- 82 The Trust took its management response to our Taking Care of the Carers report and our board member checklist to its PODC in February 2022. Some areas of work were already underway before we published our report, but the Trust explained that it will consider all our recommendations as part of future planning. As mentioned in paragraph 50, an update on the management response was due to be reported to the PODC in October 2022 but this did not happen.

## Managing digital resources

- 83 We considered the extent to which the Trust has appropriate and effective arrangements in place for managing its digital resources. In examining this, we have looked at whether:
- there is a Board approved digital strategy in place which seeks to harness and exploit digital technology to improve the quality, safety, and efficiency of services, as well as to support new models of care and new ways of working; and
  - benefits arising from investments in digital technology are actively monitored by the Board.



- 84 We found that **the Trust has clear ambitions for its use of digital technology and is developing its strategic approach to achieving them.**
- 85 The Trust's IMTP explains how it will use digital technology to help deliver its strategic priorities and includes a specific strategic priority to 'maximise the use of digital, data and evidence to improve public health'. The IMTP includes clear actions and milestones to achieve the Trust's digital ambitions and the capital costs associated with its digital infrastructure (£3.4 million over the three years of the IMTP).
- 86 The Trust is currently developing a Data and Digital Strategy and its KRIC is providing good oversight of the process. We observed strong constructive challenge from officers and Non-Executive Directors alike in committee meetings including honest conversations about areas for improvement. As the Trust starts to implement its Data and Digital Strategy, it should consider how best to monitor and report the benefits of its digital investment.

## Managing the estate and other physical assets

- 87 We considered the extent to which the Trust has appropriate and effective arrangements in place for managing its estate and other physical assets. In examining this, we have looked at whether:
- there are Board-approved strategies and plans in place for managing the organisation's estates and its wider physical assets;
  - there are appropriate arrangements in place for the Board to review, scrutinise, challenge, and approve significant capital projects and programmes; and
  - there are appropriate arrangements in place for the Board to maintain appropriate oversight of the condition of the estate and other physical assets.
- 88 We found that **whilst the Trust has good operational arrangements to manage its buildings and other physical assets, assurances to the Board require strengthening.**
- 89 The Trust has appropriate arrangements for managing its buildings (both owned and leased) and other physical assets (including digital assets) at an operational level. This includes monitoring and reporting the condition of assets and using this information to prioritise investment. Organisational oversight is provided by the Trust's Capital Planning and Monitoring Groups which report to the Trust's Business Executive Team and a high-level update on capital spend is provided through the Finance report to the Board. The QSIC receives regular health and safety reports which provide assurance on the safety of the Trust's buildings. However, the Trust does not routinely share other information with its Board or committees on whether its estates (both owned and leased) and physical assets are fit for purpose and enabling delivery of the Trust's strategy. This leaves a gap in assurance that the Trust is effectively managing its assets (**Recommendation 2**).



90 More broadly, the Trust has not set out its strategic approach to managing its buildings and other physical assets including how it ensures the environmental, social, and financial sustainability of its assets. It has, however, shared information via updates to the Board on the extent to which investment is needed, and individual business cases are scrutinised by the Board. The long-term strategy refresh provides an opportunity for the Trust to consider how well its existing buildings and assets support delivery of its strategic priorities, and whether they can be used more effectively and efficiently (**Recommendation 7**).

# Appendix 1

## Audit approach

Exhibit 3 sets out the approach we adopted for delivering our structured assessment work at the Trust.

### Exhibit 3: audit approach

Element of audit approach	Description
Observations	We observed Board meetings as well as meetings of the following Committees: <ul style="list-style-type: none"><li>• Audit and Corporate Governance Committee;</li><li>• Knowledge, Research, and Information Committee;</li><li>• People and Organisational Development Committee; and</li><li>• Quality, Safety, and Improvement Committee.</li></ul>
Documents	We reviewed a range of documents, including: <ul style="list-style-type: none"><li>• Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes;</li></ul>

Element of audit approach	Description
	<ul style="list-style-type: none"> <li>• Key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interests, and Registers of Gifts and Hospitality;</li> <li>• Key organisational strategies and plans, including the IMTP;</li> <li>• Key risk management documents, including the Board Assurance Framework and Corporate Risk Register;</li> <li>• Key reports relating to organisational performance and finances;</li> <li>• Annual Report, including the Annual Governance Statement;</li> <li>• Relevant policies and procedures; and</li> <li>• Reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.</li> </ul>
Interviews	<p>We interviewed the following Senior Officers:</p> <ul style="list-style-type: none"> <li>• Deputy Chief Executive and Executive Director of Finance and Operations;</li> <li>• Board Secretary / Head of the Board Business Unit;</li> <li>• Deputy Director of Finance;</li> <li>• Head of Financial Reporting and Control;</li> <li>• Head of Strategy, Planning and Corporate Affairs; and</li> <li>• Strategy and Planning Manager.</li> </ul>

# Appendix 2

## Organisational response to audit recommendations

Exhibit 4: organisational response

Recommendation	Organisational response	Completion date	Responsible officer
<p><b>Describing the strategic planning process</b></p> <p>R1 We identified opportunities for the Trust to articulate the process more explicitly for developing its IMTP to the Board. The Trust should share its process for developing the IMTP for scrutiny and challenge at Board, and discussion around when in the process, the Board should engage in the draft versions.</p>	<p>We will bring together into a formal paper the process for development, scrutiny, and approval of the IMTP from the current discussions in Board Development sessions.</p>	<p>December 2023</p>	<p>Deputy Chief Executive/ Executive Director of Operations and Finance, and Head of Strategy, Planning and Corporate Affairs</p>
<p><b>Improving systems of assurance</b></p> <p>R2 The Trust currently lacks a comprehensive Board Assurance Framework and there are currently several gaps in the Trust's sources of assurance. As part of the review of its long-term strategy, the Trust should develop a clear Board Assurance Framework. The Board Assurance Framework should:</p>	<p>We have all the components of a Board Assurance Framework (BAF) which is clear in our Board agendas and our Board workplan. Each Board meeting has an agenda item dedicated to the Board Assurance Framework, including a number of components: the Chief Executive's report, the Integrated Performance</p>	<p>September 2023</p>	<p>Board Secretary and Head of Board Business Unit / Executive Director of Quality, Nursing and Allied Health Professionals</p>

Recommendation	Organisational response	Completion date	Responsible officer
<ul style="list-style-type: none"> <li>• address current gaps by including assurances relating to the Trust’s approach to enabling better population health through preventative and sustainable measures, partnership working, and estates and other physical assets;</li> <li>• include all relevant controls and sources of assurance for Board and committees;</li> <li>• be regularly reviewed by the Board; and</li> <li>• be used to inform Board and committee workplans.</li> </ul>	<p>Report; Managing Risk; and Reports from the Chairs of Committees of the Board.</p> <p>The Board assurance is summarised in the Board Workplan, which is reviewed by the Board at each meeting, and used as the basis for the Board and Committee work. The Terms of reference for each of the committees clearly outline the assurance that each are providing, and this is the basis for the workplans.</p> <p>We agree that bringing all this information and components that make up the BAF into a summary document would be helpful.</p> <p>The Board is content that there are no gaps in the assurance and is content with the information is considers as part of the Board Assurance Framework.</p> <ul style="list-style-type: none"> <li>• Estates and other physical assets are considered at Board level as part of the Budget Strategy</li> <li>• Population Health is considered at the QSIC Board Committee and at Board level through the Public Health Dashboard and IPR,</li> <li>• Strategic Partners forms part of the BAF.</li> </ul> <p>We will ensure that these elements are mapped within the summary BAF.</p>		
<p>R3 There is duplication in the terms of reference for the Audit and Corporate Governance Committee (ACGC) and the Knowledge, Research, and Information Committee (KRIC) with respect to</p>	<p>Information Governance and cyber security compliance sit with the ACGC, this has been the case since April 2020, and ACGC has fulfilled that role since then, receiving regular updates on</p>	<p>May 2023 - complete</p>	<p>Board Secretary and Head of Board Business Unit / Executive</p>

Recommendation	Organisational response	Completion date	Responsible officer
<p>information governance and security. The Trust should consider which is the most appropriate committee to maintain oversight of information governance and security and update terms of reference accordingly. The Trust should factor in the heavy workload of the ACGC into its considerations. More broadly, the Trust's review of its long-term strategy presents opportunities to review the current committee structure to ensure that workloads are balanced.</p>	<p>both since then and providing assurance to the Board. There has been no confusion in practice of where IG compliance is considered. Due to the compliance requirements for IG reporting, the Board considered ACGC the most appropriate place for IG within the committee structure. The Terms of Reference for all Committee have been revised, approved by the Board in May 2023, the changes included clarity on IG and cyber to remove any reference in the other committee TOR.</p>		<p>Director of Quality, Nursing and Allied Health Professionals</p>
<p>R4 There are opportunities to include staff and user feedback more routinely in committee meetings, incorporating feedback from broader users of the Trust's services, such as NHS and local government bodies. In developing its approach to seeking, and providing assurance on, feedback, the Trust should incorporate capturing a broader perspective of views on how its services are received.</p>	<p>We partly accept this recommendation. External stakeholders are regularly invited to attend and take part in Board and committee meetings. Feedback following such meetings is invited and is incorporated into overall Board development. We will take an action to formalise our feedback process into our BAF and look into other opportunities to gather feedback (via our website for example) so we can ensure everyone has the opportunity to offer their feedback whether they are viewing Board via the live stream or otherwise.</p>	<p>March 2024</p>	<p>Board Secretary and Head of Board Business Unit / Executive Director of Quality, Nursing and Allied Health Professionals</p>

Recommendation	Organisational response	Completion date	Responsible officer
	<p>We will also look to operate a clearer feedback process for our partnership and stakeholder working relationships to ensure all learning is captured. This will be taken forward through the refresh and delivery of the Our Approach to Engagement Plan, with a focus on amplifying the voice of people we want to work with and through the development of a User Experience Framework informed by data generated through the Civica platform and third sector collaboration.</p>		
<p><b>Improving oversight of progress addressing audit recommendations</b></p> <p>R5 The audit log does not include the recommendations arising from our audit of the Trust’s financial statements for 2021-22. The Trust should update its audit log accordingly to ensure that the ACGC can oversee progress in addressing these recommendations.</p>	<p>ACGC has always had oversight of progress in relation to the audit recommendations, the action for this recommendation relates to a clarity on the proves by which we ensure assurance, which is best placed within the combined external and internal Audit Tracker.</p> <p>This has been amended, the actions were incorporated within the Audit Tracker and considered by the committee in March 2023. The ACGC agreed that the actions were complete and closed the actions on this basis.</p>	<p>March 2023 - complete</p>	<p>Board Secretary and Head of Board Business Unit / Executive Director of Quality, Nursing and Allied Health Professionals</p>
<p><b>Improving transparency of Board and committee business</b></p> <p>R6 We identified opportunities for the Trust to improve its administration of Board and committee business. The Trust should:</p>			





Recommendation	Organisational response	Completion date	Responsible officer
	<p>to Board to explain the rescheduling of the item. All changes are tracked for ease of review.</p> <p>c) Partially accept this recommendation. We have been flexible with the reporting presentation to allow for agile and timely reporting to the Board and will continue to do this as needed. We will be updating the cover report template and our guidance on the content of reports to the Board and committees. We are also planning, as part of our Board development, to improve the commissioning of reports and presentations.</p> <p>d) The Board takes transparency and openness very seriously and limits the amount of meetings/information considered outside of the public domain. There will be times where this is necessary and is appropriate. We produce a Private Chairs report at each meeting to summarise for the public what was discussed at the previous private session.</p> <p>From November, this Private Chairs report has also included a summary of communication items circulated to Board members electronically (via email) since the last Board meeting. This development has taken place since the Audit Wales review took place, and already covers the recommendation</p>	<p>September 2023</p> <p>Complete</p>	

Recommendation	Organisational response	Completion date	Responsible officer
<p><b>Improving oversight of asset management</b></p> <p>R7 The Trust has not set out its strategic approach to managing its buildings (both owned and leased) and other physical assets. As part of the long-term strategy review, the Trust should set out its strategic approach to ensuring that its buildings and assets support delivery of its strategic priorities, maximising efficiency, and effective use.</p>	<p>We have a limited amount of Strategic Capital within this context. The Board considers matters relating to estates as part of the IMTP.</p> <p>We will consolidate all estates and asset considerations that the Board considered as part of the budget strategy, IMTP and estate updates, into a single Capital and Asset strategic plan.</p>	<p>September 2023</p>	<p>Deputy Chief Executive/ Director of Operations and Finance, Deputy Director of Finance and Head of Estates and Health &amp; Safety.</p>





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