



WALES AUDIT OFFICE  
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Auditor General for Wales

# Annual Audit Report 2016 – **Velindre** **NHS Trust**

Audit year: 2016

Date issued: January 2017

Document reference: 124A2017



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The team who helped me prepare this report comprised Gillian Gillett, Mike Jones, Stephen Lisle, Dave Thomas and Ann-Marie Harkin.

# Contents

|   |    |
|---|----|
| Summary report  | 4  |
| Detailed report   |    |
| About this report   | 7  |
| Section 1: Audit of accounts  | 8  |
| I have issued an unqualified opinion on the 2015-16 financial statements of the Trust, although in doing so I have brought some issues to the attention of officers and the Audit Committee, and placed a substantive report alongside my audit opinion | 8  |
| Section 2: Arrangements for securing efficiency, effectiveness and economy in the use of resources  | 9  |
| The Trust continues to control budgets and monitor saving plans effectively but the Trust is at risk of not achieving financial balance this year   | 10 |
| The Trust's approach to governance and assurance is generally sound and improving although I have highlighted some further areas for improvement  | 13 |
| My local performance audit work highlighted some IT risks as well as scope to improve grey fleet management and use of the consultant contract  | 16 |
| Appendices  |    |
| Appendix 1 – reports issued since my last annual audit report   | 18 |

# Summary report

## Summary

- 1 This report summarises my findings from the audit work I have undertaken at Velindre NHS Trust (the Trust) during 2016.
- 2 The work I have done at the Trust allows me to discharge my responsibilities under the Public Audit (Wales) Act 2004 (the 2004 Act) in respect of the audit of accounts and the Trust's arrangements to secure efficiency, effectiveness and economy in its use of resources.
- 3 My audit work has focused on strategic priorities as well as the significant financial and operational risks facing the Trust, and which are relevant to my audit responsibilities. More detail on the specific aspects of my audit can be found in the separate reports I have issued during the year. These reports are discussed and their factual accuracy agreed with officers and presented to the Audit Committee. The reports I have issued are shown in [Appendix 1](#).
- 4 This report has been agreed for factual accuracy with the Chief Executive and the Director of Finance. We will present the report to the Audit Committee on 14 February 2017. It will then be presented to a subsequent Board meeting and a copy provided to every member of the Trust. I strongly encourage wider publication of this report by the Health Board. Following Board consideration, the report will also be made available to the public on the [Wales Audit Office website](#).
- 5 The key messages from my audit work are summarised under the following headings.

## Section 1: audit of accounts

- 6 I have issued an unqualified opinion on the 2015-16 financial statements of the Trust, although in doing so I have brought some issues to the attention of officers and the Audit Committee.
- 7 In addition, I placed a substantive report on the Trust's financial statements alongside my audit opinion. My report explains the two new financial duties introduced on 1 April 2014 by the NHS Finance (Wales) Act 2014, the Trust's performance against them, and the implications for 2016-17.
- 8 I have also concluded that the Trust's accounts were properly prepared and materially accurate. My work did not identify any material weaknesses in the Trust's internal controls relevant to my audit of the accounts.
- 9 The Trust achieved financial balance at the end of 2015-16. I set out more detail about the financial position and financial management arrangements in section 2 of this report.

## Section 2: arrangements for securing efficiency, effectiveness and economy in the use of resources

- 10 I have reviewed the Trust's arrangements for securing efficiency, effectiveness and economy in the use of its resources. This includes my structured assessment work which has examined the Trust's financial management arrangements, its governance and assurance arrangements, and the progress made in relation to the improvement issues identified last year. I have also undertaken performance audit reviews on specific areas of service delivery, namely the NHS consultant contract, grey fleet management at the Welsh Blood Service (WBS), and an Information Management and Technology (IM&T) risk assessment. This work has led me to draw the following conclusions:

### The Trust continues to control budgets and monitor saving plans effectively but the Trust is at risk of not achieving financial balance this year

- 11 **Financial planning** – the Trust has effective financial planning arrangements and budgets are shaped by strategic priorities but the financial plan assumed an increase in funding that the commissioners had not agreed at the time the plan was set.
- 12 **Financial control and stewardship** – the Trust's in-year financial controls appear to operate effectively to ensure appropriate stewardship.
- 13 **Financial monitoring and reporting** – financial reporting arrangements provide reasonably robust information for Board decision making and support corrective action if required.
- 14 **Financial performance** – the Trust delivered against its financial targets in 2015-16 but is at risk of not achieving financial balance this year.

### The Trust's approach to governance and assurance is generally sound and improving although I have highlighted some further areas for improvement

- 15 **Strategic planning and reporting** – the Trust has made steady progress in developing its Integrated Medium Term Plan (IMTP) through increased planning capacity and improved modelling of capacity and demand. Scope remains to strengthen scrutiny of IMTP delivery and to ensure good alignment between the various strategies that the Trust is developing.
- 16 **Board and committee assurance and effectiveness** – the system of assurance is generally effective and while the Trust has made good progress on improving Board and committee effectiveness, the findings set out later in this report highlight scope for some further improvement.

- 17 **Organisational structure** – the Trust is continuing to develop closer working relationships between divisions and is liaising with Welsh Government to clarify its governance remit for hosting the NHS Wales Informatics Service.
- 18 **Progress in addressing issues from previous structured assessments** – the Trust has made good progress in addressing issues from previous structured assessments although this year I note issues caused by updates on management actions not being provided to the Audit Committee in a timely manner.

### My local performance audit work highlighted some IT risks as well as scope to improve grey fleet management and use of the consultant contract

- 19 In addition to the structured assessment work, during 2016 my team carried out local performance audit work on the NHS consultant contract, grey fleet management at WBS and an IM&T risk assessment. The main findings from the work are set out below.
- 20 **NHS consultant contract follow-up review** – whilst the Trust has made some progress implementing my national and local recommendations, it has more to do to secure the intended benefits of the consultant contract.
- 21 **Grey fleet management** – the Welsh Blood Service is aware that it needs to review its arrangements for managing its grey fleet. My work confirmed a general lack of controls and responsibilities, and highlighted the need to consider an appropriate adoption of good practice.
- 22 **IM&T risk assessment** – my work highlighted a number of risks related to resources, risk management, leadership change and the main cancer IT system.
- 23 We gratefully acknowledge the assistance and cooperation of the Trust's staff and members during the audit.

# Detailed report

## About this report

- 24 This Annual Audit Report 2016 to the Board members of the Trust sets out the key findings from the audit work that I have undertaken between December 2015 and November 2016.
- 25 My work at the Trust is undertaken in response to the requirements set out in the 2004 Act.<sup>1</sup> That act requires me to:
- a) examine and certify the accounts submitted to me by the Trust, and to lay them before the National Assembly;
  - b) satisfy myself that the expenditure and income to which the accounts relate have been applied to the purposes intended and in accordance with the authorities which govern it; and
  - c) satisfy myself that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 26 In relation to (c), I have drawn assurances or otherwise from the following sources of evidence:
- the results of audit work on the Trust's financial statements;
  - work undertaken as part of my latest structured assessment of the Trust, which examined the arrangements for financial management, governance and assurance;
  - performance audit examinations undertaken at the Trust;
  - the results of the work of other external review bodies, where they are relevant to my responsibilities; and
  - other work, such as certification of claims and returns.
- 27 I have issued a number of reports to the Trust this year. The messages contained in this annual audit report represent a summary of the issues presented in these more detailed reports, a list of which is included in [Appendix 1](#).
- 28 The findings from my work are considered under the following headings:
- section 1: audit of accounts
  - section 2: arrangements for securing economy, efficiency and effectiveness in the use of resources
- 29 The 2016 Audit Plan set out the proposed audit fee of £200,829 (excluding VAT). My latest estimate of the actual fee is in accordance with the fee set out in the Audit Plan.

<sup>1</sup> [Public Audit \(Wales\) Act 2004](#)

## Section 1: audit of accounts

- 30 This section of the report summarises the findings from my audit of the Trust's financial statements for 2015-16. These statements are the means by which the organisation demonstrates its financial performance and sets out its net operating costs, recognised gains and losses, and cash flows. Preparation of an organisation's financial statements is an essential element in demonstrating appropriate stewardship of public money.
- 31 In examining the Trust's financial statements, I am required to give an opinion on:
- whether they give a true and fair view of the financial position of the Trust and of its income and expenditure for the period in question;
  - whether they are free from material misstatement – whether caused by fraud or by error;
  - whether they are prepared in accordance with statutory and other requirements, and comply with all relevant requirements for accounting presentation and disclosure;
  - whether that part of the remuneration report to be audited is properly prepared; and
  - the regularity of the expenditure and income.
- 32 In giving this opinion, I have complied with my Code of Audit Practice and the International Standards on Auditing (ISAs).

**I have issued an unqualified opinion on the 2015-16 financial statements of the Trust, although in doing so I have brought some issues to the attention of officers and the Audit Committee**

**The Trust's accounts were properly prepared and materially accurate**

- 33 The draft accounts were provided to us on time on the date agreed, and generally the quality of the working papers was good.
- 34 I am required by ISA 260 to report issues arising from my work to those charged with governance before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues to the Trust's Audit Committee on 1 June 2016. The most significant of these related to the balances and transactions relating to the Welsh Risk Pool and I have made recommendations for improvement in respect of these and other less significant items. **Exhibit 1** summarises the key issues set out in that report.



## Exhibit 1: issues identified in the Audit of Financial Statements Report

The following table summarises and provides comments on the key issues identified.

| Issue  | Auditors' comments  |
|--|---|
| <p>We experienced considerable difficulties auditing the transactions and balances of the <b>Welsh Risk Pool (WRP)</b> which are consolidated into the Trust's financial statements, and identified material errors within them.</p> | <p>Weaknesses identified included data inputting errors and the use of incorrect life expectancy figures, but the most significant was a lack of clarity as to whether structured settlement cases should be disclosed in individual Health Board Accounts or by the WRP. The net effect of the errors identified was to understate provisions by £3.622 million, overstate contingent liabilities by £7.856 million, and overstate remote contingent liabilities by £259,000.</p> <p>Management of both the WRP and Velindre NHS Trust agreed to amend all the errors identified. We have since made recommendations for improving procedures to help avoid these problems for future years.</p> |

- 35 As part of my financial audit, I also undertook the following reviews:
- Whole of Government Accounts return – I concluded that the counterparty consolidation information was consistent with the financial position of the Trust at 31 March 2016 and the return was prepared in accordance with the Treasury's instructions; and
  - Summary financial statements and Annual Report – I concluded that the summary statements were consistent with the full statements and that the annual report was compliant with Welsh Government guidance.
- 36 My separate audit of the charitable fund's financial statements has been completed and an unqualified audit opinion issued.

### My work did not identify any material weaknesses in the Trust's internal controls

- 37 I reviewed the Trust's internal controls that I considered to be relevant to the audit to help me identify, assess and respond to the risks of material misstatement in the accounts. I did not, however, consider them for the purposes of expressing an opinion on their operating effectiveness of internal control.

## Section 2: arrangements for securing efficiency, effectiveness and economy in the use of resources

- 38 I have a statutory requirement to satisfy myself that NHS bodies have proper arrangements in place to secure efficiency, effectiveness and economy in the use

of their resources. I have undertaken a range of performance audit work at the Trust over the last 12 months to help me discharge that responsibility. This work has involved:

- reviewing the Trust's financial management arrangements, including the progress being made in delivering cost saving plans and their contribution to achieving financial balance;
- assessing the effectiveness of the Trust's governance and assurance arrangements through my structured assessment work, including review of the progress made in addressing structured assessment recommendations made last year;
- specific local audit reviews, which include grey fleet management at WBS and the IM&T risk assessment;
- assessing the progress the Trust has made in addressing the issues identified by previous audit work on the consultant contract; and
- reviewing the Trust's arrangements for tracking progress against external audit recommendations.

39 The main findings from this work are summarised under the following headings.

### **The Trust continues to control budgets and monitor saving plans effectively but the Trust is at risk of not achieving financial balance this year**

40 My structured assessment work in 2016 considered the action that the Trust is taking to achieve financial balance and create longer-term financial sustainability. I assessed the financial position of the organisation, the approach to financial planning, financial controls and stewardship, and the arrangements for financial monitoring and reporting. My key findings are summarised below.

#### **Financial planning – the Trust has effective financial planning arrangements and budgets are shaped by strategic priorities but the financial plan assumed an increase in funding that the commissioners had not agreed**

- 41 The Trust had an approved three-year IMTP in place for the period 2015-16 to 2017-18. Its plan for 2016-17 to 2018-19 has also received Cabinet Secretary approval.
- 42 The Trust has a sound budget planning framework for revenue and capital budget setting that clearly sets out roles and responsibilities and involves budget holders and clinicians. Progress on developing the budget is reported to the Board and there is scrutiny, particularly around the development of cost improvement plans (CiPs).
- 43 The Trust has continued to develop its financial plans to achieve strategic priorities, financial balance and to meet quality and outcome measures. The financial plan for

2016-17 to 2018-19 identified a requirement to deliver total savings of £4.2 million which enabled the Trust to forecast a breakeven position. However, future years' savings schemes have yet to be identified.

- 44 The financial plan for 2016-17 incorporated a funding increase of £1.4 million to the long term agreement (LTA) between the Trust and its commissioners in relation to Velindre Cancer Centre (VCC). The Trust based this increase on the percentage uplift of growth funding received by the health boards in 2015-16. However, the Trust's commissioners had not formally agreed the increase in funding at the time the plan was set.
- 45 The financial plan also included a savings requirement of £1.2 million for 2016-17 which had increased to £1.6 million by month three to take account of identified additional pressures. The identification of achievable and recurring savings in the cancer centre continues to be challenging, in part due to unfunded cost pressures over the last five years.

#### Financial control and stewardship – the Trust's in-year financial controls appear to operate effectively to ensure appropriate stewardship

- 46 The Trust continues to maintain a clear framework of roles and responsibilities. This is underpinned with standing financial instructions (SFIs), standing orders (SOs) and a scheme of delegation, which are regularly reviewed and approved by the Audit Committee.
- 47 The Trust assesses the risks of financial losses in conjunction with a dedicated Local Counter Fraud officer. The Trust has Counter Fraud and Whistleblowing Policies in place and mitigates risks through an annual counter fraud work plan.
- 48 The Audit Committee plays an active part in the Trust's financial control framework. The Committee meets bi-monthly and formally reviews the SOs, including SFIs. The Audit Committee also scrutinises internal and external audit reports and monitors progress on implementing recommendations.
- 49 Internal Audit annually reviews the Trust's financial systems and those managed by NHS Wales Shared Services Partnership (NWSSP) and reviews other systems cyclically, based on levels of risk. Internal Audit confirmed that a generally sound system of internal financial control is in place.

#### Financial monitoring and reporting – financial reporting arrangements provide reasonably robust information for Board decision making and support corrective action if required

- 50 The Trust monitors its financial position monthly in line with its monthly reporting timetable. The finance department completes its month end reporting process within five working days of the month end, and Welsh Government monitoring returns are submitted by day nine each month. Finance reports are considered monthly at Executive Management Board, Planning and Performance Committee and Board meetings.

- 51 Our review of the month two finance report found it to be well structured and the information provided was consistent and reliable. The report was easy to read and included a dashboard with red-amber-green (RAG) ratings for key financial targets.
- 52 We noted scope to improve the timeliness of Board reporting as the month two finance report was presented to the Board on 2 July 2016, 32 days after the financial reporting period end. Our structured assessment report also highlighted opportunities to strengthen some aspects of financial reporting through the use of trends, graphics and narrative to provide insight on the underlying issues.
- 53 Regular finance reports are provided to budget holders. These reports are produced monthly and following discussions with finance managers are consolidated into divisional finance reports and used to report to the Board and Welsh Government.
- 54 The development of divisional plans was clinician led and savings schemes are subject to review and challenge by Directorate Management Teams before being incorporated into financial plans and scrutinised further by the Planning and Performance Committee and the Board. Progress against the achievement of savings is monitored monthly at all levels of the Trust.

**Financial performance – the Trust delivered against its financial targets in 2015-16 but is at risk of not achieving financial balance this year**

- 55 The Trust has a track record of achieving its financial targets, delivering financial balance in 2015-16 as in previous years. Although the Trust has been self-reliant in delivering as planned without any additional financial support from Welsh Government, the overall position masks the different financial positions within its core divisions. The Trust acknowledged early in the year that VCC would over spend whilst WBS would under spend.
- 56 The 2015-16 financial strategy included a savings requirement of £3.636 million. The Trust reported that it achieved £2.65 million (73%) of these savings. The savings not achieved were mainly in respect of service quality and efficiency reviews in VCC. The Trust acknowledged that the recurrent nature of these savings has created additional cost pressures for the Trust going forward.
- 57 The 2016-17 financial plan incorporated a funding increase of £1.3 million to the cancer centre LTA, based on the percentage uplift of growth funding received by the health boards in 2015-16. This additional funding had not been agreed at the time the plan was set and consequently the Trust has reported an overspend throughout 2016-17.
- 58 A 1% uplift equating to £500,000 was subsequently agreed and provided by health boards. At month nine the reported overspend was £5,000 and the Trust's latest forecast indicate a potential annual overspend of £600,000.
- 59 Our work has not identified any evidence that organisational delivery or quality and safety of services could or has been compromised to achieve successful in-year financial performance.

## The Trust's approach to governance and assurance is generally sound and improving although I have highlighted some further areas for improvement

60 My governance and assurance work has assessed the Trust's strategic planning and reporting arrangements and the approach for developing and reviewing a board assurance framework. I have also considered the overall effectiveness of the board, its governance structures and the progress made in addressing previous structured assessment recommendations and improvement issues.

Strategic planning and reporting – the Trust has made steady progress in developing its IMTP through increased planning capacity and improved modelling of capacity and demand. Scope remains to strengthen scrutiny of IMTP delivery and to ensure good alignment between the various strategies that the Trust is developing

61 My reasons for reaching this conclusion are set out below.

62 **Development of the IMTP:** development of the IMTP aims to be inclusive and bottom-up, and Board members believe the IMTP process has resulted in improvements in the Trust's approach to planning. This year I have also noted two positive examples of the Trust using detailed modelling information to support strategic and operational planning. The examples were the planning and activity model that supports the Transforming Cancer Services (TCS) business plan and the supply chain diagnostic work within WBS.

63 **Integration between the IMTP and other plans:** the Trust has this year been engaged in a large amount of strategy development. Some staff told us there was a need for the Trust to do more to join up these various strategic developments.

64 **Roles and responsibilities in relation to the IMTP:** the Trust has clear roles, responsibilities and accountabilities in relation to the IMTP. By including discussion of the IMTP in all annual appraisals, the Trust is attempting to embed the IMTP as an integral part of working in the organisation.

65 **Scrutinising delivery of the IMTP:** my team's observations at Velindre's Board and committees noted that scrutiny of the IMTP delivery continues to be limited in time and detail.

66 **Delivering strategic change:** large-scale change is becoming more common at Velindre. The Trust has not yet fully implemented last year's recommendation about the need to carry out a risk assessment to assess whether the Trust has sufficient capacity to deliver change. However, the Trust is considering introducing training and a standardised approach to programme management.

**Board and committee assurance and effectiveness – the system of assurance is generally effective and while the Trust has made good progress on improving Board and committee effectiveness, there is some further scope for improvement**

67 My reasons for reaching this conclusion are set out below.

68 **System of board assurance:** the Trust's approach to designing its system of assurance appears to be largely effective although further benefits might be secured by taking a more systematic assurance mapping approach. I came to this conclusion because:

- whilst the Trust has a largely effective process for setting corporate objectives, I would like to have seen a more systematic approach to mapping and managing the risks and threats related to these corporate objectives; and
- whilst the Trust has made good progress on improving risk management, the Trust needs to clarify the process for closing down risks and review the way in which divisional risks feed the corporate risk register. The Trust may also benefit from learning from other health bodies, where risk management focuses on operational risks as well as the risks associated with delivering the corporate/strategic objectives.

69 **Board and committee effectiveness:** the Trust has made good progress with matters I previously raised. I also identified further scope to improve the functioning of some committees. I came to this conclusion because:

- Board members believe there is a culture of transparency within the Trust, although more work is required to comply with a recent Welsh Health Circular on transparent public reporting.
- whilst I do not have any specific concerns about the Trust's use of in-camera sessions, the Trust should keep this new approach under review to ensure the Trust continues to operate as transparently as possible.
- the Trust has taken decisive action to address issues I raised last year about Board succession planning and about performance management.
- following feedback of my interim findings, the Trust has taken positive steps to strengthen the use of committee highlight reports.
- my detailed work highlighted some specific ways in which some committees can improve the way they work. For example, the Trust needs to review the remit and terms of reference of the Research and Development Committee and the Organisational Learning Sub Committee.
- whilst the Trust has set out an intention for committees to self-assess their effectiveness every year, not all committees are carrying out these self-assessments.

Organisational structure – the Trust is continuing to develop closer working relationships between divisions and is liaising with Welsh Government to clarify its governance remit for hosting the NHS Wales Informatics Service

- 70 My reasons for reaching this conclusion are set out below.
- 71 **Staff views:** in interviews this year, staff had mixed views about the level of integration between the Trust's divisions. In general, however, staff felt that WBS is now closer to the corporate centre of the Trust than in the past.
- 72 **Meetings at WBS:** the Trust has taken the positive step of holding Board meetings at the WBS as well as Trust headquarters.
- 73 **Cross-organisational events:** the Trust has run a range of cross-organisational events and workshops with the aim of improving working across the divisions.
- 74 **Hosting arrangements:** the arrangements for hosting bodies within Velindre remain complex and this year the arrangements have continued to change. The Trust is liaising with Welsh Government to work towards greater clarity of Velindre's hosting responsibilities in relation to the NHS Wales Informatics Service.

Progress in addressing issues from previous structured assessments – the Trust has made good progress in addressing issues from previous structured assessments although this year I note issues caused by updates on management actions not being provided to the Audit Committee in a timely manner

- 75 My structured assessment work this year reviewed the Trust's progress in addressing the structured assessment recommendations made in 2015. Overall, I concluded that the Trust has completed the implementation of 6 out of 11 recommendations from 2015. In relation to another three recommendations, the Trust is on track but has not yet completed implementation, and in relation to another two recommendations, the Trust has made some progress but more work is required.
- 76 In addition to reviewing the actions taken to address my 2015 structured assessment recommendations, I also considered the effectiveness of the Trust's wider arrangements to respond to my audit recommendations. I found that whilst there is clear process for tracking the implementation of recommendations through the Audit Committee's Audit Action Plan, this year there have been issues caused by updates on management actions not being provided to the Audit Committee in a timely manner. The Audit Committee has now begun a process of reviewing its approach to audit tracking.

## My local performance audit work highlighted some IT risks as well as scope to improve grey fleet management and use of the consultant contract

The Welsh Blood Service is aware that it needs to review its arrangements for managing its grey fleet. My work confirmed a lack of controls and responsibilities, and highlighted the need to consider an appropriate adoption of good practice

- 77 The main findings from my review of grey fleet management at WBS are summarised below:
- 78 **Roles and responsibilities:** the WBS has not set out any specific responsibilities for managing the grey fleet.
- 79 **Planning:** the WBS has no specific plan, policy or performance measure related to grey fleet.
- 80 **Controls:** the WBS has very few controls in place for ensuring grey fleet vehicles and drivers are safe and legal.
- 81 **Monitoring:** I found no evidence of corporate monitoring and reporting of grey fleet usage and its financial and environmental impacts.

## My work highlighted a number of risks related to resources, risk management, leadership change and the main cancer IT system

- 82 The main findings from my IM&T risk assessment are summarised below:
- 83 **Risk management:** the formats of IM&T risk registers are different in the different divisions despite a policy promoting a 'consistent approach to risk management'.
- 84 **Resources:** the risk assessment highlighted the risk that in future, limited ICT staff resources, particularly at VCC, could mean that the needs of IT users are not met.
- 85 **Leadership and structure:** I note temporary changes in leadership within IT and there is currently no named Senior Information Risk Officer (SIRO) for the Trust.
- 86 **Planning:** Welsh Government requires the Trust to produce an IT Strategic Outline plan. The Trust's outline plan is in development, which will lead to an IT Strategy.
- 87 **Cancer Network Information System Cymru (CANISC):** my observations and interviews noted that staff continue to have concerns about the performance of the current CANISC system. A new Cancer Informatics Systems Project Group has, however, been established to take forward the future of cancer informatics systems and the CANISC replacement programme.
- 88 **Governance:** there is an information governance action plan for VCC, but not one for WBS. In addition, the Trust needs to update the terms of reference for the Information Governance and Information Management and Technology Committee to reflect changes in membership.



Whilst the Trust has made some progress implementing my national and local recommendations, it has more to do to secure the intended benefits of the consultant contract

- 89 The main findings from my follow up work on the NHS consultant contract are summarised below.
- 90 **Job planning:** the Trust has established good arrangements for job plan reviews however, more work is needed to ensure all job plans are reviewed annually and to embed the use of outcomes in the job planning process.
- 91 **Benefits of the contract:** the Trust is making progress securing the intended benefits from the contract, but needs to do more to promote outcome setting and monitor excessive hours.
- 92 **Previous recommendations:** in general terms, my work found that the Trust still had work to do to implement 22 out of the 23 recommendations set out in my previous work on the consultant contract.

# Appendix 1

## Reports issued since my last annual audit report

### Exhibit 3: reports issued since my last annual audit report

The following table lists the reports issued to the Trust this year.

| Report                                    | Date           |
|---|----------------|
| <b>Financial audit reports</b>            |                |
| Audit of Financial Statements Report      | June 2016      |
| Opinion on the Financial Statements       | June 2016      |
| Management Letter                         | August 2016    |
| Audit of FHOT Financial Statements Report | October 2016   |
| Opinion on the FHOT Financial Statements  | November 2016  |
| <b>Performance audit reports</b>          |                |
| Follow-up Review of Consultant Contract   | September 2016 |
| Structured Assessment 2016                | January 2017   |
| Grey fleet management                     | January 2017   |
| <b>Other reports</b>                      |                |
| 2016 Audit Plan                           | March 2016     |

### Exhibit 4: performance audit work still underway

There is one performance audit that is still underway at the Trust. This is shown in the following table, with the estimated date for completion of the work.

| Report                       | Estimated completion date |
|------------------------------|---------------------------|
| Review of Discharge Planning | July 2017                 |



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