

# Structured Assessment 2021 (Phase Two) – Corporate Governance and Financial Management Arrangements: Cardiff and Vale University Health Board

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# Summary report

## About this report

- 1 This report sets out the findings from phase two of the Auditor General's 2021 structured assessment work at Cardiff and Vale University Health Board (the Health Board). 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. Our [2021 structured assessment phase one report](#) considered the Health Board's operational planning arrangements and how these are helping to lay the foundations for effective recovery.
- 2 The COVID-19 pandemic required NHS bodies to quickly adapt their corporate governance and decision-making arrangements to ensure timely action was taken to respond to the surge in emergency COVID-19 demand and to ensure the safety of staff and patients. Our [2020 structured assessment report](#) considered the Health Board's revised governance arrangements and was published in October 2020.
- 3 NHS bodies have continued to respond to the ongoing challenges presented by COVID-19, whilst also starting to take forward plans for resetting and recovering services affected by the pandemic. Our 2021 structured assessment work, therefore, was designed in the context of the ongoing response to the pandemic thus ensuring a suitably pragmatic approach to help the Auditor General discharge his statutory responsibilities whilst minimising the impact on NHS bodies as they continued to respond to COVID-19.
- 4 Phase two of our 2021 structured assessment has considered how corporate governance and financial management arrangements have adapted over the last 12 months. The key focus of the work has been on the corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. We have also considered how business deferred in 2020 has been reinstated and how learning from the pandemic is shaping future arrangements for ensuring good governance and delivering value for money. We have also sought to gain an overview of the Board's scrutiny of the development and delivery of the Health Board's 2021-22 Annual Plan.
- 5 We have provided updates on progress against any areas for improvement and recommendations identified in previous structured assessment reports.

## Key messages

- 6 Overall, we found that **the Health Board has effective Board and committee arrangements which are underpinned by maturing systems of assurance, but opportunities to strengthen public transparency of Board business remain. The Health Board has clear plans in place to support the recovery of services, but arrangements for monitoring and reporting on overall plan delivery need to be strengthened. The Board maintains robust oversight of**

**the Health Board's finances. The Health Board identified certain weaknesses in financial controls relating to procurement and expenditure on major capital projects which it is addressing. The pandemic continues to pose a risk to the Health Board's ability to break even.**

- 7 The Health Board has good arrangements in place to conduct Board and Committee business effectively. The Health Board has taken positive steps to enhance public transparency of Board business by, for example, increasing the frequency of public Board meetings during the pandemic. There is scope to strengthen these arrangements further. The Health Board is committed to continuous improvement, as well as learning from the pandemic. The Health Board has a full and stable cadre of Independent Members. There have been significant changes to the Executive Team during the year. However, the Health Board has managed these changes well by moving swiftly to make interim appointments to ensure business continuity, maintain Board cohesion, and minimise disruption to staff and stakeholders.
- 8 The Health Board's approach to operational planning remains robust. It has clear plans in place, such as the Annual Plan, for responding to the ongoing pandemic, as well as for recovering services in the short and medium term, and redesigning services for the longer term. However, its arrangements for monitoring and reporting on overall delivery of these plans remain less robust and require strengthening to enable full scrutiny and assurance. The Health Board has further strengthened its approach to risk management and tracking recommendations, and its arrangements for providing assurance on quality and safety matters have improved.
- 9 The Health Board continued to operate within its capital resource allocation, but it failed to meet the duty not to exceed its resource revenue allocation over the rolling three-year period to 31 March 2021. The pandemic has severely hampered the achievement of cost savings, but the Health Board is working to improve this during 2021-22. The Health Board has continued to operate within most of its existing financial controls. However, weaknesses in financial controls relating to major capital procurement and expenditure identified by the Health Board have resulted in systematic breaches. The Health Board has investigated these and is taking steps to strengthen its governance controls and arrangements in respect of capital schemes and expenditure. The Health Board's financial position receives robust scrutiny and is supported by good quality financial reports, but there is scope to improve public transparency of Board business in this area.

## Recommendations

- 10 Recommendations arising from this audit are detailed in **Exhibit 1**. The Health Board's management response to these recommendations is summarised in **Appendix 1**.

## Exhibit 1: 2021 recommendations

### Recommendations

#### Strengthening public transparency of Board business

R1 The Health Board has taken a number of positive steps to enhance public transparency of Board business since our 2020 structured assessment report. However, there is scope for the Health Board to strengthen public transparency further by:

- a. ensuring all recordings of public Board meetings are uploaded to the Health Board's website in a timely manner after each meeting, and ensuring that links to previous meetings remain active;
- b. making recordings of public Committee meetings available on its website or publishing unconfirmed minutes of Committee meetings as soon as possible afterwards;
- c. uploading all Committee papers to the Health Board's website in line with agreed timescales;
- d. updating the membership details of Committees on the Health Board's website as soon as changes are approved;
- e. listing the matters to be discussed in private by Committees on the agenda of their public meetings on an ongoing basis;
- f. signpost the public to Board and Committee papers and recordings of public Board meetings via the Health Board's social media channels on an ongoing basis; and
- g. ensuring counter-fraud and procurement papers are considered by the Audit and Assurance Committee in public, with only sensitive matters reserved for private meetings.

#### Strengthening operational plan reporting and monitoring

R2 The Health Board's approach to planning remains robust. However, the Health Board's arrangements for monitoring and reporting on plan delivery are less robust. The Health Board, therefore, should strengthen its arrangements for monitoring and reporting on the overall delivery of its Annual Plan and future Integrated Medium Term Plans by:

- a. ensuring these plans contain clear summaries of key actions/deliverables, timescales, and measures to support effective monitoring and reporting; and
- b. providing more information to the Board and Strategy and Delivery Committee on progress against delivery of these plans to enable full scrutiny and assurance.

# Detailed report

## Governance arrangements

- 11 Our structured assessment work considered the Health Board's governance arrangements while continuing to respond to the challenges presented by the pandemic.

We found that **the Health Board has effective Board and committee arrangements which are underpinned by maturing systems of assurance, but opportunities to further strengthen public transparency of Board business remain. Whilst the Health Board has clear plans in place to support the recovery of services, its arrangements for monitoring and reporting on overall plan delivery need to be strengthened.**

## Conducting business effectively

- 12 We found **that the Health Board has good arrangements in place to conduct Board and Committee business effectively. Public transparency of Board business has improved but could be strengthened further. Commitment to continuous improvement is strong, and recent changes to Board-level membership have been managed well.**

## Public transparency of Board business

- 13 The Health Board continues to hold Board and Committee meetings virtually. The use of technology is well embedded, and the number of IT connectivity issues remains low. Board and Committee members observe virtual etiquette and make good use of the various features of the online platform to support the effective conduct of meetings. Whilst all members acknowledge the benefits of virtual meetings, there is a desire amongst some to resume in-person meetings as soon as it is safe to do so.
- 14 All public Board meetings are livestreamed via MS Teams, with recordings uploaded to the Health Board's website afterwards. However, our review of the Health Board's website found that links to several recordings were not active, and one recording was unavailable several weeks after the meeting<sup>1</sup> (see **Recommendation 1a**). The Health Board does not currently livestream Committee meetings, but they are recorded for the purposes of preparing the minutes. The Health Board, therefore, may want to consider making these recordings available on its website to enhance transparency (see **Recommendation 1b**).

<sup>1</sup> The recording of the public Board meeting held on 30 September 2021 was not available at the time of our review at the end of November 2021.

- 15 The Health Board strives to publish agendas and papers on its website in advance of meetings in line with agreed standards – ten days prior to public Board meetings and seven days prior to Committee meetings. Compliance with these standards has continued to be good, with only a small number of breaches relating mostly to the Finance Committee<sup>2</sup>, and the Charitable Funds and Health and Safety Committees<sup>3</sup> (see **Recommendation 1c**). The Health Board also publishes the membership, workplan, and terms of reference of each Committee on its website, with the exception of the Remuneration and Terms of Service Committee. However, the Health Board needs to update the membership details of some Committees to reflect the membership changes agreed in July 2021 (see **Recommendation 1d**).
- 16 Unconfirmed minutes of public Board and Committee meetings continue to be published on the Health Board's website when included in papers for the next meeting. The Health Board should consider publishing unconfirmed minutes a few days after each Committee meeting to enhance transparency as an alternative to livestreaming meetings or making recordings available on its website (see **Recommendation 1b**). This would also allow the Health Board to address a concern highlighted in the 2020-21 Board Effectiveness Survey that unconfirmed minutes for certain meetings are not circulated to members in a timely manner. Whilst confirmed minutes are published separately on the Health Board's website, our review found that several sets were not available.
- 17 We recommended in our structured assessment last year that the Board should take steps to enhance public transparency during the pandemic (see **Exhibit 2, Structured Assessment 2020 Recommendation 1**). In November 2020, the Board agreed to meet in public more frequently by holding the first 90 minutes of its bi-monthly Board Development in public to focus largely on COVID-19-related matters. The Board continued with this arrangement until June 2021. The Health Board has placed a notice on its website explaining how members of the public can observe public Board meetings and submit questions in advance. However, there is scope to better promote these opportunities and signpost the public to Board and Committee papers and recordings of public Board meetings via the Health Board's social media channels (see **Recommendation 1f**).
- 18 The Health Board has continued to engage regularly with patient advocates from the Community Health Council (CHC), with CHC representatives describing the communication arrangements as robust. CHC representatives also attend public Board meetings and relevant Committee meetings to provide views on strategic

<sup>2</sup> Our review of the Health Board's website at the end of November 2021 found that the papers for the Finance Committee on 25 August 2021, 29 September 2021, and 27 October 2021 were not available.

<sup>3</sup> The 2020-21 Board Effectiveness Survey highlighted the need to improve the timeliness of papers issued for meetings of the Charitable Funds Committee, and Health and Safety Committee.



developments, service changes, and public accessibility to Health Board business and services.

**Exhibit 2: progress made on previous year recommendations**

Recommendation	Description of progress
<p><b>Structured Assessment 2020 Recommendation 1</b></p> <p>Recognising the numerous challenges the Health Board faced during the first COVID-19 peak, the Board should reflect on its experiences of governing during that period in order to strengthen future governance both generally and in the event of a second COVID-19 peak. In reflecting on its experiences, the Board should focus in particular on:</p> <ul style="list-style-type: none"> <li>a. considering what worked well and what did not work so well, and identifying what it would do differently in the event of a second COVID-19 peak;</li> <li>b. establishing which new ways of working introduced during the pandemic it wants to retain going forward;</li> <li>c. supporting the development of the whole cadre of Independent Members as well as enhancing their role and input; and,</li> <li>d. enhancing Board reporting and transparency.</li> </ul>	<p><b>Completed</b></p> <p>The Board reflected on its experiences of governing during the first wave and also reviewed the findings of our structured assessment work as well as the findings of audits undertaken by Internal Audit and KPMG.</p> <p>In November 2020, the Board approved several amendments to its COVID-19 governance arrangements which are detailed in this report (see <b>paragraphs 17, 33, and 38</b>).</p>

**Board and committee arrangements**

- 19 Last year, our structured assessment described the streamlined Board and Committee arrangements introduced by the Health Board in March 2020 to support agile decision-making and allow a focus on business-critical matters during the first wave of the pandemic. By autumn 2020, all Committees had been reinstated and each one continued to meet during the second wave of the pandemic.
- 20 The Health Board’s Committee structure has remained largely unchanged. However, a new Committee, the Shaping Our Future Hospitals Committee, was established in March 2021 to provide oversight to the development of the Health

Board's future hospitals programme<sup>4</sup>. All Committees have clear terms of reference and workplans which were approved by the Board in March 2021. Committee membership was reviewed and refreshed in July 2021 to reflect the appointment of three new Independent Members<sup>5</sup> and to strengthen the resilience of certain Committees by increasing their membership, such as the Audit and Assurance Committees.

- 21 The Health Board ensures that agendas are structured to provide focus and enable scrutiny where it is needed most. Items for review and assurance are first on the agenda, followed by items for approval and ratification, and finally items for noting and information. Whilst the Health Board's approach to agenda setting is generally effective, concerns have been expressed via the 2020-21 Board Effectiveness Survey about the length of the Quality, Safety, and Experience Committee agendas in particular. In order to address these concerns and help manage time and energy levels across all meetings, the Health Board may want to consider:
- allocating specific amounts of time for each agenda item;
  - adopting the use of consent agendas<sup>6</sup> for items presented for noting and information only (such as minutes of Committees and Sub-committees); and
  - publishing supplementary papers that provide background information separately.
- 22 The number of items discussed by the Board and its Committees in private is generally kept to a minimum. Whilst a list of the items to be discussed in private by the Board is published on the agenda of public Board meetings, the Health Board should do the same for items to be discussed in private by Committees in order to enhance transparency (see **Recommendation 1e**).
- 23 Our observations of Board and Committee meetings found that meetings are chaired well to support focused discussions on key issues and enable contributions to be made by all attendees. Contributions from Independent Members at meetings are balanced, supportive, and appropriately challenging where necessary.
- 24 Minutes of meetings prepared by members of the Corporate Governance Team are comprehensive and provide a good record of key issues discussed and decisions made. As noted in **paragraph 16**, there is scope though to ensure that

<sup>4</sup> The programme is comprised of the three constituent core projects – Project 1: Clinical service transformation in line with a new clinical model and vision; Project 2: Redevelopment of hospital infrastructure at University Hospital Wales and University Hospital Llandough sites; and Project 3: Development of a Health and Life Sciences Ecosystem to support collaboration innovation, research, and development.

<sup>5</sup> A new Vice-Chair, a new Independent Member for Information Communication and Technology, and a new Independent Member for Trade Unions have joined the Board during 2021.

<sup>6</sup> A consent agenda is a technique for addressing and approving several matters in a single agenda item, such as reports, minutes, and other items that do not require discussion.

unconfirmed minutes are circulated to Board and Committee members in a timelier manner.

- 25 Despite staffing challenges during the year, the Corporate Governance Team has continued to provide a professional service to the Board and its Committees, which is valued and appreciated by Independent Members and Executive Directors alike.

### Exhibit 3: progress made on previous year recommendations

Recommendation	Description of progress
<p><b>Structured Assessment 2019 Recommendation 1</b></p> <p>We found scope to review the timings and frequency of some committee meetings to support members to scrutinise current information more often. Reviewing timings will also allow maximum attendance at meetings. The Health Board should:</p> <ul style="list-style-type: none"> <li>a. review the frequency of Audit Committee meetings to close the gap between the May and September meeting; and</li> <li>b. review independent members' capacity and timings of committee meetings where there is infrequent independent member attendance.</li> </ul>	<p><b>Completed</b></p> <p>The Audit and Assurance Committee meets more frequently, with meetings now held in June and July each year.</p> <p>The membership of the Audit and Assurance Committee has increased to four Independent Members from three. This has strengthened the capacity and resilience of the Committee.</p>

### Board and committee information

- 26 The Health Board strives to provide good quality, accessible information to the Board and its Committees.
- 27 Cover reports clearly set out the purpose of papers and include the results of relevant health and equality impact assessments. Cover reports also provide links to the Health Board's objectives and the sustainable development principles as set out in the Well-being of Future Generations (Wales) Act 2015. However, there is scope to strengthen cover reports by:
- including an additional section outlining the approval or scrutiny route of the report (if it has been discussed elsewhere previously);
  - enhancing the assessments and risks section to ensure the relevant quality and safety, legal, financial, workforce, and socio-economic impacts and implications are better articulated; and

- limiting the status section to one option only to provide greater clarity on the overall purpose of the report (for assurance, for approval, for discussion, or for information).
- 28 Whilst most papers are of an appropriate length, Independent Members and Executive Directors told us there is scope to summarise information further to provide a greater focus on the key issues requiring the attention of the Board and/or its Committees. They also told us that background information should be kept to a minimum or published as supplementary information if necessary. The Health Board, therefore, may want to consider providing training or guidance on report writing for staff that regularly prepare and present reports to the Board and its Committees.
- 29 Where verbal reports are provided at meetings, the minutes provide a detailed summary of the main points covered and the subsequent deliberations of the Board or Committee.
- 30 The Board has continued to receive and consider highlight reports prepared by Committee Chairs. As highlight reports are often presented alongside the minutes of previous Committee meetings, there is a risk they may be perceived by the public as duplicating the same information. Furthermore, highlight reports are a key source of assurance for the Board. As a result, the Health Board may want to consider placing the highlight reports under the assurance section of the agenda to separate them from the minutes of previous meetings and ensure they receive appropriate consideration by the Board.
- 31 The Board has continued to receive and consider streamlined performance reports in public, which cover both financial and operational performance. The Board has also continued to receive and consider separate quality, safety, and patient experience reports in public. Prior to November 2021, information on key workforce performance indicators was only presented to the Strategy and Delivery Committee for scrutiny. Whilst these reports provide a good overview of the Health Board's performance against a range of different indicators, they do not provide any information on the action being taken to either sustain or improve performance.
- 32 In May 2021, the Board agreed to adopt a more strategic and integrated approach to performance management by overseeing the development of an agreed suite of key indicators across all main areas of business. The suite of indicators is included in a single integrated report for the Board to scrutinise. Under this approach, the role of the Committees would be strengthened to undertake more detailed scrutiny of performance within their areas of business in order to provide greater assurance to the Board. The Board has started to receive and consider the Integrated Performance Report in public since November 2021. Whilst this is a positive development, there is scope to enhance the report by aligning the indicators to the

four harms associated with COVID-19<sup>7</sup>, as well providing stronger assurances to the Board on the actions being taken to sustain or improve performance.

33 We recommended in our 2020 structured assessment that the Board should take steps to increase public reporting on all relevant COVID-19-related matters during the pandemic (see **Exhibit 2, Structured Assessment 2020 Recommendation 1**). In November 2021, the Board agreed to receive a report at each public meeting, the Coronavirus Update Report, which would focus specifically on the impact of COVID-19 on key areas of business including, quality of services and patient safety; workforce (including staff wellbeing and safety); governance; public health; and the operational framework. The report, which has been considered at each public Board meeting since November 2020, has ensured greater transparency and enhanced reporting on certain matters that were largely underreported in public during the first wave, such as staff wellbeing.

**Exhibit 4: progress made on previous year recommendations**

Recommendation	Description of progress
<p><b>Structured Assessment 2019 Recommendation 2</b></p> <p>We found that performance monitoring at an operational level is sound, but some information received by the Board and its committees needs to be improved. When the Health Board restarts its performance framework review it should be extended to include:</p> <ul style="list-style-type: none"> <li>a. monitoring IMTP delivery on a quarterly basis and reporting the wholesale position to the Strategy and Delivery Committee and Board. We have previously suggested presenting the committee with a summarised version of the IMTP progress reports available at clinical board performance reviews.</li> <li>b. ensuring that the Strategy and Delivery Committee receives the same, or more detailed,</li> </ul>	<p><b>Completed</b></p> <ul style="list-style-type: none"> <li>a. Superseded by Structured Assessment 2021 (Phase 2) Recommendation 2b.</li> <li>b. The Strategy and Delivery Committee receives detailed information on the Health Board’s performance against key operational and workforce performance indicators, which is summarised in the Integrated Performance Report to Board.</li> <li>c. In May 2021, the Board agreed to adopt a more strategic and integrated approach to performance management by overseeing the development of an agreed suite of key indicators across all main areas of business. The suite of indicators are included in the Integrated</li> </ul>

<sup>7</sup> The four harms are – (i) harm from COVID-19 itself; (ii) harm from overwhelmed NHS and social care system; (iii) harm from reduction in non-COVID-19 activity; and (iv) harm from wider societal actions / lockdown.

Recommendation	Description of progress
<p>performance information than that received by the Board.</p> <p>c. review the format and legibility of the performance dashboard currently reported to Board.</p>	<p>Performance Report for the Board to scrutinise (see <b>paragraph 32</b>).</p>
<p><b>Structured Assessment 2018 Recommendation 4</b></p> <p>The Health Board should update its performance management framework to reflect the organisational changes that have taken place since 2013.</p>	<p><b>Completed</b></p> <p>An updated performance management framework document was presented to and agreed in principle by the Strategy and Delivery Committee in September 2020.</p>

## Board commitment to continuous improvement

- 34 The Health Board is committed to continuous improvement and undertakes regular reviews of Board and Committee effectiveness. In May 2021, the Board and its Committees reviewed their effectiveness as part of the process of preparing the Health Board's Annual Governance Statement. The overall findings of the 2020-21 Board Effectiveness Survey were positive, but a small number of areas were identified as requiring improvement. An Action Plan is in place to address these areas for improvement, which is monitored by the Board. The Health Board has also undertaken an assessment of its compliance with the Corporate Governance Code for Central Government and did not identify any departures from the code during the year.
- 35 The Health Board has effective arrangements in place to support the development of new and existing Independent Members. The Health Board has a comprehensive induction programme in place for new Independent Members, and it successfully managed the process of onboarding the three new Independent Members remotely. The Chair has reviewed the performance of all Independent Members and has actively involved them in the process of setting their own objectives for 2021-22. The Health Board has put appropriate arrangements in place to meet the development needs of Independent Members as identified through the performance appraisal process. The Chair is also effective at sharing information with Independent Members outside of formal meetings, and Independent Members continue to make regular use of the WhatsApp group established at the start of the pandemic to support each other.
- 36 The Health Board has continued to make effective use of Board Development Sessions to enhance the knowledge and understanding of Independent Members

on certain topics and issues across the healthcare system as well as to support Board growth and cohesion more generally.

- 37 At the time of our review, all Board members had completed their declarations of interest, gifts, hospitality, and sponsorship. Whilst Board member declarations can be viewed on the Health Board's website, they are published in a single document which also lists the declarations of Health Board staff. The Health Board, therefore, may want to consider publishing Board member declarations separately to ensure appropriate transparency. The Health Board has recently agreed a series of changes to improve compliance with its interest, gifts, hospitality, and sponsorship policy more generally, with progress being monitored and reported to the Audit and Assurance Committee.

## Ensuring organisational design supports effective governance

- 38 As described in our 2020 structured assessment, the Health Board decided not to deploy a traditional top-down Gold Command and Control structure to manage and co-ordinate its response to the pandemic. Instead, the Health Board established a COVID-19 Command Structure in March 2020 to allow it to adopt a more sustainable, inclusive, flexible, and bottom-up approach. These arrangements were formally reviewed in autumn 2020 with a number of changes approved by the Board in November 2020, including expanding the core membership of the Board Governance Group to include all Independent Members (see **Exhibit 2, Structured Assessment 2020 Recommendation 1**).
- 39 The Health Board embarked on a large programme of learning following the first wave which culminated in the publication of the COVID-19 Discovery Report in the autumn of 2020. The Health Board has also been involved in reviewing learning in relation to governing during the pandemic through the all-Wales Chairs Group and Board Secretaries Network. However, there is scope for the Health Board to better highlight how it has embedded this learning and new ways of working.
- 40 The Health Board has a full and stable cadre of Independent Members, and the membership of the Board has been expanded to include the Director of Digital and Health Intelligence. However, there have been several changes at Executive Director level:
- the new Executive Director of Finance and new Executive Director of People and Culture took up their positions at the Health Board in March and May 2021 respectively;
  - the Chief Executive Officer left the Health Board in September 2021; and
  - the Chief Operating Officer and the Medical Director have announced they are leaving their posts in December 2021 and March 2022 respectively.

The Health Board moved swiftly to appoint an interim Chief Executive Officer, interim Medical Director, and interim Chief Operating Officer to ensure business continuity, maintain Board cohesion, and minimise disruption to staff and stakeholders. These interim appointments were approved by the Remuneration

and Terms of Service Committee. The new Chief Executive Officer takes up position at the Health Board in February 2022 and permanent appointments to the Medical Director and Chief Operating Officer positions will be made shortly afterwards.

## Planning for recovery<sup>8</sup>

- 41 We found that **the Health Board has clear plans in place for recovery, but delivery timescales are dependent on many factors outside of its direct control. Whilst the Health Board's approach to planning remains robust, arrangements for monitoring and reporting on plan delivery need to be strengthened.**
- 42 Recovery from the COVID-19 pandemic is a significant challenge for the Health Board. The pandemic, alongside significant unscheduled care pressures, continues to affect the available service capacity and productivity of wider services. In response to these challenges, the Health Board has developed an Annual Plan 2021-22 (the Annual Plan), which is accompanied by an addendum that focuses specifically on planned care, which sets out how activity will be maximised and redesigned to support recovery.
- 43 The Board discussed and approved the draft Annual Plan at its private meeting in March 2021 as directed by the Welsh Government. The final Annual Plan, along with the planned care addendum, was approved by the Board at its public meeting in June 2021. We observed good scrutiny of both the draft and the final versions of the Annual Plan by the Board, with Independent Members seeking assurance that the plan was realistic and achievable. However, the Strategy and Delivery Committee was unable to scrutinise the Annual Plan prior to Board approval due to the tight timescales involved.
- 44 The Annual Plan is detailed, well-structured, and makes good use of visual signposts to assist the reader to understand how each section relates to the relevant Health Board priority or Ministerial priorities. The Annual Plan outlines the Health Board's priorities in relation to responding to the ongoing pandemic (including the four harms associated with COVID-19), as well as its priorities for recovering services in the short and medium term, and redesigning services for the longer term. It addresses all the Ministerial priorities as set out in the NHS Wales Annual Planning Framework 2021-22 and describes the enablers required to support its implementation.

<sup>8</sup> NHS bodies are required to submit a three-year Integrated Medium Term Plan (IMTP) to the Welsh Government on an annual basis. The IMTP process for 2020-2023 was paused by the Welsh Government in March 2020, to allow NHS bodies to focus on responding to the COVID-19 pandemic. Instead, health bodies were required to submit quarterly plans during 2020-21 as well as prepare an annual plan for 2021-22 by 31 March 2021. Our 2021 structured assessment phase one report considered the Health Board's operational planning arrangements.



- 45 Whilst the Annual Plan includes a number of key actions/deliverables, timescales, and measures, they are not summarised or presented in a way that would allow progress to be monitored and reported effectively. This was also the case with the quarterly plans produced during 2020-21 as noted in our structured assessment 2021 Phase 1 report. The Health Board, therefore, should ensure that future Annual Plans or Integrated Medium Term Plans contain clear summaries of key actions/deliverables, timescales, and measures to support effective monitoring and reporting (see **Recommendation 2a**).
- 46 Welsh Government feedback on the draft Annual Plan was largely positive, and highlighted opportunities for the Health Board to strengthen it further by providing assurance on alignment with national priorities/programmes; providing further assurance on deliverables required, particularly essential services; addressing learning disabilities, decarbonisation, and new regional planning initiatives; and outlining how services that effect wider south-east population and tertiary services will be delivered. The cover report accompanying the final version of the Annual Plan presented to the public Board meeting in June 2021 clearly set out the steps taken by the Health Board to address Welsh Government feedback.
- 47 The Annual Plan addendum focusses specifically on planned care and covers whole system operational recovery and redesign across the five core areas of Primary and Community Care, Mental Health, Planned Care, Unscheduled Care, and Diagnostics. The addendum provides a good overview of the schemes identified by the Health Board to restore and improve access, transform pathways, and minimise harm in each of these areas in line with the principles of being clinically-led, data-driven, risk-orientated, and COVID-19 ready.
- 48 The addendum acknowledges the factors that may affect delivery timescales, many of which are outside of the Health Board's direct control, including:
- the pace of approving capital business cases, constructing new facilities and reconfiguring existing facilities;
  - the ability to recruit and train new members of staff; and
  - the rate at which infection prevention and control measures can be reduced and removed.
- 49 Whilst the Health Board has secured additional funding from the Welsh Government to progress some of its schemes, there is a risk it might not be able to secure all the financial resources it requires to deliver and sustain all of the changes set out in the addendum.
- 50 Our structured assessment 2021 Phase 1 report highlighted opportunities to strengthen arrangements for monitoring and reporting on the overall delivery of operational plans to enable full scrutiny and assurance. To date, the performance reports presented to the Board do not provide any information on progress in delivering the Annual Plan. There is slightly better reporting on the addendum though, with a Flash Report on the recovery and redesign portfolio presented to the Strategy and Delivery Committee in November 2021 as part of a broader update on the Health Board's strategic programmes. The Health Board, therefore, should

take steps to provide more information to the Board and Strategy and Delivery Committee on progress against delivery of the Annual Plan and the addendum to enable full scrutiny and assurance (see **Recommendation 2b**).

## Systems of assurance

- 51 We found that **the Health Board has further strengthened its risk management arrangements and approach to tracking recommendations. Arrangements for providing assurance on quality and safety matters have improved and are set to improve further following the adoption of a new Quality, Safety, and Experience Framework.**

## Managing risk

- 52 We found that **the Health Board has effective arrangements in place for managing risk which continue to mature.**
- 53 As described in our 2020 structured assessment, the Health Board established and maintained a separate COVID-19 Board Assurance Framework (BAF) alongside its standard BAF to capture, manage, and mitigate the strategic risks relating to the pandemic. In July 2020, the Board agreed to merge the standard BAF and COVID-19 BAF into a single unified BAF. The unified BAF clearly sets out the principal risks which could impact upon the delivery of the Health Board's strategic objectives as set out in its ten-year strategy, Shaping Our Future Wellbeing. The BAF also clearly sets out the current controls and assurances in place, as well as the actions to be taken to address gaps in controls and assurances where relevant. The BAF was enhanced in September 2021 to reflect the Health Board's risk appetite as well as to align assurances to the three lines of defence<sup>9</sup> set out in the new Risk Management and Board Assurance Framework Strategy.
- 54 The Health Board manages the BAF as a live document. The Director of Corporate Governance, who has overall responsibility for the BAF, ensures it is reviewed regularly by the relevant Executive Leads to reflect ongoing, new, and emerging principal risks as well as to capture progress in implementing agreed actions to address gaps in controls and assurances. The BAF is presented to the Board in public on a bi-monthly basis for scrutiny and approval, with Committees of the Board routinely reviewing the principal risks assigned to them in order to provide further assurances to the Board. The Audit and Assurance Committee is responsible for overseeing and reviewing the adequacy and effectiveness of the BAF on behalf of the Board.

<sup>9</sup> The first line of defence is management level assurance, the second line of defence is Board and Committee level assurance, and the third line of defence is independent level assurance.

- 55 The Health Board's Corporate Risk Register is aligned to the BAF and captures extreme operational risks graded 20 or above<sup>10</sup>. Since January 2021, the Corporate Risk Register is presented to the Board in public on a bi-monthly basis for scrutiny, following detailed review and consideration by the Health Board's Management Executive and Health System Management Board. In September 2021, there were 11 extreme operational risks graded 20 or above on the Corporate Risk Register. The Corporate Governance Directorate is responsible for monitoring and maintaining the Corporate Risk Register, with Committees of the Board routinely reviewing the relevant extreme operational risks in order to provide further assurances to the Board.
- 56 As described in our 2020 structured assessment, the Health Board established Local Command Centres to manage its operational response to the pandemic. As part of this arrangement, each Local Command Centre managed their own Risk Registers which ran alongside the Risk Registers of Clinical Boards and fed into the Corporate Risk Register as required. The Local Command Centre Risk Registers were closed during 2021 when business-as-usual arrangements were reinstated. Operational risks relating to COVID-19 are now identified and managed through the Health Board's Clinical Board and Corporate Directorate structures.
- 57 The risks detailed in the BAF and Corporate Risk Register also inform the Health Board's risk appetite. In October 2020, the Board agreed to use the Good Governance Institute's Risk Appetite Matrix to set its risk appetite as 'cautious' (preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward) moving towards 'seek' (eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk). In December 2020, the Board agreed to further refine this approach by adding more sub-elements to the Risk Appetite Matrix to enable better application of the risk appetite at an operational level. The Health Board's Risk Appetite Matrix was published in July 2021 as part of the new Risk Management and Board Assurance Framework Strategy and will be reviewed annually by the Board.
- 58 During 2021, the Risk and Regulation Team has delivered specific training sessions for Clinical Board and Corporate Directorate Risk Leads, as well as weekly virtual online training sessions for all Health Board staff. These sessions have proved helpful in embedding a consistent approach to the identification, assessment, and response to risks across the Health Board's Clinical Boards and Corporate Directorates.
- 59 The Health Board's risk management arrangements were reviewed by Internal Audit in March 2021, resulting in a 'reasonable' assurance rating.

<sup>10</sup> Prior to July 2021, the Corporate Risk Register contained extreme risks graded 15 or above. However, a decision was taken to only include risks graded 20 or above due to the Health Board's increasing confidence in the appropriateness of risk scores prepared by Clinical Boards and Corporate Directorates.

## Quality and safety assurance<sup>11</sup>

- 60 We found that **the Health Board's arrangements for providing assurance on quality and safety matters have improved, with further improvements planned following the adoption of a new Quality, Safety, and Experience Framework.**
- 61 Reporting to the Board on the Health Board's arrangements to provide quality services and ensure patient safety has improved. The Patient Safety, Quality and Experience Report provides an overview of the Health Board's performance against a range of quality and safety indicators which are reviewed and scrutinised regularly beforehand by the Quality, Safety, and Experience Committee. However, as set out in **paragraph 32**, there is scope to better align the indicators to the four harms associated with COVID-19 as well as to provide stronger assurances to the Board on the actions being taken to sustain or improve performance. Information on COVID-19 outbreaks, hospital-acquired COVID-19, and COVID-19-related concerns is provided in the Coronavirus Update Report. The Board also receives regular patient stories which provide valuable insights into patients' experiences of receiving care by the Health Board during the pandemic.
- 62 In September 2021, the Health Board adopted a new Quality, Safety, and Experience Framework following extensive engagement with internal and external stakeholders. The new framework sets out the Health Board's priorities for the next five years, with the aim of moving away from a culture focussed on ensuring that 'as few things as possible go wrong' to one focussed on ensuring that 'as many things as possible go right'. The Health Board has also approved a new quality governance structure, with a number of new groups being established to strengthen the focus on clinical effectiveness, clinical safety, and organisational learning. Whilst the new framework and structure may take time to embed, they should help to ensure an increased focus on key quality areas, reduce the workload of the Quality, Safety, and Experience Committee, and provide greater assurances to the Board.
- 63 The Health Board remains committed to staff safety and wellbeing, with 'taking great care of our staff' identified as one its priorities in the Annual Plan. Reporting to the Board on the Health Board's measures to ensure staff safety and wellbeing has improved, with regular updates provided in the Coronavirus Update Reports. The Chair's Report in May 2021 was also dedicated to providing information to the Board on staff wellbeing. Regular reporting to the Strategy and Delivery Committee on workforce key performance indicators resumed in September 2020, following a brief pause during the first wave of the pandemic. Historically, there has been

<sup>11</sup> We have limited the work we have undertaken on quality governance arrangements as part of our 2021 structured assessment as we are undertaking a separate review of quality governance arrangements at the Health Board. The review will consider whether the organisation's governance arrangements support delivery of high quality, safe and effective services. We will report our findings in 2022.

limited reporting to the Board on the Health Board's performance against these indicators. However, the inclusion of a high-level set of indicators in the Integrated Performance Report should lead to greater oversight and scrutiny of workforce related matters at Board level.

## Tracking progress against audit and review recommendations

- 64 We found that **the Health Board has good arrangements in place for tracking and implementing audit and review recommendations.**
- 65 The Corporate Governance Directorate regularly reviews all outstanding recommendations with the relevant Executive Leads, with the outcomes reported to each meeting of the Audit and Assurance Committee. The detailed trackers are made available to the Audit and Assurance Committee to ensure transparency and provide opportunities for detailed scrutiny and analysis. However, the Health Board may want to consider reviewing the way in which the detailed trackers are presented to support a greater focus on areas of higher risk or concern, for example, by grouping the recommendations by order of priority rather than by year.
- 66 The Health Board has made considerable progress in implementing outstanding recommendations despite the challenges and pressures it has faced during the pandemic. In November 2021, there were 86 outstanding Internal Audit recommendations and 16 outstanding Audit Wales recommendations, compared with 226 and 31 respectively in June 2020.
- 67 Internal Audit has undertaken additional work during the year to validate the stated position for a sample of recommendations within the tracker. Internal Audit was able to confirm the recorded position for the majority of sampled recommendations and, therefore, provide additional assurance to the Audit and Assurance Committee around the accuracy of the information provided by the Executive Leads in the tracker. It has since been agreed that Internal Audit, in conjunction with the Corporate Governance Directorate, will refine this process in order to provide ongoing assurance to the Committee around the recommendation tracker.
- 68 The Corporate Governance Directorate also presents a legislative and regulatory tracker report to each meeting of the Audit and Assurance Committee, which provides a good overview of the Health Board's progress in implementing recommendations made by inspection and regulatory bodies, such as the Health and Safety Executive and Healthcare Inspectorate Wales. These arrangements were reviewed by Internal Audit in July 2021, resulting in a 'reasonable' assurance rating. The Corporate Governance Directorate has recently improved the content of the report to provide more robust assurance to the Audit and Assurance Committee, as well as to provide a commentary on the Health Board's management of Welsh Health Circulars and Patient Safety Solutions: Alerts and Notices.

## Managing financial resources

- 69 Our work considered the Health Board's financial performance, financial controls and arrangements for monitoring and reporting financial performance.
- 70 We found that **there is robust oversight of the Health Board's finances which is supported by good quality reporting, but there are weaknesses in some financial controls. The pandemic continues to pose a risk to the Health Board's ability to break even.**

## Achieving key financial objectives

- 71 We found that **the Health Board underspent against both its revenue and capital resource allocations for 2020-21, as it had done in 2019-20. However, regarding revenue expenditure, the Health Board failed its duty to spend within its allocation over a three-year rolling period. The pandemic has severely hampered the achievement of cost savings, but the Health Board is working to improve this during 2021-22.**
- 72 During the year, managing COVID-19 pressures had a big impact on the Health Board's expenditure, additional expenditure as a result of COVID-19 totalled £179.205 million. A substantial part of this cost was the set-up and expansion of the Dragon Heart Field Hospital in the Principality Stadium. The Welsh Government funded most of the COVID-19 expenditure, without which the Health Board would have exceeded its resource allocations.
- 73 While the Health Board continued to operate within its capital resource allocation, with regard to revenue, it did not meet the duty not to exceed its allocation over the rolling three-year period to 31 March 2021. The Health Board achieved small surpluses of £58,000 and £90,000 in 2019-20 and 2020-21 respectively, but for 2018-19 the Health Board reported an overspend of £9.87 million, meaning that for the three years to 31 March 2021 the Health Board overspent its £3.167 billion resource allocation by £9.72 million.
- 74 Regarding capital expenditure, the Health Board stayed within its capital resource limit for 2020-21, with a small surplus of £104,000 against a budget of £95.44 million. For the three years to 31 March 2021, the Health Board underspent its capital resource allocation by £267,000, thereby meeting the financial duty in respect of capital.
- 75 The pandemic severely hampered the Health Board's ability to deliver its 2020-21 cost improvement plan, especially several large schemes focusing on reducing bed capacity, improving patient flow, and workforce efficiencies and modernisation. The Health Board's savings target for 2020-21 was £29 million. At month 12, it had only identified £8.66 million in savings, leaving the remaining £20.34 million unidentified. Consequently, the Health Board's draft financial plan for 2021-22 included a planned £21.3 million deficit. However, as the deficit was caused by COVID-19

pressures, the Welsh Government is funding it on a non-recurrent basis, meaning the 2021-22 financial plan forecasts a break-even position.

- 76 At month 7 2021-22, the Health Board has identified £15.2 million of savings against its £16 million target (1.5% recurrent savings and 0.5% non-recurrent savings). Whilst positive, the Health Board needs to focus on increasing its levels of recurrent savings, which at month 7 were £4.3 million short of the £12 million recurrent savings target.
- 77 In terms of the overall financial position, in month 7 2021-22 the Health Board is reporting a small underspend of £270,000 and is on track to break even at the year-end. However, the break-even position is based on the continued assumption that the Welsh Government will fund COVID-19 response and recovery costs.

**Exhibit 5: progress made on previous year recommendations**

Recommendation	Description of progress
<p><b>Structured Assessment 2017 Recommendation 1</b></p> <p>For 2018-19, the Health Board needs to use intelligence such as benchmarking data to identify stretch targets on a case-by-case basis in areas where greater levels of savings could be made.</p>	<p><b>Completed</b></p> <p>In 2019-20, the Health Board identified a number of high-value cross-cutting opportunities and these were built into its Cost Improvement Programme. These made up circa 40% of the savings plan and included Health-Board-wide initiatives such as review of management structures, bed reductions, and discretionary spending. Savings were identified on a case-by-case basis, and the costs taken out were therefore differentially applied across the Health Board and reflected where savings could be made.</p>

**Financial controls**

- 78 We found that **whilst the Health Board has continued to operate within most of its existing financial controls, procurement breaches on capital expenditure identified by the Health Board have highlighted weaknesses in some financial controls.**
- 79 Our 2020 structured assessment reported that the Health Board operated within its existing financial controls and put in place mechanisms to clearly track COVID-19 expenditure. The Health Board’s COVID-19 expenditure continues to be clearly

tracked and actual and forecast spending is well articulated in the finance reports received by the Finance Committee.

- 80 During the pandemic, the Health Board did not change its financial controls, with those detailed in the Health Board's Scheme of Delegation, Standing Orders, and Standing Financial Instructions still applicable. In 2021, the Standing Orders and Standing Financial Instructions were updated to reflect the NHS Wales Model Standing Orders. The Audit and Assurance Committee received a report detailing the changes in May 2021.
- 81 The Audit and Assurance Committee receives regular assurance reports on financial controls – it considers losses and special payments in public every six months<sup>12</sup>, and updates on counter-fraud activities and procurement compliance are considered by the Committee at most private sessions. In order to enhance transparency, the Health Board should ensure counter-fraud and procurement papers are considered by the Committee in public session, with only sensitive matters reserved for private meetings (see **Recommendation 1g**).
- 82 In April 2021, some of the Health Board's core financial systems (the asset register and cash management systems) were reviewed by Internal Audit, resulting in a 'reasonable' assurance rating.
- 83 In August 2021, the Health Board informed us and the Chief Executive of NHS Wales that it had identified procurement breaches on capital expenditure relating to contracted works at Rookwood Hospital. The Health Board instigated an internal review of the procurement and governance arrangements for its capital schemes and expenditure in order to better understand the extent of these breaches. The Health Board reviewed a sample of eight out of a total of 69 contracts valued at over £500,000 which were issued over the last three years and for which procurement thresholds applied.
- 84 The Health Board concluded the breaches were caused by poor procurement practices and weak internal controls. It also concluded there was no indication of fraudulent activity, no detriment to the public in the delivery of these schemes, and low outstanding risk to the Health Board on these schemes.
- 85 These matters have received detailed consideration by both the Board and the Audit and Assurance Committee, albeit in private sessions, whilst the review progressed. In November 2021, the final findings of the review were reported to the Board in public and an action plan was approved to strengthen the Health Board's internal governance controls and arrangements in respect of capital schemes and expenditure.

<sup>12</sup> A losses and special payments report was presented to the Audit and Assurance Committee in June 2021.



## Exhibit 6: progress made on previous year recommendations

Recommendation	Description of progress
<p><b>Structured Assessment 2018 Recommendation 3</b></p> <p>The Health Board should:</p> <ul style="list-style-type: none"> <li>a. update the Scheme of Delegation to reflect the delegated responsibility for calculating nurse staffing levels for designated acute medical and surgical inpatient wards; and</li> <li>b. review and update the Standing Orders and Standing Financial Instructions, ensuring these documents are reviewed and approved on an annual basis.</li> </ul>	<p><b>Completed</b></p> <p>The updated Scheme of Delegation was approved by the Board in November 2021.</p> <p>Standing Orders have been approved annually by the Board.</p> <p>The updated Standing Financial Instructions were approved by the Board in April 2021 for the first time since this recommendation was made due to the long wait for the Model All-Wales version to be issued.</p>
<p><b>Structured Assessment 2018 Recommendation 6</b></p> <p>The Health Board should ensure that all recommended matches from the next NFI exercise in January 2019 are reviewed and where necessary investigated in a timely manner.</p>	<p><b>Completed</b></p> <p>The latest NFI matches were released in January 2021. All of the high risk ones have been reviewed and no fraud has been identified.</p>

## Monitoring and reporting

- 86 We found that **the Health Board’s financial position receives robust scrutiny and is supported by good quality financial reports, but Finance Committee papers are not uploaded to the Health Board’s website in a timely manner.**
- 87 The Health Board’s financial position continues to receive robust Board-level oversight and scrutiny. The Finance Committee continues to meet monthly, and the Board receives Finance Committee minutes and the Chair’s Report, which clearly highlight key issues and points of discussion. Whilst Committee members receive papers on time, they are not uploaded to the Health Board’s website at the same time (see **paragraph 15**) thus limiting public transparency.
- 88 The Finance Committee receives a range of good quality reports. These include the monthly financial performance report, the financial risk register, and a copy of

the Health Board's monthly monitoring returns to the Welsh Government<sup>13</sup>. In our 2020 structured assessment we found that reporting on the financial position was comprehensive with information consistent with that provided to the Welsh Government through monthly monitoring returns. This has continued during 2021. The monthly finance report is clearly written and includes charts and narrative on:

- performance against key financial performance measures (within the finance dashboard);
- cumulative financial position;
- income, pay and non-pay position;
- expenditure due to COVID-19;
- forecast COVID-19 funding;
- key financial assumptions, including overarching planning assumptions for 2021-22;
- financial performance of clinical boards;
- savings programme performance; and
- progress against the capital resource limit.

89 Additionally, since April 2021, the Finance Committee has included a 'deep-dive' topic on its agenda every other month. The 'deep-dives' are a positive tool used to develop Committee members' understanding of various financial topics, provide assurance, and strengthen scrutiny. To date, 'deep-dive' topics have included resource allocations, the cost improvement programme, and commissioning and contracting.

<sup>13</sup> All NHS bodies submit a Monthly Monitoring Form to the Welsh Government setting out financial performance against their plans.

# Appendix 1

## Management response to audit recommendations

Exhibit 7: management response

Ref	Recommendation	Management response	Completion date	Responsible officer
R1	The Health Board has taken a number of positive steps to enhance public transparency of Board business since our 2020 structured assessment report. However, there is scope for the Health Board to strengthen public transparency further by:			

Ref	Recommendation	Management response	Completion date	Responsible officer
	<p>a. ensuring all recordings of public Board meetings are uploaded to the Health Board's website in a timely manner after each meeting, and ensuring that links to previous meetings remain active;</p>	<p>The Corporate Governance Department has just purchased software to enable the team to upload the recordings of the Board meetings in a suitable format and so that the same can be published within 2/3 days of the relevant Board meeting. The recordings of the Board meetings held in November and December 2021 should be published as soon as the new software has been installed (in January 2022). The intention is to make each recording available on the website for a period of 12 months. Thereafter, copies of the recordings would be available upon request.</p>	<p>End of January 2022</p>	<p>Head of Corporate Governance</p>
	<p>b. making recordings of public Committee meetings available on its website or publishing unconfirmed minutes of Committee meetings as soon as possible afterwards;</p>	<p>As of December 2021 the Corporate Governance Team has started to record public Committee meetings. From the New Year the recordings will be published on the Health Board's website. Further, our plan is to 'livestream' the public Committee meetings from the New Year.</p>	<p>End of January 2022</p>	<p>Head of Corporate Governance</p>

Ref	Recommendation	Management response	Completion date	Responsible officer
	c. uploading all Committee papers to the Health Board's website in line with agreed timescales;	This has now been completed and SOPs amended to ensure, that going forward, all relevant Committee papers received by the Corporate Governance Team are routinely published in line with agreed timescales (ie 7 clear working days before the Committee meeting).	End of December 2021	Head of Corporate Governance
	d. updating the membership details of Committee on the Health Board's website as soon as changes are approved;	This has now been completed and SOPs amended to ensure that Membership details are updated, on an ongoing basis, once approved by the Board.	End of December 2021	Head of Corporate Governance
	e. listing the matters to be discussed in private by Committees on the agenda of their public meetings on an ongoing basis;	Noted. This will be implemented with effect from January 2022.	End of January 2022	Head of Corporate Governance

Ref	Recommendation	Management response	Completion date	Responsible officer
	<p>f. signpost the public to Board and Committee papers and recordings of public Board meetings via the Health Board's social media channels on an ongoing basis; and</p>	<p>Noted. Arrangements will be put in place so that this can be implemented with effect from January 2022.</p>	<p>End of January 2022</p>	<p>Head of Corporate Governance</p>
	<p>g. ensuring counter-fraud and procurement papers are considered by the Audit and Assurance Committee in public, with only sensitive matters reserved for private meetings.</p>	<p>Arrangements have been put in place so that this recommendation can be implemented with effect from April 2022.</p>	<p>End of April 2022</p>	<p>Head of Corporate Governance</p>

Ref	Recommendation	Management response	Completion date	Responsible officer
R2	<p>The Health Board's approach to planning remains robust. However, the Health Board's arrangements for monitoring and reporting on plan delivery are less robust. The Health Board, therefore, should strengthen its arrangements for monitoring and reporting on the overall delivery of its Annual Plan and future Integrated Medium Term Plans by:</p>			
	<p>a. ensuring these plans contain clear summaries of key actions /deliverables, timescales, and measures to support effective monitoring and reporting; and</p>	<p>It is intended that the IMTP for 22/23 will have clear actions, timescales and deliverables which can be tracked. This is already well established for the Recovery Programme and the Strategic Programmes so we will ensure it covers the other areas included within the IMTP.</p>	<p>End of April 2022</p>	<p>Executive Director of Planning</p>

Ref	Recommendation	Management response	Completion date	Responsible officer
	<p>b. providing more information to the Board and Strategy and Delivery Committee on progress against delivery of these plans to enable full scrutiny and assurance.</p>	<p>We will look at how best to report on the key deliverables set out in the Annual Plan/IMTP to ensure the Board is able to scrutinise and seek assurance. We will do this in a way that aims to minimise duplication with the Performance Report that is provided to the Board regularly.</p>	<p>End of April 2022</p>	<p>Executive Director of Planning</p>







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